HRFT
Human Rights Foundation of Turkey

TREATMENT and REHABILITATION CENTRES REPORT 2011

Ankara, December 2012

Human Rights Foundation of Turkey Publications 80

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ISBN: 978-975-7217-86-2

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

BULUŞ Design and Printing Company, Ankara
Phone: (+90-312) 222 44 06 • Fax: (+90-312) 222 44 07
www.bulustasarim.com.tr

This report has been prepared with the financial support of:

The Norwegian Medical Association

SIDA through the Red Cross Centre for Tortured Refugees, Stockholm, Sweden

International Rehabilitation Council for Torture Victims (OAK Foundation Centers Support Grant 2011-2012)

Turkish version of
Treatment and Rehabilitation Centres Report - 2011
is available at the HRFT

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FOREWORD

Şebnem Korur Fincancı[1]

In a country like Turkey where the Human Rights Association has been active for almost a quarter of a century and the Human Rights Foundation of Turkey, which was established by this legal entity, has completed its 21st year, it is getting more and more difficult to speak of the improvements in human rights. The picture presented in this report is a clear documentation of the fact that the political will is drifted to a direction where the human rights are once again ignored for creating the unprecedented examples of the contemporary security engineering alleged to be a necessity for this land, besides demonstrating that the concept of human rights is not one of its priorities. As you can also tell from my depiction above, this time this drifting will not be - and is not - as easy as it had been in the past for today's political will.

Among the achievements of the human rights struggle in Turkey over decades, the acceptance that torture exists as an undeniable fact by all layers of then society and the substantial level of awareness for claiming rights have a significant place. Here, we are talking about a human rights struggle that is tried by disappearances, unsolved killings, mass massacres, threats and captivity. The point that this struggle has reached today is undoubtedly way ahead of where it started. However "being ahead" is relative and it has not reached the point of realizing what should be in the name of human rights. Only when we bring together the pieces that not only several representatives of the society from journalists to lawyers, from politicians to students but also some of the leading figures of the human rights struggle are held captive, it will be easier to understand the picture presented by our data both on general human rights violations and also as filtered under the heading of "torture".

Unfortunately, people of all walks of life, of all ages and of all sexual identities living in this country are still a potential target of the violence exerted by the law enforcement forces and yet two striking characteristics of 2011 are that the number

[1] President of the HRFT, Professor, M.D

of applicants in the child age group has increased almost two folds in the past 5 years and more importantly that the number of the estimated applications based on the data of previous years were exceeded by 60% in 2011 and was 519.

Despite of the fact that the applications to the Human Rights Foundation of Turkey constitute only a limited part of the total number of torture victims, however it is useful to a meaningful picture of the human rights violations. It should also be emphasized that our foundation's efficient performance and the efforts to reach the torture victims over the last years had effect on the number of applications increased beyond expectations. In this regard;

- the visits of the mobile teams for the regions that we do not have any treatment centres, which are started in 2009 and also continued in 2011: during these visits alone a total of 37 torture victims were included in the treatment and rehabilitation programme in 2011;

- the legal support and "social support" programmes for the torture victims, which are re-started within 2009 and still on-going: within this scope, the inclusion of 5 applicants in the legal support programme and of 14 adults and 54 children in the social support programme has lead to an increase in the expected number of application for this year and yet this is not sufficient to explain the increase in numbers on its own.

In Turkey, we are witnessing an ever strengthening attitude of intolerance in the current political climate and political will against the opposition based on the apperception of confidence boosted with the last election results. This "confidence" leading to a panorama of human rights violations sustained by the demonstration of an aggressive attitude in a wide range of areas from streets to prisons and the explicit approval of and support to such aggression by all the actors symbolizing the true identity of the political will, can also be taken as an expression of lack of self-confidence. In this land and in an era when it is revealed that the truth swept under the rug for many generations can no longer remain there and when the demand for truth is expressed by all even stronger, their incapability to tackle the problem areas using democratic methods due to their political identity, seem to lie behind their aroused response to such problem areas, and hence their aggressive suppression in all problems. And such an attitude can only be explained with a kind of despair and lack of self-confidence.

In this past year which was full of deaths caused by their raging attacks against the demonstrations, massacres and torture practices strongly backed up by impunity, we also observed that all of these human rights violations were better detected and discussed with raised voices.

With regard to the visibility of the human rights violations, despite the fact that the mainstream media remained tightly held on its usual stance, we can say that the alternative news sources and the social media is fulfilling an important function and

thus these channels of communication are now more frequently used for reference. A major source of information for these channels is the Human Rights Foundation of Turkey.

It should be noted that the Human Rights Foundation of Turkey has become a major reference centre not only in this country but also in the world in the recent years. Bearing also in mind that the foundation has been delivering trainings in many countries from the Middle East to Asia and from Europe to America, it is also our binding duty to institutionalize this expertise in the shortest time possible.

I would like to lastly reiterate that we are infinitely grateful to all the staff of the Human Rights Foundation of Turkey and the undaunted actors of the human rights struggle who have spent enormous efforts to lay the stones one by one for realizing a world where human rights are effectively claimed and have unconditionally and unsparingly worked, and that I hold the firm belief that we can altogether build a world without torture.

Ankara, June 2012

INTRODUCTION

Metin Bakkalcı[1]

We have been publishing our regular reports on the activities of the treatment and rehabilitation centres for the torture victims under the Human Rights Foundation of Turkey (HRFT) in five provinces as of today under for the last 21 years.

In the reports of the treatment and rehabilitation centres we used to traditionally present an introduction summarizing the activities of the year.

For the first time this year we decided to replace it with the following 21 year story of the HRFT drawn up altogether as we believe it is worth remembering once again.

We would like to reiterate that each and every moment of this cherished story is shared by hundreds of beautiful people, the names of whom may or may not be known. We are indebted to thank all of them.

The HRFT is a human rights organization established as a result of the reaction of the people in Turkey, or of at least its sensible sections, against the grave human rights violations and torture led by the military coup of 12 September 1980.

The human rights violations in our country have a long history and yet the military coup of 12 September has become a milestone for the violations and in particular the widespread, massive and intense practices of torture and ill treatment.

The HRFT has been asserting that approximately 250 thousand people in the two and a half year period after the coup and approximately 650 thousand people until 1990 suffered torture and ill treatment. It is quite likely that this number has gone beyond 1 million due to the ongoing war/conflict since mid-1980s as a result of not being able to find a solution to the Kurdish issue through democratic means.

Such a massive and widespread practice of torture makes this individual and private suffering a major public health issue from the perspective of life as a whole.

The human rights activists saying “Something must be done” before this grave picture that is strongly reflected in every aspect of life and felt by every layer of the

[1] Secretary General of HRFT and Coordinator of Treatment and Rehabilitation Centres, M.D.

society, undertook some extremely bold search and efforts for the prevention of torture and especially the treatment and rehabilitation of the torture victims. These efforts which also meant an intervention on the phenomenon of torture in the light of the “scientific and ethical values” bore fruit in 1990, and the HRFT was established with a great enthusiasm, vigour and more importantly through a great voluntarism and self-devotion.

The HRFT moved on to realize its mission with determination despite of many difficulties and its lack of experience at the beginning. It completed its organizational structure by striking a balance between voluntarism and professionalism, and developed the capacity to provide extremely high quality treatment and rehabilitation services in a very short time. Since its establishment until the end of 2011, the HRFT served 12,969 torture victims and their relatives.

This HRFT service aimed at providing solutions to physical, psychological and social problems of the torture victims is rendered with a multidisciplinary approach by tens and even hundreds of professional and voluntary teams from various specialization areas, primarily health care professionals.

The HRFT has always attached importance to improving the quality of the treatment and rehabilitation service ever since its establishment. To this aim, it has organised various training, research and other activities at the national and international levels and has functioned like a school in documenting the torture traces and treating the torture victims.

The pioneering role of the HRFT in the development of the Istanbul Protocol which is the only international reference guide for the effective investigation and documentation of torture and other cruel, inhuman, degrading treatment or punishments, its adoption by the UN and afterwards its worldwide promotion and training activities is the most concrete example for this.

Besides the treatment and rehabilitation service, the HRFT has provided voluntary legal support to the torture victims and their lawyers with the aim of prevention of torture. The HRFT has also developed an objective and reliable system for the documentation of grave/serious human rights violations, primarily of torture, and has accumulated a substantial amount of knowledge.

Many of the victims of torture and ill treatment are also affected by the other elements of the sophisticated traumas. With the awareness that more than medicine will be needed for the most comprehensive treatment possible, the HRFT has been working on the development of a better integrated and multi disciplinary programme for also coping with the complex and social trauma problems since 2004.

Undoubtedly, all efforts and activities of the HRFT should be considered as the joint work of the hundreds of sensible people from various walks of life and specialization areas who have come together from all around the country for the same cause,

particularly the founding members, the board members and the staff who have been working with great sacrifice and self-devotion -both body and soul- for many years.

Since its very beginning, the HRFT's vision or final goal has been the elimination of all forms of discrimination and human rights violations, most of all the practices of torture and ill treatment in our country and in the world, as the basis of the respect to human dignity, development of democracy and attainment of social peace and thus the creation of a world where organisations such as the HRFT will no longer be needed.

In order to attain the final goal mentioned above, its mission is to contribute to the efforts of prevention of torture in all aspects of life and to help and support the torture victims in coping with trauma and in reaching a state of complete physical, psychological and social well-being. In other words, it is to create an environment of "social reparation" for the individuals and communities whose dignity is trampled underfoot due to the grave human rights violations they have suffered.

In its efforts of achieving its aims and goals, the HRFT has always observed the values an principles such as "human rights values", "being against torture, discrimination and all other human rights violations", "providing services to all torture victims regardless of the allegations against them, their political opinions and identity within the framework of equal and same principles", "organisational independence", "democracy and active participation", "financial transparency", "respecting the ethical values", "observing scientific standards", "combining an activist spirit with an academic perspective", "reliability", "striking a balance between voluntarism and professionalism", "holistic, multi-disciplinary and integrated approach", "solidarity" and "collective effort".

At this point in time, the HRFT aims at continuing its efforts with your contributions within the framework of the strategic plans for its future based on a detailed and comprehensive assessment of its own specific circumstances and activities in the light of the domestic and global changes.

Ankara, June 2012

HRFT's
Treatment and Rehabilitation
Centres Report

2011
Evaluation Results

EVALUATION RESULTS OF THE HRFT'S TREATMENT AND REHABILITATION CENTRES FOR THE YEAR 2011[1]

Since 1990, the Human Rights Foundation of Turkey (HRFT) has been dedicated to providing cohesive physical, psychological and social treatment and rehabilitation to those injured as a result of torture and ill-treatment while in official or unofficial detention, custody or incarceration. Torture also affects those close to the victim, something our experience as well as scientific studies have shown. In short, torture has both direct and indirect effects on public health. For this reason, it must be assumed that the relatives and friends of torture victims will be part of the solution for psychological problems associated with the traumatic experience.

The HRFT continues to conduct treatment and rehabilitation activities through our centres in the provinces of Ankara, Istanbul, Izmir, Adana and Diyarbakir. In these centres teams of general practitioners, family physicians, psychiatrists, social workers and medical secretaries are currently working in collaboration with specialist physicians from all branches. The teams at the centres co-ordinate every stage of the treatment process. The results of this work and evaluations have been documented and publicised in annual reports.

The HRFT conducts its work in light of international human rights conventions, whether the Republic of Turkey is a signatory or not.

The HRFT's work is based on projects. The projects prepared are based on human rights, communicated to non governmental international organisations and implemented through provision of support. The HRFT is committed to refusing any offers of grants or support from any governments; institutions or individuals engaged in practices contrary to human rights values.

In order to meet the treatment needs of those living in and around the provinces where there is no HRFT centre, the "5 Cities Project" has been implemented in Gaziantep, Urfa, Hatay, Malatya and Adiyaman and is now spreading to all regions

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

of Turkey. This project is being carried out by the HRFT in cooperation with local medical associations, Human Rights Association (HRA) offices, bar associations and other civil society organisations. With the help of this project, torture victims will obtain information about the activities and services provided by the HRFT and the financial and social support enabling them to access the HRFT's services.

The HRFT has created a humanitarian-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.

Established in 1990, the HRFT received 519 applicants in 2011, raising the total number of applicants to 12969. This number seems like a very large proportion of the community in terms of torture treatment and rehabilitation, however when viewed differently it in fact constitutes a fairly small portion of torture victims in Turkey.

METHODOLOGY

In 2011, 519 people applied to the Treatment and Rehabilitation Centres in Adana, Ankara, Diyarbakir, Istanbul and Izmir. 34 of these applicants were acquaintances or relatives of torture survivors. The following evaluation presents information obtained from interviews and medical examinations from 484 of the 485 applicants who stated that they had been subjected to torture and ill-treatment. One application was not included in the assessment as the applicant suffered from a psychiatric disorder and a friend or relative was not present at the interview. Physicians and social workers working together with consultant physicians at our centres obtained the information evaluated from interviews, physical and other diagnostics examinations conducted with applicants.

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. Analogue data was transferred through the appropriate statistical programmes and the corresponding graphs and tables were obtained.

The work of the Treatment and Rehabilitation Centres in 2011 has been evaluated in two sections. The first section includes interpretation and evaluation of the data regarding all of the applicants in 2011. In order to gain an accurate profile of those tortured and ill-treated in Turkey currently, the second section only contains information from applicants who stated they were subjected to torture and ill-treatment in 2011.

In both sections, 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.

Number and Distribution of the Applicants

Before the evaluation of the social and demographic data obtained form 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 had been subjected to torture and ill-treatment in detention in 2011 and the channels of contact which directed the applicants to the HRFT.

484 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 2011. 34 people applied as relatives of torture survivors and asked to receive treatment. These people are not included in the following sections. The distribution of the applicants in the year 2011 according to the centres of the Foundation is presented in Table 1.

Table 1: The distribution of the applicants in 2011 according to the HRFT's Treatment and Rehabilitation Centres

HRFT Centre	Number of the Torture Survivors	Number of Relatives of Torture Survivors	Total number of Applicants
Adana	122	8	130
Ankara	55	-	55
Diyarbakır	110	6	116
İstanbul	151	12	163
İzmir	46	8	54
Total	**484**	**34**	**518**

Among the 484 applicants, 224 people stated that they had been subjected to torture and ill-treatment in detention (TID) during 2011. In 2007 the number of applicants subjected to torture and ill-treatment in their year of application was 310, in 2008 it was 258, in 2009 it was 264 and in 2010 this number was 160. 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 Diyarbakir in 2011, while at the same time there was an increase of more than 50% in Ankara, Istanbul and Adana. The distribution of applicants in 2011 according to the HRFT's centres is given in Table 2.

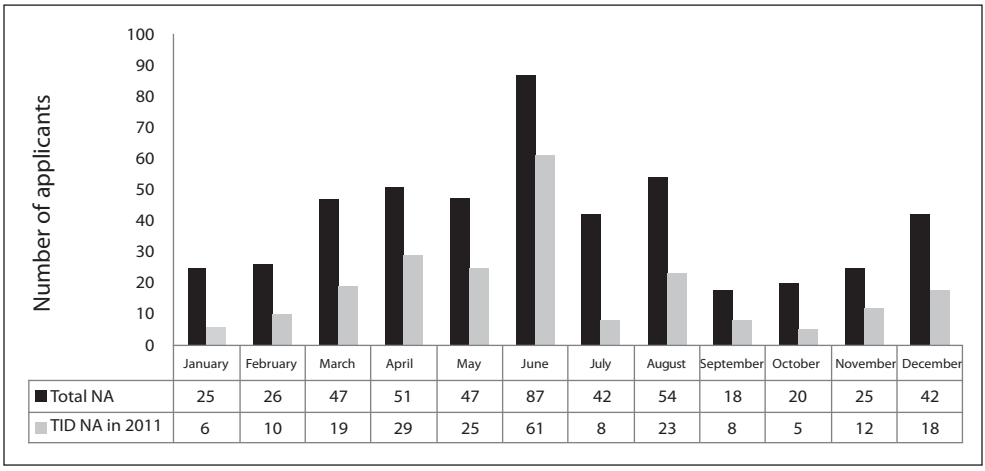
Table 2: The distribution of the applicants who stated that they had been subjected to torture and ill-treatment in detention in 2011 according to the HRFT's Treatment and Rehabilitation Centres, and their proportion to all applicants

HRFT Centre	Number of TID* Applicants in 2011	Total Number of Applicants	Proportion to all Applicants (%)
Adana	69	122	56,6
Ankara	40	55	72,7
Diyarbakır	7	110	6,4
İstanbul	81	151	53,6
İzmir	27	46	58,7
Total	**224**	**484**	**46,3**

**Torture and ill-treatment in detention*

The distribution of the applicants according to the months in 2011 is given in Chart 1. The number of applications (NA) in the first half of the year (283 persons) is significantly higher than the number of applicants in the second half of the year (201 persons). In the pre-election period, which was characterised by meetings and demonstrations, security forces used stronger force than usual. One of the main reasons for the peak in June was the death of a retired schoolteacher suffering from Asthma at a demonstration in Hopa, who was exposed to pepper spray after drastic interventions by security forces. Following the events in Hopa, protests spread to a number of cities around the country and as a result a large number of people were taken into custody and tortured. According to the monthly distribution, an increase can bee seen in June (87 applicants) and August (54 applicants). Looking at the applicants who were subjected to torture or ill-treatment in 2011, in June there were 61 applicants and in August 23. In other words, the rise in June can be attributed to those with more acute applications, while August can be attributed to the increase in more chronic applications.

Chart 1: The monthly distribution of applicants in 2011



	January	February	March	April	May	June	July	August	September	October	November	December
Total NA	25	26	47	51	47	87	42	54	18	20	25	42
TID NA in 2011	6	10	19	29	25	61	8	23	8	5	12	18

Those who are not previously aware of the work of the foundation (first hand) can be admitted into the treatment and rehabilitation centres with the guidance of individuals and organisations. 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 referred by NGOs or Parties and then the recommendations of *former* HRFT applicants. Table 3 shows 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 2011.

Table 3: The 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 2011

Information Channel	All Applicants	%	TID in 2011	%
Human Rights Association	126	50,9	72	32,1
NGOs or Parties	102	40,2	41	18,3
Recommendations of other HRFT Applicants	88	36,6	24	10,7
Directly	81	32,1	51	22,8
Recommendations of Volunteers in the HRFT	39	17,4	10	4,5
Recommendations of the HRFT Staff	28	11,2	15	6,7
Lawyers	17	7,6	11	4,9
Press	3	0,9	-	-
Total	**484**	**100,0**	**224**	**100,0**

The work of the HRFT Treatment and Rehabilitation Centres in 2011 will be evaluated, as in previous years, in two main sections. In the first section all applicants will be evaluated, while in the second section the 224 applicants who stated they had been tortured or ill-treated in 2011 will be analysed separately. The second section aims to determine the current situation in Turkey regarding torture. As a result, the 2011 evaluation will be made in the second section of the report.

I- EVALUATION RESULTS OF ALL APPLICANTS

A- SOCIAL AND DEMOGRAPHIC CHARACTERSISTICS

1- Age and Sex

The ages of the victims of torture who applied to the centres ranged from 11 to 65 years. The average of the ages in 2011 was 30.8 ± 11.4 years, representing

an approximately 1 year increase from the previous year. The most important and notable point in the distribution of the applicants in terms of their age is that there were 73 applicants under the age of 18 (15.1%). This rate is one of the highest encountered since HRFT began their work. Since 2006, the rate of applicants in the 0-18 age group has risen steadily to reach this point. (In 2006 the number of applicants aged 0-18 was 24, 7.2%; in 2007 it was 41 applicants, 9.4%; in 2008: 36 applicants, 9.1%; in 2009: 66 applicants, 16.5% and in 2010: 50 applicants, 14.6%).

