HUMAN RIGHTS FOUNDATION of TURKEY

TREATMENT and REHABILITATION CENTRES REPORT

2012

Human Rights Foundation of Turkey • Treatment and Rehabilitation Centres Report 2012

Human Rights Foundation of Turkey Publications 87

İNSAN HAKLARI VAKFI 1990 TÜRKİYE
HUMAN RIGHTS FOUNDATION OF

HRFT
Human Rights Foundation of Turkey

TREATMENT and REHABILITATION CENTRES REPORT 2012

Ankara, July 2013

Human Rights Foundation of Turkey Publications 87

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FOREWORD

Şebnem Korur Fincancı[1]

In recent years the reports of the HRFT became documents that show the increase in human rights violations. While the right to life violations has been going on with its severity; we have been facing a picture in which the number of incidents of torture and our predicted applicants doubled although the place and the method of torture have been changing.
A rock fell to our hearts and smashed it in the beginning of this year... We had been shocked with the pain of the Roboski and were wounded with the indifference of our citizens who had been deafened with the explosions of the bombs, roaring of the aircraft engines and whistles of the bullets and with the noise of the fireworks. The days, after the year that we had finalised with gross right to life violations, carried and still carrying the marks of the massacre of 34 people. The news on the death of young people who had been sacrificed to the war and the violations of right to life went on through the year without slowing down. Though the right to life should be under the interventions and/or protection of the "security" forces. The number of applicants became 553. Together with more 2000 juveniles in prisons, the unprecedented number of detentions and arrests the country created a feeling of whole prison throughout the year.

As it is known, while the perpetrators of torture have been promoted and the torturers of the 12 September coup d'état have been tried in a low comedy; the empire of fear have been established with banned books, restricted websites, tried and arrested journalists. The political power is closing its 10th year with zero tolerance to its opposition. Today we understand that the prime minister said "zero tolerance to torture" as a result of the lapsus linguae and he fixed the miscalculation with several corrections long ago.

During this year thousands of people get ready for their deaths. An essential part of these people are the pre-trial detainees whose right to defend themselves in their mother tongues declined with disrespectful expressions such as "unknown

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

language" and "a language said to be Kurdish". These words that are said after every hearing, should shame all of us. We should be ashamed living in the country of people who have been carrying their mother tongue inside themselves as a crime.

Our values are vanishing one by one. We are losing our depth. The curiosity turned to the murder of Karabulut could not become something more than pornographic consumer goods; children murdered in Roboski, the young people who had victims of the explosion in an ammunition depot in Afyon Province and the news of the deaths could not break into the armoured layers of our cognitive world. We do not feel each other.

We have been passing through hard times. People (hunger strikers) are "dying cell by cell", the majority is satisfied only by watching as always, even if they watch... Those who try to give voice to the people on hunger strike, in order to stop the dying of the cells, young people should not be disabled have their part of the State in its gas phase [gas bombs], liquid phase [water cannons] and solid phase [batons]. The analogies are "liked" in social media and immediately forgotten again.

During those days in which the number of hunger strikers is becoming from hundreds to thousands, Ertuğrul Kürkçü wrote in Özgür Gündem Newspaper on 27 October 2012: "They did not want anything for themselves. They have been testing the "solution" capacity of Turkey with their lives". Indeed what is the "solution" capacity of Turkey? Another deputy that Ertuğrul Kürkçü had to work with under the same roof of the parliament presented a draft to his party and indirectly to the Grand National Assembly of Turkey (GNAT), 3 or 5 days after this article. That draft shows that the capacity is too limited and lack of human values.

The Republican People Party's (CHP) İstanbul Deputy, Lawyer Mahmut Tanal proposed an amendment of the Law on the Application of Medicine and Medical Branches on 19 October 2012 and the presidency of the CHP's Assembly Group took the draft; could have taken the draft on 23 October 2012. The amendment which defines neglecting medicine ethic and even disregarding human values as virtue aims to legitimise the forced nutrition in hunger strikes. Let's begin from the first sentence of the reasoning, "the duty of the executive prosecutors is prevent the deaths due to hunger strike. Prosecutors could decide the nurturing of the hunger strikers by force and the administration of the prison and physicians should interfere to the hunger strikers on basis of these decisions." Afterwards the duty of the physicians is defined: "(...) Hunger strikes can cause unrecoverable damages before the loss of consciousness because of that limiting the freedom of strikers to hunger strike with loss of consciousness is indefensible method. Keeping the patient alive even if by using force is based on the oath of Hippocrates." After the reasoning that I tried to summarised here, the paragraph that is proposed to be added to the Article 70 of the Law is as follows: "Although the physicians have to take the consent of the patient before starting the treatment, this obligation is suspended in case of the danger of death and in emergency situations that could cause unrecoverable damages. For the intervention to the hunger strikes the person on hunger strike is interfered before he/she loses his consciousness and forced nurture is provided."

Where to begin, I do not know! From the evolution of the oath of Hippocrates during the last 2000 years in medicine or from the mentality which is represented in Plato›s work, “The State” that “the physician can call the consent of the free people, but there is no question of getting the consent of the slave” mentality and which is inscribed into the mind of a lawyer, unchanged over the last thousands of years or from the ignorance about the numerous articles in the code of health, on the principles of intervention to the patients in emergency state or from the Malta Statement of the International Codes of Ethics and the World Medical Association which is a guide for the attitude physicians on hunger strikes which was not read or from the indifference to the social well-being and consequently being human which is necessary for a healthy life?

Another deputy of the same party, Mustafa Balbay, had used “Turkish Coffins Association”[2] title in his newspaper. In fact as it can be understood from our efforts to eradicate the results of the State’s violence, we have always been on the side life.

A life in dignity and humanely!

The impunity of the torture that we have been struggling against and try to interfere with alternative reports has been maintaining itself as a problematic field. Is not any positive development taking place? Of course there is. The verdict Engin Çeber case not because of the immensity of the sentences but the act of “misconduct in office” is evaluated as torture crime, as it is mentioned in the dissenting opinion of the judge and in accordance with the international conventions, by the majority of judges. This is something new in this year. Aid and abet of the judiciary with the perpetrators of torture crimes has an important part to play in the continuity of torture. We had face with a verdict which is different from that approach. Although we could not be the intervening party to the autopsy of Baki Erdoğan twenty years ago, we had started from mentioning the inadequacies in the autopsy report and reached to a stage that makes it possible for the independent supervisors to be present during the autopsies. The autopsy of the Engin Çeber took place under these circumstances. The place of the work of prevention of torture of the HRFT, beside the rehabilitation of the torture survivors, should not be underestimated.

In the country where behaviour of ignoring human rights violations became permanent and those who try to show these violation are labelled as others, the unique way of realizing persistent light which reveals itself despite mainstream media tools and our closed eyes is to be human; human who think, discuss, rebel, and have conscience. We have just completed a year as being stubborn on this.

Ankara, May 2013

[2] Instead of Turkish Medical Association, The two words “tabib/physcians” and “tabut/coffin” have similar sounds which were benefitted by the writer mentioned above.

INTRODUCTION

Metin Bakkalci[1]

Human Rights Foundation of Turkey (HRFT) was founded in 1990 to document the violations of human rights and to provide physical and psychological treatment and rehabilitation for those who are exposed to torture and ill-treatment or faced inhumane and humiliating behaviors, acts and punishments.

The service that HRFT provides to solve the physical, psychological and social problems of torture survivors, is the output of multidisciplinary approach of thousands of professional and volunteer workers from different professions, foremost physicians.

Since the day that it found, HRFT always had that concern about improving the quality of its treatment and rehabilitation services that it provides. For this purpose, HRFT behaves as a school in documenting torture evidences and torture survivors' treatment and rehabilitation by carrying out various trainings, scientific researches and events at both national and international levels.

The pioneering role that HRFT played in the course of shaping the Istanbul Protocol, which is an internationally unique guide for inquiring and documenting torture, ill-treatment, inhumane and humiliating behaviors, acts and punishments, can be regarded as the most significant example.

As well as providing treatment and rehabilitation to torture survivors, HRFT procured judicial support to torture survivors and/or their lawyers for the purpose of preventing torture and ill-treatment. Moreover, HRFT enhanced a trustful and objective system for documenting severe violations of human rights and created an especial fund of knowledge.

Those who were subjected to torture and ill-treatment are being affected not only by torture, but also other components of the complex trauma. With the awareness that there are necessities above the medical approach to achieve an extensive recovery, HRFT have been working for a more comprehensive and disciplined program which includes the problem of complex and societal trauma since 2004.

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

HRFT continues to treat and rehabilitate torture survivors in five treatment and rehabilitation centres in Adana, Ankara, Diyarbakır, İstanbul and İzmir. These five treatment and rehabilitation centres provided service to total of 13,552 torture survivors and their relatives by the end of 2012.

It was predicted that there will be 325 torture survivors and relatives will be apply to our centers for the year of 2012. But there was 553 applicants in 2012.

Unfortunately, the main reason for exceeding number of applicants that predicted is that the unfavourable progress in the area of human rights since 2005 became more visible in 2011 and 2012. The political operations and the environment of armed conflagration after the general elections in 2011 played a main role in these unfavourable events about human rights in 2012.

The implementation named ‘’five provinces’’ which we have been carrying out since 1993 to accept applicants from those provinces in which there is no HRFT Treatment and Rehabilitation Centre, conveyed 57 applicants in 2010, 118 applicants in 2011 and 143 applicants in 2012 to our centers. In scope of ‘’five provinces’’, we expect approximately 50 applicant every year, but in the last two years the number of applicants have increased due to intensified workings in our Adana Centre for the province Mersin and in Diyarbakir Centre for the surrounding cities. Within this scope there was 87 applicants to Adana Centre and 47 applicants to Diyarbakır Centre. Specifically, severe human rights violations which are closely related with the Kurdish issue in Diyarbakır, Adana, Mersin and surrounding provinces, presents the need for reinforced efforts for these regions.

Again, for the regions where there are severe human rights violations but no HRFT Centre, the program of ‘’Mobile Medical Centres’’ which was established in 2009 continued its workings in 2012.

In 2012, Treatment and Rehabilitation Project, apart from workings on treatment and rehabilitation, made real many educational programs especially the distant training for the completion of Istanbul Protocol in Turkey and other countries; and scientific works such as the paper of ‘’Chondramalacia Patellae’’ which is the first paper in literature which discusses the relationship between the torture and chondramalacia patellae.

For 93 applicants, alternative forensic reports/epicrises have written by HRFT Treatment and Rehabilitation Centers in 2012.

We worked through about the approval and functioning of the Optional Protocol to the Convention Against Torture (OPCAT) (which is a special agenda in our country) and establishing National Prevention Mechanisms as a necessity of OPCAT.

Moreover, we conveyed the Monitoring Report of the Third Periodic Report of the United Nations Convention against Torture about Turkey to the United Nations Committee Against Torture.

Also, we conducted many activities, primarily the Seventh International Psychological Trauma Meeting which have made real with the association of HRFT and other relevant organizations.

The mission is contributing as much as possible to the struggle for preventing the torture from happening in every aspect of the society and helping torture survivors to reach a complete well-being physically, psychologically and socially. In other words, the mission is to create a ''societal apologizing environment'' to those people and communities whose human dignity were disregarded and were subjected to severe human rights violations.

Certainly, all the works that HRFT have done, is the mutual product primarily of the founders board, executives board and professional workers of HRFT who worked with morally and materially for all these years, and also of the hundreds of sensitive people from far and near: the physicians, lawyers, human rights activists from various regions and professions

We are blessing our friends who were with us and also Human Rights Association of Turkey and Turkish Doctors' Union and other foundations which have supported us through these endeavors.

Ankara, May 2013

HRFT's
Treatment and Rehabilitation
Centres Report

2012
Evaluation Results

EVALUATION RESULTS OF THE HRFT'S TREATMENT AND REHABILITATION CENTRES FOR THE YEAR 2012[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 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

[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.

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.

The number of people applied to HRFT centers for therir health problems related with torture and ill-tretament, increased to 13557 at the end of 2012. 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 2012, 533 people applied to the Treatment and Rehabilitation Centres in Adana, Ankara, Diyarbakır, İstanbul and İzmir. 34 of these applicants were acquaintances or relatives of torture survivors. The following evaluation presents information obtained from interviews and medical examinations from 506 of the 508 applicants who stated that they had been subjected to torture and ill-treatment. Two application was not included in the assessment, due to lack of some necessary data. Phycisicans and social workers working together with consultant physicians at our centres obtained the information evaluated from interviews, physical and other diagnostic examinations conducted with applicants.

After being collected in application files and forms designed for data preservation, the data was then entered into a specially develepod 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 2012 has been evaluated in two sections. The first section includes interpretation and evaluation of the data regarding all of the applicants in 2012. 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 2012.

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 from the applicants, information on the following points will be provided: the distribution of the applicants according to the Human Rights Foundation of Turkey (HRFT) 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 2012 and the channels of contact which directed the applicants to the HRFT.

506 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 2012. 45 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 2012 according to the centres of the foundations is presented in Table 1.

Table 1: The distribution of the applicants in 2012 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	100	31	131
Ankara	25	2	27
Diyarbakır	113	1	114
İstanbul	214	6	220
İzmir	54	5	59
Total	**506**	**45**	**551**

Among the 506 applicants, 236 people stated that they had been subjected to torture and ill-treatment in detention (TID) in 2012. 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, in 2010 it was 150 and in 2011 it was 224. When looked at the distribution of applicants to the HRFT centres, one can see that there was a noticeable increase in the number of people subjected to torture or ill-treatment in Diyarbakır and Istanbul, a slight increase in Izmir, and significant decrease in Ankara and Adana when compared with the previous year. The distribution of applicants in 2012 according to the HRFT's centres is given in Table 2.

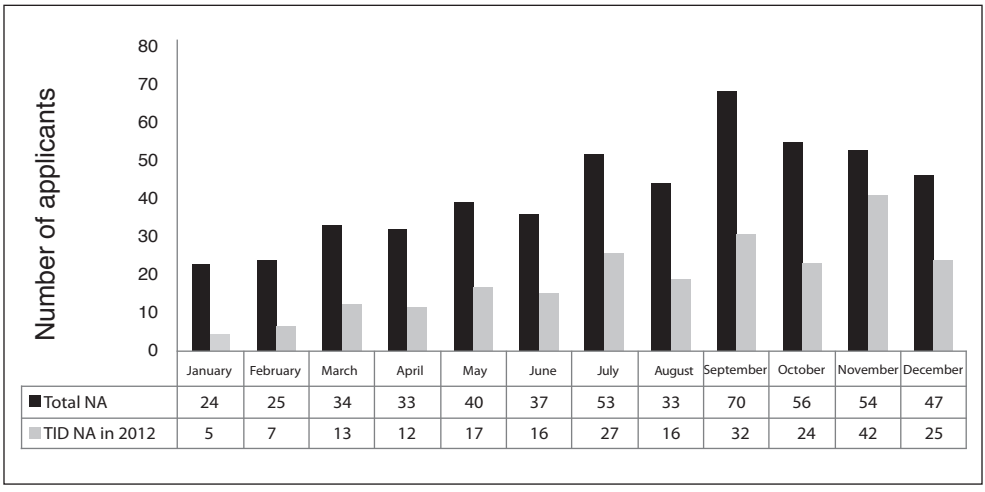
Table 2: The distribution of the applicants who stated that they had been subjected to torture and ill-treatmen in detention in 2012 according to the HRFT's Treatment and Rehabilitation Centres, and their proportion to all applicants

HRFT Centre	Number of TID* Applicants in 2012	Total Number of Applicants	Proportion to all Applicants (%)
Adana	31	100	31,0
Ankara	6	25	24,0
Diyarbakır	23	113	20,0
İstanbul	144	214	67,0
İzmir	32	54	59,0
Total	**236**	**506**	**47,0**

**TID: Torture and ill-treatment in detention*

The distribution of the applicants according to the months in 2012 is given in Chart 1. The number of applications (NA) in the first half of the year (193 persons) is significantly lower than the number of applicants in the second half of the year (313 persons). According to the monthly distribution, an increase can bee seen in September (70 applicants), October (56 applicants) and November (54 applicants). Looking at the applicants who were subjected to torture or ill-treatment in 2012, an increase in applications can be seen in December and July together with the months mentioned above.

Chart 1: The monthly distribution of applicants in 2012



	January	February	March	April	May	June	July	August	September	October	November	December
Total NA	24	25	34	33	40	37	53	33	70	56	54	47
TID NA in 2012	5	7	13	12	17	16	27	16	32	24	42	25

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 organizations. Regarding the people and institutions that referred applicants to the HRFT, it is observed that most applicants were referred by HGOs or partied followed by those recommended by former HRFT applicants and then the applications who referred by Human Rights Associations(HRA). Table 3 shows the distribution of the information channels on the HRFT for all applicants and those applicants who stated that they had been subjected torture or ill-treatment in 2012.

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 2012

Information Channel	All Applicants	%	TID in 2012	%
NGO or parties	124	25,0	50	21,0
Recommendations of other HRFT applicants	120	24,0	45	19,0
Human Rights Association	119	24,0	58	25,0
Directly	61	12,0	32	14,0
Lawyers	55	11,0	43	18,0
Recommendations of volunteers in the HRFT	20	4,0	6	3,0
Recommendations of the HRFT staff	4	1,0	1	0,4
Press	3	1,0	1	0,4
Total	**506**	**100,0**	**236**	**100,0**

The work of the HRFT Treatment and Rehabilitation Centres in 2012 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 236 applicants who stated they had been tortured or ill-treated in 2012 will be analyzed seperately. The second section aims to determine the current situation in Turkey regarding torture. As a result, the evaluation of the year 2012 will be made in the second section of the report.

I- EVALUATION RESULTS OF ALL APPLICANTS

A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1- Age and Sex:

The ages of the victims of torture who applied to the centres ranged from 9 to 76. The average of ages of the applicants is 31,8, representing an approximately 1 year increase from the previous year. There were 50 applicants under the age of 18 (9,9%) and the decrease in ratio of the group of applicants under the age of 18 was approximately 5% and can explain the increase of the average of ages in total.

There was 24 applicants under the age of 18 in the year 2006 and its ratio to total number of applicants was 7,2%; it was 41 (9,4%) in 2007; it was 36 (9,1%) in 2008; it was 66 (16,5%) in 2009; it was 50 (14,6%) in 2010 and it was 73 (15,1%) in 2011.

