



HRFT
Human Rights Foundation of Turkey

**TREATMENT and REHABILITATION
CENTRES REPORT
2013**

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FOREWORD

Şebnem Korur Fincancı¹

We are worried...

Turkey has witnessed and still witnessing severe violations of human rights since last year.

We are in mourning...

We are carrying the weight of a life which we live, while a child has been shot with the direct order of the prime minister of this country and has lost his life after nine months of life struggle.

We are leaving a year behind in which youth has been targeted in peaceful demonstrations, tens of people have lost their sight or left disabled due to the violations of human rights and government has nurtured the people of this country to enmity towards each other.

We are condemned to live in an enormous detention center where theft is inured which we can't know about until those who were hiding it decides to share their information when the time is right for them; and where there is an unremitting surveillance by which our every step can be used against us as the occasion arises.

There is a continuous struggle for existence for us under conditions in which contrarians are being taken hostages, new alliances are formed while invalidating the old ones and we can hear the footsteps of the massacres in the very identities of these allies.

Foremost among the heroes of this struggle is the youth with a glow right inside their eyes while the first time in their lives pouring into streets to defend their rights and fearlessly protect a shadow of a tree. They are the people who made this terrifying year more livable and who gave us hope.

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

We will overcome these bad times and our common laments with those people holding hands together in the midst of gas clouds and making their differences into the colorfulness of solidarity.

The Human Rights Foundation of Turkey has acquitted itself well from this troublesome year with the great efforts of our devoted friends. The processes of monitoring and treatment of applicants, which their number has reached its highest since the times of hunger strikes, has become possible with our ever-mounting volunteers and all of our staff who worked in documentation processes of violations of rights.

In solidarity with Human Rights Association and Turkish Medical Association, we have become an inseparable part of a humanity struggle which is the very product of the efforts of many people, with our efforts to document the violations of rights, support the mobile health centers and carry on our works in HRFT centres. And we will pursue to be. The only way to end our mourning and leave our worries behind is to intensify our struggle. Being a human rights defender is not enough, we have to be human rights activists!

Let's struggle in solidarity!

This is just a beginning, continue to struggle!

Ankara, March 2014

INTRODUCTION

Metin Bakkalçı¹

Human Rights Foundation of Turkey (HRFT) has established in 1990, to provide physical and psychological treatment and rehabilitation to those who were subjected to torture and other cruel, inhuman, degrading treatment or punishment, and to document human rights violations.

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

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

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

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

Many of the victims of torture and ill-treatment are also affected by the other elements of the sophisticated traumas. With the awareness that more than medicine will be needed for the most comprehensive treatment possible, the HRFT has been working

¹Coordinator of Treatment and Rehabilitation Centres, M.D.

on the development of a better integrated and multi-disciplinary programme for also coping with the complex and social trauma problems since 2004.

The HRFT is continuing its works to provide treatment and rehabilitation services to torture victims in five treatment and rehabilitation centres in Adana, Ankara, Diyarbakır, İstanbul and İzmir. Since its establishment until the end of 2013, the HRFT served 14.421 torture victims and their relatives in five HRFT centres.

In the light of information we gathered over the years, it has been predicted that approximately 350 torture victims and their relatives would apply to HRFT. However, we had 869 applicants in the year of 2013.

The main reason for this unpredictably high numbers of applications, is that the peak in 2013, of unfavorable developments in the area of human rights as a cause of authoritarianism of political power, and also the intensified violence of police. Surely, the most prominent event of this year was the disproportional and excessive violence of police in Gezi Park protests which may be the most important societal movement of our recent history in terms of its duration and extensity. As a consequence of this violence, six people have lost their lives, thousands of people have injured and hundreds of people have their organs severely injured or even lost, in the period of June-September 2013. As Tanıl Bora, member of our Founders' Committee, has emphasized in his article involved in this report, the hateful and unrecorded violence that police used during Gezi Park protests, simply can be categorized as lynch.

The total of 297 people have applied to HRFT between June and September 2013, who were subjected to the violence of police or their relatives. The datum and results of the treatment and rehabilitation services provided for these applicants are evaluated in our report as a distinctive work.

Moreover, the political, social, legal and psychological impacts and consequences of the violence experienced in Gezi Park protests are tried to be examined in this report, with extremely worthwhile articles.

On the other hand, to be able to accept applicants from those provinces without a treatment and rehabilitation centre of HRFT, "Five Cities" project has continued in 2013, as it did since 1993. Within the scope of this project, the number of applicants in 2010 was 57; 118 in 2011; 143 in 2012 and 150 in 2013. Although 50 applications were predicted each year, there is an increase in the number of applicants over the last three years, which is mainly due to the condensed works of HRFT Diyarbakır centre in the nearby provinces. Within the "Five Cities" project, there were 95 applications to Diyarbakır centre, 42 applications to Adana centre and 13 applications to Ankara centre. This situation reveals the necessity to improve the programmes in forthcoming periods for Diyarbakır and nearby cities where severe and grave human rights violations are intensely taking place in relation to the Kurdish issue.

Again, the programme of “Mobile Medical Team” which was initiated in 2008, has continued in 2013 for the regions without any HRFT centre where severe/grave torture and human rights violations are taking place.

Within the scope of “Treatment and Rehabilitation Project”, many educational (İstanbul Protocol trainings in Turkey and abroad; psychotherapy training; educational programs about tear inducing chemicals; training for gender-based violence in context of conflict, etc.) and scientific (“22 Years of Inclination of Torture in Turkey” and “An Identification Method for Torture Research: Study of Bone Scintigraphy” which both are projected to be completed by the end of 2014; publication of previously completed scientific works) works have been carried out in 2013.

Along with the treatment and rehabilitation workings, activities for the purpose of prevention of torture have been strengthened.

Within this framework, total of 123 alternative forensic medical report/epicrisis have been prepared in 2013. Also, some works have been done to actualize an operative National Prevention Mechanism which is a necessity according to the United Nations Optional Protocol to the Convention against Torture (OPCAT) which proposes an important potentiality in preventing the torture. Moreover, we have made provisions for the “Fourth Periodic Report about Turkey of the United Nations Committee Against Torture” and “Alternative Report for the United Nations Human Rights Council Universal Periodic Review”.

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

Surely, all of these work, are the very products of devoted Founders’ Committee members, members of Executive Board and hundreds of mindful people from different professional fields and social groups who are working together for the same purpose across the country, primarily the medical staff, lawyers and defenders of human rights across the country

We are expressing our gratitude to everyone who have contributed and be on our side, and to all relevant institutions, mainly Human Rights Association and Turkish Medical Association who have supported us since the beginning

Ankara, March 2014

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

**2013
Evaluation Results**

EVALUATION RESULTS OF THE HRFT'S TREATMENT AND REHABILITATION CENTRES FOR THE YEAR 2013¹

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. Our experiences till today and scientific studies have also shown that torture effects those close to the victim, too. 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 a part of the solution for psychological problems associated with the traumatic experience.

HRFT continues to conduct treatment and rehabilitation activities through our centres in the provinces of Ankara, İstanbul, İzmir, Adana and Diyarbakır. 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 coordinate every stage of the treatment process. The results of this work and evaluations have been documented and publicised in annual reports.

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

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 government; institution or individual 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 obtain information about the activities and services provided by the HRFT and the financial and social support enabling them to access HRFT's services.

HRFT has created a humanitarian-medical institution by which it coordinates multidisciplinary activities of health professionals from different backgrounds and branches who share a common view regarding the treatment a torture victim as an ethical responsibility of health professionals.

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

Throughout the 23 years since its foundation, HRFT has got the total number of 14.421 applicants. 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 constituted a fairly small portion of torture victims in Turkey.

METHODOLOGY

In 2013, 869 people applied to the Treatment and Rehabilitation Centres in Adana, Ankara, Diyarbakır, İstanbul and İzmir. 25 of these applicants were acquaintances or relatives of torture survivors. The following evaluation presents information obtained from interviews and medical examinations from 844 of the 869 applicants who stated that they had been subjected to torture and ill-treatment. Physicians 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 developed computer programme called the "Human Rights Foundation of Turkey Applicant Recording". The data gathered in this programme was analysed by various data processing and statistical programmes and it was evaluated in two major phases. Analogue data was transferred through the appropriate statistical programmes and the corresponding graphs and tables were obtained.

The work of the Treatment and Rehabilitation Centres in 2013 has been evaluated in three sections. The first section includes interpretation and evaluation of the data regarding all of the applicants in 2013. 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 2013. The third and last section includes reports in respect to Gezi Park protests which took a very important place both in Turkey's agenda and the applications to the HRFT centres.

In first two 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 2013 and the channels of contact which directed the applicants to the HRFT.

844 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 2013. 25 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 2013 according to the centres of the foundations is presented in Table 1.

Table 1: The distribution of the applicants in 2013 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	99	-	99
Ankara	90	7	97
Diyarbakır	170	1	171
İstanbul	398	5	403
İzmir	87	12	99
Total	844	25	869

Among the 869 applicants, 500 people stated that they had been subjected to torture and ill-treatment in detention (TID) in 2013. In 2010, the number of applicants subjected to torture and ill-treatment in their year of application was 160 applicants out of 343 (%47), in 2011 it was 224 applicants out of 484 (%46), and in 2012 it was 236 applicants out of 506 (%47).

When looked at the distribution of applicants to the HRFT centres, one can see that there was a noticeable decrease in the number of people subjected to torture or ill-treatment in Diyarbakır, while at the same time there was an significant increase in Ankara, İstanbul and Adana. As we will mention later, it is apparent that the number of applicants increased in four cities where Gezi Park protests were more intense. The distribution of applicants in 2013 according to the HRFT's centres is given in Table 2.

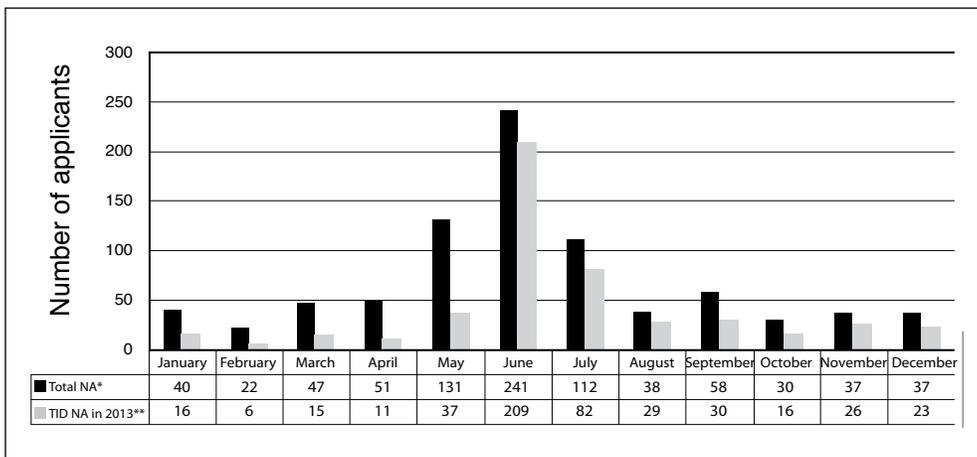
Table 2: The distribution of the applicants who stated that they had been subjected to torture and ill-treatment in detention in 2013 according to the HRFT's Treatment and Rehabilitation Centres, and their proportion to all applicants

HRFT Centre	Number of TID* Applicants in 2013	Total Number of Applicants	Proportion to all Applicants (%)
Adana	24	99	24
Ankara	69	90	77
Diyarbakır	15	170	9
İstanbul	345	398	87
İzmir	47	87	54
Total	500	844	59

*TID: Torture and ill-treatment in detention

The distribution of the applicants according to the months in 2013 is given in Chart 1. 484 of all applicants (%57) applied to HRFT in the months of May, June and July. Liberated people with the 4th Judicial Package, precluded May 1 demonstrations and Gezi Park protests are the main reasons why applications to HRFT intensified in these three months. The ratio of the applicants in May to all applicants is %16 (among which %4 has been tortured in the year 2013); whereas the ratio of the applicants in June to all applicants is %29 (among which %25 has been tortured in the year 2013; lastly the ratio of the applicants in July to all applicants is %13 and %10 of these applicants has been tortured in 2013.

Chart 1: The monthly distribution of applicants in 2013



**NA: Number of applicants **TID: Torture and ill-treatment in detention*

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 2013.

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 2013

Information Channel	All Applicants	%	TID in 2013	%
Human Rights Association	225	30	211	42
NGO or parties	199	24	70	14
Recommendations of other HRFT applicants	153	18	64	13
Directly	109	13	60	12
Lawyers	60	7	53	11
Recommendations of volunteers in the HRFT	40	5	25	5
Recommendations of the HRFT staff	23	3	13	3
Press	3	1	4	1
Total	844	100,0	500	100,0

The work of the HRFT Treatment and Rehabilitation Centres in 2013 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 500 applicants who stated they had been tortured or ill-treated in 2012 will be analyzed separately. The second section and the third section in which we gave coverage to Gezi Park protests aims to determine the current situation in Turkey regarding torture. As a result, the evaluation of the year 2013 will be made in the second and third sections 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 2 to 76. In 2012, the range was between 9 and 76. One and most important of the reasons of this decrease at the lowest age of applicants is the excessive and disproportionate usage of chemical tear gases by police in not only street and avenues, but also in metro entrances, schools, hospitals and crowded places.