This table shows the age of the applicants in the year of their application, and is not a representation of their age at the time of torture. 59 of the 73 applicants under the age of 19 stated that they had been subjected to torture and ill-treatment in 2010 or 2011. The remaining 14 applicants were tortured between 2004 and 2009 - it is necessary to remove this 2-7 year gap between the torture event and the applicant's reporting of it.

To explain the reasons for the increase of child applicants over the years, in order to be more accurate, only the applicants who experienced torture in 2011 will be evaluated in the second section.

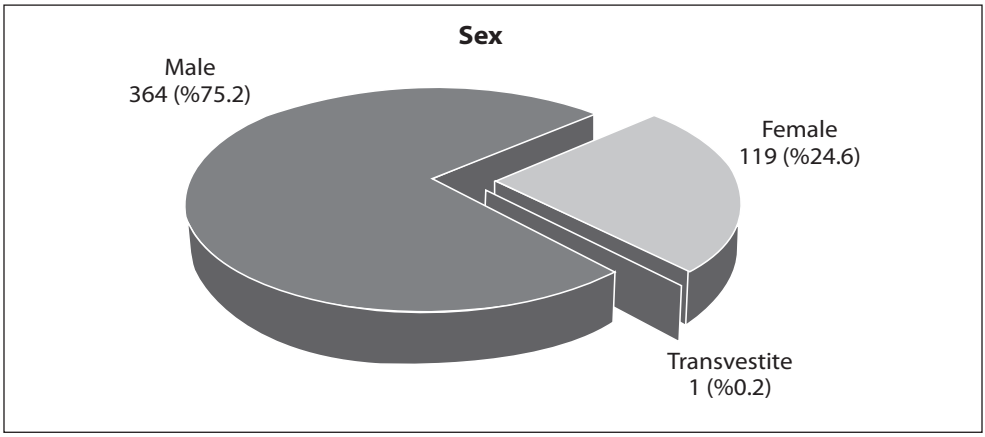
As we see every year, the greatest cluster of applicants comes from the 19-25 age bracket. In past years this age group has constituted nearly one half of all applicants, however in 2011 it was closer to one quarter. 37.6% of all applicants are under 25 years of age. In 2009 this rate was 49.3%, and in 2010 it stood at 42.9%. The distribution of the applicants according to their age group is given in Table 4.

Table 4: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to their age

Age Group	Number of Applicants	%
0-18	73	15,1
19-25	109	22,5
26-30	90	18,6
31-35	57	11,8
36-40	55	11,4
41-45	32	6,6
46 +	68	14,0
Total	**484**	**100,0**

As seen in Chart 2, 364 of the applicants are males (75.2%), 119 of them are females (24.5%). Although the female to male ratio changes a little each year, it generally remains at around 1:3. In addition, 1 transvestite applied to the HRFT in 2011.

Chart 2: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to their sex



2- Place of Birth:

Almost half (48.7%) of our applicants were born in the Southeast and Mediterranean regions of Turkey (first and second rank). Third is the Eastern Anatolian region, with 14.7 % of applicants born there. These are followed by the Central Anatolian Region (11%), the Marmara region (7.4%), the Black Sea Region (6.8%) and the Aegean Region (4.3%). The percentage of applicants born outside Turkey is 7.6%. The distribution of all the applicants according to their place of birth is given in Chart 3.

Turning to the distribution according to provinces, one can see that the most applicants were born in Diyarbakir (53 applicants, 11%), followed by Şırnak (44 applicants, 9.1%), abroad (37 applicants, 7.6%), Istanbul (31 applicants, 6.4%), Mersin and Adana (28 applicants each, 5.8%), Mardin (24 applicants, 5.0%), Ankara (21 applicants, 4.3%), Siirt (15 applicants, 3.1%), Sivas (14 applicants, 2.9%), Izmir (13 applicants, 2.7%), Tunceli (12 applicants, 2.5%), Şanlıurfa (11 applicants, 2.3%) and Kars (10 applicants, 2.1%).

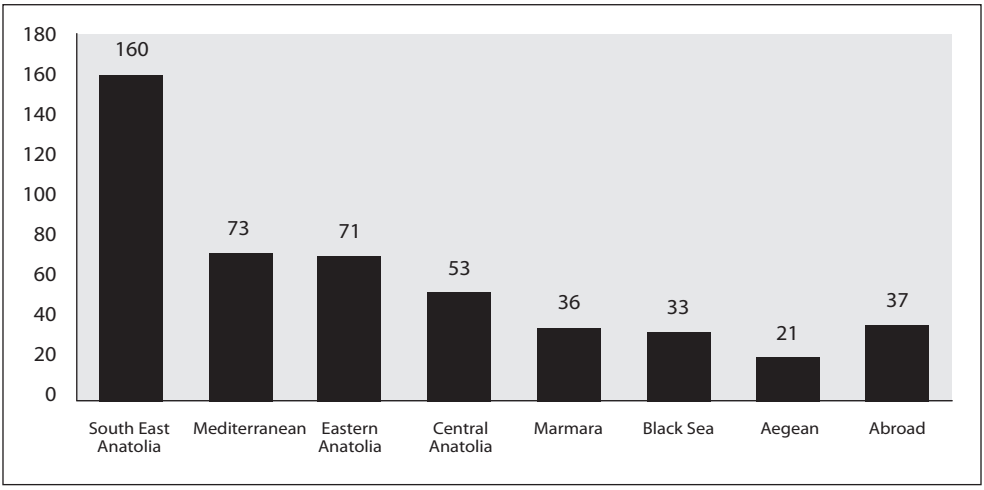
Although the applicants were not asked about their ethnicity, as a high number stated their place of birth as South Eastern or Eastern Anatolian Region (231 applicants, 47.7%) it can be said that citizens of Kurdish origin are more often subjected to torture and ill-treatment.

The significant number of citizens of Kurdish origin who have immigrated to the Mediterranean region can account for the high number of applicants there.

This data shows that the ethnic identities of citizens of Kurdish origin encounter political repression as well as subjection to torture and ill-treatment, and this is evident in their towns of origin as well as where they have migrated to.

Of the 37 applicants born outside of Turkey in 2011, 35 experienced torture or ill-treatment in their country of origin. The majority of these applicants came from Iran.

Chart 3: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to their place of birth



3- Level of Education and Employment Status

156 (32.2%) of the applicants graduated from high school, 100 (20.7%) from middle school, 98 (20.2%) from primary school, 56 (11.6%) are college or university graduates, while 26 (5.6%) dropped out of college or university. 27 (5.6%) of the applicants were literate, while 21 (4.3%) were illiterate. A more detailed distribution of the educational level of the applicants is provided in Table 5. 14 applicants who are still attending school have been counted as either literate or primary school graduates, 71 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 2011 according to their education level

Education Level	Number of Applicants	%
High School	156	32,2
Middle School	100	20,7
Primary School	98	20,2
University Graduate	56	11,6
Literate	27	5,6
Dropped out of University	26	5,4
Illiterate	21	4,3
Total	**484**	**100,0**

In regards to employment status, 201 applicants (41.5%) were unemployed at the time of the interview; this proportion was 47.8% (164 applicants) in 2010 and 36.2% (147 applicants) in 2009. Of these applicants, 18 (2.7%) were university graduates, 14 (2.8%) dropped out of college or university and 49 (10.1%) were high school graduates. 74 applicants (15.3%) were studying at university and 48 (9.9%) were primary or middle school students. The unemployment rate among applicants compared to last year has decreased by 6%. Among the other groups there has been slight changes in the percentages. In general it can be said that in recent years the breakdown of groups ranked first has changed quickly. A reason for these changes could be mobilised social opposition that caused a change of target groups through legislative, executive and judicial practises. 2011 is notable for the great variation in occupations among the applicants. These legislative, executive and judicial practices are an indication that a much wider group of people is being targeted for criticism.

In addition, a reason for the higher unemployment rate among our applicants compared with the general unemployment rate is that some applicants were dismissed from work, dropped out of education or had difficulties finding a new job due to their prison record. With corporations failing to effectively put into effect the legal regulations in regards to employing former prisoners, and not providing work for those convicted of political crimes (preferring non political ex-prisoners), such discriminative practices can be considered one of the reasons of the high levels of unemployment amongst our applicants.

Looking at the distribution of students, 29 of the 73 applicants under 18 are primary or middle school students. That 60% of the applicants in this age group (the highest rate encountered in recent years) are not continuing their education is significant. In the future, the interview process should include questions as to why the applicants have discontinued their education.

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 2011 according to their employment/profession

Profession or Employment	Number of Applicants	%
Employment	201	41,6
University Student	74	15,3
Primary or secondary school student	48	9,9
Tradesman, tourism operator etc. (self-employed)	28	5,8
Office worker in the public sector (secretary, bank clerk etc.)	18	3,7
Office worker in the private sector (secretary, bank clerk etc.)	17	3,5

Table 6 Continuation

Industrial worker in the private sector	17	3,5
Housewife	15	3,1
Construction worker	14	2,9
Retired	10	2,1
Industrial worker in the public sector	6	1,3
Artist	5	1,1
Journalist or employed in media sector	4	0,8
Employed in an NGO	4	0,8
Lawyer	4	0,8
Teacher	4	0,8
Worker in agricultural sector	3	0,6
Street Vendor	3	0,6
Farmer, fisher etc.	2	0,4
Nurse	2	0,4
Engineer	2	0,4
Instructor	1	0,2
Doctor	1	0,2
Architect	1	0,2
Total	**484**	**100,0**

B – PROCESS OF TORTURE

Assessing the dates when the 484 applicants to the HRFT in 2011 were last tortured or ill-treated, one can see that 241 were subject to torture or ill-treatment in 2011. In addition, 180 applicants were subjected to torture or ill-treatment between 2006-2010, 29 applicants between 2001-2005 and 34 applicants in or prior to 2000. Since 2006, 65-70% of the applicants had been tortured in the year of reporting, while in the last two years this proportion has dropped to around 50%. In other words, in the last two years more of our applicants have chosen to report the torture after a gap of one or two years. Greater retrospective evaluation of the data is needed in order to discover the reason for this.

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 2011 according to the period when they were last tortured

Year of the Most Recent Torture	Number of Applicants
2000 and before	34
2001	3
2002	5
2003	5
2004	8
2005	8
2006	27
2007	25
2008	44
2009	42
2010	42
2011	241
Total	**484**

1- Process of Detention and Torture in Detention:

428 (88.4%) of the applicants in 2011 were detained for political reasons (this proportion was 83.4% in 2010), 53 (11%) were detained for non-political reasons, 2 (0.4%) for seeking asylum, while 1 (0.2%) applicant reported they had been tortured or ill- treated because of their sexual orientation.

The percentage of those detained for non-political reasons among all applicants decreased compared to the previous year, but has been at approximately the same level for the past two years. (8.6% in 2004, 5.2% in 2005, 11.7% in 2006, 13.8% in 2008, 18% in 2009 and 16.7% in 2010).Compared to the previous year, the number of applicants detained for non-political reasons has quantatively, albeit slightly, increased (4 applicants).

The reasons for this rise in 2011 can be attributed to the general election, the tense atmosphere surrounding this event and the torture and ill-treatment that occur as a result of the reactions and practices of security forces. In addition, the very public KCK investigation and following litigation resulted in mass arrests and detention of many people, causing a general increase in the number of applicants.

According to the statements of individuals and reports by human rights organisations, a large number of people who were detained for non-political reasons and were subjected to torture stated that prior to release they were threatened not to apply

to human rights organisations or make a criminal complaint. It can be said that the number of applications is much lower than the real number of torture survivors. We believe that increased community awareness of and support for survivors of torture would make the number of applicants much higher.

In regards to the duration of the most recent detention period of applicants, 211 applicants (43.6%) were detained for less than 24 hours, 80 applicants (16.5%) for 4 days, 69 applicants (14.3%) for 3 days, and 55 applicants (11.4%) were detained for 2 days.

As will be seen in more detail in the second part of the report (where the data of those tortured or ill-treated within 2011 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 an increased number of people are deprived of their freedom and taken into custody from the street by law enforcement officers. No official registration of the detention is made, and it is in this time that they are subjected to torture and ill-treatment.

Generally speaking, there is a significant decrease in the length of detention periods. We are, however, 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 reports prior to and following the legal arrangements put in place to prevent torture and ill-treatment in detention, it appears there was an increase in unregistered detentions after the regulatory legislation.

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 2011 according to the duration of their most recent detention

Duration of the Most Recent Detention	Number of Applicants	%
Less that 24 hours	211	43,6
24-48 hours	55	11,4
49-72 hours	69	14,3
73-96 hours	80	16,5
5-7 days	23	4,7
8-15 days	16	3,3
16-30 days	15	3,1
More than 1 month	15	3,1
Total	**484**	**100,0**

Regarding the place where the applicants were detained, it appears that 255 applicants (52.7%) were detained while outdoors, 124 (25.6%) applicants 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. Recent developments need to be taken into consideration, and evaluation of this issue will be discussed in the second part of the report.

The distribution of the 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 2011 according to the place of their most recent arrest

Place of the Most Recent Arrest	Number of Applicants	%
Outdoors	255	52,7
Home	124	25,6
Public office	31	6,4
Work place	30	6,2
Other	26	5,4
Organisation (NGO office, press office, etc.)	18	3,7
Total	**484**	**100,0**

The distribution according to the time when the applicants were detained is given in Table 10. Most applicants (58.0%) were apprehended during the day while 20.9% were arrested after midnight. According to the statements obtained of those detained after midnight, it was suggested that the act of detainment itself was intended to disturb, intimidate and/or indeed punish the applicant or their family and friends. This distribution of those taken into custody and exposed to torture and ill-treatment, and the relationship between the two will be examined in more detail in the second section.

Table 10: The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2011 according to the hour of their most recent detention

Time of last arrest	Number of Applicants	%
08:00 – 18:00	281	58,0
18:00 – 24:00	102	21,1
24:00 – 08:00	101	20,9
Total	**484**	**100,0**

Regarding the distribution of the places of the most recent torture, 226 applicants (46.7%) were tortured at security directorates, 71 applicants (14.7%) outdoors or on the streets and 58 applicants (12.0%) at police stations. (2010 Report shows that 157 applicants (45.8%) were tortured at security directorates, 71 (20.7%) outdoors or on the streets and 45 (13.1%) at police stations. 2009 Reports show that 138 applicants (34%) were tortured outdoors on the streets, 137 (33.7%) at security directorates and 34 (8.4%) at police stations. By taking into consideration the applicants who had been tortured in past years and later became applicants, it is possible to say that the high proportion of torture taking place in security directorates is a result of these late applicants. For a similar reason, this may be why the rates of those tortured outdoors, on the street or in vehicles is lower. Evaluation of this issue in the light of current events will be discussed in the second part of the report.

The fact that security directorates are, as in previous years, where most of our applicants have been tortured shows that for the past years torture has taken place in high profile centres and generally by specially trained interrogation teams.

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

Table 11: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the place of most recent torture in detention

Place of Most Recent Torture in Detention	Number of Applicants	%
Security Directorate	226	46,7
In the street or other outside area	71	14,7
Police Station	58	12,0
Car	31	6,4
Home/ work place	9	1,8
Gendarmerie Station	8	1,7
Gendarmerie Headquarters	7	1,4
Other	24	5,0
Unknown/ not remembered	7	1,4
Empty*	43	8,9
Total	**484**	**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 prison.*

Turning to the regional distribution of the place of most recent torture, we can see a change in the region of most complaints when compared with 2009 and 2010. (Table 12)

Table 12: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the region of their most recent torture in detention

Region of the Most Recent Torture	Number of Applicants	%
Mediterranean	112	23,1
Marmara	107	22,1
South-Eastern Anatolia	76	15,7
Central Anatolia	54	11,2
Aegean	34	7,0
Black Sea	11	2,3
Eastern Anatolia	10	2,1
Abroad	37	7,6
Empty*	43	8,9
Total	**484**	**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 resemblance with the distribution of 2009 and 2010. Again, Istanbul is the most common province, followed by Mersin, Ankara, Adana, Diyarbakir and Izmir. The prominence of torture in regions such as the Mediterranean and Marmara, particularly in Istanbul, Adana and Mersin, will be discussed in the second chapter due to the issue'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 2011 according to the province of their most recent torture in detention

Province of the most Recent Torture	Number of Applicants	%
İstanbul	104	21,5
Mersin	60	12,4
Ankara	53	11,0
Adana	47	9,7
Abroad	37	7,7
Diyarbakır	36	7,4
İzmir	30	6,2

Table 13 Continuation

Şırnak	29	6,0
Artvin	11	2,3
Batman	5	1,0
Şanlıurfa	3	0,6
Hatay	3	0,6
Hakkari	2	0,4
Antalya	2	0,4
Van	2	0,4
Other provinces	17	3,5
*Empty	43	8,9
Total	**484**	**100,0**

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

Looking in more detail at the detention centres where the most recent torture was inflicted, as in 2010 (18 applicants 5.2%), the Anti-Terror Branch (ATB) in Istanbul comes first, and with an increased rate, of 30 applicants (6.2%). This is followed by the Cizre and Adana Security Directorates. Like the previous year, 18 of our 73 applicants aged under 18 years stated they had been tortured by the Police Children's Department (13 children in Adana, 4 in Mersin and 1 in Diyarbakir). In 2010, this figure was 6 children in Adana and 6 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 2011 according to the specific places of the most recent torture in detention

Centre Where the Most Recent Torture Took Place	Number of Applicants	%
İstanbul ATB	30	6,2
Cizre Security Directorate	28	5,8
Adana Security Directorate	24	5,0
Diyarbakır ATB	21	4,4
Mersin Security Directorate	18	3,7
Adana Police Children's Department Directorate	13	2,7
Ankara Security Directorate	13	2,7

Table 14 Continuation

Ankara ATB	11	2,3
Mersin ATB	10	2,1
Adana Beşocak Police Station	6	1,3
Saffet Okumuş Police Station	4	0,8
Mersin Police Children's Department Directorate	4	0,8
İzmir Bozyaka ATB	4	0,8
Adana ATB	3	0,6
İstanbul Security Directorate	3	0,6
Hasanpaşa Police Station	3	0,6
İstanbul Vatan Security Directorate	3	0,6
Gayrettepe Security Directorate	3	0,6
Bakırköy Security Directorate	2	0,4
Şehitlik Police Station	2	0,4
Batman ATB	2	0,4
Beyoğlu Police Station	2	0,4
Kuştepe Police Station	2	0,4
Batman Security Directorate	2	0,4
Diyarbakır Security Directorate	2	0,4
Sancaktepe District Security Directorate	2	0,4
Gürpınar Police Station	2	0,4
İzmir İnciraltı Police Station	2	0,4
Yenidoğan Police Station	2	0,4
Other Directorate or ATB	28	5,8
Other Police Station	18	3,7
Other Gendarmerie Station/Headquarters	17	3,5
Abroad	37	7,7
Various*	108	22,3
Empty**	43	8,9
Other places	7	1,5
Unknown/Uncertain	3	0,6
Total	**484**	**100,0**

**Tortured outdoors, at home, in a car or some other 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 441 applicants out of a total of 484 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 section.

Regarding this Table, one should note that the most common torture methods 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 torture, as the torture is administered to cause trauma to the psychological integrity of the individual. Nowadays, the use of torture during interrogation – especially in regards to those taken into custody for political reasons – is clearly intended to punish and intimidate the person by causing damage to their psychology and integrity.