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. 42 of the 50 applicants under the age of 18 stated that they had been subjected to torture and ill-treatment.

To explain the reasons fort he increase of child applicants over the years, in order to be more accurate, only the applicants who experienced torture in 2012 will be evaluated in the second section.

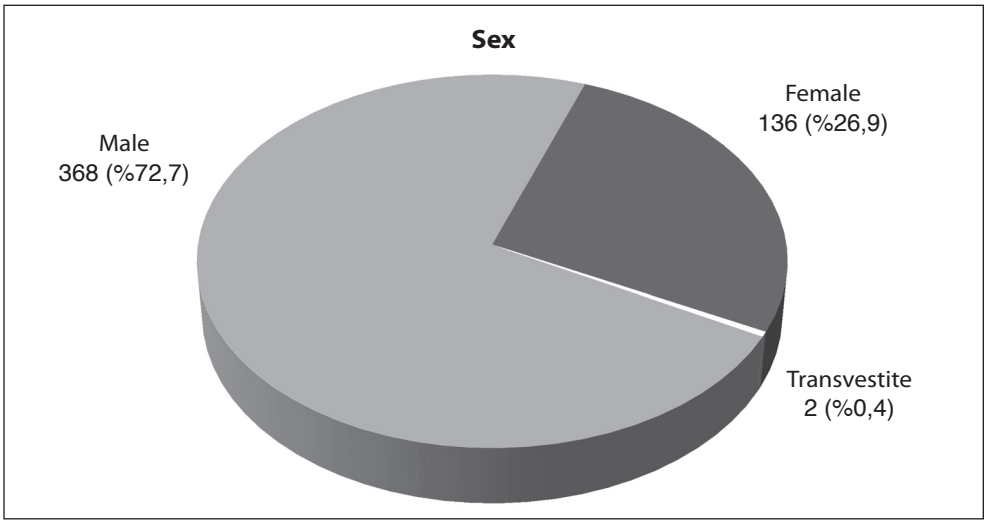
As we see every year, the greatest cluster of applicants comes from the 19-25 age bracket. In past years this age group has constituted nearly one half of all applicants, however in 2011, it was closer to one quarter, as this year. 37,8% of all applicants are under 25 years of age. In 2009, this rate was 49,3%, 42,9% in 2010 and 37,6% in 2011. 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 2012 according to their age

Age Group	Number of Applicants	Percentage%
0-18	50	9,9
19-25	141	27,9
26-30	93	18,4
31-35	67	13,2
36-40	51	10,1
41-45	30	5,9
46 and above	74	14,6
Total	**506**	**100,0**

As seen in the Chart 2, 368 of the applicants are males (72,7%) and 136 of the applicants are female(26,9%). Although the female to male applicants ratio changes a little each year, it generally remains at around 1:3. In addition, 2 transvestite applied to the HRFT in 2012.

Chart 2: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to their sex



2- Place of Birth:

More than the half of our applicants (53,8%) were born in the Southeast and Eastern Anatolian regions of Turkey which are in the first and second rank respectively. Third is the Mediterranean Region, with 11,1% of applicants born there. The percentage of the applicant who born in the Marmara Region is 10,1% and percentages of the applicants who born in Black Sea Region, Aegean Region and Central Anatolian Region is 4,7%. The percentage of applicants born outside Turkey is 10,9%. This percentage was 7,6% in the year 2011. This increment is due to the increase in the number of applicants who are in the status of refugee. The distribution of all the applicants according to their place of birth is given in Chart 3.

When we look at the distribution according to provinces, it can be seen that the most applicants were born in Diyarbakir (59 applicants, 11,7%). The distribution of other cities is: İstanbul (47 applicants, 9,3%), Mardin (38 applicants, 7,5%), Siirt (31 applicants, 6,1%), Mersin (25 applicants, 4,9%), Batman and İzmir (each have 16 applicants and 3,2% percentages), Adana (14 applicants, 2,8%), Şanlıurfa (13 applicants, 2,6%), Tunceli (12 applicants, 2,4%), Şırnak, Muş and Malatya (each have 10 applicants and 2% percentages.

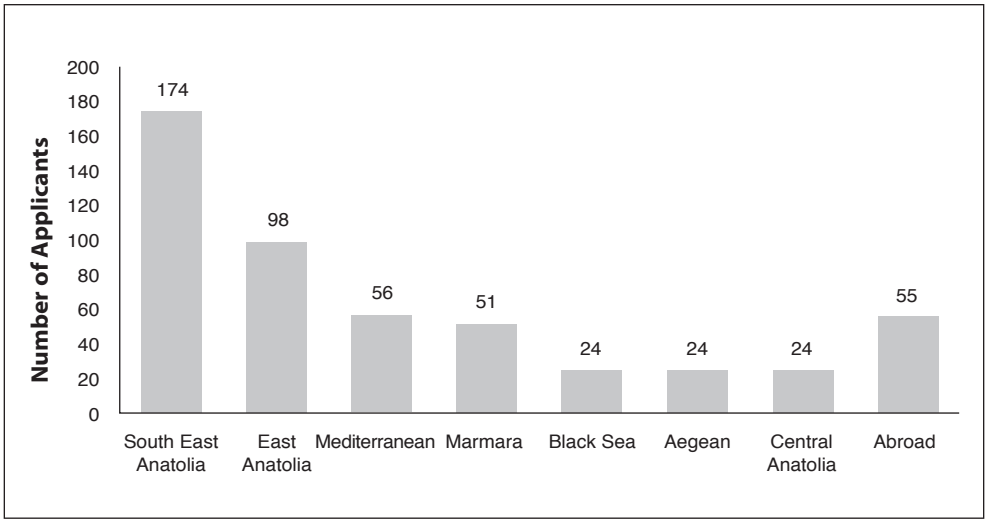
Although the applicants were not asked about their ethnicity, as a high number stated their place of birth as South Eastern or Eastern Anatolian Region (272 applicants, 53,8%), it can be said that the citizens of Kurdish origin are more often subjected to torture and ill-treatment. This percentage was 47,7% with 231 applicants, last year.

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.

The number of applicants whom were born abroad is 55 and 35 of them tortured in the places wher they were lived before coming to Turkey. Most of them were from Iran.

Chart 3: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to their place of birth



3- Level of Education and Employment Status

174 (34,4%) of all applicants graduated from high school; 98 (19,4%) from middle school; 98 (19,4%) from primary school; 66 (13%) are college or university graduates and 24 (4,7%) dropped out of college or university. 30 (5,9%) of all applicants are just literate and 16 (3,2%) applicants are illiterate. A more detailed distribution of the educational level of the applicants is provided in Table 5. 23 applicants who are still attending school have been counted as either literate or primary school graduates, 73 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 2012 according to their education level

Education Level	Number of Applicants	%
High School	174	34,4
Middle School	98	19,4
Primary School	98	19,4
University/College Graduate	66	13,0
Only literate	30	5,9
Dropped out of university	24	4,7
Illiterate	16	3,2
Total	**506**	**100,0**

In regards to employment status, 209 applicants (45,3%) were unemployed at the time of the interview; this proportion was 36,2% (147 applicants) in 2009, 47,8% (164 applicants) in 2010 and 41,5% (201 applicants) in 2011. Of these applicants 28 (12,2%) are university graduate, 15 (6,6%) dropped out of college or university, 66 (28,8%) are high school graduate, 41 (17,9%) are middle school graduate, 55 (24) are primary school graduate, 18 (7,9%) are only literate and 6 (2,6%) are illiterate. The unemployment rate among applicants compared to last year has increased by 6%. Among 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 practices. This year, is notable fort he great variatin 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 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 regard 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 among the reasons of the high levels of unemployment amongst our applicants.

Looking at the distribution of students, 18 of the 50 applicants under the age of 18 are primary or middle school students and 6 are college of university student. 52% of the applicants in this age group are not continuing their education. This rate was its highest in 2011 with the percantage of 60,3%. The ratio decreased when compared with 2011, but still significantly high. 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 2012 according to their employment/profession

Profession or Employment	Number of Applicants	%
Unemployed	229	45,3
University/College student	73	14,4
Industrial worker in private sector	30	5,9
Tradesman, tourism operatör etc. (Self-employed)	24	4,7
Primary or secondary school student	23	4,5
Housewife	17	3,4
Office worker in private sector (secretary, bank clerk etc.)	16	3,2
Construction worker	16	3,2
Retired	12	2,4
Employed in an NGO	10	2,0
Teacher	9	1,8
Lawyer	8	1,6
Office worker in public sector (secretary, bank clerk etc.)	8	1,6
Street vendor	7	1,4
Journalist or employed in media sector	7	1,4
Artist	5	1,0
Industrial worker in public sector	3	0,6
Farmer, fisher etc.	2	0,4
Engineer	2	0,4
Doctor	2	0,4
Worker in agricultural sector	1	0,2
Nurse	1	0,2
Instructor	1	0,2
Total	**506**	**100,0**

B- PROCESS OF TORTURE

Assessing the dates when the 506 applicants who applied to the HRFT in 2012 were last tortured or ill-treated, one can see that 252 were subjected to torture or ill-treatment in 2012. 193 applicants were subjected to torture and ill-treatment between the years 2007 and 2011, 35 were between the years 2001 and 2006 and

26 were tortured and ill-treated before the year 2000. Since 2006,65-70% of the applicants had been tortured in the year of reporting, while in the last three years this proportion has dropped to around 50%. In other words, in the last three 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 2012 according to the period when they were last tortured

Year of the Most Recent Torture	Number of Applicants
2000 and before	26
2001	2
2002	2
2003	7
2004	6
2005	7
2006	11
2007	28
2008	25
2009	29
2010	38
2011	73
2012	252
Total	**506**

1- Process of Detention and Torture in Detention:

438 of the applicants (86,6%) in 2012 were detained for political reasons (this proportion was 88,4% in 2011), 58 (11,5%) were detained for non-political reasons, 5 (1%) for seeking asylum, 3 (0,6%) because of the sexual orientation and 2 (0,4%) were subjected to torture and ill-treatment in military service. 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 2007, 18% in 2008 and 2009, 16,7% in 2010 and 11,6% in 2011.). Compared to previous year, the number of applicants detained for non-political reasons has quantatively, albeit slightly increases (5 applicants).

According to the statements of individuals and reports by human rights organizations, 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 organizations or file a criminal complaint. So, 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 and support for survivors of torture would maket he number of applicants much higher.

In regards to the duration of the most recent detention period of applicants, 246 applicants (48,6%) were detained for less that 24 hours, 55 applicants (10,9%) for 2 days, 50 applicants (9,9%) for 3 days and 87 applicant (17,2%) were detained for 4 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 2012 will be analysed), there is a significant decrease in the lenght of the detention period and increase in the number of detentions lasting less than 24 hours. The main reason fort his 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 practice 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 in given in Table 8.

Table 8: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the duration of their most recent detention

Duration of the Most Recent Detention	Number of Applicants	%
Less than 24 hours	246	48,6
24-48 hours	55	10,9
49-72 hours	50	9,9
73-96 hours	87	17,2
5-7 days	20	4,0
8-15 days	12	2,4
16-30 days	19	3,8
More than 1 month	17	3,4
Total	**506**	**100,0**

Regarding the place where the applicants were detained, it appears that 281 applicants (55,5%) were detained while they are in outdoors, and 126 (24,9%) applicants were detained at home. Our experiences with high numbers of our applicants having been detained outdoors show that these kind 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 2012 according to the place of their most recent arrest

Place of the Most Recent Arrest	Number of Applicants	%
Outdoors	281	55,5
Home	126	24,9
Public Office	46	9,1
Organisation(NGO Office, press Office etc.)	23	4,5
Work place	14	2,8
Other	16	3,2
Total	**506**	**100,0**

The distribution according to the time when the applicants were detained is given in Table 10. Most applicants (70,2%) were apprehended during the day while 17,8% were arrested after midnight. According to the statements obtained of those detained after midnight, it was suggested that the act of detainment itself was intented 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 in the year 2012, and the relationship between the two will be examined in more detail in the second section.

Table 10: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the hour of their most recent detention

Time of last arrest	Number of Applicants	%
08:00 – 18:00	355	70,2
18:00 – 24:00	61	12,1
24:00 – 08:00	90	17,8
Total	**506**	**100,0**

Regarding the distribution of the places of the most recent torture, 207 applicants (40,9%) were tortured at security directorates, 113 applicants (22,3%) outdoors or on the streets and 41 applicants (8,1%) at police stations.

2011 reports show that in that year 226 applicants (46,7%) were tortured at security directorates, 71 applicants (14,7%) at outdoors or at streets and 58 applicants (12%) were tortured in the police stations. In the year of 2010, 157 applicants (45,8%) were tortured in security directorates, 71 (20,7%) at outdoors and 45 (13,1%) in police stations.

By taking into consideration the applicants who had been tortured in the 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 at 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, in 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 2012 according to the place of most recent torture in detention

Place of Most Recent Torture in Detention	Number of Applicants	%
Security directorate	207	40,9
Outdoors	113	22,3
Police station	41	8,1
Car	37	7,3
Gendarmerie Station	9	1,8
Gendermarie Headquarters	8	1,6
Home/Work place	3	0,6
Other	49	9,7
Unknown/not remembered	8	1,6
Empty*	31	6,1
Total	**506**	**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 the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the region of their most recent torture in detention

Region of the Most Recent Torture	Number of Applicants	%
Marmara	169	33,4
South-Eastern Anatolia	86	17,0
Mediterranean	79	15,6
Abroad	50	9,9
Aegean	49	9,7
Eastern Anatolia	19	3,8
Central Anatolia	19	3,8
Black Sea	4	0,8
Empty*	31	6,1
Total	**506**	**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.*

Regarding the provinces in which the applicants were last subjected to torture, there is a notable resemblance with the distribution of 2009, 2010 and 2011. If the applicants who are in the status of refugee is not considered, again, İstanbul is the most common province, followed by Mersin, Diyarbakır, İzmir and Adana. Because of the prominence of torture in regions such as the Mediterranean and Marmara, particularly in İstanbul, Adana and Mersin is due to the issue's relationship to the phenomenon of torture in the year of 2012, it will be discussed in the second chapter.

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

Table 13: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the province of their most recent torture in detention

The Province of the Most Recent Torture	Number of Applicants	%
İstanbul	165	32,6
Abroad	50	9,9
Mersin	47	9,3
Diyarbakır	44	8,7

Table 13 Continuation

İzmir	41	8,1
Adana	28	5,5
Ankara	17	3,4
Siirt	15	3,0
Van	11	2,2
Batman	9	1,8
Gaziantep	6	1,2
Şanlıurfa	6	1,2
Aydın	4	0,8
Manisa	3	0,6
Mardin	3	0,6
Şırnak	3	0,6
Other provinces	23	4,5
Other*	31	6,1
Total	**506**	**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.*

Looking in more detail at the detention centres where the most recent torture was inflicted, the Anti-Terror Branch (ATB) in Istanbul is in the fourth rank which had taken the first rank in 2010 and 2011. the Anti-Terror Branch (ATB) in Diyarbakır comes first (26 applicants 5.1%) in 2012 and followed by Mersin and Adana Security Directorates.

Table 14 displays the detention centres of the most recent torture where more that 2 cases occured.

Table 14: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the specific places of the most recent torture in detention

Centres Where the Most Recent Torture Took Place	Number of Applicants	%
Diyarbakır ATB	26	5,1
Mersin Security Directorate	25	4,9
Adana Security Directorate	21	4,2
İstanbul ATB	19	3,8
Siirt ATB	14	2,8
İzmir Bozyaka ATB	13	2,6

Table 14 Continuation

Mersin ATB	10	2,0
Ankara ATB	7	1,4
İstanbul Vatan Security Directorate	7	1,4
Batman ATB	6	1,2
Diyarbakır Çarşı Police Station	5	1,0
Van ATB	5	1,0
Gaziantep ATB	4	0,8
Mersin Police Children's Departmen Direcorate	4	0,8
Aydın Security Directorate	3	0,6
Atatürk Airport Police Station	3	0,6
Ankara Security Directorate	3	0,6
Beyoğlu Police Station	3	0,6
Adana Police Children's Departmen Direcorate	2	0,4
İzmir Karşıyaka Security Directorate	2	0,4
Van Gendermaire Headquarters	2	0,4
Eskişehir ATB	2	0,4
Batman Security Directorate	2	0,4
Fatih Police Station	2	0,4
Samsun Security Directorate	2	0,4
İstanbul Security Directorate	2	0,4
75. Yıl Police Station	2	0,4
Diyarbakır Central Police Station	2	0,4
Other Security Directorate and ATB	20	4,0
Other Police Station	11	2,2
Other Gendermarie Station/Headquarters	10	2,0
Abroad	38	7,5
Various*	153	30,2
Empty**	31	6,1
Other Places	22	4,3
Unknown/Not remembered	23	4,5
Total	**506**	**100,0**

**Tortured at outdoors, at home, in a car or some other places*

*** 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.*

The distribution of the torture methods inflicted on the applicants during their most recent detention is presented in Table 15. This evaluation concerns the 475 applicants out of a total 506 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 interrogaion – 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.