The average age of the applicants is 33,8, representing 2 years increase from 2012. This increase in the average age is caused by the decrease in the applicants below the age 18 is decreased with the proportion of approximately %5, as it happened in the last two years. There was 50 applicants under the age of 18 in the year 2010 and its ratio to total number of applicants was %14,6; it was 73/%15,1 in 2011 and it was 50/%9,9 in 2012.

The main reason why there are still applicants below the age of 18 is violent police interventions to the demonstrations of high school students who are especially against the college entrance system and also demanding free education.

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. 37 applicants under the age of 18 stated that they had been subjected to torture and ill-treatment in the year 2013.

To present explanations for the increase of child applicants over the years, in order to be more accurate, only the applicants who experienced torture in 2013 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 and 2012, it was closer to one quarter, as this year with the proportion of %24 (205 applicants).

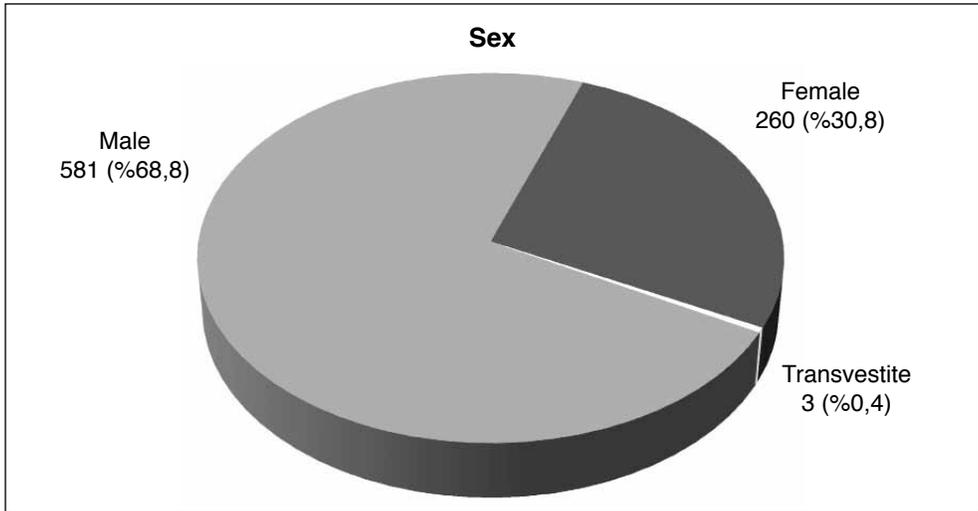
%29 of all applicants were under the age of 25. This number was %42,9 in 2010, %37,6 in 2011 and %37,8 in 2012. The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to their age is presented in Table 4.

Table 4: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to their age

Age Group	Number of Applicants	Percentage%
0-18	43	5
19-25	205	24
26-30	152	18
31-35	139	16
36-40	88	10
41-45	53	6
46 and above	164	19
Total	844	100,0

As seen in the Chart 2, 581 of the applicants are males (%68,8) and 260 of the applicants are female (%30,8). Although the female to male applicants ratio changes a little each year, it generally remains at around 1:3. In addition, 3 transwomen applied to the HRFT in 2013.

Chart 2: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to their sex



2- Place of Birth

Most applicants to HRFT centres in 2013, were born in the Southeast Anatolian and Marmara regions of Turkey which are in the first and second ranks. Last year, applicants who were born in Marmara region were constituting the %10 of all applicants. The reasons of this rise are May 1 and Gezi Park demonstrations which led increased number of applicants to our İstanbul centre. Those applicants which were born in Eastern Anatolia region which were in the first or second rank in the last years, are in the third rank in 2013. But again, nearly half of the applicants (%43) were born in Southeast and Eastern Anatolia. Fourth is those who were born in Central Anatolia region (%12), and fifth is those who were born in Mediterranean region (%10). The percentages of the applicant who were born in Black Sea and Aegean regions are the same (%7). The percentage of applicants born outside Turkey is %7. This percentage was %7,6 in the year 2011. This number was %8 in 2011 and %11 in 2012. The majority of these applicants 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 İstanbul (98 applicants, %12). The reasons for the increased number of applicants from İstanbul is presented before. Second most applicants were from Şırnak (64 applicants, %8) and third most were from Diyarbakır (63 applicants, %7). The distribution of other cities is: Ankara (54 applicants, %6), Mardin (45 applicants, %5), İzmir (39 applicants,%5), Tunceli (27 applicants,%3), Adana (27 applicants, %3), Mersin (25 applicants, %3), Bitlis (21 applicants, %2), Urfa (20 applicants, %2), Siirt (18 applicants, %2), Hatay (18 applicants, %2), Sivas

(15 applicants, %2), Bingöl (14 applicants, %2), Batman and Hakkari (each have 12 applicants and %1 percentages), Muş (11 applicants, %1) and Tokat (10 applicants, %1).

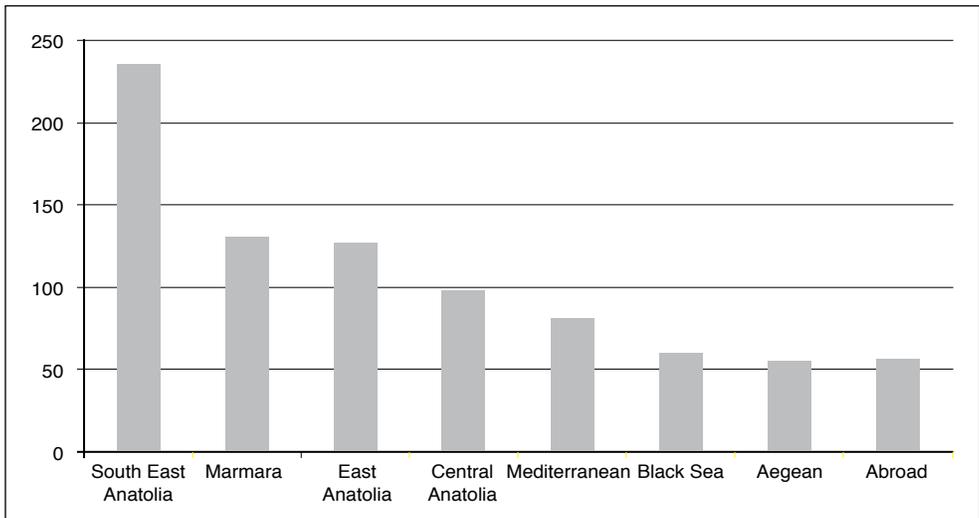
Although the applicants were not asked about their ethnicity, as a high number stated their place of birth as South Eastern or Eastern Anatolian Region (363 applicants, %43), it can be said that the citizens of Kurdish origin are more often subjected to torture and ill-treatment. This percentage was %56,9 with 195 applicants in 2010, %47,7 with 231 applicants in 2011 and %53,8 with 272 applicants in 2012.

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.

37 of 56 applicants who were born abroad were either in the status of refugee or asylum-seeker and 34 of these applicants stated that they have been subjected to torture in their country of origin. As in the last years, majority of these applicants are from Iran (21 applicants).

Chart 3: The distribution of the applicants to the HRFT’s Treatment and Rehabilitation Centres in 2013 according to their place of birth



3- Level of Education and Employment Status

267 (%31,9) of all applicants graduated from high school; 205 (%24,3) are university or college graduates; 129 (%15,3) are middle school graduates; 117 (%13) are primary school graduates and 58 (%6,9) dropped out of college or university. 27 (%3,2) of all applicants are just literate and 41 (%4,9) applicants are illiterate. A more

detailed distribution of the educational level of the applicants is provided in Table 5. Six applicants who are still attending school have been counted as either literate or primary school graduates, and 121 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 2013 according to their education level

Education Level	Number of Applicants	%	Number of Applicants in 2012	2012 %
University/College Graduate	205	24,3	66	13,0
Dropped out of University	58	6,9	24	4,7
High School	269	31,9	174	34,4
Middle School	129	15,3	98	19,4
Primary School	115	13,6	98	19,4
Only Literate	27	3,2	30	5,9
Illiterate	41	4,9	16	2,3
Total	844	100,0	506	100,0

In regards to employment status, 269 applicants (%35,1) were unemployed at the time of the interview. (the possible changes in the status of employment of applicants occurred between the time of their application and preparation of this report, are ignored). This proportion was %45,3 (229 applicants) in 2012, %41,5 (201 applicants) in 2011, %47,8 (164 applicants) in 2010 and %36,2 (147 applicants) in 2009.

40 of these applicants (%13,5) are university graduates, 33 (%11,1) are dropped out of college or university, 67 (%22,6) are high school graduates, 48 (%16,2) are middle school graduates, 64 (%21,6) are primary school graduates, 17 (%5,7) are only literate and 27 (%9,1) are illiterate. Desperate straits that the country is going through, increased current deficit and lack of proper employment system for the youth have also redounded on applications to HRFT. The unemployment rate of those who dropped out of universities is dramatically increased; this rate was %6,6 with 15 applicants in 2012. There is also an increase in the rate of unemployment of illiterate applicants; the rate was %2,6 with 6 applicants in 2012. 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 constitutional alterations targeting certain occupational groups and trade-union movements as well as periodical governmental discourses against disadvantaged social groups. Political, economical diversifications and visible variations in terms of identities and statuses this year, is remarkable. This indicates that people from every social strata is showing reaction to the legislative, executive and judicial practices; and those who are critical against these practices have become targets whether they are in Kırklareli, Ankara or İstanbul, as we saw in Gezi Park protests.

Looking at the distribution of students, 28 of the 43 applicants under the age of 18 are primary or middle school students and 2 are college of university student. %25,6 (11 applicants) of the applicants in this age group are not continuing their education. This rate was %52 in 2012 and %60,3 in 2011. Although this rate seems to be dropped, it is still significant in terms of showing that one quarter of this group of applicants are not continuing their education. The reasons for the discontinuance of education could be social and economical handicaps that Kurdish families and children face after forced migration, and also oppression and constraints originating from governmental laws, especially from the Law to Fight Terrorism. An another reason can be the loss of rights as a result of long period of detention and conviction. For the applicants in this category, a method to further investigate the reasons for discontinuance of education is not necessary. Besides, developing social support programs for these applicants is as important as rehabilitation services. When we look at the occupational status of applicants, it can be said that the number of applicants who are employed in press organs is dramatically increased with 37 applicants. This number was 7 in 2012 and 4 in both 2011 and 2010. The cause for this increase is that the law enforcers almost targets press workers during interventions to demonstrations, as we have seen in Gezi Park protests.

In addition, there is an increase in applications of artists (%3) with 25 applicants. This can be an indication of diversity in attendance to Gezi Park protests and public opposition. A detailed

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 2013 according to their employment/profession

Profession or Employment	Number of Applicants		%	
	2013	2012	2013	2012
Unemployed	296	229	35,1	45,3
University/College student	131	73	15,5	14,4
Office worker in private sector (secretary, bank clerk etc.)	70	16	8,3	3,2
Tradesman, tourism operator etc. (Self-employed)	58	24	6,9	4,7
Primary or secondary school student	40	23	4,7	4,5
Journalist or employed in media sector	37	7	4,4	1,4
Industrial worker in private sector	32	30	3,8	5,9
Retired	31	12	3,7	2,4

Table 6: Cont.