Table 15: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the methods of torture inflicted during their last detention

Method of Torture	**Number of Applicants**	**%**
Insulting	344	71,1
Beating	322	66,5
Humiliating	318	65,7
Other threats against the applicant	191	39,5
Death threat	164	33,9
Forced to obey nonsensical orders	123	25,4
Sleep deprivation	110	22,7
Restricting food and drink	98	20,2
Threats against relatives	96	19,8
Sexual Harassment	83	17,1
Restricting urination and defecation	82	16,9
Verbal sexual harassment	72	14,9
Forced to witness (visual/audio) torture of others	71	14,7
Asked to act as an informer	64	13,2
Continuous hitting on one part of the body	60	12,4
Stripping naked	60	12,4
Exposure to chemical substances	57	11,8
Blindfolding	57	11,8

Table 15 Continuation

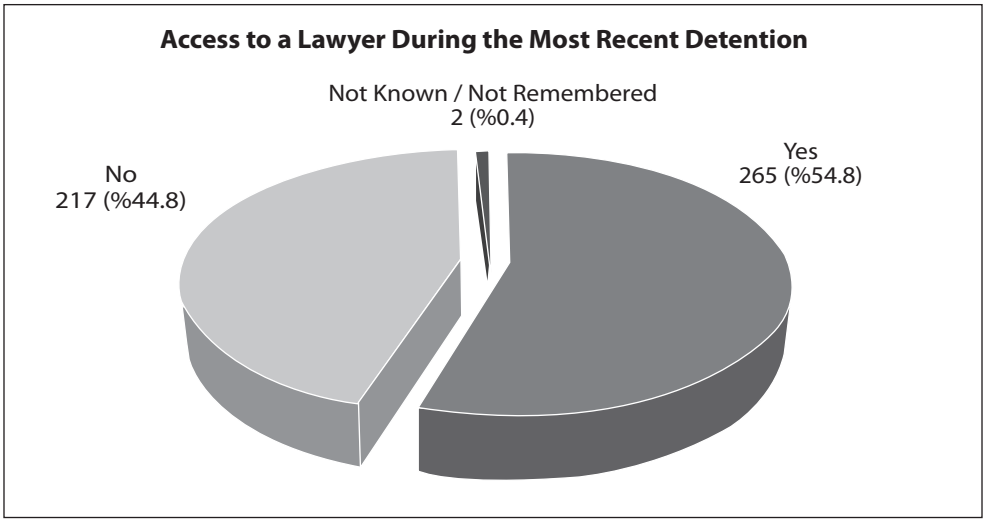
Forced to wait on cold floor	53	11,0
Pulling out hair/moustache/beard	52	10,7
Solitary cell	52	10,7
Restricting respiration	43	8,9
Electricity	34	7,0
Mock execution	31	6,4
Forced to listen to marches or high-volume music	31	6,4
Suspension on a hanger	30	6,2
Pressurised/cold water	29	6,0
Physical sexual harassment	26	5,4
Squeezing the testicles	26	5,4
Other	24	5,0
Forced excessive physical activity	22	4,5
Torture in the presence of relatives/friends	22	4,5
Other positional torture methods	21	4,3
Falanga	20	4,1
Suspending or crucifying	18	3,7
Strappado	17	3,5
Reverse hanging from the legs	7	1,4
Cavity searching	5	1,0
Rape	4	0,8
Burning	3	0,6
Forced medical intervention	1	0,2
Total	**2989**	**6,1***

** Average number of torture methods one person is subjected to*

2- Legal Procedures During and After Detention:

265 (54.8%) of all applicants in 2011 stated that they were able to meet with a lawyer during their most recent detention (Chart 4). In 2010 this figure was 166 applicants (48.4%). As it will be useful to discuss this in 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 2011 according to their access to a lawyer



The number of applicants who were released from their most recent detention without being brought before a prosecutor was 128 (26.4%). 134 applicants (27.7%) were released by a prosecutor or court (Table 16). In other words, nearly half of the applicants in 2011 did not face any accusation necessitating arrest after being detained.

Table 16: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to their situation after the most recent detention

Situation After Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	128	26,4
Was arrested	220	45,5
Released by prosecution office or court	134	27,7
Not known/ not remembered	2	0,4
Total	**484**	**100,0**

Regarding the legal process following the most recent detention period of the applicants, one can see that 142 proceedings (29.3%) filed against the applicants resulted in a conviction (this number was 80 (23.3%) in 2010), and 120 (24.8%) are continuing at trial (97 (28.3%) in 2010). Among the applicants, close to one quarter

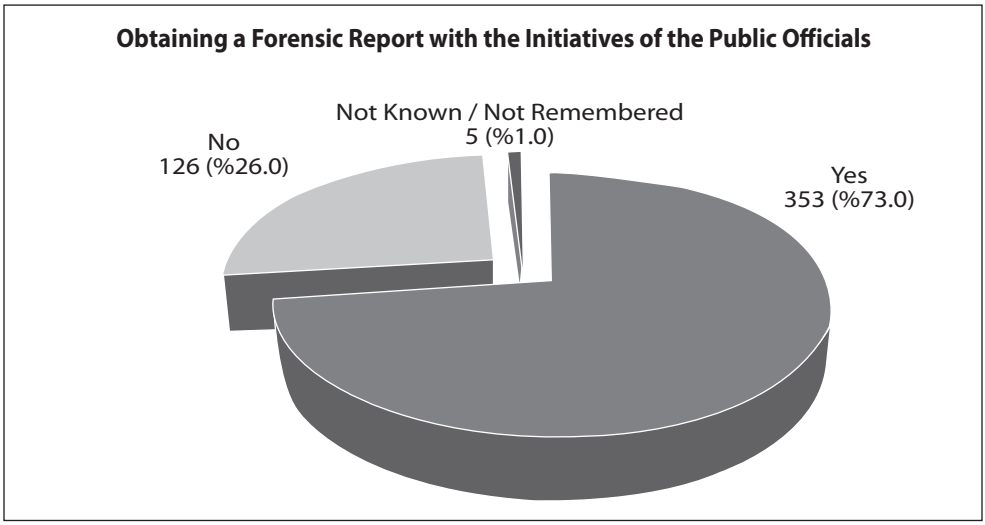
(130, 26.9%) were not tried. This is can be an indicator of the arbitrary nature of the application of detention and torture. (Table 17)

Table 17: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the legal procedure after their most recent detention

Legal Procedure	Number of Applicants	%
Applicant was tried and convicted	142	29,3
Applicant was not tried	130	26,9
Trial in progress	120	24,8
Whether a suit has been filed or not is unknown	65	13,4
Applicant was tried and acquitted	15	3,1
Applicant was tried, result unknown	10	2,1
Applicant was tried with a verdict not to prosecute	2	0,4
Total	**484**	**100,0**

The number of applicants who obtained a forensic report after their most recent detention at the initiative of officials was 353 (72.9%) (Chart 5). The reasons for the differing periods of detention of the applicants will be further discussed in section 2.

Chart 5: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to whether they obtained a forensic report on the initiatives of public officials after the detention or not



219 applicants out of 353 (54.9%) were examined in hospitals, while 79 applicants (22.4%) were examined at branches of the Council of Forensic Medicine. In other words, 87.8% of the applicants were examined and had their reports drafted by an expert (Table 18). Furthermore, 31 applicants stated that they obtained forensic reports of their own initiative as a result of their official complaints.

Table 18: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 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	219	62,0
Branch of Council of Forensic Medicine	79	22,4
Health Centre	26	7,4
Council of Forensic Medicine	12	3,4
Place of detention	8	2,3
Not known/ not remembered	9	2,5
Total	**353**	**100,0**

When the 353 applicants who had had forensic medical examinations were asked to evaluate the process of their examination, the results were found to be similar to those of 2009 and 2010. Again, approximately half of the applicants (169, 47.9%) who were examined stated that the law-enforcement officers were not taken out of the room during the forensic examination, 149 applicants (42.2%) stated that the physician did not listen to their complaints, 186 applicants (52.7%) stated that the physician did not take note of the complaints and 206 applicants (58.4%) stated they believed the physician did not examine them as was required. 124 applicants (35.1%) stated that the forensic report was in accordance with the medical findings, and around approximately a third (126 applicants, 35.7%) stated that they had no information about the report. The remaining 103 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.

In 2011, the Council of Forensic Medicine examined 12 applicants. When the results of the topics below are evaluated for these 12 applicants only, we can get a good picture in general of the Council of Forensic Medicine. However, the Council of Forensic Medicine is considered the agency with the most expertise in this field, and according to the evaluations regarding their examination a negative answer was given in 25-33% of cases.

Table 19: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the evaluations regarding the forensic examination after detention

Evaluations Regarding Forensic Examination	Yes	%	No	%	Not known/ Not remembered	%	Total	%
Where the law-enforcement officers taken out of the room during the forensic medical examination?	171	48,4	169	47,9	13	3,7	353	100
Did the forensic physician listen to their complaints?	201	57,0	149	42,2	3	0,8	353	100
Did the forensic physician take note of the complaints?	164	46,5	186	52,7	3	0,8	353	100
Did the forensic physician examine as s/he ought to?	144	40,8	206	58,4	3	0,8	353	100
Did the forensic physician write a report that was in accordance with the findings?	124	35,1	103	29,2	126	35,7	353	100

66 applicants (13.6%) stated during their interrogation by court or prosecutor that they were tortured and 42 applicants (8.7%) filed a separate complaint with the prosecutor. 362 applicants (74.8%) stated that they did not file any complaints regarding the torture they had been subjected to. Four applicants (0.8%) went to the court or prosecutor with the guidance of the foundation.

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

3- Imprisonment period

The number of applicants who had been imprisoned at some point was 247 (51%). 227 of these applicants were arrested and sent to prison after their most recent detention. The length of stay in prison of the most recent detention period varied between 1 month and 252 months.

The total duration of the imprisonment period of the 247 applicants with a prison record is given in Table 20. According to this Table, 66 applicants were incarcerated between 3-12 months, 54 applicants between 13-36 months, 19 applicants between 11-20 years, and 3 applicants stayed in prison for more than 20 years.

Table 20: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the duration of their imprisonment

Duration of imprisonment	Number of Applicants	%
0-2 months	17	6,9
3-12 months	66	26,7
13-36 months	54	21,9
37-60 months	44	17,8
61-84 months	26	10,6
85-108 months	9	3,6
109-132 months	9	3,6
11-20 years	19	7,7
Longer than 20 years	3	1,2
Total	**247**	**100,0**

Looking at the time that elapsed between the release of the imprisoned 247 applicants and their application to the HRFT, one can see that 74 applicants (30.0%) applied to within a month of their release, 91 applicants (36.8%) applied within 1 to 12 months of their release, and the remaining 82 applicants (33.2%) applied to the HRFT after more than 1 year. This shows that many victims 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.

122 applicants (49.4%) were released from prison pending trial, while 96 (38.9%) were released because their sentence had been completed (Table 21).

Table 21: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the reasons of release

Reason for Release from Prison	Number of Applicants	%
Released pending trial	122	49,4
End of imprisonment	96	38,9
Amnesty/ conditional release	19	7,7
Acquittal	9	3,6
Reprieve due to health condition	1	0,4
Total	**247**	**100,0**

Of the applicants with a prison record, those who stayed at an F-Type prison carry special importance since they were subjected to conditions of isolation. Of the 247 applicants who have prison records, 79 (31.9%) were held at a F-Type prison. The duration of imprisonment of these 79 applicants varied between 1 and 120 months. 28 applicants (35.8%) stayed in solitary confinement while at an F-Type prison.

The number of applicants who stayed at an F-Type prison and have been held in solitary confinement continues to rise, as it has in previous years (12 applicants in 2008 (6.4%), 13 in 2009 (31%). In addition, the periods of solitary confinement have increased. It is possible to say that solitary confinement is being increasingly applied. As a result, activities aimed at the health problems caused by being subjected to solitary confinement are becoming more important. The HRFT is continuing its activities on the effects of isolation while at the same time working for the abolishment of such practices.

Furthermore, 21 applicants (8.5%) received solitary confinement as a punishment for various infractions during their imprisonment, and the isolation period varied from 1 to 99 days.

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

Among 247 applicants with a prison history, 138 (55.8%) applicants claimed to have been tortured in prison. Further, 10 applicants stated that while in prison they were again taken away to be interrogated again, and 9 of these stated they had been tortured again during this interrogation.

The distribution of the torture methods that these 138 applicants were subjected to in prison are shown in Table 22.

General prison conditions (accommodation, ventilation, hygiene, health, communication etc.) can be considered as constituting a collective torture method on all detainees and prisoners. 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 vast majority of our applicants recently released from and tortured in prison, upon entry into prison and during the first days of captivity the torture experienced is of greater intensity.

In addition, our applicants have stated that they have experienced torture and ill-treatment in prison during searches and inspections, while entering and leaving meetings with family and lawyers, and during transportation to and from hospital and court appointments.

Table 22: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the methods of torture in prison

Torture Methods	Number of Applicants	%
Insulting	107	77,5
Humiliating	97	70,3
Beating	82	59,4
Stripping naked	60	43,5
Forced to obey nonsensical orders	56	40,6
Other threats against her/himself	44	31,9
Death threats	42	30,4
Hindering visits	34	24,6
Solitary Confinement	22	15,9
Sexual Harassment	17	12,3
Forced to wait in cold environment	16	11,6
Verbal Sexual Harassment	14	10,1
Forced to witness (audio/visual) torture of others	14	10,1
Continuous hitting on one part of the body	13	9,4
Threats against relatives	13	9,4
Forced to listen to marches or high volume music	10	7,2
Forced to wear uniform clothing	10	7,2
Asked to act as an informer	10	7,2
Sleep deprivation	9	6,5
Restricted defecation and urination	9	6,5
Restricted food and drink	9	6,5
Other	9	6,5
Forced excessive physical activity	8	5,8
Other positional torture methods	8	5,8
Pressurised/cold water	7	5,1
Falanga	7	5,1
Restricting respiration	7	5,1
Physical sexual harassment	6	4,3
Cavity search	5	3,6
Mock execution	5	3,6
Squeezing testicles	5	3,6

Table 22 Continuation

Blindfolding	4	2,9
Pulling out hair/moustache/beard	4	2,9
Suspension on a hanger	4	2,9
Subjecting to chemicals	3	2,2
Electricity	2	1,4
Rape	2	1,4
Burning	2	1,4
Suspending or crucifying	2	1,4
Strappado	1	0,7
Total	**1124**	**8,1***

**Average number of torture methods one person is subjected to*

The distribution of the answers of the 247 applicants with a prison history to the questions about prison conditions is given in Table 23.

Table 23: The distribution of the answers of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 about the prison conditions

Prison Conditions	Positive	Partly Positive	Negative	Total
Accommodation	18	98	131	247
Nutrition	16	80	151	247
Hygiene	17	67	163	247
Air ventilation	16	89	142	247
Communication	25	82	140	247
Health	10	69	168	247
Condition of transfers	5	41	201	247
Access to reading materials	18	98	131	247

Of the 247 applicants with a prison history, 87 (35.2%) stated that they had participated in a hunger strike at various times and for various reasons.

C- MEDICAL EVALUATION

This chapter contains information on the health condition of the applicants, which was determined by medical records, physical examination and other tests, conducted by physicians working at the HRFT's Centres, together with consultant doctors

(psychiatrists, physiotherapists and rehabilitation experts, orthopaedic physicians, ENT specialists etc.).

In this chapter, the treatment process of 484 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 their experiences of torture and their complaints to the physician in their own words. Following this, the physician asks for the necessary laboratory tests and consultations after an examination and evaluation. S/he expresses their opinion openly to the applicant.

In the last stage, the medical history, the examination and tests are evaluated altogether and a relationship between the illness and the 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 opportunity 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 program suggested for his/her treatment and rehabilitation. After a joint evaluation (i.e. If the applicant's condition may affect the treatment or vice versa), necessary amendments are made to the treatment and rehabilitation program 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 sole etiological factor.
b) It worsened or made a pathological state apparent.
c) It is one of the etiological factors.
d) No relation.
e) The relation could not be detected.

1- Medical Complaints of the Applicants

471 of the 484 applicants in 2011 had a psychological or physical problem. During the first evaluation the applicants indicated a total of 3396 psychological complaints.

Looking at the distribution of these applicants according to the systems, as in 2010, psychological complaints are the most common (34.2%, up from 32.8% in 2010) (Table 24).

Table 24: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the frequency of their physical or psychological complaints

Systems	Number of Complaints	%
Psychological	1162	34,2
Musculoskeletal	613	18,0
General	320	9,4
Digestive	267	7,9
Dermatological	257	7,6
Neurological	200	5,9
Ear Nose and Throat	142	4,2
Respiratory system	109	3,2
Urogenital system	107	3,2
Ophthalmological	93	2,7
Oral-dental	85	2,5
Cardiovascular	35	1,0
Endocrinological	6	0,2
Total	**3396**	**100,0**

The most common physiological complaint is discolouration of the skin (95 applicants, 19.6%). The most common psychological complaint is sleeping disorder, which is experienced by 135 applicants (27.9%). The most common physical and psychological complaints are given in Tables 25 and 26.

Table 25: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the frequency of their physical complaints

10 Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Discolouration of the skin	95	19,6	4,3
Lower back pain	90	18,6	4,0
Headache	85	17,6	3,8
Exhaustion, Fatigue	81	16,7	3,6
Neck pain	72	14,9	3,2
Stomach ache	68	14,0	3,1
Rapid fatigue	67	13,8	3,0
Nausea, Regurgitation	59	12,2	2,6

Table 25 Continuation

Back pain	56	11,6	2,5
Shoulder Pain	53	11,0	2,4
Other physical complaints	1508	-	67,5
Total	**2234**	**-**	**100,0**

Table 26: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the frequency of their psychological complaints

10 Most Common Psychological Complaints	Number of Complaints	% Among the Applicants	% Among the Psychological Complaints
Sleeping Disorder	135	27,9	11,6
Irritability from police	93	19,2	8,0
Irritability	88	18,2	7,6
Distress	72	14,9	6,2
Anxiety	72	14,9	6,2
Amnesia	72	14,9	6,2
Tension	62	12,8	5,3
Inability to concentrate	54	11,2	4,6
Nightmare	52	10,7	4,5
Urge to cry	52	10,7	4,5
Other psychological problems	410	-	35,3
Total	**1162**	**-**	**100,0**

2- Finding of the Physical Examinations:

The total number of physical findings obtained as a result of the physical examinations of 409 applicants is 1202. Looking at the distribution of them according to the systems, one can see clearly that the most common findings belong to the musculoskeletal (307 applicants, 25.5%), dermatological (303, 25.2%) and ear nose and throat system (252, 21%). In total, 71.1% of complaints are made up of these 3 systems (Table 27).

Table 27: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the physical findings of medical examinations

Systems	Number of Findings	%
Musculoskeletal	307	25,5
Dermatological	303	25,2
Oral-dental	252	21,0
Ear, nose and throat	131	10,9
Ophthalmological	71	5,9
Digestive system	52	4,3
Urogenital system	38	3,2
Neurological system	22	1,8
Respiratory system	17	1,4
Cardiovascular system	7	0,6
Endocrine system	2	0,2
Total	**1202**	**100,0**

The most common findings are bruising, which 90 applicants complained of (22%) and muscle pain (89 applicants, 21.8%). Considering that the most common 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 (injuries) 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 that these people have little chance to resist officers) and that they had to use force or that the person fell down the stairs or injured themselves in some other similar way. When the forensic report and the law enforcement officer's testimonies are combined it becomes very difficult for a torture victim to file a complaint of 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 or harmed them in some way.

The most common findings are given in Table 28.