Tablo 15: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the methods of torture inflicted during their last detention

Method of Torture	Number of Applicants	%
Insulting	348	73,3
Beating	325	68,4
Humiliating	319	67,2
Other threats against the applicant	177	37,3
Death threat	132	27,8
Forced to obey nonsensical orders	92	19,4
Exposure to chemical substances	83	17,5
Sleep Deprivation	81	17,1
Threats against relatives	76	16,0
Cell isolation	74	15,6
Asked to act as an informer	74	15,6
Restricting food and drink	72	15,2
Sexual Harassment	70	14,7
Restricting urination and defecation	61	12,8
Verbal Sexual Harassment	59	12,4
Stripping naked	53	11,2
Continuous hitting on one part of the body	45	9,5
Pressurised/cold water	45	9,5

Table 15 Continuation

Forced to witness (visual/audio) torture of others	44	9,3
Forced to wait on cold floor	43	9,1
Blindfolding	43	9,1
Restricting respiration	32	6,7
Pulling out hair/moustache/beard	23	4,8
Other positional torture methods	22	4,6
Suspension on a hanger	20	4,2
Mock execution	19	4,0
Physical sexual harassment	18	3,8
Squeezing the testicles	18	3,8
Other	17	3,6
Electricity	16	3,4
Torture in the presence of relatives/friends	15	3,2
Forced to listen marches or high-volume music	15	3,2
Falanga	12	2,5
Forced to excessive physical activity	12	2,5
Suspending or crucifying	10	2,1
Strappado	10	2,1
Rape	9	1,9
Burning	6	1,3
Reverse hanging from the legs	5	1,1
Cavity searching	2	0,4
Forced medical intervention	1	0,2
Exposure to a chemical agent	1	0,2
Total	**2630**	**5,5***

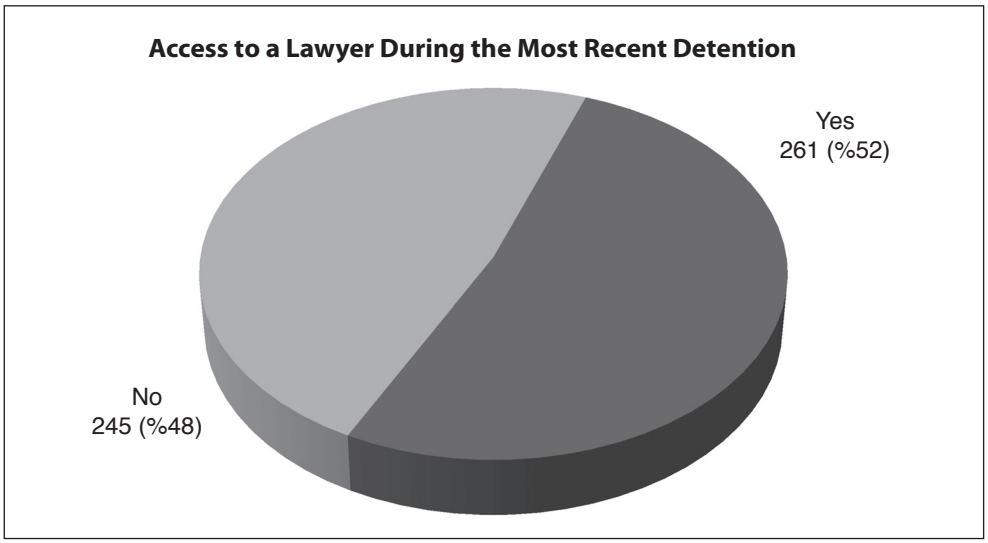
** Avarage number of torture methods one person is subjected to*

2- Legal Procedures During and After Detention:

261 (51,6%) of all applicants in 2012 stated that they were able to meet with a lawyer during their most recent detention. In 2011, this figure was 265 (54,8%) applicants (Chart 4).

As it will be useful to discuss this in the light of recent developments, it will be considered more throughly in Section 2.

Chart 4: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to their access to a lawyer



The number of applicants who were released from their most recent detention without being brought to a prosecutor was 177 (35%). 135 applicants (26,7%) were released by a prosecutor or court (Table 16). In other words, more than 70% of the applicants in 2012, 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 2012 according to their situation after the most recent detention

Situation After Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	177	35,0
Released by prosecution office or court	135	26,7
Was arrested	194	38,3
Total	**506**	**100,0**

Regarding the legal process following the most recent detention period fo the applicants, one can see that 134 proceeding (26,5%) filed against the applicants resulted in a conviction (this number was 142 (29,3%) in 2011) and 142(28,1%) are continuing at trial (120 (24,8%) in 2011). Among the applicants, 168 (33,2%) were not tried (130 (26,9%) in 2011) (Table 17).

What can be seen in the Table 16 and Table 17, is that detentions are mostly arbitrary treatments and they applied incorrectly. Also, it can be said that, in recent

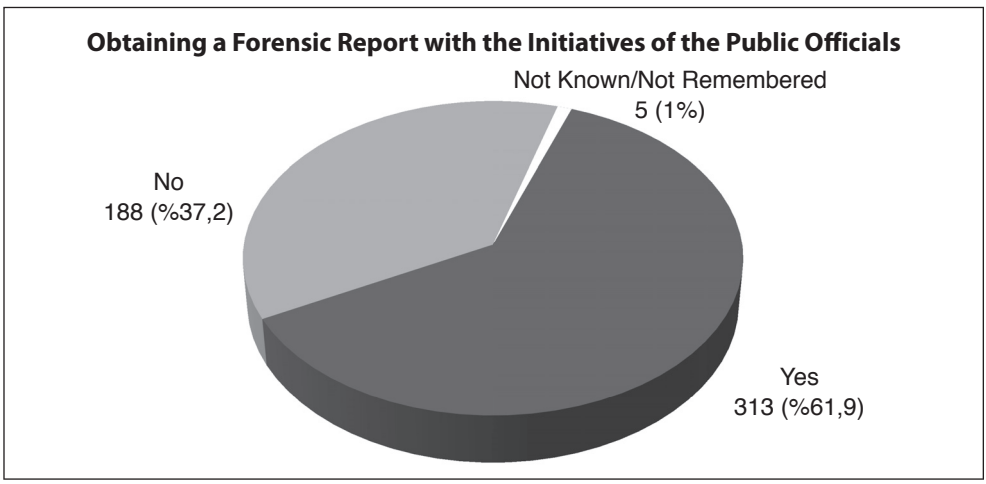
years, detentions are used as an oppression method against for those who wants to explain or verbalize their opponent political views.

Table 17: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the legal procedure after their most recent detention

Legal Procedure	Number of Applicants	%
Applicant was tried and convicted	134	26,5
Applicant was not tried	168	33,2
Trial in progress	142	28,1
Whether a suit has been filed or not, is unknown	44	8,7
Applicant was tried and acquitted	13	2,6
Applicant was tried, result is unknown	4	0,8
Applicant was tried with a verdict not to prosecute	1	0,2
Total	**506**	**100,0**

The number of applicants who obtained a forensic report after their most recent detention at the initiative of officials was 313 (61,9%)(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 2012 according to whether they obtained a forensic report on the initiatives of public officials after the detention or not



230 applicants out of 313 (73,5%), were examined in hospitals, while 54 applicants (17,3%) were examined at branches of the Council of Forensic Medicine. In other

words, 90,8% 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 2012 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	230	73,5
Branch of Council of Forensic Medicine	54	17,3
Health Centre	13	4,2
Council of Forensic Medicine	9	2,9
Not known/not remembered	7	2,2
Total	**313**	**100,0**

When the 313 applicants who had forensic medical examinations were asked to evaluate the process of their examination, the results were found to be similar to those of 2010 and 2011. Again, approximately half of the applicants (156, 49,8%) who were examined stated that the law-enforcement officers were not taken out of the room during the forensic examination, 149 applicants (47,6%) stated that the physician did not listen to their complaints, 169 applicants (54%) stated that he physician did not take note of the complaints and 192 applicants (61,3%) stated they believed the physician did not examine them as was required. 118 applicants (37,7%) stated that the forensic report was in accordance with the medical findings, and around a quarter (85 applicants, 27,2%) stated that they had no information about the report. The remaining 110 applicants (35,1%) stated that the prepared forensic report was not in accordance with the findings (Table 19). This data shows that the forensic report, which is one of the most important protective tools for the prevention of torture, is not sufficiently made use of.

Table 19: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the evaluations regarding the forensic examination after detention

Evaluations Regarding Forensic Examination	Yes	%	No	%	Not known/ Not remembered	%	Total	%
Did the law-enforcement officers taken out of the room during the forensic medical examination?	152	48,6	156	49,8	5	1,6	313	100,0

Table 19 Continuation

Did the forensic physician listen to their complaints?	162	51,8	149	47,6	2	0,6	313	100,0
Did the forensic physician take note of the complaints?	141	45,0	169	54,0	1	1,0	313	100,0
Did the forensic physician examine as s/he ought to?	120	38,3	192	61,3	1	0,3	313	100,0
Did the forensic physician write a report that was in accordance with the findings?	118	37,7	110	35,1	85	27,2	313	100,0

49 applicants (9,7%) stated that they were tortured during their interrogation by court of prosecutor and 50 applicants (9,9%) filed a separate complaint for the prosecution. 400 applicants (79,1%) stated that they did not file any complaints regarding the torture they had been subjected to.

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 220 (43,5%). 205 (40,5%) of these applicants were arrested and sent to prison after their most recent detention. The length in prison of the most recent detention period varied between 1 month and 216 months.

The total duration of imprisonment period of the 220 applicants with a prison record is given in Table 20. According to this table, 61 applicants were incarcerated between 37-60 months, 59 applicants between 13-36 months, 50 applicants between 3-12 months and 13 applicants between 11-20 years.

Table 20: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the duration of their imprisonment

Duration of imprisonment	Number of Applicant	%
0-2 months	10	4,5
3-12 months	50	22,7
13-36 months	59	26,8

Table 20 Continuation

37-60 months	61	27,7
61-84 months	11	5,0
85-108 months	8	3,6
109-132 months	8	3,6
11-20 years	13	5,9
Total	**220**	**100,0**

Looking at the time that elapsed between the release of the imprisoned 220 applicants and their application to the HRFT, one can see that 96 applicant (43,6%) applied within a month of their release, 75 applicants (34,1%) applied within 1 to 12 months of their release and the remaining 49 applicants (22,3%) applied to the HRFT after more that 1 years. 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 prison to apply to the HRFT or other health institutions earlier.

93 applicants (42,3%) were released from prison pending trial, while 81 (36,8%) were released because their sentence had been completed (Table 21).

Table 21: The distribution of applicant to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the reasons of release

Reason for Release from Prison	Number of Applicants	%
Released pending trial	93	42,3
End of imprisonment	81	36,8
Amnesty/conditional release	38	17,3
Acquittal	8	3,6
Total	**220**	**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 220 applicants who have prison records, 58 (26,4%) were held at a F-Type prison. The duration of imprisonment of these 58 applicants varied between 3 and 162 months. 10 applicants (17,2%) stayed in solitary confinement while at a F-Type prison.

The number of applicants who stayed at a F-Type prison and have been held in solitary confinement continues to rise, as it has in previous years. 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 (9,5%) received solitary confinement as a punishment for various infractions during their imprisonment, and the isolation varied from 1 day to 300 days.

Among 220 applicants with a prison history, 92 applicants (41,8%) claimed that they have been tortured in prison. Also, 5 applicants stated that while in prison, they were taken away to be interrogated again and stated they had been tortured again during this interrogation.

The distribution of the torture methods that these 92 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 2012 according to the methods of torture in prison

Torture Methods	Number of Applicants	%
Insulting	68	73,9
Humiliating	60	65,2
Beating	50	54,3
Stripping naked	45	48,9
Forced to obey nonsensical orders	43	46,7
Hindering visits	33	35,9
Solitary confinement	26	28,3
Other threats against her/himself	19	20,7

Table 22 Continuation

Restricted food and dring	19	20,7
Death threats	11	12,0
Forced to wait in cold environment	11	12,0
Sleep deprivation	9	9,8
Sexual harassment	8	8,7
Continuous hitting on one part of the body	8	8,7
Threats against relatives	7	7,6
Asked to act as an informer	7	7,6
Falanga	7	7,6
Other positional torture methods	7	7,6
Forced to witness (audio/visual) torture of others	7	7,6
Physical sexual harassment	6	6,5
Restricted defecation and urination	6	6,5
Other	6	6,5
Suspension on a hanger	6	6,5
Electricity	6	6,5
Verbal sexual harassment	6	6,5
Blindfolding	5	5,4
Restricted respiration	4	4,3
Forced to wear uniform clothing	4	4,3
Forced to listen to marches or high volume music	4	4,3
Forced to excessive physical activity	3	3,3
Cavity search	3	3,3
Suspending or crucifying	3	3,3
Pressurised/cold water	3	3,3
Reverse hanging from the legs	2	2,2
Pulling out hair/moustache/beard	2	2,2
Strappado	1	1,1
Torture in the presence of relatives/friends	1	1,1
Squeezing testicles	1	1,1
Subjection to chemicals	1	1,1
Total torture methods	**518**	**5,6***

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

The distribution of the answers of the 220 applicants with a prison history to the questions about prison conditions is given in Table 23.

Tablo 23: The distribution of the answers of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 about the prison conditions

Prison Condition	Positive	Partly Positive	Negative	Total
Accommodation	16	75	129	220
Nutrition	6	42	172	220
Hygiene	1	43	176	220
Air ventilation	7	48	165	220
Communication	10	56	154	220
Health	9	46	165	220
Condition of transfers	9	31	180	220
Access to reading materials	16	75	129	220

Of the 220 applicants with a prison history, 94 applicants (42,7%) 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 506 torture survivors who applied to the HRFT's Treatment and Rehabilitation Centres will be evaluated. This process can be best understood by first describing the methodological approach of the HRFT. In the first interview, applicants 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.

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 insisting and 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 or 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

500 of the 506 applicants in 2012 had a psychological or physical problem. During the first evaluation, the applicants indicated a total of 4306 psychological or physical complaints.

Looking at the distribution of these applicants according to the systems, as in 2011, psychological complaints are the most common with 24,6% (This percentage was 32,8% in 2010 and 34,2% in 2011) (Table 24).

As it used to be in recent years, psychological and musculoskeletal complatins are in the most common complaints. The rise of the dermatological complaints in 2012 (11,2%), is remarkable. Dermatological complaints was the fifth most common in 2011 with 7,6%.

Table 24: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the frequency of their physical or psychological complaints

Systems	Number of Complaints	%
Psychological	1058	24,6
Musculoskeletal	825	19,2
Dermatological	483	11,2
General	482	11,2
Digestive	311	7,2
Neurological	278	6,5
Opthalmological	216	5,0

Table 24 Continuation

Eye Nose and Throat	177	4,1
Respiratory	145	3,4
Urogenital	144	3,3
Oral-Dental	100	2,3
Cardiovascular	54	1,3
Endocrinological	33	0,8
Total	**4306**	**100,0**

The most common physiological complaint is discolouration of the skin (164 applicants, 32,4%). In 2011, this was 95 applicants with 19,6%. The most common psychological complaint is sleeping disorder which is experienced by 121 applicants (23,9%) (In 2011, 135 applicants with 27,9%).the most common physical and psychological complaints are given in Tables 25 and 26.

Table 25: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the frequency of their physical complaints

Ten Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Discolouration of the skin	164	32,4	5,0
Headache	116	22,9	3,6
Lower back pain	113	22,3	3,5
Exhaustion, fatigue	105	20,8	3,2
Visual impairment	95	18,8	2,9
Rapid fatigue	87	17,2	2,7
Bruise	84	16,6	2,6
Shoulder pain	80	15,8	2,5
Back pain	75	14,8	2,3
Nausea, regurgitation	73	14,4	2,2
Other physical complaints	2256	-	69,5
Total	**3248**	**-**	**100,0**

Table 26: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the frequency of their psychological complaints

Ten Most Common Psychological Complaint	Number of Complaints	% Among the Applicants	% Among the Psychological Complaints
Sleeping disorder	121	23,9	11,4
Anxiety	91	18,0	8,6
Distress	88	17,4	8,3
Irritability	77	15,2	7,3
Tension	72	14,2	6,8
Irritability from police	62	12,3	5,9
Urge to cry	56	11,1	5,3
Amnesia	53	10,5	5,0
Nightmare	52	10,3	4,9
Fear	52	10,3	4,9
Other psychological problems	334	-	31,6
Total	**1058**	**-**	**100,0**

2- Finding of the Physical Examinations

The total number of physical findings obtained as a result of the physical examinations of 442 applicants is 1876. Looking at the distribution of them according to the systems, one can see clearly that the dermatological complaints is the most common with 550 applicants (29,3%)(In 2011, it was 307 applicants, 25,5%). There are 466 applicants (24,8%) with musculoskeletal complaints (In 2011, it was 303 applicants, 25,2%), 233 applicants (11,9%) with oral-dental complaints (In 2011, it was 252 applicants, 21%). In total, 66% of complaints are made up of these systems (Table 27).

Table 27: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the physical findings of medical examinations (regarding systems)

Systems	Number of Findings	%
Dermatological	550	29,3
Musculoskeletal	466	24,8
Oral-dental	223	11,9
Ear, nose and throat	168	9,0
Ophthalmological	149	7,9
Digestive system	138	7,4

Table 27 Continuation

Urogenital system	70	3,7
Respiratory system	38	2,0
Neurological system	34	1,8
Cardiovascular system	28	1,5
Endocrine system	12	0,6
Total	**1876**	**100,0**

The most common findings are, bruising which 147 applicants (29,1%) complained of (In 2011, 90 applicants, 22%), scar tissue which 108 applicants (21,3%) complained of (In 2011, 59 applicants, 14,4%) and muscle pain which 107 applicants (21,2%) complained of (In 2011, 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 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. The factuality of this situation is being supported by reports of other human rights organisations and visual and/or written predicates in press and social media.

In the remaining cases, torture and ill-treatment continue until the person arrived at the detention centre which where the registration of detention was made. 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 more than few law enforcement officers for each person who is apprehended, so 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 files a complaint, then the law enforcement officers usually also file complaint against the victim for having resisted or harmed them in some way.

The most common physical findings are given in Table 28.

Table 28: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to their physical findings

Ten Most Common Physical Findings	Number of Findings	% Among the Applicants	% Among all the Physical Findings
Bruise	147	29,1	7,8
Scar tissue	108	21,3	5,8
Muscular pain and sensitivity	107	21,1	5,7
Pain and restricted movement of the lower back	84	16,6	4,5
Scabbing of the skin	76	15,0	4,1
Missing teeth	66	13,0	3,5
Visual impairment	64	12,6	3,4
Epigastrium sensitivity	62	12,3	3,3
Oedema	59	11,7	3,1
Muscular pain with trigger point	56	11,1	3,0
Other physical findings	1047	-	55,8
Total	**1876**	**-**	**100,0**

3- Psychiatric Symptoms and Findings:

161 applicants who saw a psychiatrist were diagnosed with a psychiatric symptom during the interview. Looking at the distribution of these findings and symptoms of these 161 applicants who saw a psychiatrist, anxiety, difficulties in falling or staying asleep, irritability or a tendency to outburst, psychological distress or reactions to stimuli associated with the trauma, physiological reactions and feelings of detachment and estrangement from others were the most common symptoms. Table 29 shows the psychiatric symptoms and findings diagnosed in ten or more applicants.