Employed in an NGO	31	10	3,7	2,0
Artist	25	5	3,0	1,0
Construction worker	14	16	1,7	3,2
Teacher	11	9	1,3	1,8
Housewife	11	17	1,3	3,4
Office worker in public sector (secretary, bank clerk etc.)	11	8	1,3	1,6
Engineer	10	2	1,2	0,4
Lawyer	9	8	1,1	1,6
Instructor	8	1	0,9	0,2
Industrial worker in public sector	5	3	0,6	0,6
Worker in agricultural sector	4	1	0,5	0,2
Street vendor	2	7	0,2	1,4
Farmer, fisher etc.	2	2	0,2	0,4
Nurse	2	1	0,2	0,2
Architect	1	2	0,1	0,4
Doctor	1	-	0,1	-
Children aged 0 to 5	2	-	0,2	-
Total	844	506	100,0	100,0

B- PROCESS OF TORTURE

Assessing the dates when the 844 applicants who applied to the HRFT in 2013 were last tortured or ill-treated, one can see that 537 were subjected to torture or ill-treatment in 2012. 230 applicants were subjected to torture and ill-treatment between the years 2007 and 2011, 35 were between the years 2012-2008 and 29 were tortured and ill-treated between the years 2007-2001 and 48 were tortured or ill-treated before the year 2001. Since 2006, %65-70 of the applicants had been tortured in the year of application. This rate was around %50 in the past two years. However in 2013, as a result of rising public opposition especially in the months between May and October, the percentage increased to %64. In the years of 2011 and 2012, 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 2013 according to the period when they were last tortured

Year of the Most Recent Torture	Number of Applicants
2000 and before	48
2001	1
2002	3
2003	1
2004	2
2005	6
2006	7
2007	9
2008	27
2009	24
2010	32
2011	59
2012	88
2013	537
Total	844

1- Process of Detention and Torture in Detention:

805 of the applicants (%95,4) in 2013, stated that they have been subjected to torture for political reasons (this proportion was %86,6 in 2012, %88,4 in 2011 and %83,4 in 2010), 33 (%3,9) were detained for non-political reasons (this proportion was %11,5 in 2012, %11 in 2011 and %14,3 in 2010), 4 (%0,5) because of their gender identity and 2 (%0,2) for seeking asylum.² While the percentage of those detained for non-political reasons among all applicants slightly increased during the past years (%8,6 in 2004, %5,2 in 2005, %11,7 in 2006, %13,8 in 2007, %18 in both 2008 and 2009, %16,7 in 2010, %11,6 in 2011 and %13,5 in 2012), it decreased by %7,6 in 2013 compared to the last year. The main reason for this decrease is again the social mobility in the period between May 2013-October 2013.

The decreasing trend in the length of detention period had continued in the year of 2013. %62,8 of the applicants in 2013 were detained for less than 24 hours, which assigning the highest percentage among percentages of applicants' length of detention periods in 2013 and also of all years. In regards to the duration of the most recent detention period of applicants, 530 applicants (%62,8) were detained for less than 24 hours (this percentage was %48,6 in 2012 with 246 applicants), 60 applicants (%7,1) for 2 days (this percentage was %10,9 in 2012 with 55 applicants), 46 applicants (%5,5) for 3 days (this percentage was %9,9 in 2012 with 50 applicants), and 131 applicants were detained for 4 days (this percentage was %17,2 in 2012 with 87 applicants).

²This number indicates the number of applicants who have been subjected to torture or ill-treatment for political or non-political reasons while seeking asylum in their origin country. Applicants who have been subjected to torture or ill-treatment as an asylum-seeker or refugee in Turkey are in other category.

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

Table 8: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the duration of their most recent detention

Duration of the Most Recent Detention	Number of Applicants	%
Less than 24 hours	530	62,8
24-48 hours	60	7,1
49-72 hours	46	5,5
73-96 hours	131	15,5
5-7 days	18	2,1
8-15 days	17	2,0
16-30 days	22	2,6
More than 1 month	20	2,4
Total	844	100,0

Regarding the place where the applicants were detained, it appears that 569 applicants (%67,4) were detained while they are in outdoors (%55,5 with 281 applicants in 2012), and 175 (%20,7) applicants were detained at home (%24,9 with 126 applicants in 2012).

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 2013 according to the place of their most recent arrest

Place of the Most Recent Arrest	Number of Applicants	%
Outdoors	569	67,4
Home	175	20,7
Public Office	34	4,0
Workplace	31	3,7
Organisation(NGO Office, press Office etc.)	13	1,5
Other	16	3,2
Not known	3	0,4
Total	844	100,0

When Table 8 and Table 9 are evaluated with the data presented in Table 11 below, it can be seen that the data are coherent and consistent. Detention periods less than 24 hours (Table 8), detentions from the outdoors (Table 9) and torture in street or outdoors (Table 11) have reached an all-time high. This is an indication of the practice of torture and ill-treatment during unrecorded detention which drastically increased in the last years. As we have seen in Gezi Park protests as a case of point,

individuals are being subjected to torture and ill-treatment (after identification control and camera shootings) by law enforcers who made them wait in vehicles, outdoors or other non-official detention places without implementing the legal procedures of detention after arresting the them. This is, in other words, are the diffusion of torture to streets. This situation will be evaluated in the second section with recent developments in detail.

The distribution according to the time when the applicants were detained is given in Table 10. Most applicants (%61,4) were apprehended during the day while %18,2 were arrested after midnight. According to the statements obtained of those detained after midnight, it was suggested that the act of detainment itself was intended to disturb, intimidate and/or indeed punish the applicant or their family and friends. This distribution of those taken into custody and exposed to torture and ill-treatment in the year 2013, 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 2013 according to the hour of their most recent detention

Time of last arrest	Number of Applicants		%	
	2013	2012	2013	2012
08:00 – 18:00	518	355	61,4	70,2
18:00 – 24:00	151	61	17,9	12,1
24:00 – 08:00	154	90	18,2	17,8
Not known	21	0	2,5	0
Toplam	844	506	100,0	100,0

Regarding the distribution of the places of the most recent torture (Table 11), 242 applicants (%28,7) were tortured at security directorates, 410 applicants (%48,6) outdoors or on the streets and 43 applicants (%5,1) at police stations.

In 2012, 207 applicants (%40,9) were tortured at security directorates, 113 (%22,3) in outdoors or on the streets and 41 (%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.

While the percentage of the applicants who have been tortured in outdoors were around %15-22 in the past years, it reached its peak with %48,6 as a consequence of the particular conditions of 2013. This points out the previously mentioned tendency about torture: practices of torture occurs before following the legal procedures of detention, to avoid the prohibition of torture and responsibilities to prevent it.

The percentage of the applicants who have been tortured at security directorates is also quite high this year. 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. 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 2013 according to the place of most recent torture in detention

Place of Most Recent Torture in Detention	Number of Applicants		%	
	2013	2012	2013	2012
Outdoors	410	113	48,6	22,3
Security directorates	242	207	28,7	40,9
Police station	43	41	5,1	8,7
Car	29	37	3,4	7,3
Gendarmerie Station	8	9	0,9	1,8
Gendarmerie Headquarters	19	8	2,3	1,6
Home/Work place	13	3	1,5	0,6
Other	29	49	3,4	9,7
Unknown/not remembered	14	8	1,7	1,6
Empty*	37	31	4,4	6,1
Total	844	506	100,0	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 (Table 12), we can see a similar order compared to the last year except that the order Central Anatolian region rose by two ranks.

Table 12: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the region of their most recent torture in detention

Region of the Most Recent Torture	Number of Applicants		%	
	2013	2012	2013	2012
Marmara	376	169	44,5	33,4
South-Eastern Anatolia	129	86	15,3	17
Mediterranean	91	79	10,8	15,6
Central Anatolia	84	19	10,0	3,8
Aegean	69	49	8,2	9,7
Eastern Anatolia	18	19	2,1	3,8

Table 12: Cont.

Black Sea	2	4	2,1	0,8
Abroad	38	50	4,5	9,9
Empty*	37	31	4,4	6,1
Total	844	506	100,0	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 (Table 13), İstanbul is, again, in the first place while Ankara is in the second (it was at the sixth place in 2012). Surely, applications during Gezi Park protests had an impact in this ranking. Diyarbakır and İzmir are in the third and fourth places respectively, as in 2012. Şırnak, which was in the lower orders last year, is in the fifth place this year as a result of the visit to the Roboski village by our mobile board of health which was established in Diyarbakır.

Table 13: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the province of their most recent torture in detention

The province of the Most Recent Torture	Number of Applicants	%
İstanbul	371	44,0
Ankara	79	9,4
Diyarbakır	59	7,0
İzmir	58	6,9
Şırnak	50	5,9
Adana	42	5,0
Mersin	34	4,0
Hatay	10	1,2
Aydın	9	1,1
Hakkari	8	0,9
Şanlıurfa	6	0,7
Batman	6	0,7
Antalya	4	0,5
Van	4	0,5
Mardin	4	0,5
Siirt	3	0,4
Konya	3	0,4
Kocaeli	3	0,4
Other provinces	16	1,9
Abroad	38	4,5
Empty*	37	4,4
Total	844	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 (Table 14), we see Anti-Terror Branch of İstanbul in the second rank (it was in the first place in 2010 and 2011, and fourth in 2012), Adana Security Directorate in the first rank (third in 2012) with 27 applicants (%3,2) and Mersin Security Directorate in the third place.

Table 14: The distribution of the applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the specific places of the most recent torture in detention

Centres Where the Most Recent Torture Took Place	Number of Applicants	%
Adana Security Directorate	27	3,2
İstanbul ATB	22	2,6
Mersin Security Directorate	19	2,3
Diyarbakır ATB	18	2,1
Cizre Security Directorate	17	2,0
İstanbul Vatan Security Directorate	15	1,8
İzmir Bozyaka ATB	15	1,8
Ankara Security Directorate	12	1,4
Diyarbakır Security Directorate	11	1,3
Aydın Security Directorate	7	0,8
Diyarbakır Police School	7	0,8
İzmir Security Directorate	6	0,7
Şırnak Gendarmerie Headquarter	6	0,7
Bismil District Security Directorate	5	0,6
Mersin ATB	5	0,6
İstanbul Security Directorate Security Department	5	0,6
İstanbul Security Directorate	4	0,5
Uludere Gendarmerie Headquarter	4	0,5
Şırnak ATB	3	0,4
Siirt ATB	3	0,4
Adana ATB	3	0,4
Batman Security Directorate	2	0,2
Şehitlik Police Station	2	0,2
Siverek Security Directorate	2	0,2
Hatay Security Directorate	2	0,2
Cizre Gendarmerie Squad Headquarter	2	0,2
Bağlar 10 Nisan Police Station	2	0,2
Uludere Security Directorate	2	0,2
Batman Şehit Özkan Police Station	2	0,2

Table 14: Cont.

Ankara ATB	2	0,2
Yüksekova Security Directorate	2	0,2
Other Security Directorate and ATB	24	2,8
Other Police Station	22	2,7
Other Gendarmerie Station/Headquarters	9	1,1
Abroad	23	2,7
Those who weren't subjected to torture in a centre*	471	55,8
Empty**	37	4,4
Unknown	24	2,8
Total	844	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 807 applicants out of a total 944 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.

Table 15: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the methods of torture inflicted during their last detention

Method of Torture	Number of Applicants	%
Insulting	405	50,2
Beating	388	48,1
Humiliating	386	47,8
Exposure to chemical substances	381	47,2
Other threats against the applicant	232	28,7
Other	208	25,8
Death threat	163	20,2
Pressured/cold water	142	17,6
Threats against relatives	101	12,5
Restricting food and drink	99	12,3
Continuous hitting on one part of the body	89	11,0
Forced to obey nonsensical orders	88	10,9
Restricting urination and defecation	86	10,7
Sleep deprivation	76	9,4
Solitary cell	73	9,0

Table 15: Cont.

Asked to act as an informer	68	8,4
Sexual harassment	67	8,3
Blindfolding	64	7,9
Verbal sexual harassment	62	7,7
Stripping naked	59	7,3
Forced to wait on cold floor	55	6,8
Forced to witness (visual/audio) torture of others	55	6,8
Restricting respiration	40	5,0
Falanga	38	4,7
Other positional torture methods	36	4,5
Suspension on a hanger	35	4,3
Electricity	32	4,0
Torture in the presence of relatives/friends	31	3,8
Physical sexual harassment	31	3,8
Pulling out hair/moustache/beard	31	3,8
Squeezing the testicles	25	3,1
Mock execution	21	2,6
Suspending or crucifying	21	2,6
Forced to listen to marches or high-volume music	18	2,2
Strappado	17	2,1
Forced excessive physical activity	17	2,1
Forced medical intervention	13	1,6
Reverse hanging from the legs	13	1,6
Rape	13	1,6
Burning	13	1,6
Rectal search	9	1,1
Vaginal search	1	0,1
Total	3802	4,7*

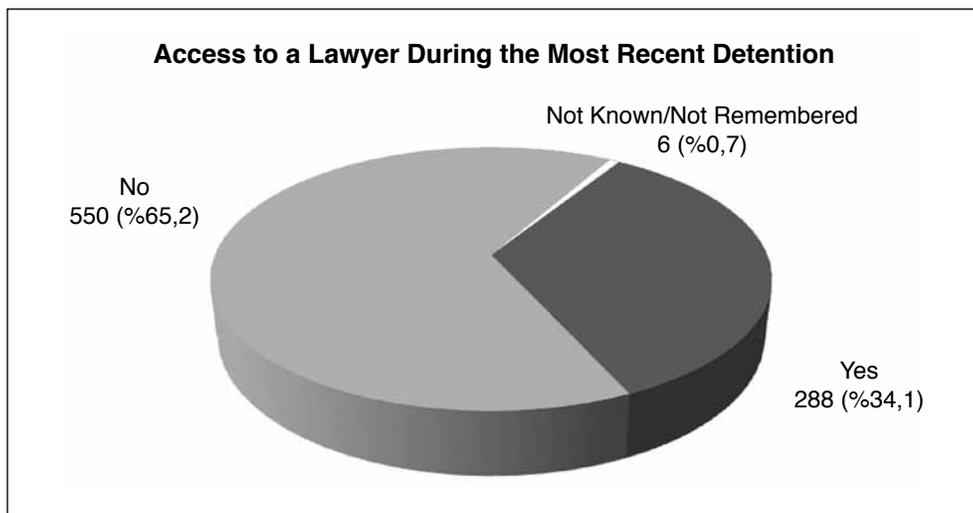
**Average number of torture methods one person is subjected to*

2- Legal Procedures During and After Detention

288 (%34,1) of all applicants in 2013 stated that they were able to meet with a lawyer during their most recent detention (Chart 4). In 2011, this figure was 265 (%54,8) applicants and 261 (%51,6) in 2012. As previously mentioned, the unrecorded detentions during May 1 and Gezi Park protests across the country could be the reason of this decrease in the percentage of the applicants who were able to meet with a lawyer.