Table 28: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to their physical findings

10 Most Common Physical and Other Findings	Number of Findings	% Among the Applicants	% Among all the Physical Findings
Bruising	90	22,0	7,5
Muscular pain and sensitivity	89	21,8	7,4
Missing teeth	74	18,1	6,1
Decayed teeth	62	15,2	5,2
Scar Tissue	59	14,4	4,9
Filled teeth	40	9,8	3,3
Pain and restricted movement of the neck	38	9,3	3,2
Pain and restricted movement of the lower back	37	9,0	3,1
Erosion	36	8,8	3,0
Acute muscular pain	35	8,6	2,9
Other physical findings	642	-	53,4
Total	**1202**	**-**	**100,0**

3- Psychiatric Symptoms and Findings:

205 applicants who saw a psychiatrist were diagnosed with a psychiatric symptom during the interview. Looking at the distribution of these findings and symptoms as determined by the 205 applicants who saw a psychiatrist, at least one of the following symptoms or signs was found in an individual: difficulties in falling or staying asleep, anxiety, irritability or a tendency to outburst, feelings of detachment or estrangement from others, psychological distress or reactions to stimuli associated with the trauma and an increase or decrease in sleep duration were findings all linked directly to the traumatic experience. Table 29 shows the psychiatric symptoms and findings diagnosed in 10 or more applicants.

Table 29: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 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
Difficulties in falling or staying asleep	120	58,5	6,6
Anxiety	118	57,6	6,5
Irritability and/or easy outburst	100	48,8	5,5
Sense of detachment or estrangement from others	86	42,0	4,8
Intense physiological reactions to stimuli associated with trauma	78	38,0	4,3
Increase or decrease in sleep duration	73	35,6	4,1
Intense physiological distress at exposure to stimuli associated with trauma	64	31,2	3,5
Sense of foreshortened future	64	31,2	3,5
Recurrent and distressing dreams of the traumatic event	59	28,8	3,3
Efforts to avoid activities, places or people that arouse recollection of the trauma	59	28,8	3,3
Markedly diminished interest or participation in significant events	56	27,3	3,1
Difficulties in concentration	56	27,3	3,1
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	53	25,9	2,9
Hyper vigilance	51	24,9	2,8
Recurrent and intrusive distressing recollections of the traumatic event	51	24,9	2,8
Efforts to avoid thoughts, feelings or conversations associated with the trauma	50	24,4	2,8
Depressive mood	50	24,4	2,8
Somatic anxiety symptoms (palpitation, distress, sweating etc.)	50	24,4	2,8
Muscle tension	47	22,9	2,6
Agitation (Irritability, hyperactivity)	43	21,0	2,4
Fatigue, weakness, lack of energy	42	20,5	2,3
Hopelessness, desperation	42	20,5	2,3
Anhedonia, apathy	37	18,0	2,0
Absentmindedness, lethargy	37	18,0	2,0

Table 29 Continuation

Flashback experiences and acting or feeling as if the traumatic event were recurring	35	17,1	1,9
Changes in appetite/weight (increase or decrease)	32	15,6	1,8
Decrease in sexual interest	32	15,6	1,8
Exaggerated startle response	27	13,2	1,5
Dysphoric mood	26	12,7	1,4
Lack of self-esteem	25	12,2	1,4
Memory impairment	20	9,8	1,1
Difficulties in decision making	17	8,3	0,9
Feelings of guilt	15	7,3	0,8
Inability to remember key aspects of the trauma	15	7,3	0,8
Blunted affect (or bluntness)	14	6,8	0,8
Diminished psychomotor activities	12	5,9	0,7
Depersonalization	10	4,9	0,6
Suicidal thoughts and/or attempts	10	4,9	0,6
Reduction in awareness of surrounding environment	10	4,9	0,6
Other psychological findings	22	10,7	1,2
Total	**1808**	**-**	**100,0**

4- Diagnoses:

The evaluation of the diagnosis of the applicants was carried out among 440 individuals who were diagnosed by the end of 2011. 122 different diagnoses were determined, with the most common physical determination being soft tissue trauma (148 applicants, 33.6%) and the most common psychological determination being chronic PTSD (46 applicants, 10.5%).

Compared to the previous two years, there was a decrease of soft tissue trauma diagnoses. The frequency of acute PTSD and acute stress disorder increased when compared with the previous year, however there was a slight decrease in the occurrence of chronic PTSD. Major depressive disorder (this year placed into two distinct categories – sole episode and recurring) was at roughly the same level as the previous year.

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

Table 30: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to their physical diagnoses

10 Most Common Physical Diagnoses	Number of Applicants	%
Soft Tissue Trauma	148	33,6
Myopia-hypermetropia	53	12,0
Myalgia	26	5,9
Sinusitis	24	5,5
Fibromyalgia	22	5,0
Gastritis	19	4,3
Cuts or bruises on the skin	17	3,9
Pharyngitis	16	3,6
Per orbital bruising	15	3,4
Lumbar strain	15	3,4

Table 31: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to their psychiatric diagnoses

10 Most Common Psychiatric Diagnoses	Number of Applicants	%
PTSD (chronic)	46	10,5
PTSD (acute)	34	7,7
Major depressive disorder, sole episode	34	7,1
Acute stress disorder	33	7,5
Adjustment disorder	22	5,0
Other anxiety disorders	18	4,1
Major depressive disorder, recurring	15	3,4
Other psychiatric disorders	6	1,4
Sleep disorders	3	0,7
Pain disorders	3	0,7

44 of 484 applicants (9.0%) in 2011 were not diagnosed with any kind of physical or psychiatric disorder.

When the relationship between the diagnosis and the torture experienced by the applicant is examined, disregarding diagnoses that were unrelated to the trauma, in 59.3% of all diagnoses found relevant to the trauma the torture period was regarded as the only logical factor. In 27% of cases it was regarded as one of the factors and in 13.3% of 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

Regarding the treatment methods applied to a total of 503 applicants, 311 (61.8%) received medication, 86 (17.1%) received psycho-pharmacotherapy, 84 (16.7%) received psychotherapy, 31 (6.2%) were given exercise programs, 13 (2.6%) received surgery and 17 applicants (3.4%) received physiotherapy. The distribution of treatment methods is presented in Table 32.

Table 32: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to the treatment methods applied

Applied Treatment Methods	Number of Applicants	%
Medication	311	61,8
Lifestyle recommendations	230	45,7
Psycho-pharmacotherapy	86	17,1
Psychotherapy	84	16,7
Exercise	31	6,2
Eye glasses	26	5,2
Physiotherapy	17	3,4
Orthopaedic implements (Orthesis, crutches, sole support etc.)	14	2,8
Surgery	13	2,6
Dental treatment	5	1,0
Hearing aid	1	0,2
Total	**503**	**1,6***

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

2- Results of the Treatment and Rehabilitation Process

The results of the treatment prescribed to the applicants as a result of the diagnoses are given in Table 33. Thirty- three applicants (6.8%) with physical complaints left their treatment process unfinished for various reasons either before a diagnosis was made or after the beginning of the treatment. When compared with previous years, this percentage continues to decrease.

Table 33: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centre in 2011 according to the results of physical treatment

The Results of Physical Treatment	Number of Applicants
Treatment was completed	263
No disorder was detected related to torture or prison experience	130
Treatment continues	50
Treatment was discontinued without a diagnosis	19
Treatment was discontinued after having started	14
Diagnostic stage continues	7
Applicants could not appear at the first appointment	1
Total	**484**

After the evaluation by centre physicians, all applicants were advised to see a psychiatrist. 13 applicants who accepted this advice did not go to the appointment. 4 applicants who were diagnosed with a mental illness did not accept treatment. The number of applicants who did not complete their treatment, including those who did not accept treatment, was 123 (25.4%), which is an increase when compared with 2010.

Table 34 shows the results of the psychiatric treatment in 2011.

Table 34: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 according to results of the psychiatric treatment

The Results of Psychiatric Treatment	Number of Applicants
No disorder was detected related to torture or prison experience	157
Treatment continues	68
Diagnostic stage continues	9
Physician arranged for psychological treatment	10
Treatment was completed	53
Treatment was discontinued after having started	54
Treatment was discontinued without diagnosis	16
Applicant refused a psychiatric examination	36
Applicants refused psychiatric treatment	4
Applicant did not appear at the first appointment	13
Total	**420**

**64 applicants did not have any mental health complaints.*

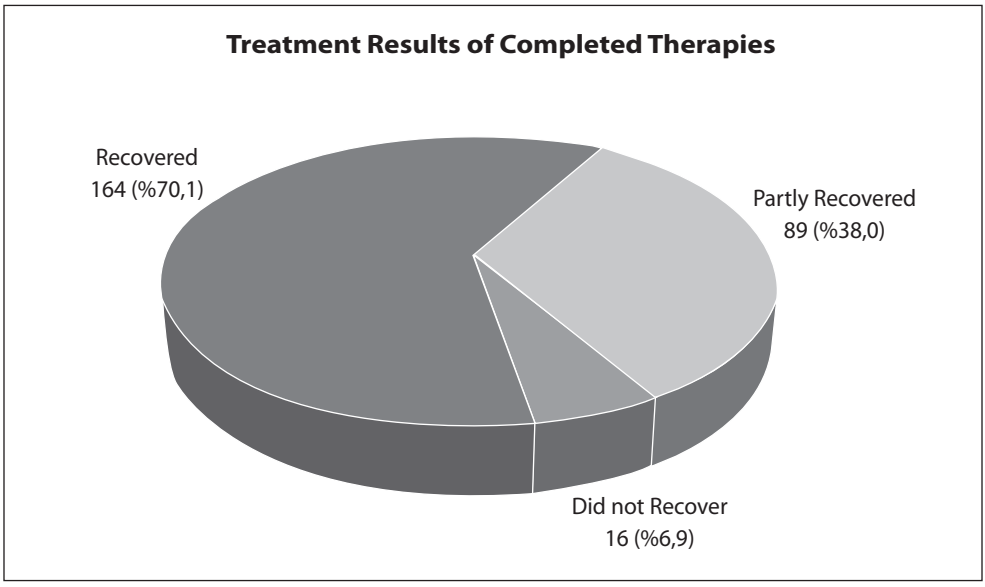
In 2011 89 applicants did not continue to their treatment. Compared to previous years, the percentage (18.4%) has increased (in 2006 12.6%, 2007 13.8%, 2009 11.6, 2010 14.2%). The treatment of 234 applicants, most of whom had acute physical illnesses, was completed. The course of the treatment and rehabilitation stages of all the applicants in 2011 until the end of the year is presented in Table 35.

Table 35: The results of the physical and psychiatric treatment processes of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011

Progress of the Cases	Number of Applicants
Treatment was completed	234
Treatment continues	105
Treatment was continued after having started	60
No disorder was detected in connection with torture or prison experience	42
Treatment was discontinued without diagnosis	29
Diagnostic stage continues	12
The applicant did not appear at the first appointment	2
Total	**484**

162 of the 234 applicants, whose treatment was completed in 2011, recovered completely while 72 applicants recovered only partially (Chart 6).

Chart 6: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011, 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 2011

This section contains a separate evaluation of the social and demographic characteristics of applicants to the HRFT who had been tortured while under security force's control in 2011, as well as an analysis of the information regarding the nature of the torture and medical reviews. Approximately half of the applicants (224) stated that the torture had taken place in 2011. The aim of evaluating the data on torture in detention in 2011 in a separate section is to describe the current situation regarding torture in Turkey, and to evaluate the medical problems that might be seen by 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 legal requirements at the beginning, at the end of and sometimes in the middle of detention processes and the conditions under which the medical reports related to all of these issues were prepared and the judicial processes 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 11 to 60. The average age is 28.0 ± 9.8. There are two main reasons why the average age of the applicants is 2.8 years less than the average age of all applicants. Firstly, there has been a rise in the number of applicants aged 0-18 who have been tortured. However while looking at the applicants who had been tortured from the first section, it seems that in previous years nearly half of the applications to the treatment and rehabilitation centres were made a few years after the traumatic event. This can account for the decrease in the average age of torture survivors.

47 (21.0%) of the applicants who were subjected to torture in 2011 were aged 18 or under. 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 2011 who were subjected to torture in the said year according to their ages

Age Group	Number of Applicants	%
0-18	47	21,0
19-25	57	25,5
26-30	46	20,5
31-35	29	13,0
36-40	18	8,0

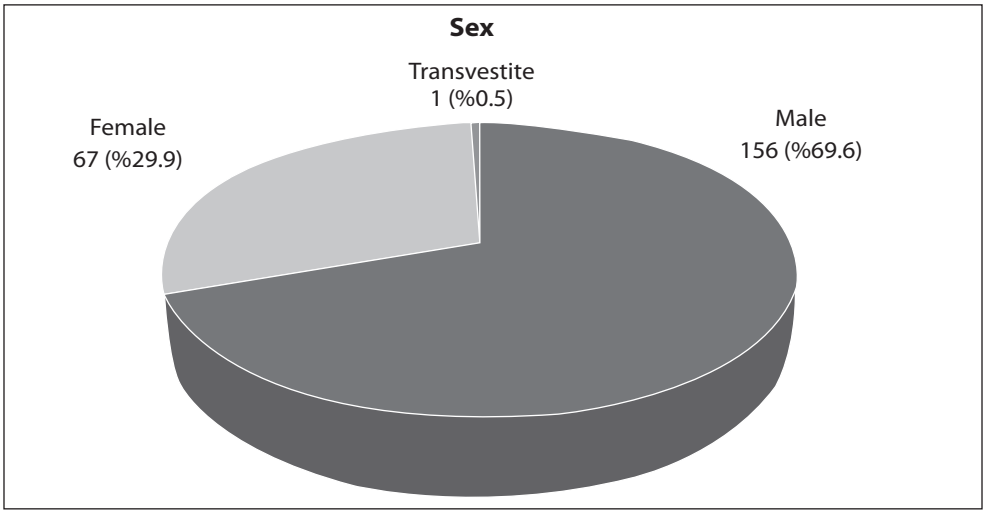
Table 36 Continuation

41-45	9	4,0
46 and above	18	8,0
Total	**224**	**100,0**

156 of the applicants were male (69.6%) while 67 (29.9%) were female. Compared with 2010, this is a 9.3% increase in the number of female applicants (33, 20.6%) (Chart 8). This year, one of the applicants was a transvestite.

In recent years a small but significant number of transgendered people have begun applying to the HRFT on the grounds of torture and ill-treatment, as they start to take action in regards to their concerns and problems. Considering a significant portion of our applicants are referred to us through other democratic organisations, and recognising that transgendered people are often subjected to torture and ill-treatment, it is necessary to facilitate access to and support HRFT and other human rights organisations.

Chart 7: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to their sex.



2- Place of Birth

Approximately one fifth of the applicants were from the Mediterranean Region, followed by those born in the Eastern and Central Anatolian Regions. Those in the Eastern and South-Eastern Anatolian Regions constituted 30.8% of all applicants (in 2010 this figure was 43.7%). 20.1% were born in the Mediterranean Region, 16.1%

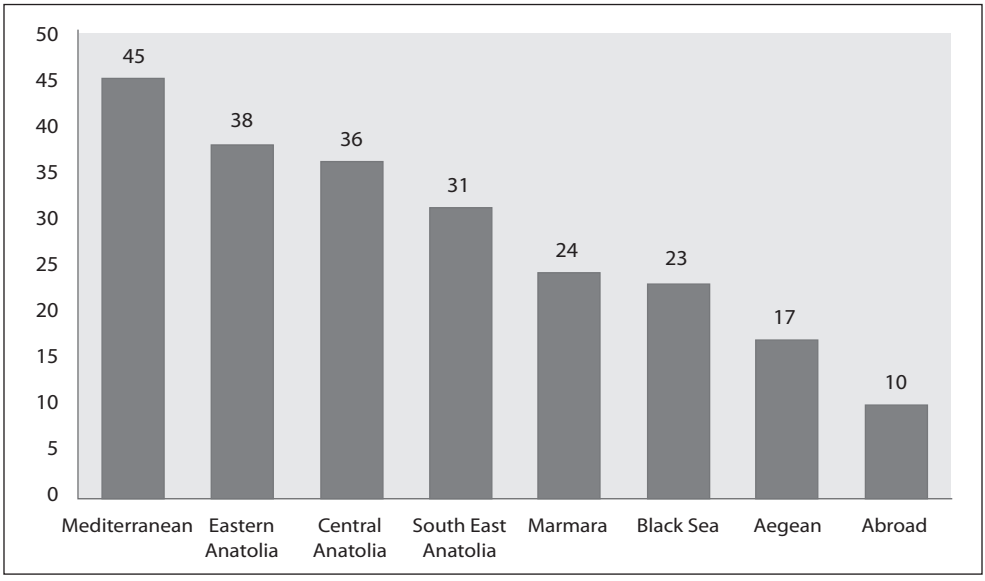
in Central Anatolia, 10.7% in the Marmara, 10.3% in the Black Sea, and 7.6% in the Aegean.

Of the 31 applicants who were born in South-Eastern Anatolia, 21 applied to our Adana Centre and 5 to Diyarbakir. Although we do not ask applicants about their ethnic roots, this reason for this could be explained by intensive migration from South-eastern Anatolia to Mersin and Adana in particular.

Similarly, of our 30 applicants born in the Eastern Anatolian Region, none applied to the closest centre in that area – Diyarbakir. Of these applicants, 20 applied to our Istanbul centre and 8 applied to Izmir.

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 2011 who were subjected to torture according to their birthplace



In regards to the birthplaces at a provincial level, most applicants were born in Istanbul (22 applicants, 9.8%), followed by Mersin and Ankara (18 applicants each, 8.0%), Adana (16, 7.1%) and Izmir (12, 5.4%). 10 applicants (4.5%) were born abroad.

Looking at the distribution, we see again that most applicants were born in Eastern and South-Eastern Anatolia. As mentioned in the first section, it can be assumed

that this is not a coincidence but as 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 any applicant, only their place of birth.

3- Educational Background and Employment Status

More than half of the applicants (122, 54.5%) are middle or high school graduates, 56 applicants (25.0%) are primary school graduates or literate, 39 (17.4%) graduated or dropped out of university. 7 applicants (3.1%) are illiterate. For the purposes of the evaluation the following are assumed: Primary school students are literate,graduates of middle school finished primary , high school graduates finished middle school and university graduates finished high school. 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 2011 who were subjected to torture according to their educational background

Educational Background	Number of Applicants	%
High school graduate	84	37,5
Primary school graduate	45	20,1
Middle school graduate	38	17,0
University graduate	32	14,3
Literate	11	4,9
University dropout	7	3,1
Illiterate	7	3,1
Total	**224**	**100,0**

In regards to the employment status of the applicants, 60 (26.8%) were unemployed at the time of application. 51 (22.8%) were university students, 24 (10.7%) were primary or secondary school students and 15 applicants (6.7%) were industrial workers in the private sector.

Looking at the employment status of all applicants, the rate of unemployment among applicants seems to have fallen by 10%, while the number of university students applying has risen by 7%. There has been a slight rise in applications from primary and secondary school students, as well as industrial workers in the private sector. This can be explained by the fact that the effect of chronic applicants, including those recently released form prison, does not appear in this group. Furthermore, as applicants are often tortured for political reasons, this can provide an obstacle to finding a job and often leads to a higher percentage of unemployment among the entire cohort 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 2011 who were subjected to torture according to their employment status

Profession or Employment	Number of Applicants	%
Unemployed	60	26,8
University Student	51	22,8
Primary or secondary school student	24	10,7
Industrial worker in the private sector	15	6,7
Office worker in the public sector (secretary, bank clerk etc.)	14	6,3
Tradesman (working in shop or office of their own)	11	4,9
Housewife	7	3,2
Retired	6	2,7
Construction worker	6	2,7
Industrial worker in the public sector	5	2,2
Office worker in the private sector (secretary, bank clerk etc.)	4	1,8
Artist	3	1,3
Lawyer	3	1,3
Teacher	3	1,3
Journalist	3	1,3
NGO Staff	2	0,9
Nurse	2	0,9
Agricultural worker (1), Street hawker (1), Architect (1), Engineer (1), Instructor (1)	5	2,2
Total	**224**	**100,0**

B- PROCESS OF TORTURE

In this section, we will look at why the 224 applicants were subjected to torture and ill-treatment to HRFT's Centre in 2011, evaluating the data obtained from the individuals.