Table 29: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to their psychological symptoms and findings

Psychological Symptoms and Findings Observed in at Least Ten of the Applicant	Number of Symptoms and Findings	% Among the Applicants	% Among all Psychiatric Symptoms and Findings
Anxiety	117	72,7	7,9
Difficulties in falling or staying asleep	111	68,9	7,5
Increase or decrease in sleep duration	86	53,4	5,8
Irrıtability and/or easy outburst	78	48,4	5,3

Table 29 Continuation

Intense psychological distress to stimuli associated with trauma	61	37,9	4,1
Physiological reactions to stimuli associated with trauma	61	37,9	4,1
Sense of detachment or estrangement from others	55	34,2	3,7
Sense of foreshortened future	49	30,4	3,3
Efforts to avoid thoughts, feelings or conversations associated with the trauma	47	29,2	3,2
Depressive mood	46	28,6	3,1
Efforts to avoid activities, places or people that arouse recollection of the trauma	45	28,0	3,0
Recurrent and distressing dreams of the traumatic event	44	27,3	3,0
Recurrent and intrusive distressing recollections of the traumatic event	42	26,1	2,8
Somatic anxiety symptoms (palpitation, distress, sweating etc.)	38	23,6	2,6
Hopelessness, desperation	35	21,7	2,4
Absentmindedness, lethargy	35	21,7	2,4
Hypervigilance	34	21,1	2,3
Anhedonia, apathy	34	21,1	2,3
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	34	21,1	2,3
Agitation (Irritability, hyperactivity)	33	20,5	2,2
Flashback experiences and acting or feeling as if the traumatic event were recurring	33	20,5	2,2
Exaggerated startle response	32	19,9	2,2
Fatigue, weakness, lack of energy	32	19,9	2,2
Difficulties in concentration	29	18,0	2,0
Markedly diminished interest or participation in significant events	23	14,3	1,6
Dysphoric mood	23	14,3	1,6
Changes in appetite/weight (increase or decrease)	23	14,3	1,6
Lack of self-esteem	22	13,7	1,5

Table 29 Continuation

Memory impairment	20	12,4	1,3
Apathy	19	11,8	1,3
Tension in muscles	18	11,2	1,2
Difficulties in decision making	18	11,2	1,2
Feelings of guilt	18	11,2	1,2
Decrease in sexual interest	16	9,9	1,1
Depersonalization	11	6,8	0,7
Suicidal thoughts and/or attempts	11	6,8	0,7
Inability to remember key aspects of the trauma	11	6,8	0,7
Derealization	10	6,2	0,7
Other psychiatric findings	28	-	1,9
Total	**1482**	**-**	**100,0**

4- Diagnoses

The evaluation of the diagnosis of the applicants was carried out among 472 individuals who were diagnosed by the end of 2012. 170 different diagnoses were determined, with the most common physical determination being soft tissue trauma (164 applicants, 34,7%)(This figure was 48 applicants, 33,6% in 2011). Among the psychological diagnoses, the most common determination was chronic PTSD with 73 applicants (15,5%)(It was 46 applicants,10,5% in 2011).

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

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

Table 30: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to their physical diagnoses

Ten Most Common Physical Diagnoses	Number of Applicant	%
Soft tissue trauma	164	34,7
Myopia/hypermetropia	62	13,1
Myalgia	39	8,3

Table 30 Continuation

Lumbar discopathy	36	7,6
Cuts or bruises on the skin	30	6,4
Servical discopathy	28	5,9
Fibromyalgia	27	5,7
Lumbar strain	23	4,9
Per orbiral bruising	22	4,7
Gastritis	22	4,7

Table 31: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to their psychiatric findings

Ten Most Common Psychiatric Diagnoses	Number of Applicants	%
PTSD (chronic)	73	15,5
Major depressive disorder	70	14,8
PTSD (acute)	29	6,1
Other anxiety disorders	20	4,2
Generalised anxiety disorder	16	3,4
Adjustment disorder	12	2,5
Acute stress disorder	10	2,1
Sleep disorders	10	2,1
Other alcohol or/and substance related disorders	4	0,8
Tension headache	4	0,8

34 of 506 applicants (6,7%) in 2012, 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 48,4% of all diagnoses found relevant to the trauma and the torture period was regarded as the only etiological factor. It is also found that in 22,7% of the applicants, being exposed to torture was one of the etiological factors and in 12,4% of the applicants, being exposed to torture 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 506 applicants, 375 (74,1%) received medication, 103 (20,4%) received psycho-pharmacotherapy, 65 (12,8%) received psychotherapy, 52 (10,3%) were given exercise programs, 14 (2,8%) received surgery and 26 (5,1%) 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 2012 according to the treatment methods applied

Applied Treatment Methods	Number of Applicants	%
Medication	375	74,1
Lifestyle recommendations	196	38,7
Psycho-pharmacotherapy	103	20,4
Psychotherapy	65	12,8
Exercise	52	10,3
Eye glasses	34	6,7
Physiotherapy	26	5,1
Surgery	14	2,8
Orthopaedic implements (Orthesis, crutches, sole support etc.)	10	2,0
Dental treatment	5	1,0
Hearing aid	1	0,2
Total	**881**	**1,7***

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

2- Results of the Treatment and Rehabilitation Processes

The results of the treatment prescribed to the applicants as a result of the diagnoses are given in Table 33. 49 applicants (9,7%) 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 the last year, this rate was increased, but it is decreased when compared to 2010. In the last years, this rate were usually 10% or below.

Table 33: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 according to the results of physical treatment

The Results of Physical Treatment	Number of Applicants
Treatment was completed	236
Treatment continues	113
No disorder was detected related to torture or prison experience	92
Treatment was discontinued after having started	30
Treatment was discontinued without a diagnosis	19
Diagnostic stage continues	16
Total	**506**

After the evaluation by centre physicians, all applicants were advised to see a psychiatrist. 27 applicants who accepted this advise did not go to the appointment. 18 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 79 (17,3%), which is about the same when compared with previous years.

Table 34 shows the results of the psychiatric treatment in 2012.

Table 34: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 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	94
Treatment continues	80
Diagnostic stage continues	17
Physician arranged for psychological treatment	24
Treatment was completed	51
Treatment was discontinued after having started	24
Treatment was discontinued without a diagnosis	10
Applicant refused psychiatric examination	111
Applicant refused psychiatric treatment	18
Applicant did not appear at the first appointment	27
Total	**456***

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

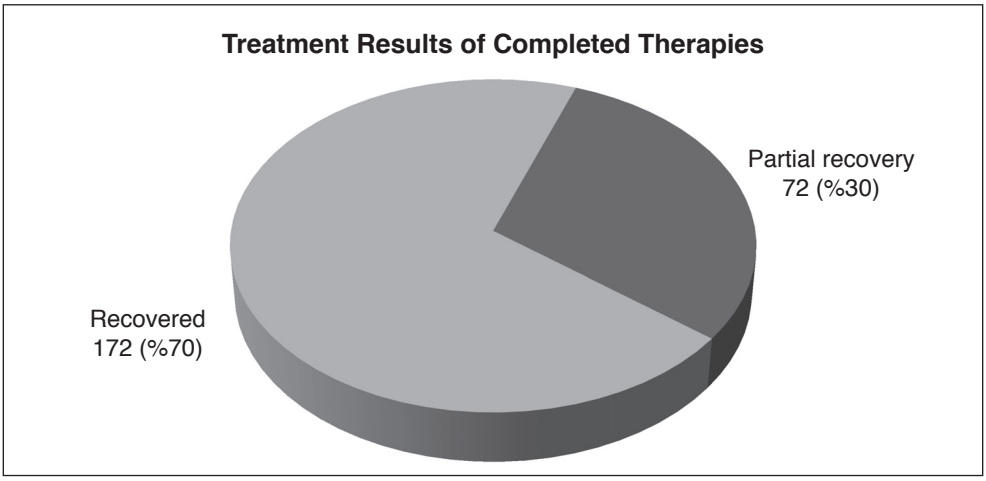
In 2012, the total of 65 applicants did not continue to their treatment. Compared to previous years, the percentage (12,8%) has remained about the same (In 2006 12,6%; in 2007 13,8%; in 2008 13,1%; in 2009 11,6%; in 2010 14,2%). The treatment of 244 applicants, most of whom had acute physical illnesses, was completed. The course of the treatment and rehabilitation stages of all applicants in 2012 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 2012

Progress of the Cases	Number of Applicants
Treatment was completed	244
Treatment continues	159
Treatment was discontinued after having started	42
Treatment was discontinued without diagnosis	23
Diagnostic stage continues	20
No disorder was detected in connection with torture or prison experience	18
Total	**506**

172 of the 244 applicants whose treatment was completed in 2012, recovered completely while 72 applicants recovered only partially.

Chart 6. The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012, 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 2012

This section contains a seperate evaluation of the social and demographic characteristics of applicants to the HRFT who had been tortured while under security force's control in 2012, as well as an analysis of the information regarding the natüre of the torture and medical reviews. Approximately half of the applicants (236 applicants, 47%) stated that the torture had taken place in 2012. The aim of evaluating the data on torture in detention in 2012 in a seperate 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 9 to 64. The average age is 28,3. There are two main reasons why the average age of the applicants is 3,8 years less than the average age of all the 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.

42 (17,8%) of the applicants who were subjected to torture in 2012 were aged 18 or under. The distribution of the applicants according to their age is given in Table 36. This year, there is an 10% increase in the number of applicants aged 19 to 25. The changes in the other age groups are at the rate of 5% or below.

Table 36: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture in the said year according to their ages

Age Group	Number of Applicants	%
0-18	42	17,8
19-25	84	35,6
26-30	35	14,8

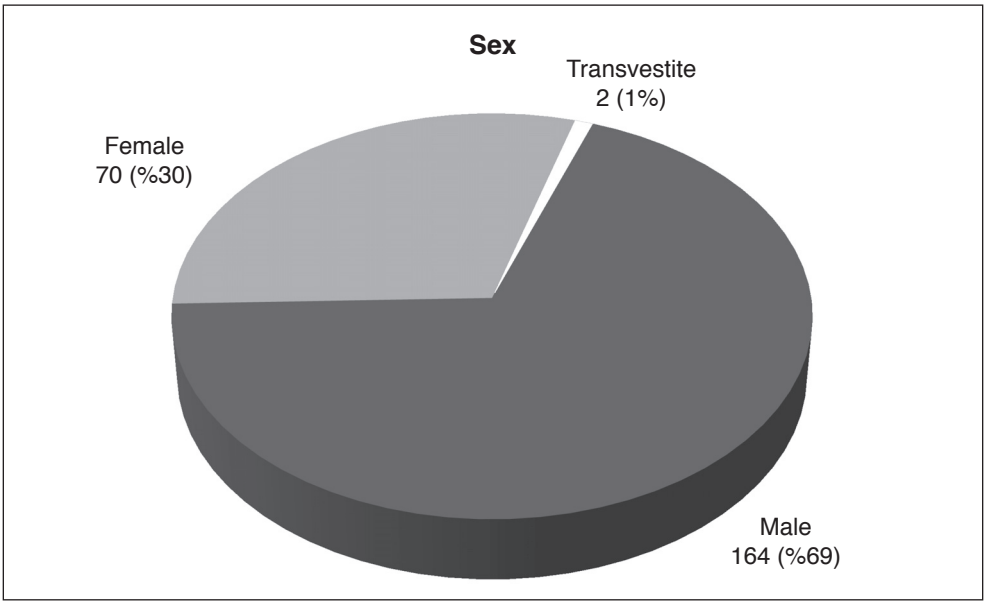
Table 36 Continuation

31-35	25	10,6
36-40	16	6,8
41-45	10	4,2
46 and above	24	10,2
Total	**236**	**100,0**

164 applicants (69,5%) were male, while 70 applicants (29,7%) were female. (Chart 7). This year, two of the applicants were transvestite. As we see in most of the previous years, the ratio of the number of the female applicants to the male applicants is approximately 1/2.

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 regard to their concerns and problems. Considering a significant portion of our applicants are referred to us through other democratic organizations, and recognizing 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 organizations.

Chart 7. The Distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to their sex



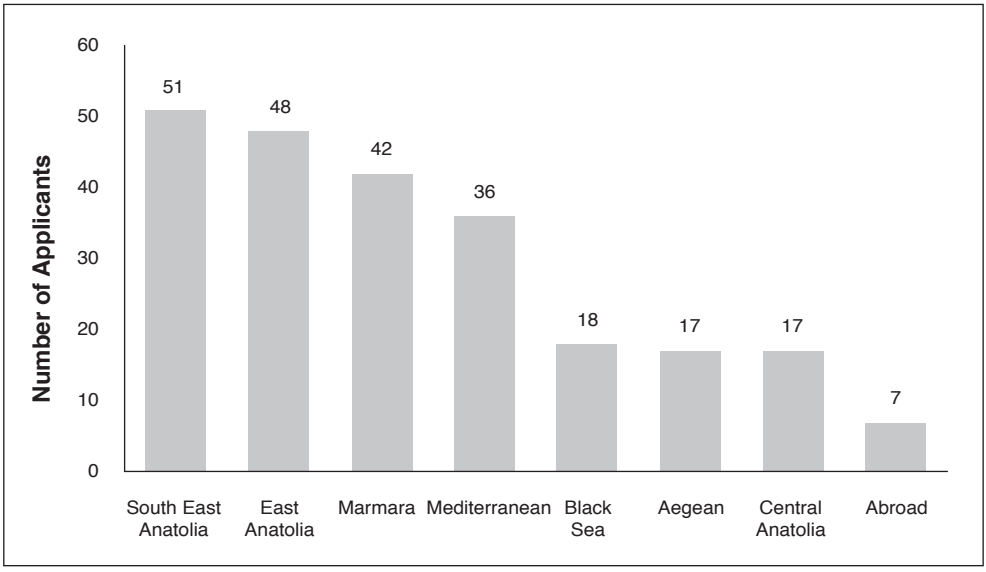
2- Place of Birth:

Approximately one fifth of the applicants were from the South-Eastern Anatolia Region, followed by those born in the Eastern and Marmara Regions. Those in the Eastern and South-Eastern Anatolian Regions constituted 41,9% of all applicants (in 2011 this figure was 30,8%, and in 2010 it was 43,7%). 17,8% were born in Marmara Region, 15,3% in Mediterranean Region, 7,6% in Black Sea Region, 7,2% in both Aegean and Central Anatolian Regions and 3% were born in abroad.

Of the 51 applicants who were born in South-Eastern Anatolia, 21 applied to our Diyarbakır Centre, 18 applicants to İstanbul, 9 applicants to Adana and 3 applicants to İzmir. On the other hand, among 48 applicants who were born in Eastern Anatolia Region, only 2 applicants applied to Diyarbakır Centre. 37 of these applicants applied to İstanbul Centre, 6 applicants to İzmir, 2 applicants to Adana and 1 applicant to Ankara Centre. Although we do not ask applicants abour their ethnic roots, the reason for this figure could be explained by intensive migration caused by evacuation of villages, oppression, ongoing conflicts, especially from Eastern and South-Eastern Anatolia Regions.

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

Chart 8. The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to their birthplaces



In regard to the birthplaces at a provincial level, most applicants were born in Istanbul (39 applicants, 16,5%), followed by Diyarbakır (17 applicants, 7,2%), Mersin (16 applicants, 6,8%), İzmir (11 applicants, 4,7%). 7 applicants (3%) 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 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 applicants, but only their place of birth.

3- Educational Background and Employment Status

More that one-third of the applicants (90, 38,1%) are high school graduates. 49 applicants (20,8%) are middle school graduates, 46 applicants (19,5%) are primary school graduates, 30 applicants (12,7%) are either university or college graduates. For the purposes of the evaluation we assumed that the primary school students are literate, students of middle school finished primary school, high school students finished middle school and university students finished high school.

Table 37: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to their educational background

Educational Background	Number of Applicants	%
High School graduate	90	38,1
Middle School graduate	49	20,8
Primary School graduate	46	19,5
College or university graduate	30	12,7
Literate	9	3,8
Illiterate	7	3,0
College or university dropout	5	2,1
Total	**236**	**100,0**

In regards to the employment status of the applicants, 58 applicants (24,6%) were unemployed at the time of application. 58 applicants (24,6%) were university students, 22 applicants (9,3%) were employed in private sector as industrial worker and 19 applicants and 19 applicants (8,1%) were primary or middle school students.

Looking at the employment status of all applicantsi the rate of unemployment among applicants seems to have fallen by 20%, while the number of university students applying has risen by 10%. There has been a slight rise in applications from primary or middle school students, as well as industrial workers in private sector. This can be explained by the fact that the effect of chronic applicants, including those recently released from 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 2012 who were subjected to torture according to their employment status

Employment Status	Number of Applicants	%
Unemployed	58	24,6
University student	58	24,6
Industrial worker in private sector	22	9,3
Primary or middle school student	19	8,1
Tradesman (working in shop or office of their own)	13	5,5
Office worker in private sector (secretary etc.)	10	4,2
Construction worker	9	3,8
Lawyer	7	3,0
Retired	6	2,5
Teacher	6	2,5
Street hawker	4	1,7
Artist	4	1,7
NGO staff	4	1,7
Housewife	4	1,7
Journalist	4	1,7
Doctor	2	0,8
Office worker in public sector	2	0,8
Nurse (1), Agricultural worker (1), Industrial worker in public sector(1), Engineer (1)	4	1,7
Total	**236**	**100,0**

B- PROCESS OF TORTURE

In this section, we will evaluate the information obtained from the 236 applicants were subjected to torture and ill-treatment and applied to one of the five Treatment and Rehabilitation Centres of HRFT in 2012.

1- The Process of Detention and Torture

188 of the applicants (79,7%) who were subjected to torture in 2012 stated that they had been tortured for political reasons (this percentage was 83% in the last year). 41 applicants (17,4%) stated that they had been tortured for judiciary reasons, 4

applicants for being a refugee, 2 applicants because of military duty and 1 applicant for gender identity.

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 those people's rights must be assisted by more effective and common operation between the HRFT and other relevant organizations.

The fact of excessively violent interventions by law enforcement officers and continuing to use violence with various equipments when they catch or corner individuals (in a way that is exactly in accordance with the definition of torture and ill-treatment), shows that the torture taking the streets. These type of scenes makes collective applications more common.