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

Chart 4: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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 475 (%56,3). This percentage was %35 with 177 applicants in 2012. 98 applicants (%11,6) were released by a prosecutor or court (Table 16). This figure was %26,7 with 135 applicants in 2012. As it was in the last year, %67,9 of the applicants in 2013 (it was more than %70 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 2013 according to their situation after the most recent detention

Situation After Most Recent Detention	Number of Applicants	%
Released without facing prosecutor	475	56,3
Released by prosecution office or court	98	11,6
Was arrested	270	32,0
Unknown/Not remembered	1	0,1
Total	844	100,0

Regarding the legal process following the most recent detention period for the applicants (Table 17), one can see that almost half of the applicants (421, %49,9) were not tried. This figure was %33,2 with 168 applicants in 2012 and %26,9 with 130 applicants in 2011.

154 proceedings (%18,2) filed against the applicants resulted in a conviction (this number was 134 applicants (%26,5) in 2012; 142 applicants (%28,1) in 2011 and 80 (%23,3) in 2010). 163 applicants (%19,3) are continuing at trial (142 applicants (%28,1) in 2012 and 120 applicants (%24,8) in 2011).

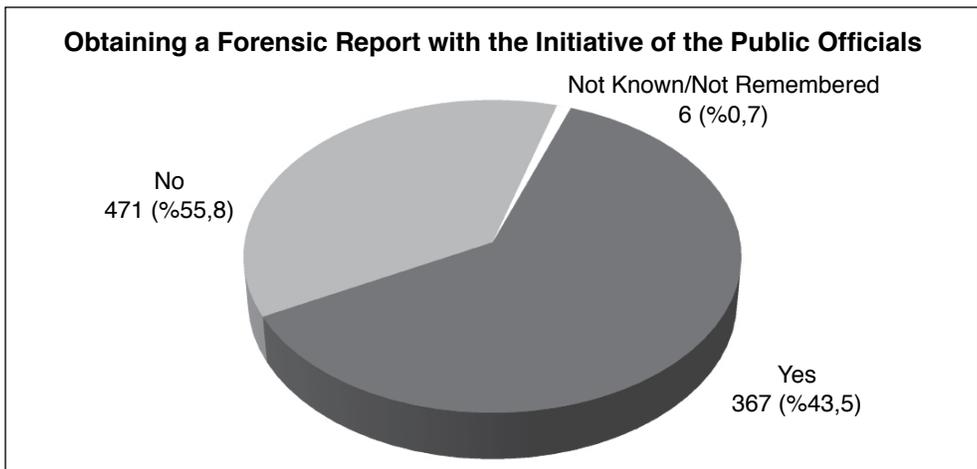
What can be understood in the Table 16 and Table 17 with the consideration of Chart 4, is that detentions are mostly arbitrary treatments and they applied incorrectly. Also, it can be said that, in recent years, detentions are used as an oppression method against for those who wants to explain or verbalize their opponent political views.

Table 17: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2013 according to the legal procedure after their most recent detention

Legal Procedure	Number of Applicants	%
Applicant was not tried	421	49,9
Trial in progress	163	19,3
Applicant was tried and convicted	154	18,2
Whether a suit has been filed or not is unknown	88	10,4
Applicant was tried and acquitted	12	1,4
Applicant was tried, result is unknown	6	0,7
Total	844	100,0

The number of applicants who obtained a forensic report after their most recent detention at the initiative of officials was 367 (%43,5)(Chart 5). This number was 313 (%61,9) in 2012.

Chart 5: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2013 according to whether they obtained a forensic report on the initiatives of public officials after the detention or not



239 applicants out of 367 (%65,1), were examined in hospitals, while 78 applicants (%21,3) were examined at branches of the Council of Forensic Medicine and 6 applicants (%1,6) were examined at the Council of Forensic Medicine. In other words, %88 of the applicants were examined and had their reports drafted by an expert (Table 18). However, as it can be seen in Table 19, most of these reports are problematic. Furthermore, 104 applicants stated that they obtained forensic reports out of their own initiative after their most recent detention and 57 of these applicants have filed criminal complaints.

Table 18: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	239	65,1
Branch of Council of Forensic Medicine	78	21,3
Health Centre	32	8,7
Council of Forensic Medicine	6	1,6
Detention centre	3	0,8
Unknown/Not remembered	9	2,5
Total	367	100,0

When the 367 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 past years. Again, approximately half of the applicants (182 applicants, %49,6) who were examined stated that the law-enforcement officers were not taken out of the room during the forensic examination, 195 applicants (%53,1) stated that the physician did not listen to their complaints, 219 applicants (%59,7) stated that he physician did not take note of the complaints and 228 applicants (%62,1) stated they believed the physician did not examine them as was required.

One third of the applicants (110 applicants, %30) stated that the forensic report was in accordance with the medical findings, and around a quarter (93 applicants, %25,3) stated that they had no information about the report. The remaining 164 applicants (%44,7) stated that the prepared forensic report was not in accordance with the findings (Table 19). This data shows that the forensic examination and reporting, which is one of the most important protective tools for the prevention of torture, is not sufficiently made use of and there is a necessity for independent forensic examination centres apart from the Council of Forensic Medicine.

Table 19: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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?	168	45,8	182	49,6	17	4,6	367	100,0
Did the forensic physician listen to their complaints?	163	44,4	195	53,1	9	2,5	367	100,0
Did the forensic physician take note of the complaints?	140	38,1	219	59,7	8	2,2	367	100,0
Did the forensic physician examine as s/he ought to?	128	34,9	228	62,1	11	3,0	367	100,0
Did the forensic physician write a report that was in accordance with the findings?	110	30,0	164	44,7	93	25,3	367	100,0

Only 30 applicants (%3,6) stated that they were tortured during their interrogation by court of prosecutor and 136 applicants (%16,1) filed a separate complaint for the prosecution. 655 applicants (%77,6) stated that they did not file any complaints regarding the torture they had been subjected to. 20 applicants (%2,4) went to the court or prosecutor with the guidance of the foundation.

3- Imprisonment Period

The number of applicants who had been imprisoned at some point was 291 (%34,5). 278 (%32,9) 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 240 months. The total duration of imprisonment period of the 220 applicants with a prison record is given in Table 20.

Table 20: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the duration of their imprisonment

Duration of imprisonment	Number of Applicant	%
0-2 months	9	3,1
3-12 months	84	28,9
13-36 months	95	32,6
37-60 months	56	19,2
61-84 months	21	7,2
85-108 months	8	2,7
109-132 months	7	2,4
11-20 years	7	2,4
Longer than 20 years	4	1,4
Total	291	100,0

Looking at the time that elapsed between the release of the imprisoned 291 applicants and their application to the HRFT, one can see that 97 applicant (%33,3) applied within a month of their release, 128 applicants (%44) applied within 1 to 12 months of their release and the remaining 66 applicants (%22,7) 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.

177 applicants (%60,8) were released by the court pending trial (it was 93 applicants (%42,3) in 2012), while 64 (%22) were released because their sentence had been completed (it was 81 applicants (%36,8) in 2012) (Table 21).

Table 21: The distribution of applicant to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the reasons of release

Reason for Release from Prison	Number of Applicants	%
Released pending trial	177	60,8
End of imprisonment	64	22,0
Amnesty/conditional release	33	11,3
Acquittal	15	5,2
Postponement due to health issues	2	0,7
Total	291	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 291 applicants who have prison records, 90 (%30,9) were held at a F-Type prison. The duration of imprisonment of these 90 applicants varied between 1 month and 10

years. 38 out of 291 applicants (%13,1) who had been imprisoned were kept in an isolated cell, while 32 applicants (%11) stayed in solitary confinement for durations changing between 1 and 120 days when they were 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.

Among 291 applicants with a prison history, 169 applicants (%58,1) claimed that they have been tortured in prison (this figure was %41,8 with 92 applicants in 2012). Also, 8 applicants stated that while in prison, they were taken away to be interrogated again and stated they had been tortured again during this interrogation.

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. 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.

In short, we still see that torture is being widely used as a practice of violation in prisons against the personality integrities of individuals whose freedom has been inhibited.

The distribution of the torture methods that these 169 applicants were subjected to in prison are shown in Table 22.

Table 22: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the methods of torture in prison

Torture Methods	Number of Applicants	%
Insulting	113	66,9
Humiliating	106	62,7
Stripping naked	83	49,1
Forced to obey nonsensical orders	72	42,6
Beating	66	39,1
Hindering visits	55	32,5
Restricted food and drink	41	24,3
Solitary confinement	39	23,1

Table 22: Cont.

Other threats against her/himself	32	18,9
Other	23	13,6
Death threat	21	12,4
Continuous hitting on one part of the body	15	8,9
Restricted urination and defecation	15	8,9
Forced to wait in cold environment	14	8,3
Verbal sexual harassment	13	7,7
Forced to witness (visual/audio) torture of others	13	7,7
Sexual harassment	12	7,1
Sleep deprivation	11	6,5
Restricted respiration	11	6,5
Forced to listen to marches and/or high volume music	10	5,9
Physical sexual harassment	8	4,7
Asked to act as an informer	7	4,1
Pressurised/cold water	7	4,1
Pulling out hair/beard/moustache	7	4,1
Other positional torture methods	7	4,1
Falanga	7	4,1
Blindfolding	6	3,6
Threats against relatives/friends	6	3,6
Suspension on a hanger	5	3,0
Subjecting to chemicals	5	3,0
Squeezing testicles	5	3,0
Forced excessive physical activity	5	3,0
Forced to wear uniform clothing	5	3,0
Electricity	4	2,4
Strappado	3	1,8
Forced medical intervention	3	1,8
Uniform	3	1,8
Mock execution	2	1,2
Reverse hanging from the legs	2	1,2
Suspending or crucifying	2	1,2
Torture in the presence of relatives/friends	1	1,2
Burning	1	0,6
Rectal search	1	0,6
Total	1543	9,1*

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

The distribution of the answers of the 291 applicants with a prison history to the questions about prison conditions is given in Table 23.

Table 23: The distribution of the answers of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 about the prison conditions

Prison Condition	Positive	Partly Positive	Negative	Total
Accommodation	30	68	193	291
Nutrition	5	46	240	291
Hygiene	4	53	234	291
Air ventilation	10	58	223	291
Communication	24	75	192	291
Health	7	48	236	291
Condition of transfers	8	45	238	291
Access to reading materials	30	68	192	290*

**One applicant did not respond to this question due to their illiteracy.*

Of the 291 applicants with a prison history, 134 applicants (%46,0) stated that they had participated in a hunger strike for durations changing between 2 and 269 days at various times and for various reasons. Three applicants stated that they had participated in a hunger strike in 1996 which was initiated in 43 prisons and ended after 12 prisoners' death, to protest the May Memorandum which was issued by the then Minister of Justice Mehmet Ağar. Another three applicants stated that they had participated in hunger strikes which was started when the F-Type prisons first initiated. Others stated they participated in a hunger strike at different times.

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.). It can be said that due to the intension in acute applications and similarities between complaints in 2013, there have been necessities for orthopaedics, ophthalmology, dermatology and pulmonology consultations along with psychiatry.

In this chapter, the treatment process of 844 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

818 of the 844 applicants in 2013 had a psychological or physical problem. During the first evaluation, the applicants indicated a total of 5631 psychological or physical complaints.

Looking at the distribution of these applicants according to the systems, as in 2012, psychological complaints are the most common with %27 (This percentage was %32,8 in 2010 and %34,2 in 2011 and %24,6 in 2012) (Table 24).

Psychological and musculoskeletal complaints were the two most common complaints while the increase in dermatological complaints in 2012 was marked. In 2013, dermatological complaints have been the second common. In the past three years, dermatological complaints were the sixth most common with %6,4 in 2010, fifth most common with %7,6 in 2011 and third most common with %11,2 in 2012).