1- The Process of Detention and Torture

186 of the applicants (83.0%) who were subjected to torture in 2011 stated they had been tortured for political reasons (up 75% from the previous year), 36 (16.1%) stated they had been tortured for non-political reasons and 1 applicant (0.4%) stated they had been tortured because of their sexual orientation.

In the search for community awareness of torture and human rights and support and encouragement for those who have been tortured for non-political reasons, the vast majority of victims of torture will not remain silent. The demands to remove any type

of barrier to these people's rights must be assisted by more effective and common operation between the HRFT and other relevant organisations.

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

As for the length of their most recent detention, 127 applicants (56.7%) were detained for less than 24 hours (in 2010 this was 129 applicants, 80.6%) and 26 (11.6%) were held for 24-48 hours (in 2010 15 applicants, 9.4%). 5 applicants (2.2%) were detained for more than 5 days. Of these 5, one had been tortured while in detention in Cyprus, and the other four were tortured while in detention in Iran.

According to the statements of HRFT's applicants, the statute of limitations for detention was complied with in most 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 led to a change in torture methods, rather than an end to torture. In addition, law-enforcement officers started to apply physical methods of torture prior to the arrival of the place of detention such as on the street, in a vehicle, or to abduct people and torture them in a deserted place. Further, detention without official registration in which the person is tortured in a car or on the street and then permitted to go without recording the detention at all is a common occurrence. The practices mentioned above have in 2011, compared with previous years, continued to intensify. This example shows us that without the necessary political will to prevent torture, the legal regulations cannot, in practice, prevent torture. The distribution of applicants according to the length of the most recent detention is presented in Table 39.

Table 39: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the length of their most recent detentions

Length of Most Recent Detention	Number of Applicants	%
Less than 24 hours	127	56,7
24-48 hours	26	11,6
49-72 hours	42	18,8
73-96 hours	24	10,8
5-7 days	1	0,4
8-15 days	1	0,4
16-30 days	2	0,9
More than 1 month	1	0,4
Total	**224**	**100,0**

In regards to the place of arrest, 147 applicants (65.6%) were arrested on the street or at another outdoor location. The distribution of the places of arrest for the most recent detention is presented in Table 40.

According to the statements of our applicants, people are detained on the street or other out-door areas by the security forces and subjected to physical and psychological torture and after it is uncertain whether or not they will be taken into official custody. This reveals the arbitrary nature of the security force's actions. We can say that this situation is facilitated by informal detention practices. Moreover, considering that these kinds of events often happen 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 2011 who were subjected to torture according to the place of their most recent arrest.

Place of most recent arrest	Number of Applicants	%
Outdoors	147	65,6
Home	28	12,5
Work place	14	6,2
Public institution	13	5,8
Private institution (NGO office, press office etc.)	12	5,4
Other	10	4,5
Total	**224**	**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 2011 who were subjected to torture according to the time of their most recent arrest

Time of most recent arrest	Number of Applicants	%
08:00 - 18:00	112	50,0
18:00 - 24:00	68	30,4
24:00 - 08:00	44	19,6
Total	**224**	**100,0**

Regarding the place of torture during their most recent detention, 79 applicants (35.3%) were tortured at security directorates, 60 applicants (26.8%) were tortured on the street or outdoors and 34 applicants (15.2%) were tortured in police stations. In 2009 and 2010 security directorates were the second most common place of torture, but they now rank as the most common place. Considering the stories of the applicants, it seems that the detention and torture processes of the applicants began outdoors and then continued either in a vehicle or at a security unit. This three-step sequence can stop by the first or second stage. In the following table, the classification of torture as "being applied on the street or outdoors, in a car or in a security directorate" is only referring to the location of the last stage of torture. Explanations regarding those tortured in the street or in an outdoor area are provided above under various headings.

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 2011 who were subjected to torture according to the place of their most recent torture in detention

Place of most recent torture in detention	Number of Applicants	%
Security directorate	79	35,3
On the street or outdoors	60	26,8
Police station	34	15,2
In a car	28	12,5
Other	11	4,9
Home/workplace	7	3,1
Not known/not remembered	3	1,3
Gendarmerie station	2	0,9
Total	**224**	**100,0**

Turning to the regional distribution of the place of the most recent torture, the Mediterranean Region comes in first, followed by the Marmara and Central Anatolian Regions (Table 43).

As for the provincial distribution of the most recent torture, Istanbul, Ankara, Mersin, Adana and Izmir were the most common provinces. The reason why the number of applicants who reside in the provinces where there is no HRFT Treatment and Rehabilitation Centre 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 a range of factors, investigate the situation and, if necessary, refer torture victims to one of the HRFT's Treatment and Rehabilitation Centres. The reason that 11 torture victims from the Black Sea Region applied in 2011 was as a result of the work of

the mobile health teams. By extending the services of the mobile health teams, the HRFT can reach more torture victims. The provincial distribution of the places of torture in detention is given in Table 43.

Table 43: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the regions in which they experienced the most recent torture

Region of most recent torture	Number of Applicants	%
Mediterranean	70	31,3
Marmara	63	28,1
Central Anatolia	39	17,4
Aegean	25	11,2
Black Sea	11	4,9
South-Eastern Anatolia	6	2,7
Eastern Anatolia	1	0,4
Abroad	9	4,0
Total	**224**	**100,0**

Table 44: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the provinces in which they were last subjected to torture

Province of most recent torture	Number of Applicants	%
İstanbul	63	28,2
Ankara	39	17,4
Mersin	36	16,1
Adana	34	15,2
İzmir	24	10,7
Artvin	11	4,9
Diyarbakır	5	2,3
Van	1	0,4
Şırnak	1	0,4
Muğla	1	0,4
Abroad	9	4,0
Total	**224**	**100,0**

Looking at the detention centres where the most recent torture was inflicted in more detail, the Adana Security Directorate comes first, followed by the Mersin Security Directorate, the Adana Police Children's Directorate, the Ankara Security Directorate and the Istanbul Anti-Terror Branch (ATB). While moving around the list, the Ankara and Adana Security Directorates have been noticeably present for the past five years. Of the police stations, Adana Besocak and Istanbul Saffet Okumus stand out for holding a high position on the list. In previous years, Istanbul Beyoglu Police Station has held a position on this list, and we hope its absence this year is as a result of positive developments. In the upcoming years a more detailed analysis of the detention centres and the torture incidents will be carried out. Table 45 shows the centres of the most recent torture in which more than three cases occurred.

Table 45: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the detention centres where the most recent torture took place

Centre of the most recent torture in detention	Number of Applicants	%
Adana Security Directorate	15	6,7
Mersin Security Directorate	12	5,4
Adana Police Children's Directorate	11	4,9
Ankara Security Directorate	10	4,4
İstanbul ATB	10	4,4
Mersin ATB	6	2,7
Adana Beşocak Police Station	6	2,7
İstanbul Saffet Okumuş Police Station	4	1,8
Other Security Directorate or ATB	19	8,5
Other Police Station	19	8,5
Other Gendarmerie Station or Headquarters	2	0,9
Abroad	2	0,9
Was not subjected to torture at a centre	108	48,2
Total	**224**	**100,0**

**Those who were subjected to torture at home, outdoors, 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 common method of torture according to the statements of our applicants in 2011, it is worrying that following this are a large variety of psychological methods of torture. According to the statements of the applicants, beatings and being subjected to chemicals (teargas) are the methods most commonly used before the person is taken to a detention centre (prior to

registration of the detention). After the person arrives at the detention centre, other methods are used.

Table 46: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the methods of torture

Torture Method	Number of Applicants	%
Beating	183	81,7
Insulting	166	74,1
Humiliation	154	68,8
Threats against her/himself	83	37,1
Death threats	61	27,2
Forced to obey nonsensical orders	60	26,8
Exposure to chemical substances	53	23,7
Sexual Harassment	40	17,9
Verbal sexual harassment	35	15,6
Restricting food and/or drink	29	12,9
Forced to witness (visual/audio) torture of others	28	12,5
Threats against relatives	27	12,1
Pulling out hair/beard/moustache	26	11,6
Continuous hitting of one part of the body	24	10,7
Restricted defecation and urination	24	10,7
Sleep deprivation	20	8,9
Sexual abuse	15	6,7
Stripping naked	12	5,4
Restricting respiration	12	5,4
Asked to act as an informer	12	5,4
Solitary confinement	11	4,9
Torturing in the presence of relatives/friends	10	4,5
Forced to wait in a cold environment	10	4,5
Forced to listen to marches or high volume music	9	4,0
Other positional torture methods	8	3,6
Mock execution	7	3,1
Pressurised/cold water	6	2,7
Blindfolding	5	2,2

Table 46 Continuation

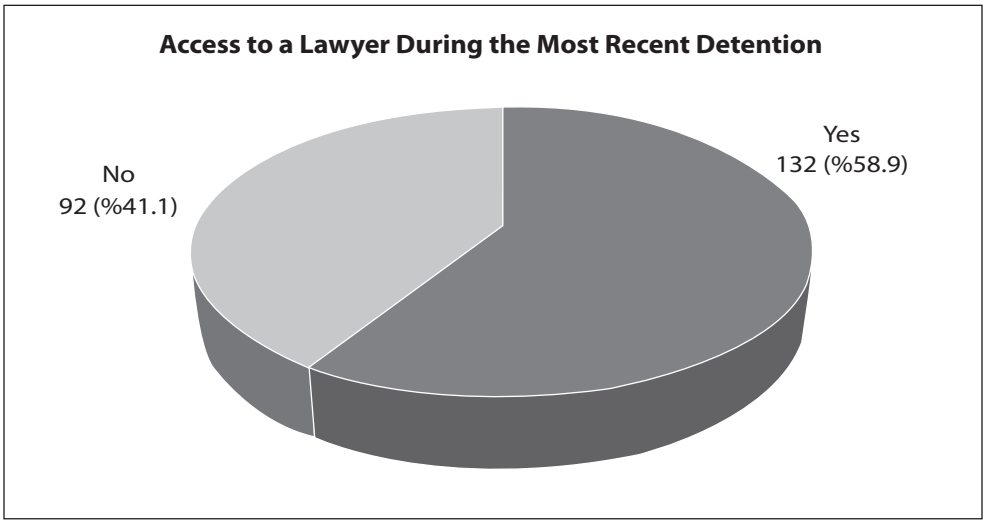
Electricity	4	1,8
Forced excessive physical activity	3	1,3
Squeezing testicles	3	1,3
Rape	1	0,4
Suspension on a hanger	1	0,4
Hanging and crucifixion	1	0,4
Burning	1	0,4
Other	15	6,7
Total	**1159**	**5,1***

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

2- Legal Procedures During and After Detention

132 (58.9%) of the applicants stated that they were able to see a lawyer during their most recent detention. This is an increase on 2010, as well as an increased rate when compared with previous years. Considering that some of the applicants were tortured and ill-treated on the street, outdoors or in a vehicle 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 2011 who were subjected to torture according to their access to a lawyer



92 applicants were released without being taken to the prosecutor's office after their most recent detention. 107 of the applicants were released, either by the public prosecutor or a court (compared with 51 in 2010), and 24 of the applicants were arrested (Table 47). These numbers show the arbitrary nature of the detentions more clearly than in the first section, where all applicants were evaluated.

The trials of 49 (21.9%) of the applicants are continuing (in 2010 this number was 30 applicants, 18.8%), while the trials of 19 applicants (8.5%) resulted in a conviction – an increase on the past two years (in 2010 6 applicants (3.8%) were convicted). (Table 48)

Table 47: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the situation after their most recent detention

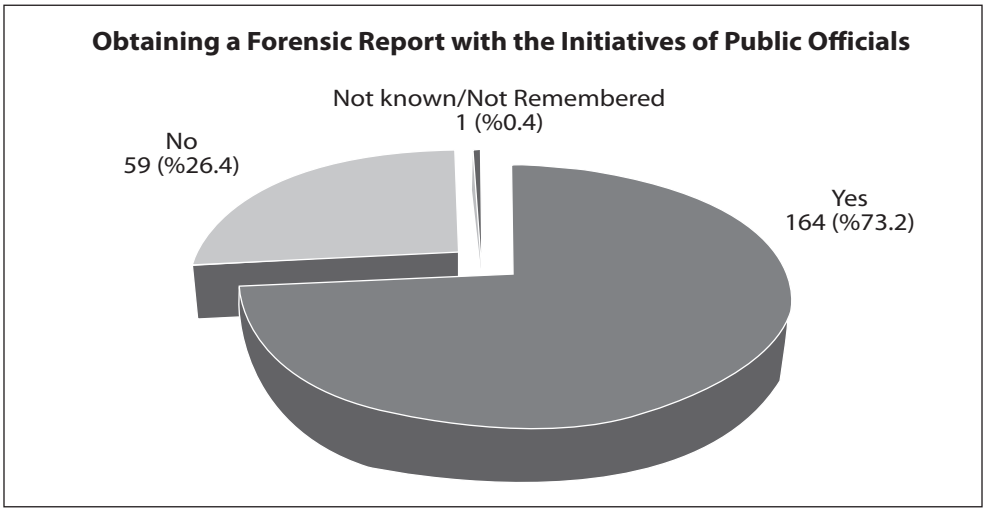
Situation after most recent detention	Number of Applicants	%
Released by prosecution office or court	107	47,8
Released without facing prosecutor	92	41,1
Was arrested	24	10,7
Not known/not remembered	1	0,4
Total	**224**	**100,0**

Table 48: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the process of their trial after their most recent detention

Trial process after last detention	Number of Applicants	%
Applicant was not tried	95	42,4
Whether a lawsuit was filed or not is unknown	57	25,5
Trial in progress	49	21,9
Applicant was tried and convicted	19	8,5
Applicant was tried, outcome unknown	3	1,3
Applicant was tried, charges were dismissed	1	0,4
Total	**224**	**100,0**

164 applicants (73.2%) obtained a forensic report after their most recent detention due to the initiative of public officials (Chart 10). It can be said that with the exception of those applicants who were detained and subjected to torture on the street or outdoors without official registration, nearly all of those against whom proceedings were launched underwent forensic medical examination.

Chart 10: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to whether they obtained a forensic report upon the initiative of public officials after their most recent detention



A significant proportion of these 164 applicants (116 applicants, 70.7%) were examined in hospitals, 40 applicants (24.4%) were examined in branches of the Council of Forensic Medicine, 2 applicants (1.2%) were examined in the place of detention and 1 applicant (0.6%) was examined at a health centre (Table 49). Furthermore, 19 applicants stated that they obtained forensic medical reports upon their own initiative after the most recent detention. As can be seen in the table below, 95.7% of the applicants who were detained and subjected to torture were examined and had their reports drafted by an expert physician.

Table 49: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centre in 2011 who were subjected to torture 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	116	70,7
Branch of forensic medicine institution	40	24,4
Place of detention	2	1,2
Health centre	1	0,6
Forensic medicine institution	1	0,6
Not known/not remembered	4	2,5
Total	**164**	**100,0**

In regards to the statements of the 164 applicants who underwent forensic medical examination after their detention, in their evaluation of the examination around half stated that law-enforcement officers were taken out of the room during the medical examination (96 applicants, 58.5%) and more than half (104 applicants, 63.4%) stated that the forensic physician listened to their complaints. Only 82 applicants (50.0%) stated that the forensic physician took proper notes of their complaints and 79 applicants (48.2%) said that the physician examined them as he/she ought to. Similarly to the previous year, 60 applicants (36.6%) stated that the physician prepared a medical report in accordance with the findings (in 2010, 36.7%) (Table 50). Looking at this table, one can see the effect of training (HRFT's staff and volunteers have played a large role in designing training programs, preparation of materials, training of trainers and implementation of training programs) conducted by the Ministry of Health, the Ministry of Justice and the Turkish Medical Association in accordance with the Istanbul Protocol. Some of the applicants to our centres, following forensic examination, show us reports that state only "there is no trace of beating and force". Considering that an expert physician examined 95.7% of the applicants, it s hard to say whether the problems described by the applicants resulted from a lack of information or a lack of experience.

Table 50: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to their evaluation of the forensic examination after their detention

Evaluation of forensic examination	Yes	%	No	%	Not known/ remembered	%	Total	%
Were the law-enforcement officers taken out of the room during the forensic medical examination?	96	58,5	63	38,4	5	3,1	164	100,0
Did the forensic physician listen to the complaints?	104	63,4	59	36,0	1	0,6	164	100,0
Did the forensic physician take note of the complaints?	82	50,0	81	49,4	1	0,6	164	100,0
Did the forensic physician examine as s/ he ought to?	79	48,2	84	51,2	1	0,6	164	100,0
Did the forensic physician write a report that was in accordance with the findings?	60	36,6	46	28,0	58	35,4	164	100,0

39 applicants (17.4%) stated during the interrogation by the court or prosecutor that they had been tortured and 36 applicants (16.1%) filed a complaint with the prosecutor. 146 applicants (65.2%) stated that they did not file any complaints of torture.

3- Imprisonment Period

Among those applicants who were tortured in detention during 2011, the number of torture survivors who had been in prison at some point was 37 applicants (16.5%), and the number of those who were imprisoned after their most recent detention was 25 (11.2%). The length of their stay in prison after their most recent detention varied between one and seven months.

C- MEDICAL EVALUATION

This chapter contains information on the health conditions of the applicants that were obtained through medical histories, physical examinations and other tests carried out by physicians working at the centres along with consultant physicians (psychiatrists, physiatrists, orthopaedists, ophthalmologists, ENT specialists etc.).