As for the lenght of their most recent detention, 155 applicants (65,7%) were detained for less than 24 hours (in 2011, this was 127 applicants, 56,7%). 19 applicants (8,1%) were held for 24-48 hours(in 2011, 26 applicants, 11,6%). 6 applicants (2,5%) were detained for more than five days. These six applicants stated that they had been tortured 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 vehice, or to abduct people and torture them in a deserted place. Further, detention without official registration in which the person is torture in a car or on the street and then permitted to go without recording the detention at all is a common occurence. The practices mentioned above have continued to intensify in 2012, as 2011. 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 lenght 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 2012 who were subjected to torture according to the lenght of their most recent detention

Length of Most Recent Detention	Number of Applicants	%
Less than 24 hours	155	65,7
24-48 hours	19	8,1
49-72 hours	23	9,7

Table 39 Continuation

73-96 hours	33	14,0
5-7 days	2	0,8
8-15 days	1	0,4
16-30 days	3	1,3
Total	**236**	**100,0**

In regards to the place of arrest, 165 applicants (69,9%) were arrested on the street or at another outdoor location (it was 147 applicants, 65,6% in the last year). 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 outdoor 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 natüre of the security forces' actions. We can say that this situation is facilitated by informal detention practices. Moreover, considering that these kind of events often happen at demonstrations organized 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 2012 who were subjected to torture according to the place of most recent arrest

Place of Most Recent Arrest	Number of Applicants	%
Outdoors	165	69,9
Public institution	26	11,0
Home	24	10,2
Private institution	15	6,4
Work place	3	1,3
Other	3	1,3
Total	**236**	**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, with the percentage of 77,1%. On the other hand, 33 applicants were arrested after midnight.

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 2012 who were subjected to torture according to the time of most recent arrest

Time of Most Recent Arrest	Number of Applicants	%
08:00 - 18:00	182	77,1
18:00 - 24:00	21	8,9
24:00 - 08:00	33	14,0
Total	**236**	**100,0**

Regarding the place of torture during their most recent detention, 100 applicants (42,4%) were tortured on the street or outdoors, 54 applicants (22,9%) were in security directorates and 32 applicants (13,6%) in a car or bus. 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 bu 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 of their most recent torture is presented in Table 42.

Table 42: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to the place of their most recent torture

Place of Most Recent Torture	Number of Applicants	%
Street or outdoor	100	42,4
Security directorate	54	22,9
In a car	32	13,6
Police station	24	10,2
Other	20	8,5
Gendarmerie station	3	1,3
Gendermarie directorate	2	0,8
Home	1	0,4
Total	**236**	**100,0**

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

At the provincial distribution of the most recent torture, Istanbul, Izmir, Mersin, Diyarbakır and Ankara 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 HRFT 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 situations and, if necessary, refer torture victims to the provinces where there is a HRFT Treatment and Rehabilitation Centre.

The provincial distribution of the places of torture in detention is given in Table 44.

Table 43: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 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	%
Marmara	136	57,6
Mediterranean	31	13,1
Aegean	29	12,3
South-Eastern Anatolia	24	10,2
Central Anatolia	10	4,2
Eastern Anatolia	3	1,3
Black Sea	1	0,4
Abroad	2	0,8
Total	**236**	**100,0**

Table 44: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 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	134	56,8
İzmir	28	11,9
Mersin	21	8,9
Diyarbakır	14	5,9
Ankara	10	4,2
Adana	9	3,8
Şanlıurfa	4	1,7
Siirt	3	1,3

Table 44 Continuation

Edirne	2	0,8
Batman	1	0,4
Şırnak	1	0,4
Iğdır	1	0,4
Tunceli	1	0,4
Mardin	1	0,4
Ordu	1	0,4
Van	1	0,4
Kahramanmaraş	1	0,4
Manisa	1	0,4
Abroad	2	0,8
Total	**236**	**100,0**

Looking at the detention centres where the most recent torture was inflicted in more detail, Mersin Security Directorate, Istanbul Anti-Terror Branch (ATB) and Diyarbakır Anti-Terror Branch were the most common locations. While moving around the list every year, Ankara and Adana Security Directorates have been noticeably present for the past five years. Among the police stations, Istanbul Beyoğlu and Diyarbakır Çarşı Police Stations are stand out for holding a high position on the list. We can understand that the absence of Beyoğlu Police Station on the previous year's list was just a coincidence rather than positive developments. In the upcoming years a more detailed analysis of the detention and the torture will be carried out. Table 45 shows the centres of the most recent torture in which more than three cases occured.

Table 45: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 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	%
Mersin Security Directorate	15	6,4
Istanbul ATB	6	2,5
Diyarbakır ATB	5	2,1
Ankara ATB	3	1,3
Adana Security Directorate	3	1,3
Ankara Security Directorate	3	1,3
İstanbul Beyoğlu Police Station	3	1,3

Table 45 Continuation

Mersin ATB	3	1,3
Siirt ATB	3	1,3
Diyarbakır Çarşı Police Station	3	1,3
İzmir Bozyaka ATB	3	1,3
Other Security Directorate and ATB	10	4,2
Other police station	16	6,8
Other Gendermerie Station and Headquarters	3	1,3
Other	19	8,1
Does not know or remember	4	1,7
Abroad	1	1,4
Was not subjected to torture at a centre*	133	56,4
Total	**236**	**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 2012, it is worrying that there was a large variety of psychological methods of torture. According to the statements of the applicants, beatings and being subjected to chemicals (excessive teargas) are the methods which was 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 2012 who were subjected to torture according to the methods of torture

Torture Method	Number of Applicants	%
Beating	186	78,8
Insulting	157	66,5
Humiliation	137	58,1
Exposure to chemical substances	79	33,5
Threats against herself/himself	61	25,8
Death threats	42	17,8
Pressurized/cold water	29	12,3
Forced to obey nonsensical orders	26	11,0
Asked to act as an informer	26	11,0

Table 46 Continuation

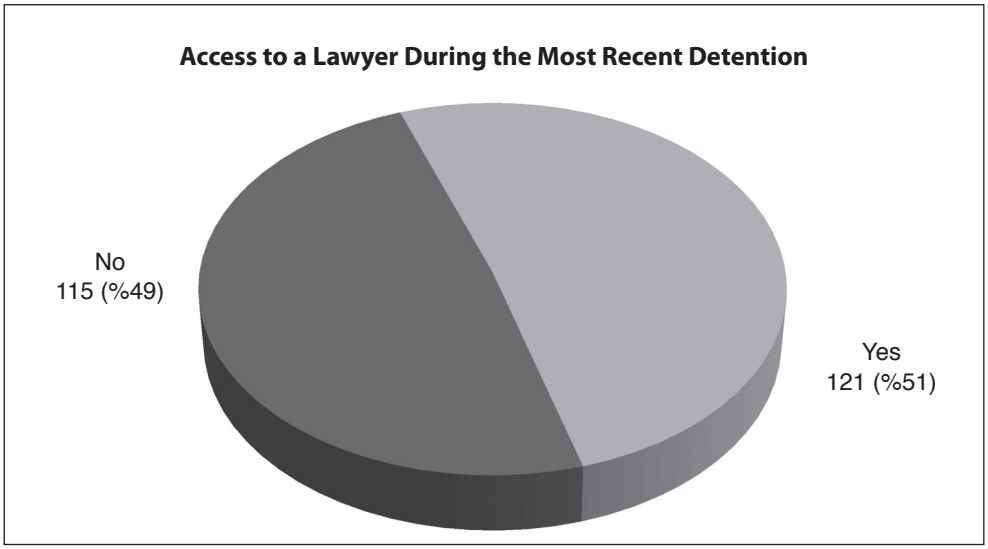
Continuous hitting of one part of the body	21	8,9
Sexual harassment	20	8,5
Threats against relatives	19	8,1
Verbal sexual harassment	18	7,6
Forced to witness (visual/audio) torture of others	17	7,2
Restricting food and/or drink	16	6,8
Restricting defecation and urination	14	5,9
Solitary confinement	11	4,7
Sleep deprivation	10	4,2
Restricting respiration	9	3,2
Pulling out hair/beard/moustache	9	3,8
Forced to wait in a cold environment	8	3,4
Stripping naked	6	2,5
Other positional tortures	5	2,1
Mock execution	5	2,1
Torturing in the presence of relatives/ friends	5	2,1
Sexual abuse	5	2,1
Squeezing testicles	4	1,7
Blindfolding	2	1,8
Forced to listen marches or high volume music	2	1,8
Hanging and crucifixion	1	0,4
Forced medical intervention	1	0,4
Forced excessive physical activity	1	0,4
Rape	1	0,4
Suspension on a hanger	1	0,4
Burning	1	0,4
Other	3	1,3
Total	**958**	**4,0***

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

2- Legal Procedures During and After Detention

121 of the applicants (51,3%) stated that they were able to see a lawyer during their most recent detention. Considering that some of the applicants were tortured and ill-treated on the street, outdoors or in a vehicle and did not go through any formal registration procedure, it can be assumed that an even higher ratio (over 90%) of those who were detained were able to see a lawyer. (Chart 9)

Chart 9. The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to their access to a lawyer



112 applicants (47,5%) were released without being taken to the prosecutor's office after their most recent detention (92 applicants, 41,1% in 2011). 108 of the applicants (45,8%) were released either by the public prosecutor or a court (107, 47,8% in 2011 and 16 applicants (6,8%) were arrested (24 applicants, 10,7% in 2011) (Table 47). These numbers shows the arbitrary natüre of the detention more clearly than in the first section, where all applicants were evaluated.

With an increasing manner, the trials of 70 applicants (33,5%) are continuing (compared to 49 applicants, 21,9% in 2011 and 20 applicants, 18,8% in 2010). The trials of 14 applicants (5,9%) resulted in a conviction (19 applicants,8,5% in 2011, 6 applicants, 3,8% in 2010)(Table 48).

Table 47: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to the situation after their most recent detention

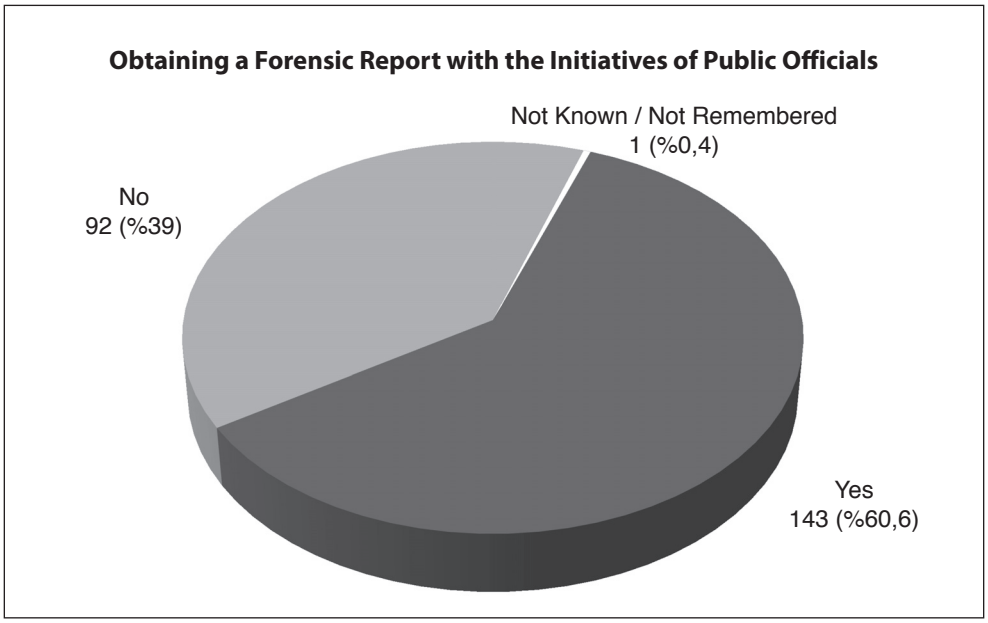
Situation After Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	112	47,5
Released by prosecution office or court	108	45,8
Was arrested	16	6,8
Total	**236**	**100,0**

Table 48: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 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	106	44,9
Trial in progress	79	33,5
Whether a lawsuit was filed or not is unknown	36	15,3
Applicant was tried and convicted	14	5,9
Applicant was tried, charges was dismissed	1	0,4
Total	**236**	**100,0**

143 applicants (60,6%) obtanied a forensic report after their most recent detention due to the initiative of public officals, this number was 164 applicants (73,2%) in the year 2011 (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 proocedings were launched underwent forensic medical examinations.

Chart 10. The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 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 143 applicants (119 applicants, 83,2%) were examined in hospitals, 23 applicants (16,1%) were examined in branches of the Council of Forensic Medicine and 1 applicant (0,7%) was examined at a health centre (Table 49). Furthermore, 73 applicants (30,9%) stated that they obtained forensic medical reports upon their own initiative after the most recent detention. As it can be seen in the table below, almost all 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 Centres in 2012 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	119	83,2
Branches of forensic medicine institution	23	16,1
Health centre	1	0,7
Total	**143**	**100,0**

In regards to the statements of the 143 applicants who underwent forensic medical examination after their detention, in their evaluation of the examination around half of the applicants (90 applicants, 62,9%) stated that law-enforcement officers were taken out of the room during the medical examination. And more than half of the applicants (87 applicants, 60,8%) stated that the forensic physician listened to their complaints. 84 of the applicants (58,7%) stated that the forensic physician took proper notes of their complaints and 78 applicants (54,5%) stated that the physician examined them as he/she ought to. 73 applicants (51%) stated that the physician prepared a medical report in accordance with the findings. This ratio were around 37% in both 2011 and 2010 (Table 50). Looking at this table, one can see the effect of training (HRFT's staff and volunteer 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 which states that ''there is no trace of beatings and force''. Considering that an expert physician examined most the applicants, it is hard to say that the problems about forensic examination described by the applicants resulted from a lack of knowledge or lack of experience.

Table 50: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to their evaluation of the forensic examination after their detention

Evaluation of Forensic Examination	Yes	%	No	%	Not Known/ Rem-embered	%	Total	%
Were the law enforcement officers taken out of the room during the forensic examination?	90	62,9	53	37,1	-	-	143	100,0
Did the forensic physician listen to the complaints?	87	60,8	56	39,2	-	-	143	100,0
Did the forensic physician take note of the complaints?	84	58,7	58	40,6	1	0,7	143	100,0
Did the forensic physician examine as s/he ought to?	78	54,5	65	45,5	-	-	143	100,0
Did the forensic physician write a report that was in accordance with the findings?	73	51,0	40	28,0	30	21,0	143	100,0

19 applicants (8,1%) stated that during the interrogation by the court or prosecutor they had been tortured and 34 applicants (14,4%) applicants filed a complaint and applied to prosecution office. 181 applicants (76,7%) stated that they did not file any complaints of torture. The number of the applicants who did not filed any complaints was 146 applicants (65,2%).

3- Imprisonment Period

Among those applicants who were torture in detention during 2012, the number of torture survivors who had been in prison at some point was 30 applicants (12,7%) and the number of those who were imprisoned after their most recent detention was 20 (8,5%). The lenght 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 histroies, physical examination 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

235 of 236 applicants who were subjected to torture in detention in 2012 had physical or psychological complaints. These applicants complained of around 133 different health problems. Looking at the distribution of these problems according to the body systems, it is noticeable that most of the complaints (24,8%) is dermatological. Second is musculoskeletal (23,5%) and the third is psychological (20,9%)(Table 51).

Table 51: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to the frequency of their physical and psychological complaints

Systems	Number of Complaints	%
Dermatological	365	24,8
Musculoskeletal	345	23,5
Psychological	308	20,9
General	99	6,7
Ophthalmological	91	6,2
Neurological	78	5,3
Ear nose throat	47	3,2
Digestive	46	3,1

Table 51 Continuation

Respiratory	31	2,1
Urogenital	29	2,0
Oral-Dental	19	1,3
Cardiovascular	9	0,6
Endocrine	4	0,3
Total	**1471**	**100,0**

The most common physical complaint was skin discolouration with 143 applicants, 60,6% (In 2011, 75 applicants, 33,5%) followed by graze, swelling, lower back pain, shoulder pain and headache. The most common psychological complaint was sleeping problems (14,8%). The ten 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 2012 who were subjected to torture according to the frequency of their physical complaints

Ten Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Discolourization of the skin	143	60,6	12,3
Graze	82	34,7	7,1
Swelling	62	26,3	5,3
Lower back pain	40	16,9	3,4
Shoulder pain	37	15,7	3,2
Headache	37	15,7	3,2
Back pain	33	14,0	2,8
Arm pain	32	13,6	2,8
Leg pain	28	11,9	2,4
Hand/wrist pain	28	11,9	2,4
Other physical complaints	641	-	55,1
Total	**1163**	-	**100,0**

Table 53: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to the frequency of their psychological complaints

Ten Most Common Psychological Complaints	Number of Complaints	% Among Applicants	% Among the Psychological Complaints
Sleeping problems	35	14,8	11,4
Anxiety	27	11,4	8,8
Tension	25	10,6	8,1
Agitation	24	10,2	7,8
Irritability from the police	24	10,2	7,8
Irritability	23	9,7	7,5
Fear	21	8,9	6,8
Nightmares	17	7,2	5,5
Not being able to enjoy the life	13	5,5	4,2
Constant need to cry	13	5,5	4,2
Other psychological complaints	86	-	27,9
Total	**308**	**-**	**100,0**

2- Findings of the Physical Examinations

In 212 of the 236 applicants who were subjected to torture during their detention in 2012, a physical finding was made as a result of the physical examinations. The total number of physical findings was 874, with the most common being dermatological (48,4%) and musculoskeletal (21,7%)(Table 54).

Table 54: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to complaints in various body systems

Systems	Number of Complaints	%
Dermatological	423	48,4
Musculoskeletal	190	21,7
Ophthalmological	88	10,1
Ear Nose Throat	61	7,0
Oral-Dental	54	6,2
Urogenital	17	1,9
Digestive	16	1,8

Table 54 Continuation

Respiratory	13	1,5
Cardiovascular	7	0,8
Neurological	5	0,6
Total	**874**	**100,0**

The most common physical findings are skin ecchymosis with the percentage of 60,6% (this figure was 38,8% in 2011) followed by scabbing of the skin (29,2%) and oedema (23,7%). Physical complaints and findings complied with the descriptions of the applicants. For instance, in the physical examination of the individual who stated that s/he was beated with baton, there were findings as hematom, swelling or scar in the depicted area. Similarly, in the physical examination of the individual who stated that s/he was handcuffed very tight, there were findings such as linelike scars and desensitization in fingers.

The physical findings are presented in Table 55.