Table 24: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the frequency of their physical or psychological complaints

System	Number of Complaints	%
Psychological	1514	27,0
Dermatological	842	15,0
Musculoskeletal	811	14,5
General	527	9,4
Digestive	397	7,1
Neurological	363	6,5
Ophthalmological	291	5,2
Respiratory	266	4,7
Ear Nose and Throat	219	3,9
Urogenital	171	3,1
Cardiovascular	96	1,7
Oral - Dental	83	1,5
Endocrinological	25	0,4
Total	5605	100,0

The most common physiological complaint - as a dermatological complaint -, is discolouration of the skin with 307 applicants (%36,5) (164 applicants, %32,4 in 2012 and 95 applicants, %19,6 in 2011). The most common psychological complaint is sleeping disorder which is experienced by 214 applicants (%14,1) (In 2011, 135 applicants with %27,9; and in 2012, 121 applicants with %23,9). 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 2013 according to the frequency of their physical complaints

10 Most Common Physical Complaints	Number of Complaints	% Among the Applicants	% Among the Physical Complaints
Discolouration of the skin	307	37,5	7,5
Headache	172	21,0	4,2
Exhaustion, fatigue	135	16,5	3,3
Visual impairment	133	16,3	3,3
Lower back pain	124	15,2	3,0
Bruise	122	14,9	3,0
Scabbing of the skin	111	13,6	2,7
Abdominal pain	101	12,3	2,5
Coughing	94	11,5	2,3

Table 25: Cont

Rapid fatigue	92	11,2	2,2
Other physical complaints	2700	-	66,0
Total	4091	-	100,0

Table 26: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the frequency of their psychological complaints.

10 Most Common Psychological Complaint	Number of Complaints	% Among the Applicants	% Among the Psychological Complaints
Sleeping disorder	214	26,2	14,1
Anxiety	111	13,6	7,3
Irritability	106	13,0	7,0
Tension	105	12,8	6,9
Concentration impairment	101	12,3	6,7
Nightmares	99	12,1	6,5
Forgetfulness	97	11,9	6,4
Distress	94	11,5	6,2
Being uncomfortable around police	84	10,3	5,5
Flashbacks	71	8,7	4,7
Other psychological problems	432	-	28,5
Total	1514	-	100,0

2- Finding of the Physical Examinations

The total number of physical findings obtained after the physical examinations of 725 applicants is 2191. Looking at the distribution of them according to the systems, one can see that the dermatological complaints is the most common with 945 applicants (%43,1)(In 2012, it was 550 applicants, %29,3). There are 463 applicants (%21,1) with musculoskeletal complaints (In 2012, it was 466 applicants, %24,8), 182 applicants (%8,3) with oral-dental complaints (In 2012, it was the third most common with 223 applicants, %11,9). In 2013, ophthalmological complaints are the third most common with 208 applicants (%9,5) (it was 149 applicants with the percentage of %7,9 in 2012) (Table 27).

Table 27: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to the physical findings of medical examinations

Systems	Number of Findings	%
Dermatological	945	43,1
Musculoskeletal	463	21,1
Ophthalmological	208	9,5
Oral-Dental	182	8,3
Ear Nose and Throat	136	6,2
Digestive system	95	4,3
Respiratory system	64	2,9
Cardiovascular system	46	2,1
Urogenital system	27	1,2
Neurological system	19	0,9
Endocrine system	6	0,3
Total	2191	100,0

The most common findings are, bruises which 265 applicants (%36,6) complained of (In 2011, 90 applicants, %22; in 2012, 147 applicants, %29,1), scar tissue which 143 applicants (%19,7) complained of (In 2011, 59 applicants, %14,4; in 2012, 108 applicants, %21,3). Complaints of scabs and oedema - which were fewer in the past years - are also common this year. Considering that the most common torture method is beating, we see that the medical findings and the torture stories described by applicants, matches.

The violence followed by the disproportionate interventions of police as a result of the approach that regards the protests and demonstrations as situations that must be prevented and banned; and especially the extended authority of police which occurred after the changes in the Law on Police Duties and Entitlements (PVSK) in 2007, have big impacts on this situation.

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. Unfortunately, we have seen many examples of this situation in 2013.

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 2013 according to their physical findings

Ten Most Common Physical Findings	Number of Findings	% Among the Applicants	% Among all the Physical Findings
Bruise	265	36,6	12,1
Scar tissue	143	19,7	6,5
Scabbing of the skin	116	16,0	5,3
Oedema	91	12,6	4,2
Visual impairment	85	11,7	3,9
Muscular pain and sensitivity	84	11,6	3,8
Cuts on the skin	81	11,2	3,7
Pain and restricted movement of the lower back	77	10,6	3,5
Hyperaemia on throat	59	8,1	2,7
Missing teeth	58	8,0	2,6
Other physical findings	1132	-	51,7
Total	2191	-	100,0

3- Psychiatric Symptoms and Findings:

320 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 320 applicants who saw a psychiatrist in 2013, -as in the last years- difficulties in falling or staying asleep, anxiety, irritability or a tendency to outburst, excessive increase or decrease in sleep duration, psychological distress or reactions to stimuli associated with the trauma, physiological reactions and the sense of foreshortened future 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 2013 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
Difficulties in falling or staying asleep	214	66,9	5,5
Anxiety	212	66,3	5,5
Somatic anxiety symptoms (palpitation, distress, sweating etc.)	170	53,1	4,4
Irritability and/or easy outburst	162	50,6	4,2
Increase or decrease in sleep duration	161	50,3	4,2
Physiological reactions to stimuli associated with trauma	138	43,1	3,6
Recurrent and intrusive distressing recollections of the traumatic event	135	42,2	3,5
Sense of foreshortened future	135	42,2	3,5
Intense psychological distress at exposure to stimuli associated with trauma	134	41,9	3,5
Recurrent and distressing dreams of the traumatic of the traumatic event	134	41,9	3,5
Difficulties in concentration	133	41,6	3,4
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	120	37,5	3,1
Sense of detachment or estrangement from others	115	35,9	3,0
Flashback experiences and acting or feeling as if the traumatic event were recurring	113	35,3	2,9
Efforts to avoid activities, people or places that arouse recollection of the trauma	110	34,4	2,8
Hypervigilance	105	32,8	2,7
Markedly diminished interest or participation in significant events	104	32,5	2,7
Fatigue, weakness, lack of energy	101	31,6	2,6
Depressive mood	100	31,3	2,6
Agitation (Irritability, hyperactivity)	96	30,0	2,5
Efforts to avoid thoughts, feelings or conversations associated with the trauma	94	29,4	2,4

Anhedonia, apathy	93	29,1	2,4
Absentmindedness, lethargy	90	28,1	2,3
Exaggerated startle response	90	28,1	2,3
Changes in appetite/weight (increase or decrease)	89	27,8	2,3
Hopelessness, desperation	82	25,6	2,1
Memory impairment	81	25,3	2,1
Dysphoric mood	70	21,9	1,8
Decrease in sexual interest	60	18,8	1,5
Feelings of worthlessness and low self-esteem	55	17,2	1,4
Inability to remember key aspects of the trauma	55	17,2	1,4
Difficulties in decision making	53	16,6	1,4
Reduction in awareness of surrounding environment	45	14,1	1,2
Feelings of guilt	44	13,8	1,1
Blunted affect (or bluntness)	40	12,5	1,0
Diminished psychomotor activities	32	10,0	0,8
Depersonalization	28	8,8	0,7
Derealization	19	5,9	0,5
Suicidal thoughts and/or attempts	16	5,0	0,4
Outspeaking	13	4,1	0,3
Hyperactivity, increased intentional activity	6	1,9	0,2
Delusions	5	1,6	0,1
Convulsive faint	4	1,3	0,1
Hallucinations (visual, audio, tactile)	3	0,9	0,1
Obsession	3	0,9	0,1
Negative symptoms (affective bluntness, superficiality, avolition)	2	0,6	0,1
Diminished orientation	2	0,6	0,1
Expansive mood	1	0,3	0,0
Other convulsive symptoms and deficits	1	0,3	0,0
Disorganized speech or behaviour	1	0,3	0,0
Usage of alcohol and/or drugs	1	0,3	0,0
Compulsion	1	0,3	0,0
Total	3871	-	100,0

4- Diagnoses

The evaluation of the diagnosis of the applicants was carried out among 771 individuals who were diagnosed by the end of 2013. 221 different and total of 1808 diagnoses were determined. 1434 of all diagnoses (%79,3) were physical while 374 diagnoses (%20,7) were psychological.

The most common physical determination was soft tissue trauma (318 applicants, %22,2)(This figure was 48 applicants, %33,6 in 2011 and 164 applicants, %34,7 in 2012).

Among the psychological diagnoses, the most common determination was chronic PTSD with 76 applicants (%20,3)(It was 46 applicants,%10,5 in 2011 and 73 applicants, %15,5 in 2012).

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 2013 according to their physical diagnoses

10 Most Common Physical Diagnoses	Number of Applicant	%
Soft tissue trauma	318	22,2
Cuts or bruises on the skin	111	7,7
Myopia-Hypermopia	56	3,8
Gastritis	54	3,8
Fractured bone	51	3,6
Lumber discopathy	41	2,9
Hypertension	41	2,9
Periorbital bruising	34	2,4
Bronchitis	26	1,8
Myalgia	25	1,7

Table 31: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to their psychiatric findings

10 Most Common Psychiatric Diagnoses	Number of Applicants	%
PTSD (chronic)	76 (46)	20,3 (10,5)
PTSD (acute)	67 (34)	17,9 (7,7)
Acute stress disorder	63 (33)	16,8 (7,5)
Major depressive disorder, sole episode	54 (34)	14,4 (7,1)
Major depressive disorder, recurrent	31 (15)	8,3 (3,4)
Generalized anxiety disorder	27 (22)	7,2 (5,0)
Adjustment disorder	9 (12)	2,4 (2,5)
Other anxiety disorders	8 (18)	2,1 (4,1)
Other psychotic disorders	6 (6)	1,6 (1,4)
Mixed anxiety-depressive disorder	5 (3)	1,3 (0,7)

73 of 844 applicants (%8,6) in 2013, 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 %56,3 of all diagnoses found relevant to the trauma and the torture period was regarded as the only etiological factor (%48,4 in 2012). It is also found that in %10,8 of the applicants, being exposed to torture was one of the etiological factors (%22,7 in 2012) and in %11,7 of the applicants, being exposed to torture have aggravated or inflamed the pathological situation (%12,4 in 2012).

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 844 applicants, 579 (%68,6) received medication, 157 (%18,6) received psycho-pharmacotherapy, 96 (%11,4) received psychotherapy, 94 (%11,1) were given exercise programs, 34 (%4) were provided with glasses, 32 (%3,8) received surgery and 25 (%3) 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 2013 according to the treatment methods applied

Applied Treatment Methods	Number of Applicants	%
Medication	579	68,6
Lifestyle recommendations	340	40,3
Psycho-pharmacotherapy	157	18,6
Psychotherapy	96	11,4
Exercise	94	11,1
Eye glasses	34	4,0
Surgery	32	3,8
Physiotherapy	25	3,0
Orthopaedic implements (Orthesis, crutches, sole support etc.)	12	1,4
Dental treatment	12	1,4
Hearing aid	2	0,2
Total	1383	1,6*

**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. 123 applicants (%14,6) with physical complaints left their treatment process unfinished for various reasons either before a diagnosis was made or after the beginning of the treatment (49 applicants with %9,7 in 2012). When compared with the last year, this rate was increased. 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 2013 according to the results of physical treatment

The Results of Physical Treatment	Number of Applicants
Treatment was completed	475
Treatment continues	121
No disorder was detected related to torture or prison experience	97
Treatment was discontinued after having started	86
Treatment was discontinued without a diagnosis	37
Diagnostic stage continues	11
Applicants could not appear at the first appointment	16
Transferred	1
Total	844

After the evaluation by centre physicians, all applicants were advised to see a psychiatrist. 102 applicants who accepted this advise did not go to the appointment. 54 applicants who were diagnosed with a mental illness did not accept treatment. The percentage of applicants who did not complete their treatment, including those who did not accept treatment, was 13,7 (116 applicants), which represents a decrease compared to the last year (%17,3 with 79 applicants in 2012).

Table 34 shows the results of the psychiatric treatment in 2013.

Table 34: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 according to results of the psychiatric treatment

The Results of Psychiatric Treatment	Number of Applicants
Treatment was completed	60
Treatment continues	110
No disorder was detected related to torture or prison experience	121
Treatment was discontinued after having started	39
Treatment was discontinued without a diagnosis	23
Diagnostic stage continues	9

Table 34: Cont.

Applicant did not appear at the first appointment	102
Physician arranged for psychological treatment	34
Applicant refused a psychiatric examination	291
Applicant refused psychiatric treatment	54
Transferred	1
Total	844

In 2013, the total of 197 (%23,3) applicants did not continue to their treatment. Compared to last seven years, this percentage is in its highest this year. When the treatment processes of those who were tortured in detention examined, it can be seen that the majority of the applicants who discontinued their treatment were the ones who were tortured in detention (%17,4).