1- Medical Complaints of the Applicants

217 of 224 applicants who were subjected to torture in detention in 2011 had physical or psychological complaints. The applicants complained of around 131 different health problems. Looking at the distribution of these problems according to the body systems, it is noticeable that most of them concern psychological complaints (36.4%), followed by musculoskeletal (20.6%), 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 2011 who were subjected to torture according to the frequency of their physical and psychological complaints

Systems	Number of Applicants	%
Psychological	490	36,4
Musculoskeletal	278	20,6
Dermatological	195	14,5
General	99	7,3
Neurological	89	6,6
Digestive	45	3,3
Ophthalmological	38	2,8
Ear Nose Throat	38	2,8

Table 51 Continuation

Respiratory	34	2,5
Urogenital	17	1,3
Oral-dental	12	0,9
Cardiovascular	12	0,9
Endocrine	1	0,1
Total	**1355**	**100,0**

The most common physical complaint was skin discolouration (75 applicants), followed by headache, neck ache and lower back pain. The most common psychological complaints are those related to sleeping problems and found in 25.5% 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 2011 who were subjected to torture according to the frequency of their physical complaints

10 Most common physical complaints	Number of complaints	% Among the Applicants	% Among the physical complaints
Discolouration of the skin	75	33,5	8,7
Graze/ abrasion	45	20,1	5,3
Head ache	37	16,5	4,3
Neck ache	34	15,2	4,0
Lower back pain	29	12,9	3,4
Back pain	28	12,5	3,3
Swelling	28	12,5	3,3
Shoulder pain	27	12,1	3,1
Hand/wrist pain	27	12,1	3,1
Fatigue/weakness	27	12,1	3,1
Other physical complaints	501	-	58,4
Total	**858**	-	**100,0**

Table 53: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture 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	48	21,4	9,8
Irritability from the police	41	18,3	8,4
Tension	32	14,3	6,5
Irritability	29	12,9	5,9
Anxiety	29	12,9	5,9
Inability to concentrate	26	11,6	5,3
Agitation	26	11,6	5,3
Flash-back	23	10,3	4,7
Hyper-vigilance	21	9,4	4,3
Absentmindedness	20	8,9	4,1
Other psychological complaints	195	-	39,8
Total	**490**	**-**	**100,0**

2- Findings of the Physical Examinations

In 189 of the 224 applicants who were tortured during their detention period in 2011, a physical finding was made as a result of the physical examinations. The total number of physical findings was 510, with the most common being dermatological (47.1%) and musculoskeletal (28.2%). (Table 54)

Table 54: The distribution of the physical findings of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the system

System	Number of findings	%
Dermatological	240	47,1
Musculoskeletal	144	28,2
Ophthalmological	37	7,2
Ears Nose Throat	37	7,2
Oral-dental	28	5,5
Neurological	8	1,6

Table 54 Continuation

Digestive	6	1,2
Urogenital	5	1,0
Cardiovascular	3	0,6
Respiratory	2	0,4
Total	**510**	**100,0**

The most common physical findings are skin ecchymosis (38.8%), muscular pain and sensitivity (23.7%) and skin erosion (15.6%). Physical complaints and findings complied with the descriptions of the applicants. The frequency of the complaints and findings of the applicants who were subjected to torture while in detention in 2011 is similar to the frequency of complaints and findings of 2009 and constitutes a rise on frequency from 2010. 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 2011 who were subjected to torture according to the physical findings

Distribution of most common findings	Number of findings	% Among the Applicants	% Among all physical findings
Skin ecchymosis	87	38,8	17,1
Muscular pain and sensitivity	53	23,7	10,4
Skin erosion	35	15,6	6,9
Skin oedema	28	12,5	5,5
Scabbing of the skin	23	10,3	4,5
Scarring of the skin	22	9,8	4,3
Pain and restriction of movement of the neck	18	8,0	3,5
Ecchymosis around the eyes	18	8,0	3,5
Pain and restriction of movements of the wrist and fingers	15	6,7	2,9
Skin laceration	11	4,9	2,2
Other physical findings	200	-	39,2
Total	**497**	**-**	**100,0**

3- Psychiatric Symptoms and Findings:

Table 56: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture 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	49	21,9	5,3
Difficulties in falling or staying asleep	46	20,5	4,9
Feelings of detachment or estrangement from others	42	18,8	4,5
Irritability and/or easy outburst	42	18,8	4,5
Intense psychological distress at exposure to stimuli associated with the trauma	40	17,9	4,3
Efforts to avoid activities, places or people that arouse recollection of the trauma	38	17,0	4,1
Intense physiological reactions to stimuli associated with the trauma	36	16,1	3,9
Markedly diminished interest or participation in significant events	35	15,6	3,8
Efforts to avoid thoughts, feelings or conversations associated with the trauma	34	15,2	3,7
Sense of foreshortened future	33	14,7	3,5
Recurrent and intrusive distressing recollections of the traumatic event	33	14,7	3,5
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	32	14,3	3,4
Difficulties in concentration	32	14,3	3,4
Increase or decrease in sleep duration	28	12,5	3,0
Somatic anxiety symptoms (palpitation, distress, sweating etc.)	28	12,5	3,0
Depressive mood	26	11,6	2,8
Hyper vigilance	25	11,2	2,7
Flashback experiences and acting or feeling as if the traumatic event was recurring	24	10,7	2,6

Table 56 Continuation

Recurrent and distressing dreams of the traumatic event	24	10,7	2,6
Inattentiveness, lethargy	24	10,7	2,6
Muscle tension	24	10,7	2,6
Agitation (irritability, hyperactivity)	22	9,8	2,4
Hopelessness, desperation	22	9,8	2,4
Changes in appetite/weight (increase or decrease)	20	8,9	2,1
Decrease in sexual interest	19	8,5	2,0
Apathy	18	8,0	1,9
Fatigue/weakness, energy shortage	17	7,6	1,8
Dysphonic mood	17	7,6	1,8
Exaggerated startle response	16	7,1	1,7
Lack of self esteem	13	5,8	1,4
Memory impairment	11	4,9	1,2
Inability to remember key aspects of the trauma	11	4,9	1,2
Other psychological findings	50	-	5,4
Total	**931**	**-**	**100,0**

Looking at the distribution of the psychiatric findings and symptoms of the applicants who were tortured in detention during 2011, anxiety and difficulty in falling asleep were once again, as in 2010, the two most common findings found after psychiatric evaluation. These were followed by feelings of detachment or estrangement from others, and a tendency to irritability or outburst. The psychiatric symptoms and findings seen in 10 or more of the applicants in this group were given in Table 56.

4- Diagnoses

The evaluation of the diagnoses involved 215 applicants who were diagnosed throughout 2011. In regards to the 61 different diagnoses made, soft tissue trauma was the most common among the physical diagnoses (141 applicants, 65.6%). 5 applicants had nasal fractures and 6 applicants had had other bones fractured. The physical diagnoses should be considered carefully in order to demonstrate the intensity of physical violence.

Acute stress disorder (33 applicants, 15.3%) and Acute PTSD (26 applicants, 7.0%) were identified as the most common psychiatric illnesses and in 56 applicants (of these 59) the traumatic experience was found to be the sole etiologic factor in the

diagnosis. Tables 57 and 58 show the 10 most common physical and psychiatric diagnoses and their frequency among the 215 diagnosed applicants.

Table 57: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the frequency of the most common physical diagnoses

10 most common physical diagnoses	Number of Applicants	%
Soft tissue trauma	141	65,6
Myalgia	17	7,9
Cuts or bruises on the skin	16	7,4
Per orbital ecchymosis	15	7,0
Bone fractures	6	2,8
Neurapraxia	5	2,3
Nasal fracture	5	2,3
Traumatic conjunctivitis	4	2,3
Myopia-hyperopia	4	2,3
Lumbar strain	4	2,3

Table 58: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2011 who were subjected to torture according to the frequency of the most common psychiatric diagnoses

Psychiatric Diagnoses	Number of Applicants	%
Acute stress disorder	33	15,3
PTSD (Acute)	26	12,1
Major depressive disorder, single episode	13	6,0
Adjustment disorder	9	4,2
PTSD (Chronic)	7	3,3
Major depressive disorder, recurring	4	1,9
Other anxiety disorders	3	1,4
Other psychotic disorders	2	0,9
Schizophrenia	1	0,5
Sleep disorders	1	0,5
Bipolar disorder	1	0,5
Pain disorder	1	0,5
PTSD (Late onset)	1	0,5

When the relationship between the diagnosis and the torture experienced by the applicant is examined, disregarding those diagnoses that were found to be irrelevant to the trauma, it appears that in 85.6% of all the diagnoses found relevant to the trauma, the torture experience was the only etiological factor. In 8.5% of cases it aggravated or inflamed the pathological situation while in 5.9% it was found to be one of the etiological factors.

In 10 (4.5%) of the 224 applicants who were subjected to torture in detention in 2011, no disorder connected to the torture and trauma experience could be found.

III – EVALUATION AND CONCLUSION

1. Treatment and Rehabilitation Services

a) While the estimated number of applications for 2011 was 325, the total number of applications reached 519 in 2011. (The number of applications was 363 in 2010, 459 in 2009, 425 in 2008 and 452 in 2007).

The reasons behind the 60 percent increase in the number of applications in comparison to the estimated number can be summarized under the following headings:

I) Related with the general atmosphere of the country;

- The widespread use of violence by the security forces in recent times, the protection of the responsible officers by the political authorities (These worrisome events about the use of force come into prominence, especially, as a result of the legal regulations since 2005, including the amendments to the Turkish Criminal Law, and the Criminal Procedure Law in 2005, the Anti-terrorism Law in 2006, and the Law of Police Duties and Powers in 2007, and the discourse of the authorities aiming at the legitimization of these regulations on grounds of security.);

- The gradual manifestation of the adverse developments in the area of human rights since 2005, particularly in 2011 (The tense atmosphere during the general elections, the intensified political operations after the elections, and the armed conflicts play a significant role in these adverse developments);

II) Related with the activities of HRFT;

- The visits of mobile medical services, beginning systematically in 2009 and continued through 2011, to the regions where there is no treatment centre of HRFT; (During these visits in 2011, 37 torture victims were accepted to the treatment and rehabilitation program)

- Legal and “social support” programs for the torture victims, which were restarted in 2009 and have been continuing since then. (In 2011, 5 applicants were

accepted to the legal support program, while 14 adult and 54 juvenile applicants to the social support program.)

- The efforts to reach to the potential applications mentioned below;
- The reorganization of the Diyarbakır centre;

b) The first issue that draws attention in the distribution of the applications with regard to the centres is the increase in the number of applications in Diyarbakır: while it was 51 in 2010, it increased to 101 in 2010 and 116 in 2011. The primary reasons of this increase can be listed as the intensified human rights violations after 2009, the pressure on children in that respect, the resulting activities of social support towards children, the efforts of mobile medical services and the activities under the programme on "Coping with the Social Trauma."

In addition, compared to last year, there is a significant increase in the number of applications in Adana centre by the influence of the "social support" program, especially designed for children.

c) In 2011, the number of applications for torture that occurred in the same year was 224 (43%), while the numbers were 163 (45%) in 2010, 259 (56.4%) in 2009, 269 (63%) in 2008, 320 (70%) in 2007, and 222 (65%) in 2006. The considerations above are valid with regard to the increase in the number of applications by torture victims from 2008 to 2009 as well.

d) According to the distribution by the birthplaces of the applicants, the applications from South eastern (34%) and Eastern (14%) Anatolia regions constitute a significant portion. This can be considered as closely related with the Kurdish issue which has been on the agenda of the country for years and could not be solved peacefully.

e) Although the number of female applicants increased in comparison to last year (107 in 2010), the low rate of female applicants remains as an issue to be taken up for further consideration.

One transgender person applied in 2011.

f) The increase in the number of applications by children, which has been observed as a trend since 2009, becomes much more evident in 2011. This increase of the applications by children (90 in 2011) can be explained basically by the heavy pressure on children, and the affect of the "social support" program specially designed for children, which is tried to be further improved.

g) 56 Applicants (11.5%) were torture victims for non-political reasons. Considering this low level and number of applications despite of our efforts, there is a need for a further concentration of efforts to raise the awareness of those tortured for non-political reasons about claiming their rights, and to provide treatment for these people.

h) 32 Applicants were not Turkish citizens, their countries were as follows: 12 from Iran, 4 from Syria, 3 from Iraq, 2 from Sudan, 1 from Cameroon, 1 from Sri Lanka, 1 from China (Uyghur Region), 1 from Uganda, 1 from Kazakhstan, 1 from Congo, 1 from Eritrea, 1 from Central Africa, 1 from Uzbekistan, 1 from Somalia, 1 from Russia. 4 out of 32 applied to our centre in Ankara, the remaining 28 applied to Istanbul centre. The fact that the number of refugees who were subjected to torture and ill-treatment in their countries of origin was twice as much as the number of last year (16 in 2010), has to be taken into consideration during the planning of the HRFT activities for next year. Among the main reasons for this increase in the number of refugee applications, the role of the HRFT programs started in 2010 need to be considered.

i) Based on the accounts of the applicants who were subjected to torture in 2011, the high ratios of the police departments (225 applications; 53%) and places other than those listed for the "official custody" (104 applications; 30%) (open spaces, cars etc.) as places of torture are striking.

Even though it was assumed that the reduction of the custody periods would have a function to prevent torture, this legal amendment changed, first of all, the methods of torture in the "official places of custody." Additionally, new practices such as using physical torture methods before taking into custody and providing supportive explanations, or kidnapping and torturing people in desolate areas were started. The increasing number of torture and ill-treatment cases in the vehicles and on the streets, where no official supervision is possible, is another consequence of the same situation.

j) In 2011, 299 applicants (58%) complete their treatment process with partial/ complete recovery and 94 applicants (18%) have continued their treatments in 2012. The treatment process of 126 applicants (24%) was interrupted and left unfinished due to various reasons. There is a significant increase in the ratio of unfinished treatments in comparison to last year (18% in 2010).

There are plenty reasons for such an increase:

- The effectiveness of the treatment and rehabilitation programs are directly related with the belief of the torture victims that the justice would be fulfilled, and they would lead their lives in a safe environment. But in 2011, the extensive pressure and increasing conflicts destroyed the environment in which people would feel safe. For this reason, the treatments were left unfinished or it became even harder to get positive results from the treatments as some of the applicants were rearrested (5 children out of 54 were put into prison) and some others wanted to distance themselves from such an environment under pressure..

- Besides torture, necessities of the everyday life also interrupt the treatment processes. For example, 2 children out of 54 could not complete their treatment process because of the necessity to work.

- Another reason is moving to other cities for on various grounds.
- In addition to these external factors, there is an obvious need for a real consideration focusing on the internal factors related with HRFT.

Efforts to reach potential applications

Attention was paid to the issue of reaching potential applications in 2011.

a) As a result of the "five cities" programme, which has been continued since 1993 and aiming at receiving applications from the cities where there is no treatment and rehabilitation centre, 118 applications were received in 2011. It is approximately twice as much as the number estimated for 2011 (50) and the total number for 2010 (57). The primary reasons of this increase are the contributions of mobile medical services beginning in 2009 (37 applications in total), and the "social support" program, especially towards children, which were conducted by the Diyarbakır and Adana centres.

b) "Mobile Medical Services" program, which began in 2009 and has been continued through 2011, works in the regions where there is no centres but serious torture and human rights violations take place.

- A "Mobile Medical Service" of three doctors visited Hopa on July 6-7, 2011, following the Hopa events on May 31, 2011, which resulted with the death of retired teacher Metin Lokumcu, several injuries, 30 detentions and 12 arrests. During this visit, 13 victims of torture were provided with medical examination. Moreover, various meetings took place in Hopa to discuss the prevention of torture with official and civil institutions.
- On July 30- June 1, 2011, a "Mobile Medical Service" which consists of a doctor and a psychologist visited Cizre. During the visit, 24 torture victims were provided with medical examination. Moreover, various meetings took place to discuss with official and civil institutions the prevention of torture.
- In addition to these, on November 25-26, 2011, a "mobile medical service" consists of three people visited Van in order to assess the situation after the earthquake and to be prepared for the establishment of a future treatment and rehabilitation centre for the torture victims.

Considering the results of these efforts as well as the recent events, it becomes evident that the further extension of the activities of "mobile medical services" is needed.

c) As a positive result of the agreement document signed with the United Nations High Commissioner for Refugees (UNHCR) Turkey Office on August 3, 2009, and the programmes for refugees beginning on February 2010 in Van, the number applications by the refugees increased from 16 to 32.

Social Support Activities

The multidisciplinary and holistic approach in the treatment and rehabilitation activities creates the opportunity to pursue the "social and legal support" activities since 2009.

In spite of the anticipated number (30 children), based on the concrete need analysis, 54 children in total were accepted to the psycho-social support program (19 in Diyarbakır, 30 in Adana and Mersin, 5 in Istanbul). This quantitative increase can be explained by the heavy pressure on children, which has become an item of agenda in recent times in Turkey. Considering the situation in Turkey, particular attention has been paid by HRFT to the programs towards children.

As part of the psycho-social support program targeting all 54 applications, individual counselling, group therapy, individual psychotherapy, family therapy, and especially support for their education process were provided. The education processes are carefully monitored.

6 applicants, who were out of school, were registered to the elementary schools to continue their education. 13 high-school graduates, who could not prepare for the university exam because of traumas and socio-economic difficulties, were registered to the university preparation classes. Other applicants, who were provided with an opportunity to attend private teaching institutions, continue their education successfully. 7 applicants out of 54 could not complete the program because of arrest (5 children) and necessity to work (2 children); others continue to participate in the program.

The cooperation has been maintained in that respect with the HRA, Diyarbakır Bar Association, Diyarbakır Medical Chamber, ÇİAT (Demanding Justice for Children), SES Trade Union Diyarbakır Branch, Eğitim-Sen Trade Union Diyarbakır Branch, Diyarbakır Metropolitan Municipality Social Support Centre, Local Agenda 21 Youth Assembly, Sarmaşık Poverty Alleviation and Sustainable Development Association, Initiative of Psychologists for Peace.

As it was decided that it would contribute to their treatment and rehabilitation processes, 14 adults in total, (11 in Adana and 3 in Istanbul) were accepted to the "social support" program. As part of the program, the support for university education, participation in the university preparation courses, participation in English/French language courses, and driving license courses were provided to these applicants.

The positive progress in these treatments and the feedback from the applicants has proven once again the benefit of the social support program.

Legal Support Activities

The purpose of this activity is enabling the proper functioning of the legal mechanisms and contributing to the punishment of responsible people, by providing legal support

to the torture victims and their relatives. Restoring the feeling of justice has a positive influence on the treatment process to a certain extent.

In this activity, the contribution of the Contemporary Lawyers Association has to be mentioned particularly.

5 applicants were accepted to the legal support program, as part of the treatment and rehabilitation project in 2011. Particular attention was paid to the selection of the cases in which difficulties were experienced in access to legal support and victims were tortured for non-political reasons. Although each of these applications has its own characteristics, especially the case of a female applicant, whose torture and ill-treatment video records can be found in visual media, demonstrates the reality of torture in our country with all aspects.

General facts on torture in Turkey based on the activities of treatment and rehabilitation centres project

- In recent times, torture and ill-treatment methods have been used not to acquire information but to instil fear, intimidate and punish individuals, and to establish authority.
- Especially, the violence used outside official custody becomes extensive.
- Torture and ill-treatment methods used in East and South eastern Anatolia, which is not known by the general public, can be used country-wide as well, when needed, as exemplified by the Hopa demonstrations in Ankara,
- Dual trials/counter-trials have increased significantly in recent times.
- Impunity protected by the legislation, the implementations and the discourse of the authorities, continues.

2. Training and Scientific Activities

a) 3476 doctors who participated in the training on Istanbul Protocol were given support both scientifically and against the administrative/legal pressures. This activity has been mentioned in detail in the “Project of Torture Prevention” in the report:

b) Based on our experience in this field, the following activities were realized.

- On February 11-12, 2011, the Istanbul Protocol for the lawyers in Diyarbakır, with Diyarbakır Bar Association,;
- On July 24, 2011, the Istanbul Protocol Panel Discussion in Ankara, with Ankara Bar Association,;
- On June 27, 2011, the Istanbul Protocol Panel with Diyarbakır Medical Chamber,;

- On July 22-25, 2011, the Istanbul Protocol Training in New Zealand.

These training activities have contributed to the strengthening of the ties between the HRFT, its network of volunteers and relevant specialization associations.

c) A three-year psychotherapy training program with "Süddeutsche Akademie für Psychotherapie" (South German Academy for Psychotherapy):

HRFT initiates certain activities to increase the quality and efficiency of the treatment and rehabilitation services provided to the torture victims and their relatives. Training programs for the employees of treatment centres and volunteers of the foundation constitute an important part of these activities.

The first "Psychotherapy Education Program," which started in 2006 and included orientation seminar and training program for the professional and volunteer psychiatrists and psychologists under the foundation, was completed in 2009. The training covers various topics such as the developmental psychology, personality psychology, neurosis, psycho-dynamic psychology and psychotherapy, psychopathology, psychosomatics, addictions, initial interview technique; general and special psycho-dynamics, family and group therapy; other scientific methods (behavioural therapy, systemic hypnosis therapy); diagnosis and practice in accordance to various psychotherapy methods; trauma theory. Second training, which includes six modules (each lasting seven days) for three years, has started on September 19-23, 2011, with the participation of 16 psychiatrists and psychologists.