Table 55: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to the physical findings

Distribution of the Physical Findings	Number of Findings	% Among the Applicants	% Among all Physical Findings
Skin ecchymosis	143	60,6	16,4
Scabbing of the skin	69	29,2	7,9
Oedema	56	23,7	6,4
Muscular pain and sensitivity	48	20,3	5,5
Scarring of the skin	41	17,4	4,7
Skin erosion	30	12,7	3,4
Pain and restriction of movement of the back	28	11,9	3,2
Ecchymosis around the eyes	27	11,4	3,1
Skin laceration	26	11,0	3,0
Muscular pain with trigger point	24	10,2	2,7
Other physical findings	382	-	43,7
Toplam	**874**		**100,0**

3- Psychiatric Symptoms and Findings

Looking at the distribution of the psychiatric findings and symptoms of the applicants who were tortured in detention during 2012, anxiety and difficulty in falling or staying asleep were once again, as in 2010 and 2011, the most common findings found after psychiatric evaluation. These were followed by the tendency to irritability or outburst and intense physiological reaction to stimuli associated with the trauma. The total psychiatric symptoms and findings seen in ten or more applicants among 48 applicants with psychiatric findings or symptoms were given in Table 56.

Table 56: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to their psychiatric symptoms and findings

Psychiatric Symptoms and Findings Observed in at Least Ten of the Applicants	Number of Symptoms and Findings	% Among the Applicants	% Among all Psychiatric Symptoms and Findings
Anxiety	33	68,8	8,4
Difficulties in falling or staying asleep	33	68,8	8,4
Markedly increased or decreased sleep duration	26	54,2	6,6
Irritability and/or easy outburst	25	52,1	6,4
Intense physiological reactions to stimuli associated with the trauma	20	41,7	5,1
Intense psychological distress at exposure to stimuli associated with the trauma	20	41,7	5,1
Efforts to avoid activities, places or people that arouse recollection of the trauma	15	31,3	3,8
Efforts to avoid thoughts, feelings or conversations associated with the trauma	14	29,2	3,6
Feelings of detachment or estrangement from others	13	27,1	3,3
Recurrent and distressing dreams of the traumatic event	12	25,0	3,1
Depressive mood	12	25,0	3,1
Sense of foreshortened future	12	25,0	3,1
Recurrent and intrusive distressing recollections of the traumatic event	11	22,9	2,8
Hyper vigilance	11	22,9	2,8

Somatic anxiety symptoms (palpitation, distress, sweating etc.)	10	20,8	2,6
Other psychiatric findings and symptoms	124	-	31,7
Total	**391**	**-**	**100,0**

4- Diagnoses

The evaluation of the diagnoses involved 223 applicants who were diagnosed throughout 2012. In regards to the 72 different diagnoses made, soft tissue trauma was the most common physical diagnosis (157 applicants, 70,4%,)(it was 141 applicants, 65,6% in 2011). 7 applicants had nasal fractures (5 in 2011) and 10 applicants had other bones fractured (6 in 2011). The physical diagnoses should be considered carefully in order to demonstrate the intensity of physical violence. In the recent years, the diagnosis of fractured bone as a result of torture and ill-treatment is what we come across very commonly.

Post-Traumatic Stress Disorder (22 applicants, 9,9%), Major Depressive Disorder (11 applicants, 4,9%) and Acute Stress Disoder (10 applicants,) were identified as the most common phychiatric diagnoses. Tables 57 and 58 shows the ten most common physical and psychiatric diagnoses and their frequency among the 223 applicants.

Table 57: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to the frequency of the most common physical diagnoses

Ten Most Common Physical Diagnoses	Number of Applicants	%
Soft tissue trauma	157	70,4
Cuts or bruises on the skin	28	12,6
Myalgia	26	11,7
Perorbital ecchymosis	22	9,9
Traumatic conjunctivitis	16	7,2
Myopia-Hyperopia	16	7,2
Fibromyalgia	12	5,4
Bone fracture	10	4,5
Nasal fracture	7	3,1
Subconjunctivital bleeding	7	3,1

Table 58: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2012 who were subjected to torture according to the frequency of the most common psychiatric diagnoses

Psychiatric Diagnoses	Number of Applicants	%
Post-Traumatic Stress Disorder (Acute)	22	9,9
Major Depressive Disorder	11	4,9
Acute Stress Disorder	10	4,5
Other anxiety disorders	10	4,5
Post-Traumatic Stress Disorder(Chronic)	9	4,0
Sleep disorders	6	2,7
Generalized Anxiety Disorder	2	0,9
Other psychotic disorder	2	0,9
Somatization disorder	2	0,9
Panic disorder without agoraphobia	1	0,4
Alcohol abuse	1	0,4
Adjustment Disorder	1	0,4
Bipolar Disorder	1	0,4
Social Anxiety Disorder	1	0,4
Psychotic Disorder with short duration	1	0,4

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 84,4% of all the diagnoses found relevant to the trauma, the torture experience was the only etiological factor. In 9,5% of the cases torture aggravated or inflamed the pathological situation while in 6,1% it was found to be one of the etiological factors.

In 36 (7,7%) of the applicants who were subjected to torture in detention in 2012, 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 and 2012 were 325, the total number of applications reached 553 in 2012.

The reason 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 and 2012 (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 in 2011 and 2012.)

II) Related with the activities of HRFT;

- Legal and ''social support'' programs for the torture victims, which were restarted in 2009 and have been continuing since then (In 2012, 5 applicants were accepted to the legal support program, while 19 adult and 54 juvenile applicants to the social support program)

- The efforts to reach to the potential applications

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 2009, it increased to 101 in 2010, 116 in 2011 and 114 in 2012. The primary reasons of this increase can be listed as the intensified human rights violations after 2009, the efforts of mobile medical services and the activies 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.

Also, it must be noted that the number of applications in Istanbul centre rised above 200 in 2012, first time since the year of 2005.

c) In 2012, the number of applicants for torture that occured in the same year was 240 (43%), while the numbers were 224 (43%) in 2011, 163 (45%) in 2010, 259 (56,4%) in 2009, 269 (63%) in 2008, 320 (70%) in 2007 and 222 (65%) in 2006. The steady trend of the number of applicants for torture that occured in the same year over years shows the importance of the topic of torture and ill-treatment practices.

d) According to the distribution by the birthplaces of the applicants, the applications from South Eastern (35%) and Eastern Anatolia (18%) 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 (136 in 2011), the low rate of female applicants remains as an issue to be taken up for further consideration.

Two transgender person applied in 2012.

f) The increase in the number of applications by children, which has been observed as a trend since 2009, became visible in 2012 too with 72 child applicants). This increase of the applications by children 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) 63 applicants (12%) were torture victims for non-political reasons. Considering this low level and the 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) 48 applicants were not Turkish citizens, their countries were as follows: 22 from Iran, 7 from Iraq, 6 from Afghanistan, 4 from Congo, 3 from Cote d'Ivorie, 1 from Cameroon, 1 from Uganda, 1 from Togo, 1 from Lebanon. 12 out of 48 applicants applied to our Ankara centre, 26 to Istanbul centre, 7 to Adana centre and 3 to Izmir 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 years (32 in 2011 and 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) 46 out of 553 applicants (8%) were the relatives of torture survivors while the remaining 507 applicants were subjected to torture.

j) Based on the accounts of the applicants who were subjected to torture in 2012, the high ratios of the police departments (217 applications, 43%) and places other than those listed for the ''official custody'' such as open places, cars, etc. (151 applications, 30%) 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 in the period of 2000-2005, 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.

k) There was a significant decrease in the ratio of unfinished treatments in comparison to last year (24% in 2011). With this information:

The effectiveness of the treatment and rehabilitation programs are directly related with the ongoing safeness of the torture survivors' lives and the belief of the torture victims that the justice would be fulfilled. But the extensive pressure and increasing conflicts in recent years destroyed the environment in which people would feel safe. Especially, though there are many human rights violation occurrences in Diyarbakır, the lowness of the number of applicants and the ratio of the applicants (20%) in there is relevant with this issue.

Efforts to reach potential applications:

Attention was paid to the issue of reaching potential applications in 2012.

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, 143 applications were received in 2012 (57 in 2010 and 118 in 2011). There is an increase in the number of applicants within the compass of the ''five cities'' programme in two last years while the estimated number of applicants was 50. The primary reason of this increase was the intensified workings in our Adana Centre for the province Mersin and in Diyarbakir Centre for the surrounding cities. Within this scope there was 87 applicants to Adana Centre and 47 applicants to Diyarbakır Centre. Specifically, severe human rights violations which are closely related with the Kurdish issue in Diyarbakır, Adana, Mersin and surrounding provinces, presents the need for reinforced efforts for these regions.

b) For the regions where there are severe human rights violations but no HRFT Centre, the program of ''Mobile Medical Centres'' which was established in 2009 continued its workings in 2012.

- A ''Mobile Medical Service'' of three doctors visited Gaziantep on March 26, 27 of 2012. The judicial process started related to military coup of September 12, 1980 during which there were severe human rights violations. Many people who had subjected to torture in that period requested for getting involved in the judicial process. There were applications to our foundation for preparation of 'medical evaluation report' which is important for documenting torture with the base of evidence for judicial processes. The medical evaluation report was prepared and the process of rehabilitation was started for three applicants from Gaziantep, which were the reasons for this visit to Gaziantep.

The reports were submitted to the court and the rehabilitation processes were maintained by the Adana centre.

- A ‘’Mobile Medical Service’’ of two doctors, one psychologists and one lawyer visited Siirt on December 20 of 2012. With this visit which was arranged by relevant organizations in Siirt, the medical evaluation report was prepared and the process of rehabilitation was started for seven torture survivors.
- A ‘’Mobile Medical Service’’ of two doctors visited Van on December 26, 27 of 2012. This visit was made real after the preperation of Van office which works towards refugees, and other relevant organizations. With this visit, the medical evaluation report was prepared and the process of rehabilitation was started for five torture survivors.

With the results of these works and the regard of recent events, shows us that the ‘’Mobile Medical Service’’ should strenghten its sustainability and be intensified by extending it.

In this context, it is planned to form ‘’contact points’’ in prioritized regions to activate preperation, application and monitoring processes in 2013. Also, ‘’Mobile Medical Service’’ workings will be reinforced specifically in South Eastern and Eastern Anatolia regions with the coordination of our Diyarbakır centre and also in Marmara and Black Sea regions with the coordination of our Istanbul centre.

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 48.

Within this scope ‘’the acceptance centre’’ and ‘’the repatriation centre’’ will be start working in Van which where the refugees were emptied from after the earthquake in the year 2011. The need for a particular working plan for refugees who were subjected to torture, especially after considering the increased number of refugees arising from the situation in Syria.

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 was 30 children, based on the concrete need analysis, 25 children in total were accepted to the psycho-social support program (12 in Adana, Mersin and Istanbul, 1 in Diyarbakır). HRFT Diyarbakır centre was prioritized to maintain the psycho-social programs of those 8 children who still lives in Diyarbakır out of 19 children who accepted last year.

As part of the psycho-social support program targeting all 25 applications, individual counseling, group therapy, individual psychotherapy, family therapy, and especially support for their education process were provided. The education processes are carefully monitored.

5 applicants (of all applicants who supplied with needed educational materials) who were out of school, were registered to the high schools to continue their education. Other applicants, who were provided with an opportunity to attend private teaching institutions, continue their education successfully.

As it was decided that it would contribute to their treatment and rehabilitation processes, 19 adults in total (15 in Adana and 4 in Istanbul) were accepted to the psycho-social support program. The reason for accepting more adults in psycho-social support program than estimated (5 applicants), is the need for a special program for those adult applicants who were imprisoned when they were children.

Within these programs, we had provided support for applicants' university education, university preparation courses, English language courses and driving courses. Two applicants who were preparing for university have successfully got into universities that they wanted to enter, and also two applicants who were taking driving courses, finished their courses. University education and university preparation courses of other applicants are continuing.

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 a part of the treatment and rehabilitation project in 2012. We have continued to pursue other cases that was accepted in previous years .

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

a) The protective rights for those people whose freedom are restricted, was slightly improved in the period of 2000-2005. However, these rights are being disabled by some adverse regulations and some methods used in practice:

- Especially, physical torture methods are being applied in places other than official custody localities. Also, torture and ill-treatment in street, in car and/ or after abducting the person, without the official custody procedures, are increased.

- When needed, torturing in official custody places also being used. The methods used in official custody places have changed, the psychological torture methods has started to be commonly used.
- As the datum of the Ministry of Justice shows, since 2005, prosecuting those persons who were arrested with the reasons of ''insulting a officer, resisting, injuring while resisting, damaging public properties'' (which named as dual trials/counter-trials), significantly increased. While the cases opened against the arrested persons ends up with severe punishments, it is extremely hard to prosecuting or opening a case against torturers and getting torturers punished by law. This situation harms the belief in justice, and also can be regarded as a persuader for torture victims about filing a complaint against torturers.

b) While the practices of torture and ill-treatment in big cities can occassionally be watched by public; in South Eastern and Eastern Anatolia regions, practices of torture and ill-treatment are generally remains unknown or perceived incorrectly.

c) Recently, the practices of torture and ill-treatment in prisons have increased significantly.

d) The excessive and uncontrolled use of ''agents used in controlling demonstrations'' have become a widespread practice. Among these, use of a chemical agent known as ''tear-gas'' have increased significantly. European Court of Human Rights (ECtHR) convicted Turkey with regarding the use of ''tear-gas'' against ''persons and groups under control'' which considered as a violation of the third clause of the European Convention of Human Rights which regulates the prohibition of torture and ill-treatment for the first time, with the judgment (No:9829/07) under date of April 10, 2012. In May 2012, the news about the use of a new agent by police will be initiated along with ''pressurized water, baton and chemical agents'' were appeared on media (http://www.ntvmsnbc.com/id/25346378/). This new agent was ''Silen Guardian'' (known as active denial system in literature), which serves the purpose of stopping and diverting masses by producing waves in 95 GHz. The potential use of this agent which its impacts on human body is unknown, has created a situation of worry in people.

e) Recently, torture and ill-treatment are not being used for getting information, but for frightening or threatening, for punishment or for establishment of authority,

f) As the third periodic report about Turkey of the United Nations Committee Against Torture1 shows, there are substantial issues about the legislative regulations for prevention of the torture, including prescription,

g) There are important problems in the processes of investigation and prosecution of the assertions of torture,

h) Impunity protected by the legislation, the implementations and the discourse of the authorities, are apparent issues,

i) There are important issues about the surveillance of the places where people whose freedom are restricted are kept,

j) Military prisons and discipline houses are far from any kind of inspection in spite of all the assertions of torture and ill-treatment.

As a result, all items above clearly shows how the practice of torture is continuing as a systematic issue in our country.

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 January 19-22, 2012; the forensic evaluation of a person who was killed in Bahrein as a result of torture was made by the head of the HRFT, Şebnem Korur Fincancı in Bahrein. The report that proves the death of the person was the result of torture, appeared on both national and international frames.
- On February 10 and 24, 2012, as part of the training for the members of Constitutional Court about torture, we completed these trainings and participated in these panels as speaker:
- On March 28-29, 2012 and on September 29 to November 1, 2012, the Istanbul Protocol Training in Urdun;
- On April 14-16, 2012, the Istanbul Protocol Training in Berlin;
- On April 23-25, 2012, the Istanbul Protocol Training in Gorki;
- On July 4-9 and October 10-11 of 2012, the Istanbul Protocol Training in Israel;
- On May 20, 2012, the panel of ‘’The Prisons and Health’’ which was organized by Mardin Medical Chamber and other foundations;
- On September 7, 2012, the panel of ‘’The Prisons and Health’’ which was organized by Ankara Medical Chamber;
- On November 7, 2012, the panel of ‘’The Prisons and Hunger Strikes’’ which was organized by Diyarbakır Medical Chamber and other foundations;
- On November 9, 2012, the panel of ‘’The Prisons and Hunger Strikes’’ which was organized by Hatay Medical Chamber and other foundations.

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 fort he 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 (behavioral therapy, systematic hypnosis therapy); diagnosis and practice in accordance to various psychotherapy methods; trauma theory. The first module of the 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, and continued in April 28-May 4 and September 23-29 of 2012 with the second and third modules of the training.

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 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.

Second training took place on October 13-14, 2012, with 31 participants who included 3 lecturers and 2 foundation workers from Sweden and the staff and volunteers of the foundation and the academics.

Third training will take place in 2013.

3. Scientific Researches

a) Chondromalacia patellae and torture: There is no scientific publication that discusses the relationship between chondromalacia patellae and torture, even though there is a clear definition of the relationship in literature. For this reason, this was the first scientific work in this topic.

In this work which was conducted by our Istanbul centre, 10 applicants (with complainings started right after the torture event) out of 23 applicants with the diagnosis chondromalacia patallea among the 2901 applicants who were applied to the HRFT centres between the years 2002 and 2012. Although chondromalacia patallae is associated with the abuse cases in literature, the fact that the chondromalacia patallae was also identified in torture victims, was presented in the 10. Congress of Forensic Sciences. The chondramalacia patallae should be considered in torture cases, especially when stories, complaints and symptoms are present.

b) Two retrospective scientific researches which titled ''A method of diagnosis in torture research: Bone Scintigraphy'' and ''Chemical agents used in controlling demonstrations'' was completed by Istanbul centre in 2011. Both of them had worked up to scientific publications and were used as references by many national and international chambers.

4. Alternative Forensic Medical Reporting Efforts

The work on reporting and alternative forensic medical reporting continued in 2012 as well.

In 2012, alternative forensic medical reports/epicrisis were prepared for 93 applicants by the treatment and rehabilitation centres. In accordance with the applicants' demands, alternative forensic medical reports/epicrisis were given to 22 applicants for the ongoing or new trials in Turkey (all trials are continuing), 3 applicants for the appeal to the European Court of Human Rights (3 of them were admitted), 14 applicants which seek asylum in other countries (all applicants were admitted), 2 applicants for the ongoing trial in United Kingdom, and 4 applicants for their own requests and purposes.

Particularly, the request of a consultant from HRFT to participate in the trial in England against English security agents for torturing Iraqi people during the intervention in

2003, is informative about the scope of the works of HRFT. In this context, medical evaluations was made and forensic medical reports for seven Iraqi persons was prepared to be presented in the ongoing judicial processes in England. Alongside, an article based upon medical evaluation reports of three persons who was tortured in the period of September 12, 1980 and are currently living in Gaziantep, was presented in the 10. Congress of Forensic Sciences. This article shows that even 32 years after the event of torture, physical and psychological symptoms can be determined and documented with an extensive examen.