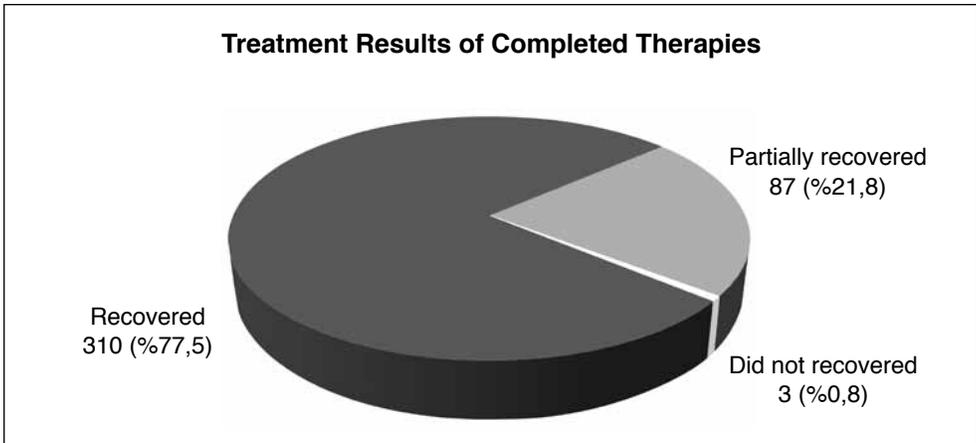
It can be said that this group also includes those who applied to HRFT centres with acute complaints (which later diminished or recovered from) because of the intense usage of pressurized water and chemical gases in public demonstrations started in the last days of May and has become continuous. Almost half of the applicants were completed their treatment (%47,4) while 14 applicants haven't showed up for their first appointment. The course of the treatment and rehabilitation stages of all the applicants in 2013 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 2013

Progress of the Cases	Number of applicants
Treatment was completed	400
Treatment continues	183
No disorder was detected in connection with torture or prison experience	38
Treatment was discontinued after having started	139
Treatment was discontinued without diagnosis	58
Diagnostic stage continues	11
The applicant did not appear at the first appointment	14
Transferred	1
Total	844

310 of the 400 applicants whose treatment was completed in 2013, recovered completely while 87 applicants recovered only partially (Chart 6).

Chart 6: The distribution of the applicants to the HRFT Treatment and rehabilitation Centres in 2013, 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 2013

This section contains a separate evaluation of the social and demographic characteristics of applicants to the HRFT who had been tortured while under security force's control in 2013, as well as an analysis of the information regarding the nature of the torture and medical reviews.

537 applicants stated that they had been subjected to torture in 2013. However, 37 of these applicants' most recent detention was before 2013 and they stated that they have been tortured in prison in 2013.

More than half of the applicants (500 applicants, %59,2) stated that the torture had taken place in 2013 (236 applicants, %47 in 2012). The aim of evaluating the data on torture in detention in 2013 in a separate section is to describe the current situation regarding torture in Turkey, and to evaluate the medical problems that might be seen by those who apply to us immediately after being tortured.

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

A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1- Age and Sex

The applicants' ages range from 2 to 71. The average age is 31,1. There are few main reasons why the average age of the applicants is 2,7 years less than the

average age of all the applicants. Firstly, among those who had been subjected in 2013, the applicants from younger age groups (including the 0-18 age group) constitutes a larger proportion than those from other age groups (%37 of the 0-18 age group with 43 applicants). Secondly, young population was the majority in public demonstrations, especially in Gezi Park protests, in which they had been subjected to the violation of police and caused the average age of applicants to HRFT to decrease.

37 (%7,4) of the applicants who were subjected to torture in 2013 were aged 18 or under and 132 (%26,4) of the applicants were aged 19 to 25. In both age groups, there is an %10 decrease when compared to the last year. The changes in the other age groups are at the rate of %5 or below, except the 41-45 age group. The distribution of the applicants according to their age is given in Table 36.

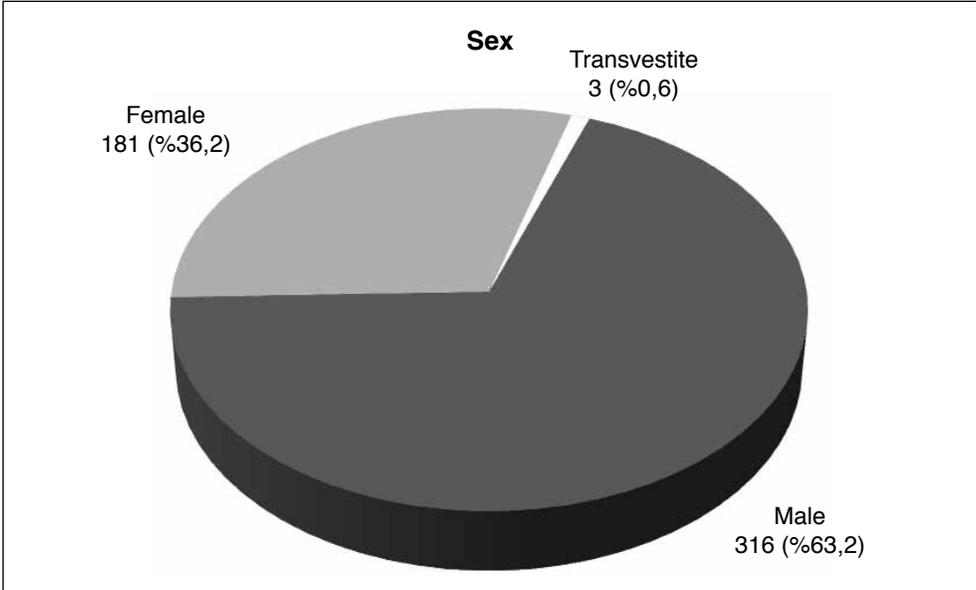
Table 36: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture in the said year according to their ages

Age Group	Number of Applicants		%	
	2013	2012	2013	2012
0-18	37	42	7,4	17,8
19-25	132	84	26,4	35,6
26-30	98	35	19,6	14,8
31-35	73	25	14,6	10,6
36-40	55	16	11,0	6,8
41-45	29	10	5,8	4,2
46 and above	76	24	15,2	10,2
Total	500	-	100,0	-

316 applicants (%63,2) were male (164 applicants, %69,5 in 2012), while 181 applicants (%36,2) were female (70 applicants, %29,7 in 2012) (Chart 7). This year, three 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 more or less is ½ which represents the approximate ratio for this year except a slight change in countenance of the female applicants.

Although a lot of people are being subjected to official or civil violence because of their gender identities, it must not be ignored that only three people applied to our centres. We are continuing to work to provide physical and psychological rehabilitation to LGBT individuals who are being subjected to not only torture, but also to severe discrimination during the official detention process. Nevertheless, it can be thought that LGBT individuals have begun applying to HRFT on the grounds of torture and ill-treatment recently, because of the educational and informative workings aimed to create a public awareness about the issue.

Chart 7: The Distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to their sex



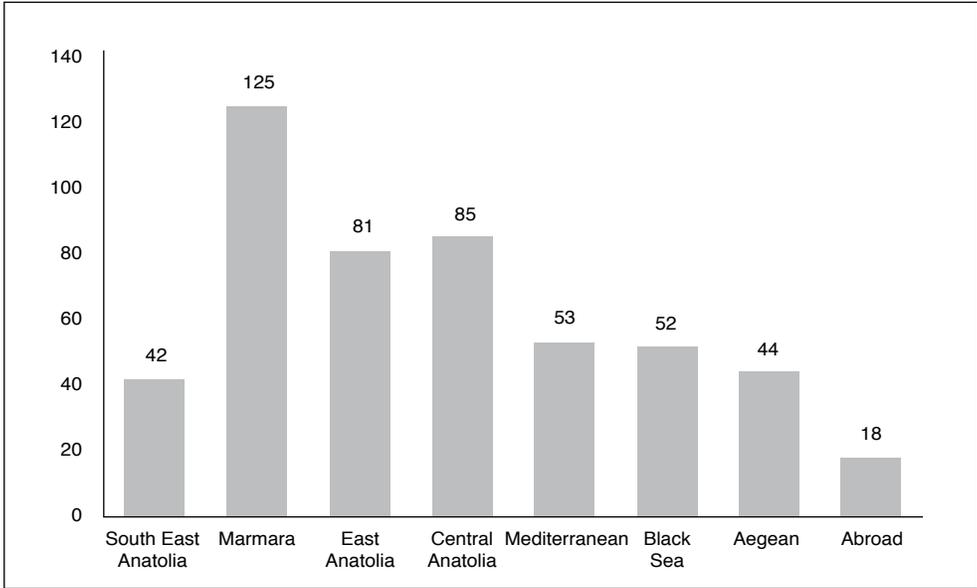
2- Place of Birth:

Exactly one fourth of the applicants were from the Marmara Region (125 applicants, %25) which also constitutes the majority. Those who were from Southeastern or Eastern Anatolia were generally used to take place on the top, in the previous years. In 2013, there were 81 applicants (%16,2, third place) from Eastern Anatolia Region and 42 applicants (%8,4, seventh place) from Southeastern Anatolia Region. Those who were from the Eastern and South-Eastern Anatolian Regions in total, constituted %24,6 of all applicants (in 2012, this figure was %41,9, in 2011 it was %30,8, and in 2010 it was %43,7). %17 (85 applicants, second place) were born in Central Anatolian Region (%7,2 in 2012), %10,6 (53 applicants) in Mediterranean Region, %10,4 (52 applicants) in Black Sea Region (%7,6 in 2012), %8,8 (44 applicants) in Aegean Region (%7,2 in 2012) and %3,6 (18 applicants) were born in abroad (%3 in 2012).

The developments after mutually initiating peaceful solution searching of both sides on the subject of Kurdish issue and Abdullah Öcalan’s (leader of Kurdistan Workers’ Party) call for retreat for those who were celebrating the Newroz in Diyarbakır on March 21, were the factors on the decrease of applications from those who were born in Southeastern and 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 İstanbul (94 applicants, %18,8), followed by Ankara (51 applicants, %10,2), İzmir (31 applicants, %6,2), Tunceli (25 applicants, %5), Hatay (17 applicants, %3,4), Diyarbakır (14 applicants, %2,8), Mersin ve Adana (both 13 applicants, %2,6), Sivas (11 applicants, 2,2), Bitlis (10 applicants, %2). 18 applicants (%3,6) were born in abroad. Last year, first three provinces according to the birthplaces of applicants were İstanbul, Diyarbakır and Mersin, respectively.

Looking at the distribution, it can be seen that İstanbul, Ankara and İzmir have come into prominence. The reason for this could be, of course, the HRFT centres in these provinces. Along with this, however, the intensified reactions and sensibility in these provinces towards the interferences to cities' life, fabric and environment and Gezi Park protests which most intensely and continuously occurred in those provinces, are also important factors.

3- Educational Background and Employment Status

Educational backgrounds of applicants have showed changes this year (Table 37). 188 applicants (%37,6) which constitutes more than one third and also the majority of all applicants were high school graduates (90 applicants with %38,1 in 2012). 160 applicants (%32) were university or college graduates (30 applicants with %12,7 in 2012). In other words, almost one third of all applicants were university or college graduates which showed more than %50 increase when compared to the last year. A similar increase can be seen on the category of university or college dropouts.

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 2013 who were subjected to torture according to their educational background

Educational Background	Number of Applicants		%	
	2013	2012	2013	2012
High School graduate	188	90	37,6	38,1
College or university graduate	160	30	32,0	12,7
Middle school graduate	73	49	14,6	20,8
Primary school graduate	43	46	8,6	19,5
College or university dropout	23	5	4,6	2,1
Just literate	7	9	1,4	3,8
Illiterate	6	7	1,2	3,0
Total	500	-	100,0	-

In regards to the employment status of the applicants, it can be seen that the figure of %24,6 for both university students and unemployed applicants in 2012, has changed (Table 38). 101 applicants (%20,2) were university students while 86 applicants (%17,2) were unemployed. Especially the %7,4 decrease on the rate of employment among applicants and the %8 increase on the office workers on private sector applying, are remarkable. Also, there has been slight changes on the categories of self-employed, journalist, artist and NGO worker. It can be thought that these changes are due to the attendance of those people from different social backgrounds -who weren't used to attend demonstrations before- to public demonstrations in 2013 (especially to Gezi Park protests). At the same time, this data shows that the torture and ill-treatment have become widespread in a way that it reaches to many social groups.

Table 38: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to their employment status

Employment Status	Number of Applicants		%	
	2013	2012	2013	2012
University student	101	58	20,2	24,6
Unemployed	86	58	17,2	24,6
Office worker in private sector (secretary, bank clerk etc.)	62	10	12,4	4,2

Table 38: Cont.