These training activities that the participants will be given psychotherapy certificate upon successful completion issued in accordance with the Additional Training Regulation of the German Medical Chamber, provide practical experience, especially, on the dynamic-oriented therapy which is an important model for the treatment of trauma.

d) Training on the role of the social workers in working with torture victims:

A joint program with the Swedish Red Cross Association has been in place since 2010 to support social work aspect of the holistic treatment and rehabilitation activities, which plays an important role in the process. Within this scope, a three-year training program was started in 2011.

As known, with respect to social work;

- There are problems of mentality, understanding and institutionalization in Turkey,
- There is no holistic social work approach for the torture victims,
- There is no holistic educational perspective in universities which have departments on social work aiming at the needs of the torture victims,
- At the international level, the social work approach is mostly shaped according to

the needs of the refugees (acceptance, accommodation, language, family, and work, in short integration within a particular organizational system).

Thus, our efforts, in collaboration with related universities and institutions in the field of social work, will have important results.

First training took place on December 24-25, 2011, with 30 participants who were the staff and volunteers of the foundation and the academics.

Second training will take place in 2012.

Scientific Researches

a) A method of diagnosis in torture research: Bone scintigraphy:

In this study conducted by our colleagues in HRFT Istanbul centre, 97 sample scintigraphies out of 4450 applications (received by the same centre between 1992 and 2010), were selected for the study. Socio-economic situation, torture methods, frequency of torture, duration of torture, time after torture, physical findings and findings of bone scintigraphy were evaluated retrospectively. Beating was common to all cases, and almost all of them were subject to multiple torture methods.

This study has proven once more that bone scintigraphy is a useful instrument to document torture allegations.

b) Chemical agents used in controlling demonstrations: A study on 64 samples evaluated after a demonstration in Istanbul:

The uncontrolled use of “chemical agents used in controlling demonstrations” have become a widespread practice in last year’s in Turkey. According to the Chemical Weapons Convention General Purpose Criteria, these agents can be considered as weapons in case of unrestrained use or misuse.

Within this scope, 64 people applied for rehabilitation to the HRFT Istanbul centre. These 64 applications were revised retrospectively by our colleagues in Istanbul centre and evaluated in the light of age, gender, physical and psychological findings, and other injuries. In this study, the early and later effects of chemical agents used in controlling demonstrations, especially Oleasin Capsicumun, were discussed.

At same time, this study contributes to raise awareness in considering the use of these agents on persons deprived of their liberties as torture and ill-treatment.

Two retrospective studies were presented in 19. International Forensic Sciences Congress on October 14-17, 2011, in Portugal. The study “A diagnosis method in torture research: Bone scintigraphy” was presented in IRCT on October 18-20, 2011.

In both of these scientific meetings, the studies received a great deal of attention.

c) “Life Quality Measurement” study which was conducted in 2010, was revised and effective methods for its application were developed. With these newly developed methods, a more efficient application is intended starting with 2012.

Alternative forensic medical reporting efforts

The work on reporting and alternative forensic medical reporting continued in 2011 as well.

In 2011, forensic medical reports/epicrisis were prepared for 137 applicants by the treatment and rehabilitation centres. Forensic medical reports/epicrisis were given to 50 applicants for the ongoing or new trials in Turkey (46 trials are continuing, remaining 4 were dismissed), 4 applicants for the appeal to the European Court of Human Rights, 13 applicants for the UNHCR applications (2 of them were admitted), 26 applicants which seek asylum in other countries (4 applicants were admitted), 1 applicant to benefit from the rights of the disability (positive response was received), 11 applicants for submittal to the Foreigners Office (all of them receive positive response), and 32 for the trials of torture concerning the prison operation on December 19, 2000.

As it is known, especially European Court of Human Rights (ECtHR) respects the alternative forensic medical reports prepared by our foundation. In this regard, ECtHR passed 12 judgments against Turkey based on the Article 3 on prohibition of torture and in 4 of these judgments, direct references were made to our alternative forensic medical reports.

Based on the number of alternative forensic medical reports prepared last year (36), there is a significant increase in 2011. The reports prepared for the people tortured during Hopa events, the individuals party to the court cases concerning the prison operations in 2000 after 11 years, and the refugees who became familiar with efforts of the HRFT, play a significant role in this increase.

A Significant Diagnostic Method in Torture Investigation: Bone Scintigraphy

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ABSTRACT

Torture appears to be a permanent feature in countries, which have experienced military coups or ruled by oppressive governments in the past, such as Turkey. The Human Rights Foundation of Turkey (HRFT) was established in 1990 to serve torture victims, mainly those who were the victims of the 1980 military regime. Since then the HRFT has been providing rehabilitation and documentation for torture survivors. Bone scintigraphy can be one of the diagnostic methods to reveal trauma, particularly after several years when it is challenging to find any physical or radiological evidence.

The HRFT's Istanbul Branch referred 97 of their applicants for bone scintigraphy between 1992 and 2010. In this retrospective survey of 97 cases, 17 of them were female and 80 of them were male. Several aspects were evaluated, including working conditions, change of torture methods practiced in certain time periods, time since torture and duration of exposure to torture in comparison with findings of bone scintigraphies.

The torture methods varied from beating to falanga, electric shock, suspension and several other types of torture within the period of practice, although beating was a common denominator among all.

The findings were classified according to time since torture and duration of exposure to torture. More than half of the cases (59%) had a detectable bone lesion on bone scintigraphy, and the detectable bone lesion on scintigraphy increased significantly with the duration of exposure to torture, particularly among cases who had been subjected to torture for a longer period(8 days and more).

Bone scintigraphy should be considered as a valuable non-invasive diagnostic method to assess and document long term torture practices and/or cases with no detectable marks upon physical examination.

Key words: *Bone scintigraphy, torture, diagnostic method, torture documentation.*

Introduction

Torture appears to be a permanent feature in countries, which have experienced military coups or ruled by oppressive governments, such as Turkey. Since 1980 military coup there have been approximately 1 million torture survivors in Turkey. Unfortunately torture still persists in many aspects of public life [1].

The Human Rights Foundation of Turkey (HRFT) was established in 1990 to serve torture survivors, mainly those who were victims of the 1980 military regime. Since then HRFT has been providing rehabilitation and documentation for torture survivors.

Medical proof of torture is usually difficult to obtain, especially with the torture methods which keep external signs of injury to a minimum or none [2]. Many forms of physical torture result in bone damage, which can to some extent be detected by radiography as the primary diagnostic tool for the detection of skeletal trauma. However, radiography sometimes fails to detect injuries such as occult fractures and periosteal damages [3,4]. Bone scintigraphy can be used as a diagnostic method to reveal trauma, particularly after several years when it is challenging to find any physical or radiological evidence [3-6].

Bone scans performed with Technetium 99m Phosphate compounds and any hyperactivity on bones is accepted to be positive [4-7]. Scintigraphy is a sensitive method of detection of primary and metastatic skeletal neoplasms, metabolic bone disease and various joint abnormalities [8-12]. The procedure is also helpful for assessment of skeletal trauma caused by torture (falanga and beatings that cause bone lesions) [4-6]; or electrical burns that generally cause deeply invasive soft tissue injuries [13,14]; child abuse [15-17] and other traumatic injuries [18,19].

Bone scintigraphy might be a valuable tool for assessment and corroboration of alleged torture after many years since the data results of the HRFT, Istanbul Branch indicate significant correlation of trauma and focal bone lesions. Whilst the evidence of trauma related with alleged torture can be revealed and thus documented with this method even several years after the event, this documentation can later serve as valid evidence in court and also be used in international monitoring.

Materials and Methods

From 1992 to 2010, a total of 4450 torture survivors applied to HRFT's Istanbul Branch for treatment, rehabilitation and documentation. All files were reviewed retrospectively and only the patients' files that included bone scintigraphy scans were enclosed in this study. Scintigraphy was carried out for patients where, despite a history of trauma, absence of physical and radiological findings, and wherever physical evidence was essential for documentation. Bone scans were performed on 107 torture victims. Ten patients with systemic disease such as osteomyelitis, tuberculosis, and cancer were excluded from the study. This study included 97 patients, and 57 of them had a traumatic hyperactivity on scintigraphy reports. Bone scintigraphy was performed 2.5 h after i.v. injection of 99m-Tc diphosphonates on a gamma camera. The bone

scans were performed in three different centers and evaluated by experienced nuclear medicine physicians.

A multidisciplinary team of physicians and specialists of different disciplines according to the individual needs examined every patient. Working conditions, change of torture methods practiced in certain time periods, time since the torture, duration of exposure to torture experiences, physical findings and bone scintigraphies on their files were evaluated.

Unless otherwise stated, the values are presented as a mean ± standard deviation (SD) or percentage as appropriate. Descriptive statistics were made by standard methods. For comparison of the groups Chi-square tests were used in categorical variables. All statistical tests were two-tailed and a P value of < 0.05 was considered to be statistically significant. The statistical analysis was carried out by using Statistical Package of Social Science (SPSS), version 16.0 (Chicago, IL, USA). Ethic principles were complied.

Results

In this retrospective survey, 17 (18%) were female and 80 (82%) were male. Their mean age at the time of torture was 30.63 ±8.2 years (range 17 – 68). 57 / 97 patients were reported focal enhanced uptake on the bone scintigraphy. The mean age of patients with increased uptake on bone scan was 31.01±8.3 (range 18-56). 11 (19%) of them were female, 46 (81%) were male.

Thirty-four of them had applied between 1992 and 1999, while 11 patients had applied between 2000 and 2003, and 12 had applied between 2006 and 2010. There were no patients who had a bone scintigraphy in the years 2004 and 2005.

In total, 97 files of patients with a story of torture ranging from five days to 12 years ago were evaluated. All of them allegedly had been beaten, and 57 of them (59%) severely with hard objects such as gun butts, truncheon, clubs, or suffered punching, kicking. 12 (12%) of them suffered only beating, while remaining 85 (88%) declared that they had been subjected to multiple torture methods such as beating, pressurized cold water, cross suspension, Palestinian suspension, electric shocks, sexual abuse, rape, falanga, testicle torsion, asphyxiation, thermal torture, etc.

The time since torture was evaluated in three phases. The acute phase ranged from 5 to 30 days after the torture, the subacute phase ranged from 1 to 6 months and the chronic phase was 7 months or more after the torture. Table 1 demonstrates the time since torture phases on patients with enhanced uptake and without pathological uptake on scintigraphy.

Table 1: Time since torture phases in patients with enhanced uptake and without pathological uptake on bone scan.

Time since torture	Enhanced uptake n (%)	Without pathological uptake n (%)	Total n (%)
Acute (5-30 days)	33 (62)	20 (38)	53 (54)
Subacute (1-6 months)	14 (56)	11 (44)	25 (26)
Chronic (7 mo and ↑)	10 (53)	9 (47)	19 (20)
Total	**57 (59)**	**40 (41)**	**97 (100)**

Table 2: Time since torture and duration of exposure to torture in patients with enhanced uptake on bone scan.

Time since torture	Duration of torture n (%)		
	1-7 days	8 days and↑	Total
Acute (5-30 days)	29 (88)	4 (12)	33 (58)
Subacute (1-6 months)	9 (64)	5 (36)	14 (24)
Chronic (7 mo and ↑)	3 (30)	7 (70)	10 (18)
Total	**41 (72)**	**16 (28)**	**57 (100)**

Chi-square: 13.270, *P: 0.0013*

Table 3: Time since torture and duration of exposure to torture in patients without pathological uptake on bone scan.

Time since torture	Duration of torture n (%)		
	1-7 days	8 days and↑	Total
Acute (5-30 days)	18 (90)	2 (10)	20 (50)
Subacute (1-6 months)	11 (100)	0 (0)	11 (27.5)
Chronic (7 mo and ↑)	7 (78)	2 (22)	9 (22.5)
Total	**36 (90)**	**4 (10)**	**40 (100)**

Chi-square: 2.716, *P: 0.2572*

When examining the duration of exposure to torture, we found that these periods were subject to changes over the years. In the 1992 - 1999 period (during these years the military regime in Turkey was still influential), duration of exposure to torture increased up to 183 days, and the mean time was 35 days. The mean time

was 7 days, and it increased up to 14 days in the state of emergency during the years from 2000 to 2010.

The findings were classified according to the time since torture and the duration of exposure to torture. Table 2 demonstrates the number of patients with enhanced uptake on scans according to time since torture and of exposure to torture. It was highly significant that if the duration of exposure to torture period had been longer (8 days and more), the detectable bone lesion on bone scintigraphy rate increased significantly *(P: 0.0013).* Table 3 demonstrates the number of patients without pathological uptakes on scans according to time since torture and of exposure to torture. Results of this table are not significant statistically *(P: 0.2572).*

10 patients with enhanced uptake on bone scan were allocated to the chronic phase. Seven of them had exposure to torture for more than 8 days and their time since torture periods were as follows: 12 years, 8 years, 6 years, 1.5 years, 8 months, 8 months, 7 months. Three of the patients in chronic phase after torture had been exposed to torture for less than 8 days and the time period since the torture were 7 years, 5 years and 1 year. They were subjected to severe torture methods several times.

Patients with enhanced uptake on bone scan did not exhibit a correlation between the time since torture with age *(P: 0.05)* or gender *(P: 0.22).* Forty-six (81%) of patients with enhanced uptake were male (mean age was 32.4±8.1, range 19-56), and 11 (19%) were female (mean age was 25±5.8, range 18-35). Thirty-nine (68%) of them were 35 years old and younger while 18 (32%) of them were elder than 35 years.

Regarding their work conditions, there were no patients such as marathon runners, football or basketball players, or any heavy industry workers among these patients with pathological uptake on scan.

Discussion

In the military regime period in Turkey, torture survivors were kept in detention centers for a very long time. According to our results, the duration of exposure to torture period extended up to 1-6 months in between 1992 and 1999 (while the military regime was still influential). The mean time was 35 days in 1992-1999 and 7 days in 2000-2010. Therefore, physical signs of torture could not be detected and documented efficiently.

Medical proof of torture is usually difficult to obtain, and sometimes it is necessary to use advanced diagnostic methods and comprehensive evaluation for diagnosis of torture. Accordingly, bone scintigraphy is a helpful tool for revealing evidence of torture. The most important aspect of evaluation and documentation of traumatized patients are to apply the holistic approach that facilitates differential diagnosis of torture and other types of trauma. An holistic approach should consist of trauma type, frequency, application time, event history, as well as physical and psychological findings. Istanbul Protocol is a guideline that describes this holistic assessment [2].

Previous studies have examined evidence of trauma, especially when the patients have no physical findings [4-6,20-22]. The Lok et al. [4,5] evaluated the bone scintigraphy as evidence of previous torture. They found that the detectable bone lesion on bone scintigraphy rate was very significant (58%) in all patients and the mean time since the exposure of patients in chronic phase after torture was 10.5 years. In this study, the detectable bone lesion on bone scintigraphy rate is 59 % in all patients, and very similar to Lok et al. Mirzaei et al. [6] evaluated 25 asylum seekers who were subjected to severe beating from 4 to 24 months after torture. They showed that bone scintigraphy is a highly sensitive and useful tool to document trauma consistent with allegation of torture, even 1-2 years after torture.

One of the most important results of this study is that if the duration of exposure to torture period had been longer (8 days and more) the detectable bone lesion on scintigraphy rate increased significantly (see Table 2). This result is very similar to the result of Lok et al. [4,5]. Hence the relationship between exposure to torture period and no uptake on scan would support this result. However results of Table 3 are not found significant which might be considered as a result of the relatively low number of cases.

In this study, increased duration of exposure to torture had a strong correlation with the detectable bone lesion on bone scan, particularly in the chronic phase. 10 patients assigned to this phase had an enhanced uptake on scans. Seven of them had been exposed to torture more than 8 days and three cases for less than 8 days (see Table 2). Therefore scintigraphy is recommended as a diagnostic method for all patients in chronic phase after torture.

Mean duration after torture for the detectable bone lesions is 5.5 years, which indicates added diagnostic value for patients in chronic phase after torture. The detectable bone lesion on bone scintigraphy for one patient even after 12 years supports this statement. The main reason for this result can be assumed to be the duration of exposure to torture. The patient had been tortured for 183 days in the detention center in 1992.

The other important aspect of these results was that the findings of bone scan were consistent with the trauma history explained by the patient. The history of the patient in chronic phase 12 years was highly specific. The patient had been subjected to beating, Palestinian suspension, falanga, electric shock and had been dragged down the stairs by the feet three or four times, causing the head to hit the concrete steps in the detention center. Hyperactivity on the occipital bone was detected on the bone scintigraphy scan. This finding was highly consistent with his trauma history.

The other patient, an 8 years after torture, was subjected to beating and pulling of the arm while his right shoulder was pressed with a foot in several times. This was highly consistent with the hyperactivity on the medial area of the right shoulder joint on the scintigraphy scan (Fig. 1). Detailed history is the most important issue of the differential diagnosis of torture and other possible types of trauma, especially when examination of patients in chronic phase after torture. We adopted Istanbul Protocol principles for evaluation of the coherence with the history and findings.

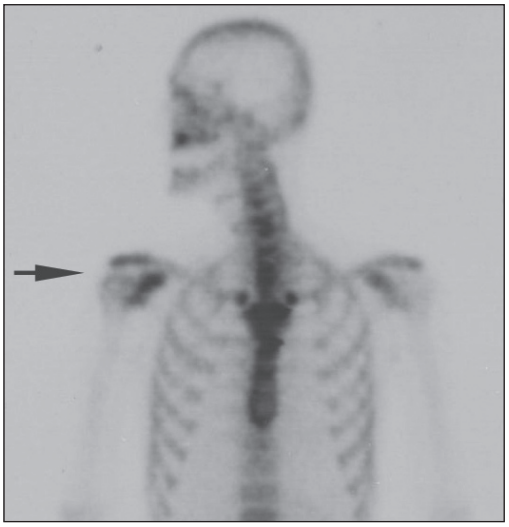

Figure 1: Hyperactivity in right shoulder joint

All of the patients reported repetitive and severe beatings and various forms of torture methods. Therefore differential analysis between methods is not easy. The bone scans showed various combinations of hyperactive foci on ribs, shoulder joints (Fig. 1), scapulars (Fig. 2), ankles (Fig. 3), knee joints, metatarsal bones, and metacarpophalangeal bones while there were no degenerative disease of bone and joints.

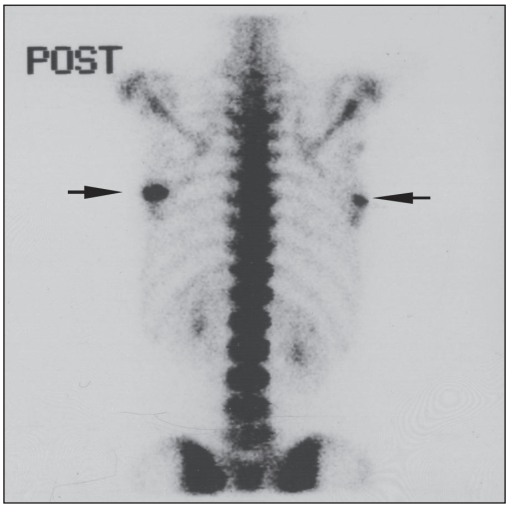

Figure 2: Hyperactivity in the end of scapulars

Severe, long lasting and recurrent torture methods such as falanga and severe beatings may cause (presumably irreversible) periosteal reaction and occult fracture that cannot be detected clinically and radiologically [4]. In addition, we have 41%

of patients without pathological uptake on scans with severe torture history. Many factors such as severity and frequency of trauma, age, gender, health condition, body structure and type of trauma can affect this situation.