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 24 judgements against Turkey based on the Article 3 on prohibition of torture and in 3 of these judgements, direct references were made to our alternative forensic reports.

When compared to the estimated number of alternative forensic medical reports preparations (20), we prepared significantly much more alternative forensic medical reports. The reports that prepared to be presented in the case of military coup in 1980 which started in 2012, the reports that prepared for the official investigation process in England about tortured Iraqi people and the reports that prepared for refugees who are familiar with the works of the HRFT played important roles in this increase.

Given this reality of the increased number of requests for alternative forensic medical reports in 2011 and 2012, a more systematic functioning will be planned.

Is it Possible to Diagnose Torture After 32 Years? Assessment of Three Patients Subjected to Torture During the 1980 Military Coup in Turkey

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Abstract

Torture is a crime against humanity and it is frequently encountered in countries that have a history of military intervention such as Turkey. Even though torture was absolutely prohibited in human rights and humanitarian law, it still exists. More than 1 million people were tortured in Turkey since 1980 coup d'état. Documentation of medical evidence is a very important step in the prevention of torture. Istanbul Protocol gives international standards for documentation of torture. According to the Protocol, trauma stories, physical and psychological findings of the patients should be assessed together with a holistic approach. The aims of this study that to discuss physician's responsibility for prevention of torture, and emphasize the importance of holistic approach to assessment of chronic patients.

Three male patients, who alleged to have been subjected to severe physical and psychological torture methods during the 1980 military coup, were assessed by two forensic medicine experts and a psychiatrist. They arranged necessary consultations and diagnostic examinations. After conducting a comprehensive research some physical and psychological findings of trauma were detected and documented even after 32 years.

In this study, importance of evaluating patients with torture alleged after many years under the light of the principles of Istanbul Protocol with a holistic approach and especially of psychological assessment was emphasized. Also, possible evidence of torture after years and physician's responsibility for prevention of torture are discussed.

Keywords: *Torture, Istanbul Protocol, Documentation, Chronic patients, Psychological assessment, Physicians' responsibility*

1. Introduction

Torture is one of the most common forms of human right abuse in countries with histories of military coup such as Turkey. 1980 coup d'état in Turkey is one of the cruelest examples. It is reported that approximately 1 million people were tortured since 1980 [1].

Today even though torture is absolute prohibited by human rights and humanitarian law all over the world, the main reason behind its continuing existence is the lack of effective investigation, examination and documentation. Istanbul Protocol, which has been endorsed by the United Nations, defines effective investigation and the processes of production and documentation of medical evidence of torture [2].The Protocol provides not only a standard and holistic approach to assessment of torture survivors, but also these investigations can be used as valid evidence at courts and serve justice. World Medical Association defines the physician's role in effectively combating torture in its Declarations of Tokyo [3] and Hamburg [4], and refers to Istanbul Protocol as the standard guideline of a comprehensive documentation in its Decision of Helsinki [5].

In this study, three patients who alleged to have been subjected to severe physical and psychological torture methods during 1980 military coup are presented. Two forensic medical experts and a psychiatrist, who have an experience in the subject of trauma, assessed the torture survivors. After initial examination, expert consultations from different disciplines and diagnostic tests were applied depending on the requirements of the patients. The importance of a holistic approach in the light of the principles of Istanbul Protocol especially that of psychological assessment, while examining the torture survivors even after a long period of time like 32 years is emphasized. The possible evidence of torture years after the act and the role of physicians in the prevention of torture are discussed.

2. Case presentations

Informed consent was granted at every stage of interview and examination and all findings of external examination, which was conducted after systemic examination, were photographed. Depending on the findings of physical examination, consultations with Otorhinolaryngology, Neurology, Orthopedy, Urology, Ophthalmology, Thoracic Medicine Departments were arranged and whole-body bone scintigraphy of three patients were performed. Consultations and diagnostic imagination methods revealed no findings that can be associated with trauma.

Case 1; 72 years old male. 40 years old at the time of torture and lasting 4 months under torture. Time since torture is 32 years.

Torture methods he alleged he was subjected to; blindfolding, beating, falanga to the feet and hips, electric shock, cross suspension, butchery suspension, reverse butchery suspension, Palestinian suspension, positional torture methods (*putting and turning in a wheel, forced standing while the body is leaning on the wall with index fingers stretched above the body, tying the person to hot radiator while the hands tied from behind*), bear suffocation (*passing hands under underarms and holding them at the back of the neck pushing the neck forward*), spraying pressurized cold water, forced watching and listening of torture done to others, threat, humiliation, restricted food and water, preventing of urination and defecation, sleep deprivation, drowning

(immersing head into water), forcing to lie on concrete ground after spraying water, threats against himself, fake execution, cigarette burn.

Complaints; in 1980, after the Palestinian suspension; pain that lasted for 2-3 months, not being able to hold a spoon and feed himself, not being able to wash his hair by raising arms and rotate hands towards the back and now difficulty in getting down is still exist. After falanga; pain that lasted for 10-15 days, not being able to walk, swelling and bruises of the feet, infected wounds on wrists. After drowning torture; difficulty in breathing, had a respiratory problems, high fever at nights. After tire spinning and bear suffocation; ribs pain. After beating of the face and head; pain, not being able to move chin, difficulty in eating, hearing loss in left ear. After beating with fists, kicks and/or a tool (truncheon, shovel, stick etc.); pain, bruises, wounds, and still existing scars. After electric shock; difficulty in urinating, urinary incontinence and sexual dysfunction. After cigarette burning; burn marks and still exist.

Physical examination findings:

- A hyperpigmented, 1.5x1.2 cm scar tissue located on 1/3 above on front of the right tibia, which is indented (Fig 1). He states that he was beaten by shovel, it was an infected wound, and took 2 months to recover.

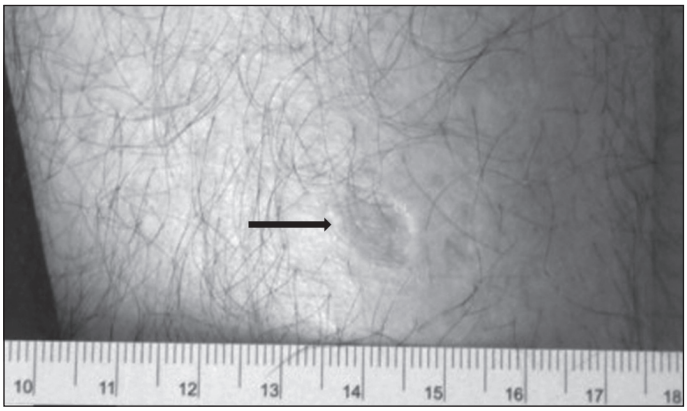

Figure 1: Wound scar on tibia

- A hyperpigmented, 0.5 cm diameters round shaped scar tissue located on the right wrist inside, which is indented (Fig 2). He describes it as cigarette burn mark.

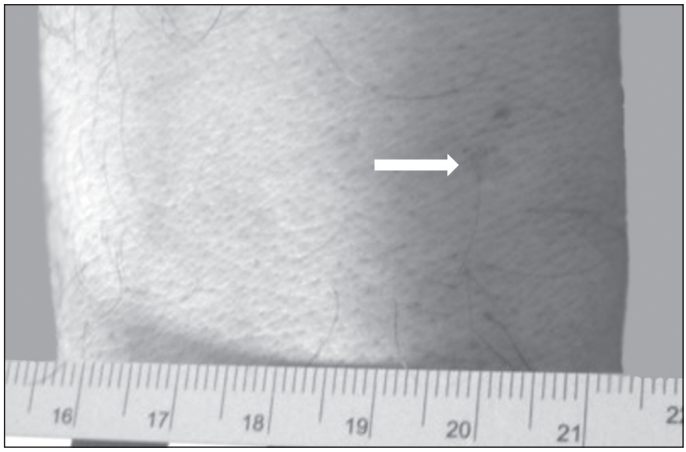

Figure 2: Cigarette burn scar

Psychiatric assessment;

Psychiatric History; He had no psychiatric complaints and application history before. He said that his complaints started after his detention in 1980. He described sometimes loss of consciousness during torture (electric shock, drowning, falanga) and deterioration in perception of time and space during torture. He stated that he experienced constant anxiety, despair and fear of death since he was detained. He stated that in the first days of detention almost every night he had nightmares in which he sees his friends being tortured and listens to their screams. In the last 4-5 years, he said, he has had similar nightmares once or twice a month.

He stated that he still recalls the screams under torture and feels as if he is re-experiencing that time whenever he hears a babies crying or scream. This comes with symptoms such as anxiety, tachycardia and trembling. He describes complaints such as having intensive trouble with any stimulus that reminds him of torture for example; he turns off the television or changes the TV channel when watching news and programs on torture or he leaves the room when torture is discussed. There were also symptoms such as loss of interest, not enjoying things that he used to enjoy, feeling inept and significant decline in attention. He declared that he has a sleep disturbance while he was in custody such as difficulty in falling and staying asleep. Despite relative decline in the frequency and intensity of the complaints, they still exist.

Psychiatric Complaints: Sleep disturbances, having nightmares, having intrusions about the torture he experienced, anxiety, feeling depressed, intolerance to noise, intolerance to speech and places that reminded him of the torture he experienced.

Psychiatric examination; He was conscious, cooperative and oriented to the place, time and person. His speech was spontaneous. He had eye contact. His mood

and affect was irritable and depressive. Cognitive skills are preserved. Intelligence and perception are normal. Flashbacks about memories of the torture experience were present. There were intrusions about traumatic events and repeated unwilling recalling. His thought flow was normal, in thought content there were intrusive thoughts about his traumatic experience. He also has no expectations from life. He also describes having difficulties in falling and staying asleep and he experiences anger bursts.

He was diagnosed with Post-Traumatic Stress Disorder and Major Depression after psychiatric examination.

Case 2; 63 years old male. 31 years old at the time of torture and lasting 4 months under torture. Time since torture is 32 years.

Torture methods he alleged he was subjected to; In addition to torture methods in Case 1, he was kept in a cell full of water, all of his toenails were removal by a plier, 7 or 8 times anal rape with truncheon.

Complaints: In addition to similar complaints after similar types of torture, he also experienced sexual dysfunction and discoloration in scrotum and penis after electric shock. After the anal rape; external hemorrhoids packs, occasional bleeding, and slightly stool incontinence. After the nail removal; not being able to wear shoes, having pain, suppuration for 6 months. Continuing thickening and irregularity of toenails since then.

Physical examination findings:

- Thickening, hyperkeratosis and deformation of toenails (Fig 3-4). He states that these developed after his toenails were removal by pliers.

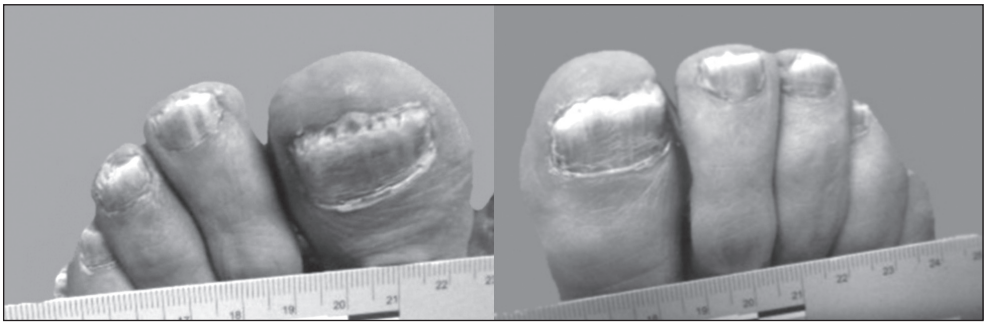

Figure 3-4: Nail deformation after removal

- “Vitilligo” like lesions with macular hypopigmented and hyperpigmented areas on the penis and scrotum (Fig 5-6). He notes that it developed after electric shock practice. He describes the hyperpigmented area with the width of 0,3 cm that starts right above glans penis and surrounds penis as the area around which

electric cable is wrapped (arrow). Above this, 2 cm width hypopigmented area that surrounds penis shaft, at the same level linear hipopigmentation areas on scrotum. No similar lesion on any other parts of the body was detected.

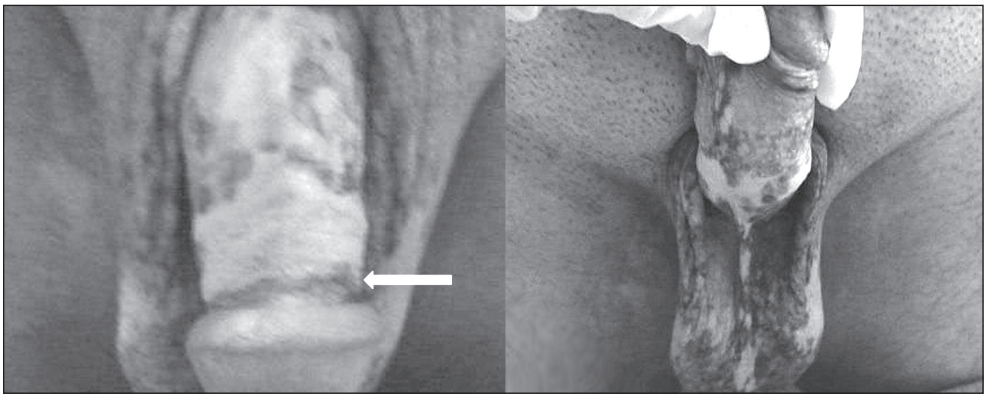

Figure 5-6. Vitiligo on penis and scrotum after electric shock

- Perianal examination shows external hemorrhoid packs. He states that it developed after truncheon torture practice.

Psychiatric assessment;

He described similar complaints of the Case 1, he also states that he did not have any psychiatric complaints or applications before his detention in 1980. They all emerged after his detention. He was diagnosed with Post-Traumatic Stress Disorder and Major Depression after psychiatric examination.

Case 3; 51 years old male. 19 years old at the time of torture and lasting 132 days under torture. Time since torture is 31 years.

Torture methods he alleged he was subjected to; In addition to torture methods Case 1 was subjected to, he was beaten with punchbags and was forced to do the same movement continuously. His toenails were removal by a plier.

Complaints; In addition to similar complaints after similar types of torture. After electric shock; sexual dysfunction, difficulty in urinating, blood in urine and electric burns mark on glans penis. Currently he does not describe sexual dysfunction. After the punchbags blunt trauma; pain on the side of the body, blood in urine, and nephrectomy operation after his release. After nail removal; not being able to wear shoes, pain, suppuration for 6 months, and now splitting and deformation of nails.

Physical examination findings:

- Splitting and deformation of toenails (Fig 7). He describes that this developed after his toenails were removal by a plier.

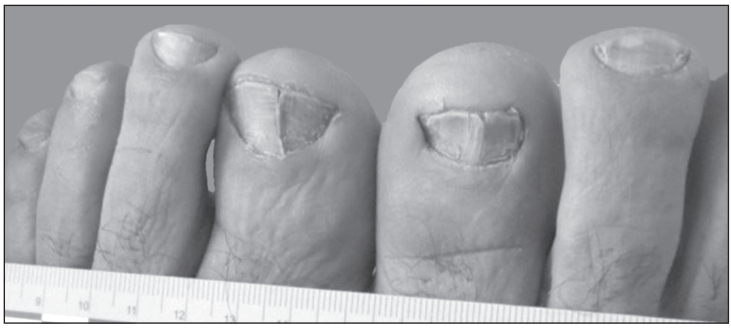

Figure 7: Nail deformation after removal

- Two hyperpigmented scar tissues on glans penis, which are 0.3 cm diameters and slightly indented (Fig 8). He describes them where clamps are connected for electric shock torture.

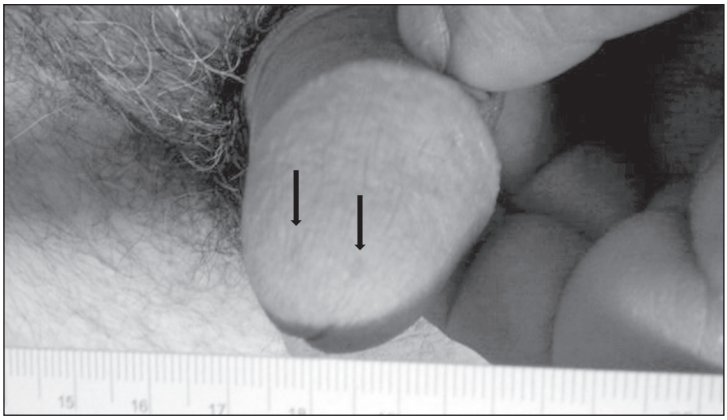

Figure 8: Scar tissues on glans penis after electric shock

- A brown-pigmented 7x2 cm macular type scar tissue, which is located on 1/3 above part of the right arm, and surrounds horizontally (Fig 9.). He states that ties used in suspension practice passed from this area.

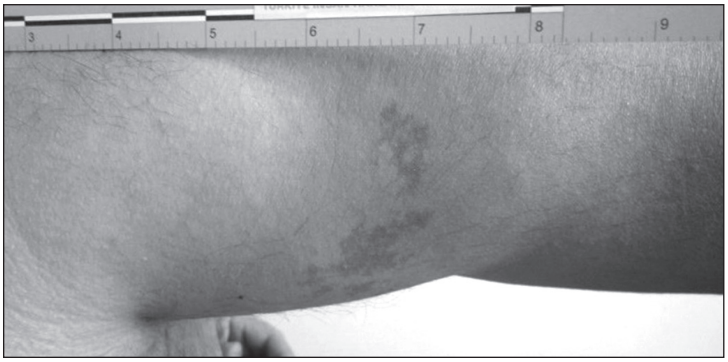

Figure 9: Scar tissue on arm after cross suspension

Psychiatric assessment;

The patient describes similar complaints as that of the Case 1 and states that his complaints started after his detention in 1980. He had no psychiatric complaint or application before. He was diagnosed with Chronic Post-Traumatic Stress Disorder.

3. Discussion

In the medical assessment and documentation of trauma patients especially when a long period of time pass after trauma; comprehensive evaluation and holistic approach with all together type and frequency of trauma, time of exposure to trauma, trauma story, and physical and psychological findings should be necessary for a differential diagnosis [2, 6-11].

Despite the fact that alleged torture methods are likely to leave squeals at the time of torture and during recovery period, it is considering normal that consultations and diagnostic methods revealed no findings after a long time. However, some scars and dermatological findings that are consistent with the applied methods of torture were identified in all three patients.