Tradesman (working in shop or office of their own)	37	13	7,4	5,5
Primary-Middle school student	34	19	6,8	8,1
Industrial worker in private sector	27	22	5,4	9,3
Retired	23	6	4,6	2,5
Journalist	23	4	4,6	1,7
Artist	22	4	4,4	1,7
NGO staff	21	4	4,2	1,7
Construction worker	10	9	2,0	3,8
Teacher	9	6	1,8	2,5
Engineer	9	7	1,8	3,0
Lawyer	8	0	1,6	0
Office worker in public sector (secretary, bank clerk etc.)	8	4	1,6	1,7
Industrial worker in public sector	4	2	0,8	0,8
Instructor	4	4	0,8	1,7
Housewife	3	0	0,6	0
Agricultural worker	2	2	0,4	0,8
Farmer, fisherman etc.	2	0	0,4	0
Nurse	2	0	0,4	0
Doctor	1	0	0,2	0
Children aged 0-5	2	0	0,4	0
Total	500	-	100,0	-

B- PROCESS OF TORTURE

In this section, we will evaluate the information obtained from the 500 applicants who were subjected to torture and ill-treatment and applied to one of the five Treatment and Rehabilitation Centres of HRFT in 2013.

1- The Process of Detention and Torture

479 of the applicants (%95,8) who were subjected to torture in 2013, stated that they had been tortured for political reasons (this percentage was %79,7 in 2012 and %83 in 2011). 18 applicants (%3,6) stated that they had been tortured for judiciary reasons (%7,4 in 2012) and 3 applicants (%0,6) because of their gender identity.

This situation is the result of government's violent responses (which causes protests to intensify more) with police and every possible law enforcer officers to those people who are being reactive to protect their rights and liberties. The government which sees every opposition as a potential threat, directed its violence to Gezi Park

protestors which included many people from different social groups, as they did to Kurdish people who are demanding a solution for Kurdish issue.

However, this does not imply that there is a decrease in number of people who were subjected to torture for judiciary reasons. As we have seen from televisions or newspapers within this year, any individual from any social group can be targeted by law enforcer officers even for trivial reasons such as a fight with a neighbour, or faulty parking. 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), as the legal decisions of European Court of Human Rights implies, clearly shows that the torture taking the streets. These type of scenes makes collective applications more common.

As for the length of their most recent detention (Table 39), 438 applicants (%87,6) were detained for less than 24 hours (in 2012, it was 155 applicants, %65,7; and in 2011, it was 127 applicants, %56,7). 23 applicants (%4,6) were held for 24-48 hours (in 2012, 19 applicants, %8,1; and in 2011, 26 applicants, %11,6). 5 applicants (%1) were detained for more than five days.

It is logical to think that detentions that lasts five days, are due to the late completion of interrogation with taking individuals to court on the fifth day of detention, after the legal limitation for duration of detention (4 days) passed. 5 of these applicants stated that they had been tortured abroad. As defenders of human rights and HRFT, our demand has always been that the detention should only last until the moment when the individual are taken to the prosecutor. In other words, individuals should not be taken under custody, but should be taken to the prosecutor immediately. However, the percentage of %87,6 for detention periods less than 24 hours in 2013, does not indicate a situation which covers our demand. On the contrary, it is because of the increase in the unofficial and unrecorded detention practices.

According to the statements of HRFT's applicants, the statute of limitations for detention was complied with in most cases. While it was believed that shorter detention periods would be instrumental in the prevention of torture, the result of a change in legislation enacting this led to a change in torture methods, rather than an end to torture. In addition, law-enforcement officers started to apply physical methods of torture prior to the arrival of the place of detention such as on the street, in a vehicle, or to abduct people and torture them in a deserted place. Further, detention without official registration in which the person is torture in a car or on the street and then permitted to go without recording the detention at all is a common occurrence.

The practices mentioned above have continued to intensify even more in 2013, as 2012. This example shows us that without the necessary political will to prevent torture, or more importantly, without changing mentalities, the legal regulations cannot, in practice, prevent torture. The latter one of these legal regulations is about developing a national prevention mechanism against torture within the scope of Optional Protocol to the Convention Against Torture (OPCAT) of United Nations. With this regulation, aforesaid prevention mechanism has been converted to a sub-unit of the National Human Rights Institution of Turkey in which all of its members are being directly assigned by the government itself, by violating universal norms and principles (most importantly Paris Principles) despite of all the objections and criticisms of national and international relevant institutions and persons. With a mechanism that is directly dependent on a Prime Minister who heroised police after thousands of people were tortured and ill-treated with excessive and disproportionate force that have been used, and who openly stated that the order had come directly from him to police, it would be non-realistic to assert that there is an proactive torture prevention system in this country.

Table 39: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to the length of their most recent detention

Length of Most Recent Detention	Number of Applicants		%	
	2013	2012	2013	2012
Less than 24 hours	438	155	87,6	65,7
24-48 hours	23	19	4,6	8,1
49-72 hours	17	23	3,4	9,7
73-96 hours	17	33	3,4	14,0
5-7 days	2	2	0,4	0,8
8-15 days	2	1	0,4	0,4
More than 1 month	1	1	0,2	1,3
Total	500		100,0	-

In regards to the place of arrest, 438 applicants (%87,6) were arrested on the street or at another outdoor location (it was 165 applicants, %69,9 in 2012; and 147 applicants, %65,6 in 2011). 410 of 438 applicants (%93,6) who were detained for less than 24 hours, were arrested on the street or at another outdoor location. These figures shows the intensity of the violence against public demonstrations.

The distribution of the places of arrest for the most recent detention is presented in Table 40.

Table 40: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to the place of most recent arrest

Place of most recent arrest	Number of Applicants		%	
	2013	2012	2013	2012
Outdoors	438	165	87,6	69,9
Home	23	24	4,6	10,2
Public institution	13	26	2,6	11,0
Work place	12	3	2,4	1,3
Private institution (NGO office, press office etc.)	9	15	1,8	6,4
Other	5	3	1,0	1,3
Total	500	-	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 %63,8 (319 applicants) (%77,1 with 182 applicants in 2012). On the other hand, there is an %13,3 decrease on detentions during daytime while there is an %14,7 increase on detentions between hours of 18:00-24:00. The main reason of this figure is that the Gezi Park protestors (which also constituted the majority of our applicants) were mostly arrested during demonstrations which were held in evening hours. Besides, 52 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 2013 who were subjected to torture according to the time of most recent arrest

Time of most recent arrest	Number of Applicants		%	
	2013	2012	2013	2012
08:00 - 18:00	319	182	63,8	77,1
18:00 - 24:00	118	21	23,6	8,9
24:00 - 08:00	52	33	10,4	14,0
Unknown	11	0	2,2	0
Total	500	-	100,0	-

Regarding the place of torture during their most recent detention, 387 applicants (%77,4) were tortured on the street or outdoors (%42,4 with 100 applicants in 2012). 54 applicants (%22,9) were in police stations and 32 applicants (%13,6) at security directorates. There has been a significant decrease on the torture in a vehicle or in

a security directorate, due to the previously mentioned specific circumstances in 2013.

The table below (Table 42) categorizes the places of torture (on the street, in a car or in a security directorate), but it is only an assessment related to the place of the most recent torture. The evaluations regarding the torture on the street or outdoors are presented before, under different titles.

Table 42: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to the place of their most recent torture

Place of most recent torture	Number of Applicants		%	
	2013	2012	2013	2012
Street or outdoor	387	100	77,4	42,4
Security directorate	50	54	10,0	22,9
In a car	21	32	4,2	13,6
Other	20	20	4,0	8,5
Police station	14	24	2,8	10,2
Home or workplace	4	1	0,8	0,4
Gendarmerie directorate	2	2	0,4	0,8
Not known/not remembered	2	0	0,4	0
Total	500	-	100,0	-

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

At the provincial distribution of the most recent torture, Istanbul, Ankara, İzmir, Adana and Diyarbakır 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 2013 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		%	
	2013	2012	2013	2012
Marmara	336	136	67,2	57,6
Central Anatolian	74	10	14,8	4,2
Aegean	41	29	8,2	12,3
Mediterranean	30	31	6,0	13,1
Southeastern Anatolia	13	24	2,6	10,2
Eastern Anatolia	2	3	0,4	1,3
Black Sea	1	1	0,2	0,4
Abroad	3	2	0,6	0,8
Total	500	-	100,0	-

Table 44: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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		%	
	2013	2012	2013	2012
İstanbul	334	134	66,8	56,8
Ankara	73	10	14,6	4,2
İzmir	40	28	8,0	11,9
Adana	18	9	3,6	3,8
Diyarbakır	10	14	2,0	5,9
Hatay	7	0	1,4	0
Mersin	4	21	0,8	8,9
Şırnak	2	4	0,4	1,7
Konya	1	3	0,2	1,3
Hakkari	1	2	0,2	0,8
Manisa	1	0	0,2	0
Bursa	1	0	0,2	0
Şanlıurfa	1	0	0,2	0
Kocaeli	1	0	0,2	0
Amasya	1	0	0,2	0
Ağrı	1	0	0,2	0
Isparta	1	0	0,2	0
Abroad	3	2	0,6	0,8
Total	500	-	100,0	0

Looking at the detention centres where the most recent torture was inflicted in more detail (Table 45), İstanbul Anti-Terror Branch (ATB), İzmir Bozyaka ATB and Adana Security Directorate were the most common locations, respectively.

The distribution of the detention centres where the most recent torture took place is presented in Table 45.

Table 45: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	%
İstanbul ATB	12	2,4
İzmir Bozyaka ATB	8	1,6
Adana Security Directorate	8	1,6
Ankara Security Directorate	7	1,4
İstanbul Security Directorate Security Department	5	1,0
Bismil District Security Directorate	4	0,8
Ankara ATB	2	0,4
Bağlar 10 Nisan Police Station	2	0,4
Other Security Directorate and ATB	8	1,6
Other Police Station	7	1,4
Other Gendarmerie Station or Headquarters	1	0,2
Unknown/not remembered	8	1,6
Abroad	2	0,4
Was not subjected to torture at a centre	426	85,2
Total	500	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 and previous years, it is not surprising that the most common method of torture in 2013 is exposure to chemical substances (%73,8), followed by beating (%44,6) and methods (which were used to be added together under the title of "other methods" in previous years) such as causing injury by gas canister or rubber bullet (%33,6). Methods of insulting and humiliation decreased from %60-65 to %30, which can be explained by the predominant practices of previously mentioned torture methods which does not require face to face confrontation.

Table 46: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to the methods of torture

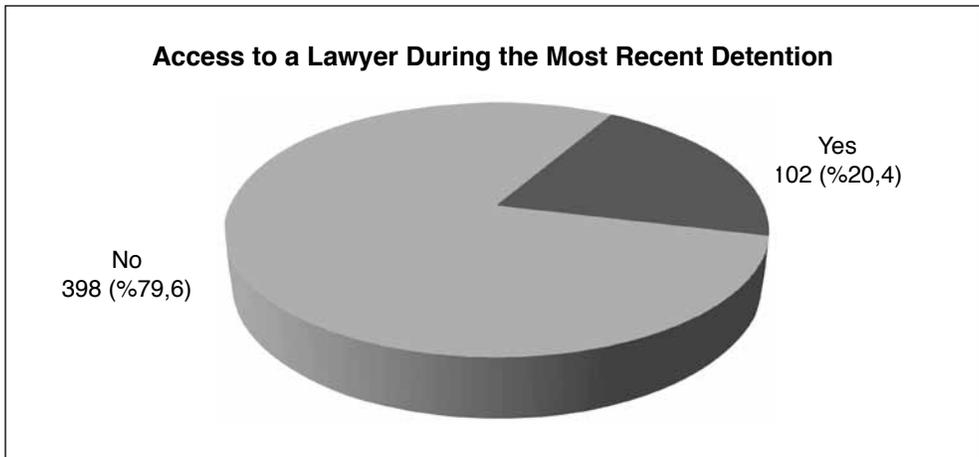
Torture Method	Number of Applicants	%
Exposure to chemical substances	369	73,8
Beating	223	44,6
Other	168	33,6
Insulting	151	30,2
Humiliation	138	27,6
Pressurized/cold water	109	21,8
Other threats	62	12,4
Death threat	34	6,8
Continuous hitting of one part of the body	31	6,2
Verbal sexual harassment	22	4,4
Sexual harassment	21	4,2
Forced to obey nonsensical orders	19	3,8
Restricted food and drink	19	3,8
Forced to witness (visual/audio) torture of others	17	3,4
Threats against relatives	16	3,2
Restricted urination and defecation	15	3,0
Torture in the presence of relatives/friends	10	2,0
Physical sexual harassment	10	2,0
Solitary confinement	7	1,4
Other positional torture methods	5	1,0
Sleep deprivation	5	1,0
Stripping naked	5	1,0
Burning	4	0,8
Asked to act as an informer	4	0,8
Forced to wait in a cold environment	4	0,8
Restricted respiration	4	0,8
Suspension on a hanger	3	0,6
Blindfolding	3	0,6
Pulling out hair/beard/moustache	2	0,4
Suspension and crucifixion	2	0,4
Falanga	1	0,2
Electricity	1	0,2
Forced medical intervention	1	0,2
Forced excessive physical activity	1	0,2
Mock execution	1	0,2
Total	1487	2,9*

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

2- Legal Procedures During and After Detention

Only 102 of the applicants (%20,4) stated that they were able to see a lawyer during their most recent detention (%51,3 with 121 applicants in 2012) (Chart 9). As it mentioned before, law enforcer officers are avoiding torture preventing procedures as depriving individuals from their rights such as seeing a lawyer or a doctor, or informing relatives/friends, during unofficial and unrecorded detentions which were practiced in 2013, especially in Gezi Park protests. Along with this, only 66 applicants were officially detained in a security directorate, a police station or a gendarmerie station (%13,2) and 46 of these 66 applicants (%69,7) who had gone through a official detention procedure in above-mentioned centres, stated that they were able to see a lawyer. This shows that law enforcers are avoiding torture preventing procedures even when an official detention takes place.