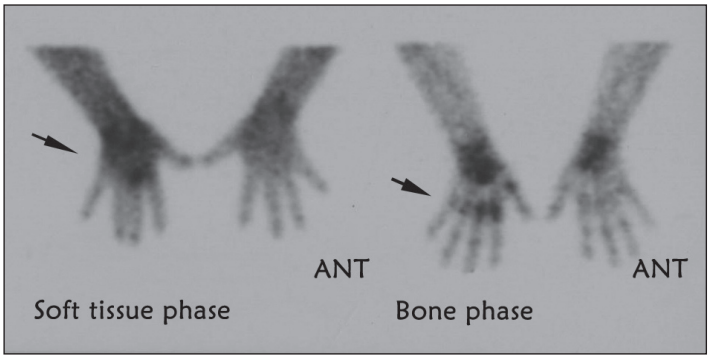

Figure 3: Hyperactivity in the right ankle

We were not able to use a control group of individuals with the same age and sex distribution who had no history of torture because of the retrospective nature of the study and we were not able to follow-up with any patient because of their unsettled lifestyles.

Conclusion

Bone scintigraphy should be considered as a valuable non-invasive diagnostic method to evaluate and document traumatized patients with no detectable marks upon physical examination.

Despite this retrospective study has some limitations (the absence of a control group and follow up), this study revealed that bone scintigraphy is a highly useful tool to document trauma consistent with allegations of torture. This method of physical detection could be used to provide confirmation of testimony of torture. However, we recognize that well-organized prospective studies are needed.

Conflict of Interest The authors declare that they have no conflict of interest

Acknowledgment

We acknowledge Prof. Dr. Veli Lok for his consultancy, Prof. Dr. Nadir Arican, Dr. Turkcan Baykal for their help and support, as well as members of HRFT's Istanbul Branch.

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Demonstration Control Agents: Evaluation of 64 Cases After Massive Use in Istanbul

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ABSTRACT

An uncontrolled use of "Demonstration Control Agents" commonly known as "tear gas agents" has recently been a common practice in Turkey. One of the first massive uses of these agents had been during a meeting of the North Atlantic Council and NATO in 2004, in Istanbul. After the demonstrations, sixty-four patients were evaluated and treated by the Human Rights Foundation of Turkey. Their files have been reviewed retrospectively and were classified regarding age, gender, physical findings related of chemical agents and other injuries.

The patients were received one to nine days after the chemical gas exposure. The maximum referral was 35 patients on the day of the gas exposure. The last application was nine days after the exposure. Complaints and physical findings/ symptoms were highest during the first three days.

This study has been carried out to reveal the short and long term after effects of "Demonstration Control Agents". The safety and effects of these agents are discussed in this article, based on our findings and existing references.

Key words: *Forensic Science; Torture; Demonstration Control Agents; Tear Gas Agent; Chemicals gas.*

Introduction

Demonstration Control Agents (DCA) commonly known as "tear gas chemicals" has become familiar to the world. These agents, among chemical weapons, were banned for use in war under the Geneva Protocol (1) and Chemical Weapons Convention (2). Nevertheless, in recent years, large amounts of these agents have been used in several countries in civil life (3,4).

Some 15 chemicals have been used worldwide as tear gas agents. The most widely used forms of them have been chlorobenzylidenemalononitrile (CS), chloroacetophenone (CN), chlorodihydrophenarsazine (DM) and oleoresin capsicum (OC) (5).

The widespread use of DCA naturally raises the question of their safety. There is information on the effects of them in acute phase. Unfortunately, there is insufficient information about long-term chronic effects (6-9).

Inhalation, digestion of, or contact with tear gas causes an almost instantaneous onset of responses. After the exposure symptoms begin within 10 to 30 seconds. Toxic risk increase and death have been reported in great amounts with prolonged exposure of these agents (10-11).

This study has been carried out to reveal the short term after effects of "Demonstration Control Agents", mainly OC and CS and long-term effects of DCAs has been discussed in light of the literature. Concerns of their safety are discussed in this article based on our findings and existing references.

Material and Methods

There were two different demonstrations to protest the meeting of the North Atlantic Council (NAC) and NATO in Istanbul, on June 28th and 29th, 2004, where security forces used "tear gas bombs and spray forms". These demonstrations were among the first examples of massive use of Demonstration Control Agents.

After the demonstrations, sixty-four patients applied to the Human Rights Foundation of Turkey (HRFT), Istanbul Branch, for treatment and documentation. The files of these patients have been reviewed retrospectively and were classified regarding age, gender, physical findings, as well as other injuries. The statistical analysis accomplished using by SPSS 16, a P values < 0.05 was considered to be statistically significant. Ethic principles were complied.

Results

Amongst 64 cases, 48 (75%) were male and 16 (25%) were female. The mean age was 24,9±6.6 (range 15-45). The patients were received one to nine days after the DCAs exposure. The exposure duration was not recorded on each case file, but according to the existing data, exposure duration was between a few seconds to one hour.

Fig. 1 demonstrates a number of patients per each application day. Maximum referral was 35 (55%) patients on the day of the gas exposure. Findings/symptoms could be attributed to the chemical agent were observed in 46 patients (72%). No physical findings/symptoms were observed with six patients who applied during the eighth and ninth days. 18 (28%) of 64 patients have not had any findings/symptoms due to the chemical agent.

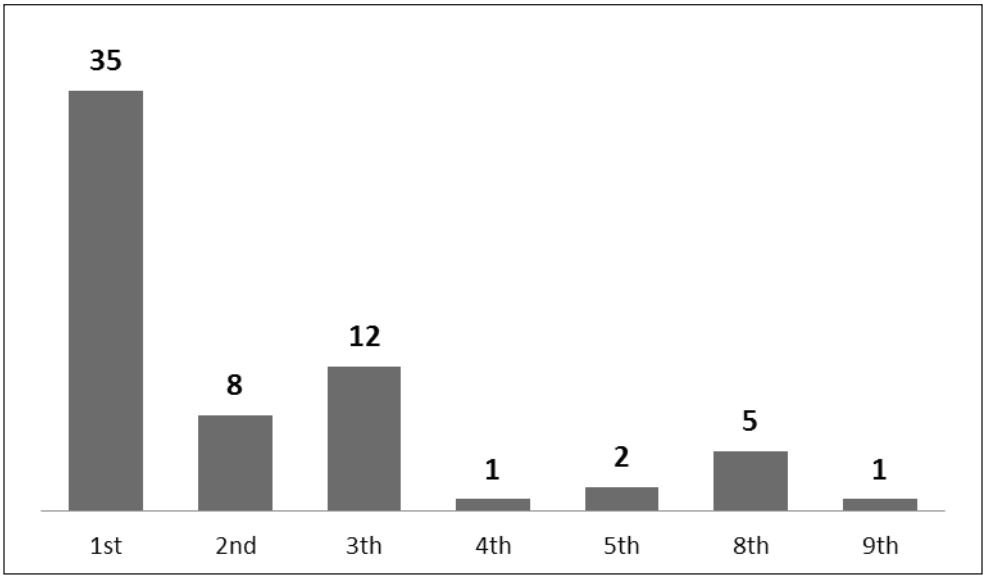

Fig 1: Case number (n) of patients per day.

Complaints, symptoms and physical findings could be attributed to the chemical agents were highest during the first three days. Table 1 demonstrates the complaints of the patients, and Table 2 demonstrates the physical findings/symptoms in first three days. The patients had more than one finding/symptom.

According to patients' claims, distance ranges of chemical gas exposure are the following; Distance range of chemical gas exposure (application/shooting).

***Near contact range*:** using gas sprays in shorter than 1 meter, or directly on faces, eyes, ears, and mouths of people.
***Close range*;** using gas sprays in 1-5 m diameter, or using gas bombs in closed areas (eg, into shop where people squeezed in, or into car)
***Distant range*;** using it in more than 5 meters.

Table 1: Complaints at time of application.

Organ/system	Complaints
Eye	Stinging; erythema; lacrimation; altered vision;
Ear	Tinnitus; pain; temporary hearing loss;
Nose	Rhinitis; stingy sensation;
RT	Shortness of breath; wheezing; cough; throat irritation; acute crisis of asthma;
Skin	Stinging; erythema; pain; vesicle;
GIS	Nausea; vomiting; abdominal pain; dysphagia;
CNS	Confusion; impaired concentration; numbness; headache;
CVS	Acute crisis of hypertension;
Psychiatric	Distress; panic; anxiety; agitation;

RT: *Respiratory Tract,* **GIS:** *Gastrointestinal System,* **CNS:** *Central Nervous System,* **CVS:** *Cardiovascular System*

Table 2: Findings and symptoms in first three days

Findings and symptoms	1st day (n=35)	2nd day (n=8)	3rd day (n=12)
Eyes; conjunctival hyperemia, stinging, lacrimation	15	3	3
RT; mucosal hyperemia, rhinitis, shortness of breath, cough	18	-	2
Skin; erythema, rush, stingy feeling	26	3	2
GIS; nausea, vomiting, abdominal pain	4	1	1
CNS; headache	3	-	2
CVS; hypertension	1	-	-
Psychological; anxiety	-	1	1
No findings related with the chemical agent	5	2	4

RT: *Respiratory Tract,* **GIS:** *Gastrointestinal System,* **CNS:** *Central Nervous System,* **CVS:** *Cardiovascular System*

Table 3 demonstrates a relationship between distance ranges of chemical agents' exposure only the positive findings/symptoms according the application days. Table 4 demonstrates distance range of all cases. There was not any statistical significance between the distance range of chemical gas exposure and the physical findings/symptoms.

Table 3: Distance range of chemical agents' exposure, only the patients who have positive findings/symptoms

Distance ranges	1st day n (%)	2nd day n (%)	3rd day n (%)	Later dys n (%)	Total n %
Near contact range	7 (15)	3 (6.5)	2 (4)	2 (4)	**14 (30)**
Close range	11 (24)	3 (6.5)	4 (10)	-	**18 (40)**
Distant range	12 (26)	-	2 (4)	-	**14 (30)**
Total	**30 (65)**	**6 (13)**	**8 (18)**	**2 (4)**	**46 (100)**

P:0.32, not significant

Table 4: Distance range of chemical agents' exposure of all patients (who have findings/ symptoms related chemicals or none).

Distance ranges	Related n %	Non related n %	Total n %
Near contact/close range	32 (50)	11 (17)	**43 (67)**
Distant range	14 (22)	7 (11)	**21 (33)**
Total	**46 (72)**	**18 (28)**	**64 (100)**

P:0.56, not significant

Findings/symptoms that could be attributed to the chemical agents according to application days

1st day; Maximum referral was 35 (55%) patients on the day of the gas exposure. 32 (86%) of the 1st days patients had more than one finding/symptom due to the gas exposure. Five of them had no physical findings. The most observed findings/ symptoms were on eyes, upper respiratory tract and skin. Fig 2 demonstrates one of the actual patients. Pepper gas induced chemical conjunctivitis that was confirmed by the ophthalmologist. Two patients were injured with a shooting bomb canister.

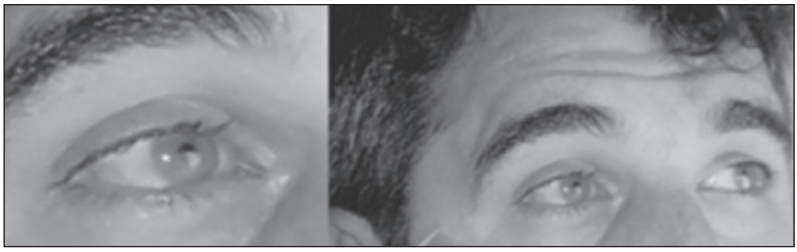

Fig 2: Pepper gas induced chemical conjunctivitis.

2nd day; a total of eight of the 2nd days patients had suffered from beatings and chemical agents. Two cases had not had any complications, symptoms and findings due to the gas exposure.

3rd day; a total of 12 of the 3rd day patients had suffered from beatings and chemical agents. Four cases were not observed to have any physical finding/symptom. One patient who had a history of an allergic dermatitis was found to have vesicle on her face (Fig 3). One of them suffered from asthma attack after the chemical gas exposure. This patient had a history of asthma and required hospitalization due to chemical toxicity; therefore she applied to the HRFT three days after the gas exposure for documentation.

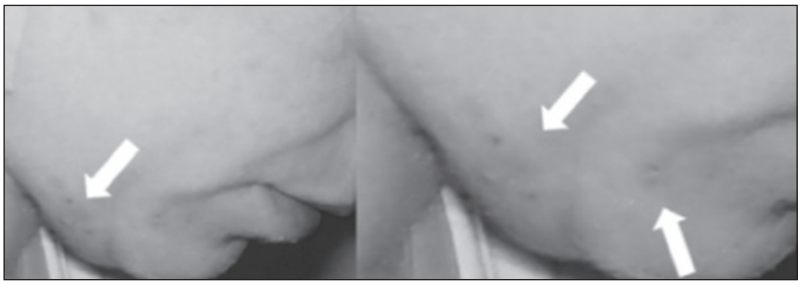

Fig 3: Vesicle on the face of the patient after the pepper gas exposure.

Later days**;** one patient applied on the 4th day after the exposure. This patient had shortness of breath and cough. Two cases applied on the 5th day. One of them had no physical finding due to the gas exposure, one case, which was subjected to gas in near contact range (direct to ears and mouth) had hearing loss. There were no applicants on the 6th and 7th days. No physical findings were observed with six patients who applied during the 8th and 9th days.

Applied methods in all patients were seen as beatings and chemical gas exposure. In addition, the gas bomb canister injury for two patients, plastic bullet injury for one, and gunshot injury for one patient were found. Fig 4 demonstrates that the shooting bomb canister caused a typical abrasion ring on the back, under the right scapula, and the bomb canister. It was very remarkable that the canister diameter (37 mm) was consistent with the diameter of the abrasion ring. Unfortunately, we did not know the type of weapon used, as there was no penetration, it can be said that distance range was more than 5 meters. But the patient declared that it was a near contact range.

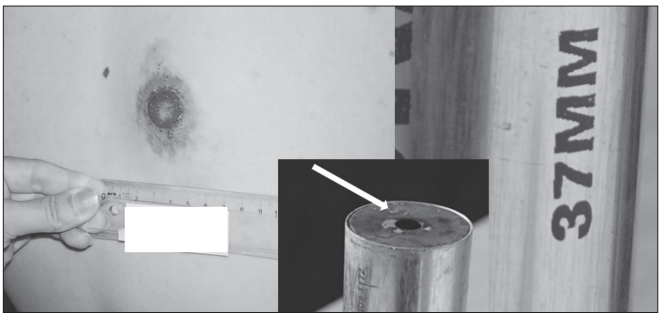

Fig 4. Typical abrasion ring under the right scapula. The small white colored circular area in the middle of the lesion is consistent with the hole on the mouth of the canister.

Discussion

Extensive use of DCAs in demonstrations has been increased all over the world, and resulted in deaths and severe injuries (12-14). Recently, an uncontrolled use of these chemicals has been a common practice in Turkey.

In this study we examined two different demonstrations that took place in 2004, in Istanbul. At the demonstrations, security forces used chemical gas widely and after the demonstrations 64 people consulted to the HRFT, Istanbul Branch for treatment and documentation, between first and ninth days. Therefore, only the early findings of these chemical agents were evaluated. The HRFT has been providing rehabilitation and documentation for torture survivors. According to the government's description, OC and CS were used as the DCAs in Turkey (15).

OC is a naturally occurring substance derived from the cayenne pepper plant and other varieties of peppers. It is classified as an inflammatory agent. On contact with OC, the mucous membranes of the eyes, nose, and upper way of the respiratory tract immediately become inflamed and swollen (16-18). After the exposure the symptoms start within 10 to 30 seconds. Capsaicinoids cause inflammation and epithelial cell death through activation of vanilloid receptors (18). Effects on the eyes include severe stinging, involuntary closure, lacrimation, conjunctival inflammation, redness, swelling and blepharospasm. Skin contamination causes itching, stinging, edema, erythema and occasional blistering. Respiratory symptoms include nasal irritation, bronchoconstriction, a stingy sensation in the throat, severe coughing and sneezing, and shortness of breath (16-21). The tear gas agents CS also cause painful tearing and respiratory discomfort and dermal reactions (3,22-24). Persistent multisystem hypersensitivity reaction is also reported (22). Systemic and acute effects of these chemicals include disorientation, panic and loss of motor coordination and irritation of the stomach, with the induction of vomiting and possibly diarrhea, bronchospasm, respiratory arrest, pulmonary edema, hypertensive crisis and hypothermia, as well as serious respiratory and cardiovascular effects and permanent damage to the sensory nervous system (25,26). At the same time, the cardiovascular and respiratory problems may also cause anxiety and panic attacks (25,26).

In this study, the early findings/symptoms and also complaints of 46 chemicals exposed cases were similar to what is described in the literature. Twenty-one cases had cardiovascular and respiratory findings/symptoms (see Table 2) and one patient suffered from acute crisis of asthma after the chemicals gas exposure. This patient had a history of asthma and required hospitalization for three days due to chemicals toxicity. She therefore applied to our center three days after the exposure for documentation. One patient had a history of hypertension suffered from acute crisis of hypertension. Acute crisis of hypertension and asthma in the first three days after the exposure would perhaps be the most serious symptoms for this retrospective study. However, we could not follow-up with the patients; therefore we do not know about the other results.

OC can cause deep corneal and conjunctival erosion (27,28). Chemical agents' related corneal damage and the follow-up information were not observed in the recent study.

Reports of injuries and deaths associated with DCAs exposure have appeared in the popular press and medical literature and have raised questions about the safety of these chemicals. Many studies have concluded that the agents have a genotoxic potential with mutagenic and tumorigenic effect (29-32). Several deaths related to these chemicals toxic effect have been reported (33-36). Severe traumatic injuries and deaths caused by bomb canisters as well as chemicals toxicity were observed in Turkey as in other countries (37-39). Medico legal evaluation of these deaths have not been reviewed and published yet in Turkey, but the media quoted several of them.

According to the General Purpose Criterion of the Chemical Weapons Convention, DCAs are not accepted as chemical weapons (40). However, the Convention declared that if the DCAs are either used uncontrolled or misused (in terms of types and quantities or usage at near contact and close range) they should be considered to be chemical weapons.

Unfortunately, analytic epidemiologic investigation of an exposed person is difficult because of what the nature of its use renders and there were some limitations of this retrospective study. There was not enough data on exposed features (such as concentration, distance exposure, and frequency) in every patient file. Some files had incomplete data; therefore the role of other contributing factors (such as previous diseases, family history, and pre-exposure) was not clear. We were not able to use a control group of individuals with the same age and sex distribution nor follow-up with any patient because of the retrospective study. We are aware that well-organized prospective studies are needed.

Conclusions

This study is important that it demonstrated the effects of DCAs on exposed persons not on experimental animals and early findings/symptoms related to chemical exposure consistent with the experimental animal studies.

Unfortunately, analytic epidemiologic investigation of an exposed person is difficult because of what the nature of its use renders. There are some limitations of this retrospective study and well-organized prospective studies are needed. There is an ongoing need for investigation into the full toxicological potential of these chemicals.

Conflict of Interest The authors declare that they have no conflict of interest

Acknowledgment

We acknowledge Prof. Dr. Nadir Arican for his help and support, members of the HRFT's Istanbul Branch and International Rehabilitation Council of Torture Victims-Copenhagen for the generous support, which facilitated the writing, and publication of this study.

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