It is noted that beating is frequently applied all over the world as a torture method and leads to blunt trauma scars that can recover with or without leaving trace [6-17]. Previous studies that research torture scars have commented upon the consistency between trauma story and the scars [7-9, 12-14]. In their stories of presented cases; they were frequently subjected to beating for a long period of time (4 months in average). The story of scar tissue shown in Fig 1 conveys that wounds developed with hitting with shovel at the same area, the wounds got infected, and it took 2 months to recover without any treatment. Considering that infected blunt trauma wound leaves irregular scar tissue of recovery if there is no medical intervention or treatment during the recovery; the identified scar tissue is found to be consistent with the story. In a similar way, the scar tissue in Fig 2 was described as cigarette burn area in the story. It is reported that cigarette burn is used as a torture method in many countries like Turkey. It is accepted as important diagnostic criteria in medical

assessment of torture survivors for the consistency between torture methods and regional practices [6, 13-17].

In presented two cases alleged that their toenails were removal by a plier, and their toenail deformity developed after the traumatic experience (Fig 3-4 and 7). Di Napoli et al [18] reports that 6% of 354 torture survivors reported nail removal. Existing studies reported that traumatic nail injuries might cause nail deformations [19, 20] and only 2 out of 6 cases that received completely recover by primary treatment [19].

Electric shock torture is applied to hand and foot fingers, tongue, earlobes, nipples, and genital areas [6, 7, 15, 17, 21-24]. The presented cases stated that they were subjected to electric shock torture (foot and hand thumbs, and penis) more than once. In the Case 2; vitiligo-type discoloration in penis and scrotum skin seen on Fig 5-6. It was consulted with urology and dermatology experts through pictures and they were evaluated as “vitiligo” but for a precise diagnosis, biopsy and microscopic assessments are recommended. However due to the needs of the patient and the risk of re-traumatization, biopsy could not be undertaken. Vitiligo can emerge after emotional stress, physical-chemical traumas and burning [25-27]. Since the lesion emerged after electric shock torture, and there is no similar lesion on any part of the body. It is reasoned that the cable wrapped around penis during electric shock torture also touched scrotum and triggered burn mark. Linear hyperpigmented area, 0.3 cm width and surrounds penis glans (arrow in Fig 5-6) is the area where electric cable is wrapped around. In the Case 3, hyperpigmented two little scar tissues on the glans penis as a result of electric shock are consistent with the electric cables connection (arrows in Fig 8). In the Case 3, no finding of electric shock torture was identified.

In the Case 2 alleged anal rape by truncheon with 7-8 times and has some related complaints such as bleeding, pain, difficulty passing stools, external hemorrhoids that emerged after the penetration and still existing stool incontinence. In literature, the relation between trauma in anal area and prolonged time in standing position and hemorrhoid formation is defined [28, 29]. The story of the case also includes torture as prolonged time in standing position.

In presented cases complaints after suspension method are consistent with expected findings after suspension practice [6, 15, 17, 18, 21, 30, 31]. Suspension method can cause very severe sequels such as; brachial plexus injury, severe pain for many years, tears of the ligaments of the shoulder joints, muscle injury in the shoulder region and dislocation of the scapula. Literature also describes scars after suspension torture [17]. Given its position and features, scar tissue in Fig 9 was found to be consistent with suspension practice.

The presented cases described falanga (blunt trauma to the feet). Swelling and other skin and soft tissue lesions of the feet can recognize after falanga in the early period. Cases complaints after torture are consistent with the expected findings after falanga practice [6, 15, 17, 21, 30, 32]. Even though no findings were detected in

soft tissues or joints, it is considered normal not to see any clinical findings given the time elapsed.

Bone scintigraphy as a diagnosis method is recommended for trauma cases that took place a long time ago or periost injuries or occult fractures that cannot be clinically or radiologically detected [6, 33-35]. Repeated, severe and prolonged torture methods (such as falanga, suspension, beating) might cause periost reaction and occult fractures [33, 34]. Bone scintigraphy was performed for three cases but no increase in osteoblastic activity indicative of continuing recovery was detected. Previous studies show that bone scintigraphy detected traumatic hyperactivity on bone areas that are similar region in trauma story after 2, 12, and even 25 years [33-36]. That no traumatic hyperactivity was detected in bone scintigraphy is considered normal given the long elapsed time.

Torture can leave deep psychological findings. Research shows that Post-Traumatic Stress Disorder (PTSD) and Major Depression are among the most common psychological diagnosis after torture [21, 23, 37, 38]. Physical findings of torture might recover without leaving any trace especially when a long period of time has passed since the time of torture. But even in these patients, it is possible to detect and document psychological findings of torture. In three patients, complaints started after and caused by the trauma and they continue even if they partly diminish in the following 32 years. Existing symptoms and findings can be diagnosed as “Chronic Post-Traumatic Stress Disorder” according to Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV-TR). Two cases were diagnosed with Major Depression in addition to PTSD. When the nature of trauma and existing findings are considered, it is seen that psychological picture took a chronic form and they have not received any treatment. When the previous life history and the psychological state before the event are considered, we reached the conclusion that existing psychological state has emerged in relation to the physical and psychological trauma story and is completely consistent with this story.

4. Conclusion

In this study 3 male torture survivors who have been subjected to prolong and severe torture methods 32 years ago were presented. Scars and psychological complaints that are consistent with the story were identified after too many years.

In approaching trauma cases, it is a requirement of Istanbul Protocol as well as physician’s responsibility of effectively prevention of torture that stories and all findings be evaluated together and in a holistic manner. With a detailed story and examination, the evidence of torture can be revealed even many years later.

In Turkey and many other countries, it would not be possible to express human right abuses and search for justice promptly due to military intervention and repression. In the rehabilitation process of the tortured, acknowledgement of right abuses one is subjected to by others, and to make them visible will have a reparative effect.

A timely effective documentation and investigation are very valuable for an early rehabilitation of psychological trauma. In addition, using evidence-based medicine to make torture visible irrespective of time will help develop feelings of justice not only for the individual but the whole society and will thus contribute to the reparation of social trauma.

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

Acknowledgement We acknowledgement members of Human Rights Association, Gaziantep Branch.

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Chondromalacia Patella and Torture

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Abstract

Chondromalacia patella is a syndrome characterized by degenerative changes of articular cartilage and anterior knee pain, extremely common in athletes. Damage of cartilage may result from acute trauma or overuse. Cartilage damage may also result from direct trauma on the knee or waiting/dragging on the knee constantly in patients who alleged to have been subjected to torture.

Although the relation between trauma and chondromalacia patella has been explicitly described in the literature, the relation with torture has not been reported previously. In this study, we aim to show that patients with history of torture might develop chondromalacia patella and in these patients it is very important to take a detailed story and conduct physical examination and radiological investigation.

From 2002 to 2012, chondromalacia patella was diagnosed in 23 torture survivors among 2901 patients who were subjected to torture according to the Human Rights Foundation of Turkey's Treatment and Rehabilitation Centers' reports. 10 patients who were diagnosed chondromalacia patella that their complaints started right after the torture. The relation between trauma and chondramalacia patella was evaluated in the light of their story, physical and radiological findings.

All patients were male, their mean age at the time of torture was 29.7±6.72 years. Time since torture changed between 5 months and 9 years. Torture methods in their story were direct trauma on the knee by kicking, hitting with truncheon, jumping on the knee or waiting/dragging on the knee constantly. Typical complaints were anterior knee pain. Chondromalacia patella grading were evaluated and relation between torture methods and diagnose was discussed. Chondromalacia patella should be kept in mind in torture survivors if who has complaints and symptoms.

***Anahtar sözcükler**: Chondromalacia Patella, Torture, Trauma, Torture documentation.*

1. Introduction

Chondromalacia patella (CP) is a condition characterized by softening, swelling, fraying, ulceration and erosion of the hyaline cartilage overlying the patella and sclerosis of underlying bone and results in pain in front of the knee. CP is typically caused by overuse of the knee joint, especially in the athletes [1-3]. Clinical features of CP are discomfort and anterior knee pain, crepitus and pain during active movement of the patella. Typical complaints are anterior knee pain that increases with prolonged sitting, squatting, ascending or descending stairs and other activities [1-4]. The most common etiological factors are overuse, sports injury and trauma [1-7]. Some anatomical reasons may be counted among etiological factors, such as severe Patella Alta and in rare cases, abnormal patellar tracking [7].

Diagnosis is based on clinical examination, Magnetic Resonance Imagination (MRI) and arthroscopy. Although arthroscopy is considered to be the gold standard for diagnosing CP [7-9], many studies recommends MRI because it is a non-invasive and easy-to-use method [7, 8, 10-12].

In our clinical experiences, we detected CP among torture survivors who had been suffered from direct trauma on the knee or waiting/dragging on the knee constantly. Although the relation between trauma and CP has been explicitly described in the literature, CP's relation to torture has not been reported yet. In this study, we aim to show that patients with history of torture might develop CP condition and in these patients it is very important to take a detailed story and conduct physical examination and radiological investigation.

2. Materials and Methods

Between January 2002 and December 2012, a total of 6284 patients who alleged to have been subjected to torture applied to the Human Rights Foundation of Turkey (HRFT) for treatment, rehabilitation and documentation of torture. 2901 of them had been subjected to torture according to the HRFT's Treatment and Rehabilitation Centers' Reports *(http://www.tihv.org.tr/index.php?treatment-and-rehabilitation-centers-reports-1*). All files were reviewed retrospectively and there were only the 23 patients' files that reported chondromalacia patella.

13 patients with history of sports activities or accident were excluded from the study. These patients had either fallen directly onto their knees during sport activities or had been involved in motor vehicle accidents, or their complaints had started a long time after torture. This study includes 10 patients who are diagnosed with CP and whose complaints started right after they were subjected to torture. They all noted that they experienced direct trauma on the patella during torture sessions.

Depending on their individual needs, each patient was examined by a multidisciplinary team of physicians and specialists. Age at time of the torture, age at time of the application to the Foundation, torture methods, time since torture, physical findings and MRI reports on their files were evaluated. The relation between trauma and CP was discussed in the light of the story, and the physical and radiological findings.

Unless stated otherwise, the values are appropriately presented either as means ± standard deviation (SD) or percentage. Standard methods were used for descriptive statistics. In order to compare groups in terms of categorical variables Chi-square tests were used. All statistical tests were two-tailed and a P value <0.05 was considered to be statistically significant. Statistical analysis was carried out using Statistical Package of Social Science (SPSS), version 16.0, the (Chicago, IL, USA). During this research ethical principles were taken into account.

3. Results

All 10 patients were male, their mean age at the time of torture was 29.7±6.72 years (range 18-41) and at the time of application was 33.6±8.63 years (range 18-46). Six patients were asylum seekers from Iraq, Central Africa, Angola, Congo and 4 from Turkey. In a 10-year period (2002-2012), 2901 people (46% of the applicants) had been subjected to torture. 10 of 2901 torture survivors (0.35%) had a chondromalacia patella that is caused by torture.

Time since torture changed between 5 months to 9 years. Torture methods in their story include direct trauma on the knee by kicking, hitting with truncheon, or jumping on the knee or waiting/dragging on the knee constantly. Typical complaints were anterior knee pain that increase with prolonged sitting, squatting, ascending or descending stairs and other activities. No pain experienced at rest and at night. CP grading was evaluated according to MRI reports. All MRI reports were taken in the same center in each city (Istanbul, Izmir, and Diyarbakir) where the research is conducted.

Table 1 demonstrates the age (at the time of torture), time since torture, torture methods, and complaints using the MRI grading. Statistical significance was not detected.

50% of patients were registered as grade 1 (Fig 1), and 50% was grade 2-3 (Fig 2). No statistically significant relation was found between grade and torture method (*P:0.208*). However, MRI grades turned out to be higher in patients where there

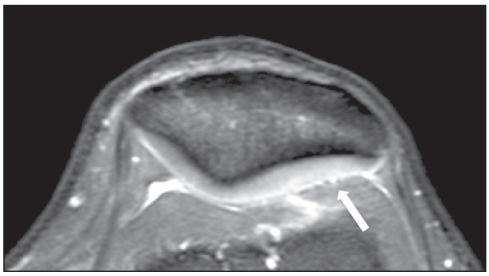

Figure 1: 33-year-old, male. T1-weighted MR image shows surface irregularity in medial facet (arrow), softening and swelling of the cartilage in patellar facet consistent with grade 1.

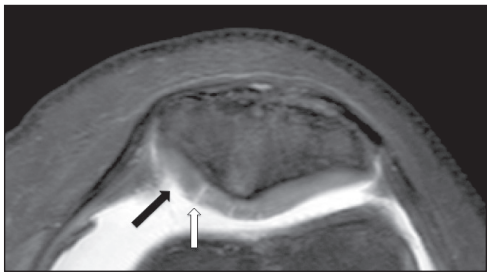

Figure 2: 44-year-old, male. T1-weighted MR image shows focal breakage in cartilage surface of medial facet (white arrow), marked cartilage loss in medial facet (black arrow) consistent with grade 2-3.

were direct traumas on the knee. No statistically significant relation was detected between time since torture and MRI grades. (*P:0.245*).

4. Discussion

It is reported that chondromalacia patella commonly occurs in association with certain vigorous sport activities [13], however drawing on our clinical experiences we showed here that CP can be seen in torture survivors as well. The articular cartilage degeneration develops in athletes due to overuse over years; however it develops as an acute damage in torture survivors.

Much of the literature is derived from clinical series and provides little if any information about the incidence or prevalence of chondromalacia patella in the general population and sports injuries which is the most common cause of CP [1,6,14-17]. Zhang et al [6] in their research among 4068 students show that 20.1% of female and 11.6% of male students from gymnastic department; and 5.61% of female and 4.92% of male students that are not in gymnastic department have CP condition. Some research in China show that the prevalence rate of CP was 36.2% in a random cluster sampling covering 2743 persons among general population [16, 17]. In present study, the prevalence rate of CP was 0.35 % in 2901 torture survivors. This result might be due to the fact that our study includes only torture survivors not general population or those interested in sports and also because MRI was performed only when the patient had complaints. We could not make any comparison with previous research for the relation between torture and CP has not been previously reported in the literature.

Previous studies focused on the grading (arthroscopic and MRI) and the treatment of CP, in this study we show CP can develop in torture survivors as well.

Several systems of classification have been proposed, some based on changes within the cartilage, others on the size of lesion [1,7,8,18,19]. In general, four grades are identified, as exemplified in the following classification:

Grade I: Localized softening with minimal or no break in the surface without a morphological defects; Grade II: shallow fibrillation or fissuring and an irregular surface composing less than 50% of the total thickness of the cartilage surface; Grade III: definite fibrillation with fissuring extending down to the underlying bone, ulceration, partial thickness defect of more than 50% but less than 100% of the cartilage thickness; Grade IV: full-thickness defect, sclerosis and erosion of underlying bone.

Although arthroscopy is considered to be the gold standard for making the diagnosis [7-9,18], MRI is recommended because it is a non-invasive method and it is easily performed for diagnosis [7, 8,10-12]. These studies suggest that the degree of partial thickness defects has a significant subjective variability on the part of both the arthroscopist/orthopedist and the radiologist and they recommended that the MRI grading system can be analyzed in three groups; Grade I: localized softening with minimal or no break in the surface; Grade II-III: partial thickness chondral defect;

Table 1. MRI grading and characteristics of patients

Case No	Age at torture	Time since torture	Torture methods	Complaints	Grade (Gr)
1	31	5 mo	Waiting/dragging on the knee constantly	Anterior knee pain, increase prolonged sitting, squatting, ascending or descending stairs, and other activities, limitation of movement	Gr 2-3
2	31	15 mo	Fallen onto knees, hit back with a truncheon	Anterior knee pain, increase prolonged sitting, ascending or descending stairs	Gr 1
3	37	3 y	Direct trauma on the knee	Anterior knee pain, increase prolonged sitting, squatting, ascending or descending stairs, and other activities	Gr 2-3
4	18	5 mo	Direct trauma on the knee	Anterior knee pain, increase prolonged sitting, ascending or descending stairs	Gr 1
5	41	2 y	Fallen onto knees, jumping on the knee	Anterior knee pain, increase prolonged sitting, squatting, ascending or descending stairs, and other activities, limitation of movement	Gr 2-3
6	32	5 y	Direct trauma on the knee	Anterior knee pain, increase prolonged sitting, squatting, ascending or descending stairs, and other activities, limitation of movement	Gr 2-3
7	24	9 y	Direct trauma on the knee	Anterior knee pain, increase prolonged sitting, ascending or descending stairs	Gr 1
8	31	7 y	Direct trauma on the knee	Anterior knee pain, increase prolonged sitting, squatting, ascending or descending stairs	Gr 2-3
9	29	7 mo	Direct trauma on the knee	Anterior knee pain, increase prolonged sitting, squatting, ascending or descending stairs	Gr 1
10	23	2 y	Direct trauma on the knee	Anterior knee pain, increase prolonged sitting, ascending or descending stairs	Gr 1

mo: months; y: years; Gr: grade

Grade IV: full thickness defect and underlying bone changes [1,7,8]. Gagliaardi et al [1] showed that all imaging techniques are insensitive to the grade I, but for the radiological imagining of grade IV lesions there is no significant difference between the arthrography and MRI.

In this study, 50% of patients were reported grade 1 according to their MRI reports, and the other half were grade 2-3, there were no patient who had grade 4. There was no significant correlation between the grade and torture methods (*P: 0.208*). This result can be due to the limited number of cases in the study. Only one case had a grade 2-3 CP due to the waiting/dragging on the knee constantly, on the other hand direct trauma on the knee was detected in all cases, and higher grade in direct trauma is remarkable. There was no significant correlation between time since torture and grade (*P: 0.245*), (Table 1).

Rehabilitation period was managed with a basic symptomatic program consisting of rest, ice, compression, elevation, anti-inflammatory medications and physiotherapy. However especially patients in grade 2-3 who had cartilage damage might still have some complaints.

5. Conclusion

In torture survivors, the relation between story and physical findings with that of trauma must be assessed. If there are some complaints and symptoms, detailed story and comprehensive evaluation are very crucial for differential diagnosis.

According to the existing literature CP develops as a result of overuse of knees. Drawing on clinical experience this study shows that CP can be detected in torture survivors as well. Chondromalacia patella should be kept in mind when supported with related complaints and symptoms in torture survivors

Acknowledgment

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

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