Chart 9: The distribution of applicants to the HRFT’s Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to their access to a lawyer



414 applicants (%82,8) were released without being taken to the prosecutor’s office after their most recent detention (112 applicants, %47,5 in 2012; and 92 applicants, %41,1 in 2011). 69 of the applicants (%13,8) were released either by the public prosecutor or a court (108 applicants, %45,8 in 2012; and 107 applicants, %47,8 in 2011) and 17 applicants (%3,4) were arrested (16 applicants, %6,8 in 2012; and 24 applicants, %10,7 in 2011) (Table 47). These numbers shows the arbitrary nature of the detention more clearly than in the first section, where all applicants were evaluated.

Table 47: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	414	82,8
Released by prosecution office or court	69	13,8
Was arrested	17	3,4
Total	500	100,0

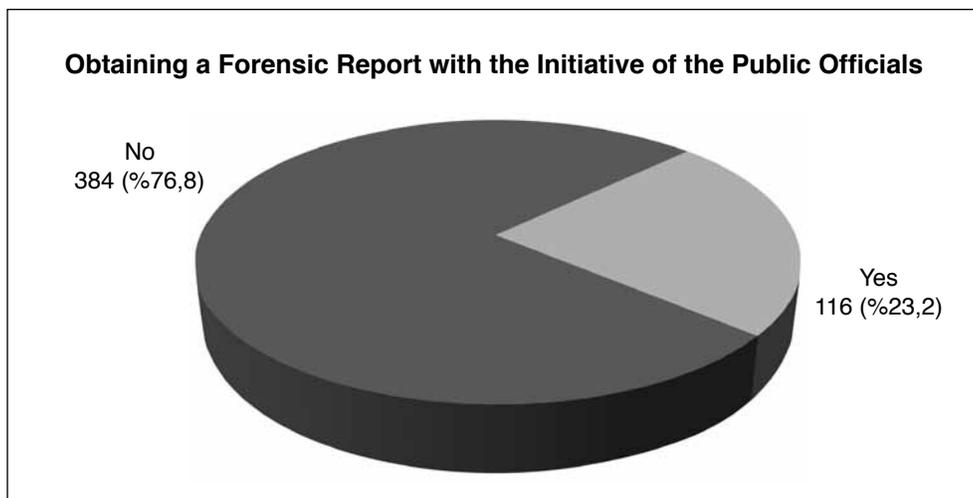
The trials of 57 applicants (%11,4) are continuing (79 applicants, %33,5 in 2012; 49 applicants, %21,9 in 2011; 30 applicants, %18,8 in 2010), while the trials of only 3 applicants (%0,6) resulted in a conviction (14 applicants, %5,9 in 2012; 19 applicants, %8,5 in 2011; 6 applicants, %3,8 in 2010) (Table 48).

Table 48: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	359	71,8
Whether a lawsuit was filed or not is unknown	78	15,6
Trial in progress	57	11,4
Applicant was tried and convicted	3	0,6
Applicant was tried, outcome unknown	2	0,4
Applicant was tried, charges were dismissed	1	0,2
Total	500	100,0

In 2013, 116 applicants (%23,2) obtained a forensic report after their most recent detention due to the initiative of public officials. This number was 143 applicants (%60,6) in 2012 and 164 applicants (%73,2) in 2011 (Chart 10). Total of 113 applicants (%22,6) had gone through an official detention procedure and only 83 of these applicants (%73,6) were taken to a forensic examination. Both the decrease on the number of applicants who obtained a forensic report and the fact that approximately one quarter of applicants were not taken to a forensic examination, shows that law enforcers are avoiding torture preventing procedures and strongly trying to conceal the practices of torture and ill-treatment. This is nothing but a clear legal violation of the prohibition of torture.

Chart 10: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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 116 applicants (81 applicants, %69,8) were examined in hospitals while 28 applicants (%24,1) were examined in branches of the Council of Forensic Medicine (Table 49). Furthermore, 91 applicants (%18,2) stated that they obtained forensic medical reports upon their own initiative after the most recent detention.

Table 49: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	81	69,8
Branches of the Council of Forensic Medicine	28	24,1
Council of Forensic Medicine	3	2,6
Health centre	2	1,7
Unknown/Not remembered	2	1,7
Total	116	100,0

In regards to the statements of the 116 applicants who underwent forensic medical examination after their detention, in their evaluation of the examination, three quarters of the applicants (87 applicants, %75) stated that law-enforcement officers were taken out of the room during the medical examination. And more than half of the applicants (78 applicants, %67,2) stated that the forensic physician listened

to their complaints. 71 of the applicants (%61,2) stated that the forensic physician took proper notes of their complaints and 62 applicants (%53,4) stated that the physician examined them as he/she ought to. Only 50 applicants (%43) stated that the physician prepared a medical report in accordance with the findings (this figure were around %37 in both 2010 and 2011; and %51 in 2012) (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.

Table 50: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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?	87	75	29	25	-	-	116	100
Did the forensic physician listen to the complaints?	78	67,2	37	31,9	1	0,9	116	100
Did the forensic physician take note of the complaints?	71	61,2	45	38,8	-	-	116	100
Did the forensic physician examine as s/he ought to?	62	53,4	53	45,7	1	0,9	116	100
Did the forensic physician write a report that was in accordance with the findings?	50	43,1	37	31,9	29	25	116	100

12 applicants (%2,4) stated that they had been tortured during the interrogation by the court or prosecutor (19 applicants, %8,1 in 2012) and 122 (%24,4) applicants filed a separate complaint and applied to prosecution office (34 applicants, %14,4 in 2012). 18 applicants (%3,6) filed a complaint with the guidance of the foundation while 345 applicants (%69) stated that they did not file any complaints of torture (181 applicants, %76,7 in 2012; 146 applicants, %65,2 in 2011). It can be said that the ratio of complaints filed is gradually increasing over the years, due to the increased awareness in regards to claiming one's right.

3- Imprisonment Period

Among those applicants who were torture in detention during 2013, the number of torture survivors who had been in prison at some point was 25 applicants (%5) (this figure was 30 applicants, %12,7 in 2012) and the number of those who were imprisoned after their most recent detention was 18 (%3,6) (20 applicants, %8,5 in 2012). The length of their stay in prison after their most recent detention varied between one and twenty-two months. 16 of 25 applicants (%64,0) who have a history of imprisonment, stated that they had been tortured and ill-treated in prison. None of these applicants had separately interrogated in prison.

C- MEDICAL EVALUATION

This chapter contains information on the health conditions of the applicants that were obtained through medical histories, 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

488 of 500 applicants who were subjected to torture in detention in 2013, had physical or psychological complaints. These applicants complained of around 148 different health problems.

Looking at the distribution of these problems according to the body systems, it is again noticeable that most of the complaints (%28,1) is dermatological (this percentage was %24,8 in 2012). Second is psychological (%25,2) complaints which was the third most common complaints in the last year. And the third is musculoskeletal (%17,2) (it was %23,5 in 2012). Moreover, respiratory complaints showed an %400 increase and have become the fifth most common complaints in 2013 (it was ninth most common in 2012). This increment can be correlated with the extensive and arbitrary usage of chemical gases (Table 51).

Table 51: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to the frequency of their physical and psychological complaints

Systems	Number of Complaints		%	
	2013	2012	2013	2012
Dermatological	736	365	28,1	24,8
Psychological	659	308	25,2	20,9
Musculoskeletal	451	345	17,2	23,5
Ophthalmological	161	91	6,2	6,2
Respiratory	126	31	4,8	2,1
Neurological	126	78	4,8	5,3
General	120	99	4,6	6,7

Table 51: Cont.

Ear Nose Throat	109	47	4,2	3,2
Digestive	77	46	2,9	3,1
Oral-Dental	24	19	0,9	1,3
Cardiovascular	13	9	0,5	0,6
Urogenital	10	29	0,4	2,0
Endocrine	4	4	0,2	0,3
Total	2616	1474	100,0	100,0

The most common physical complaint was skin discolouration with 279 applicants, %57,2 (In 2012, this figure was 143 applicants, %60,6; and in 2011, it was 75 applicants, %33,5) followed by other dermatological complaints of graze, swelling, cuts and sores and trauma marks on the skin. Also, respiratory complaints of coughing and shortness of breath were among the ten most common complaints. Especially after the Law on Police Duties and Entitlements have revised and extended in 2007, there has been an excessive increase in the usage of tear gas and during the recent years, these gases are being commonly used by law enforcers on demonstrations and protests of Newroz and May 1. As a continuation of this situation, General Directorate of Security had used all of the stocked tear gases for the entire year of 2013, in interventions to Gezi Park protests.

The most common psychological complaint was sleeping problems (%21,3) (it was %14,8 in 2012). 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 2013 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	
	2013	2012	2013	2012	2013	2012
Discolourisation of the skin	279	143	57,2	60,6	14,3	12,3
Graze	122	82	25,0	34,7	6,2	7,1
Swelling	100	62	20,5	26,3	5,1	5,3
Cuts and sores	79	17	16,2	7,2	4,0	5,5
Trauma marks on the skin	63	20	12,9	8,5	3,2	6,5
Headache	60	37	12,3	15,7	3,1	3,2
Visual impairment	51	24	10,5	10,2	2,6	7,8
Coughing	50	8	10,2	3,4	2,6	2,6

Table 52: Cont.

Shoulder pain	49	37	10,0	15,7	2,5	12,0
Shortness of breath	48	10	9,8	4,2	2,5	3,2
Other physical complaints	1056	-	-	-	54,0	-
Total	1957	-	-	-	100,0	-

Table 53: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	
	2013	2012	2013	2012	2013	2012
Sleeping problems	104	35	21,3	14,8	15,8	11,4
Anxiety	66	27	13,5	11,4	10,0	8,8
Tension	58	25	11,9	10,6	8,8	8,1
Nightmares	55	17	11,3	7,2	8,3	5,5
Fear	40	21	8,2	8,9	6,1	6,8
Irritability from the police	38	24	7,8	10,2	5,8	7,8
Irritability	37	23	7,6	9,7	5,6	7,5
Flashback	34	11	7,0	4,7	5,2	3,6
Distress	34	24	7,0	10,2	5,2	7,8
Concentration problems	27	6	5,5	2,5	4,1	1,9
Other psychological complaints	166	-	-	-	25,2	-
Total	659	-	-	-	100,0	-

2- Findings of the Physical Examinations

It is possible to observe the extent and variety of the violence of law enforcers during Gezi Park protest, in the determined findings of the applicants. As a result of the physical examination, at least one physical complaint were found in 450 of 500 applicants who were tortured and ill-treated in detention. The total number of physical findings was 1371, with the most common being dermatological (%57,6) (%48,4 in 2012) and musculoskeletal (%17) (%21,7 in 2012). The number of respiratory findings has showed an %350 increase and became more common when compared to the last years. There were not urogenital findings (Table 54).

Table 54: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to complaints in various body systems

Systems	Number of Complaints		%	
	2013	2012	2013	2012
Dermatological	790	423	57,6	48,4
Musculoskeletal	233	190	17,0	21,7
Ophthalmological	142	88	10,4	10,1
Ear Nose Throat	101	61	7,4	7,0
Respiratory	47	13	3,4	1,5
Oral-Dental	29	54	2,1	6,2
Digestive	17	16	1,2	1,8
Neurological	7	5	0,5	0,6
Cardiovascular	5	7	0,4	0,8
Total	1371	-	100,0	-

The most common physical findings are in compliance with the data presented in Table 52 and applicants' statements about the their traumatic experiences.

The most common physical findings are skin ecchymosis with the percentage of %58 (this figure was %60,6 in 2012 and %38,8 in 2011) followed by scabbing of the skin (%25,3) (%29,2 in 2012) and scar tissue (%19,1) which was not among the ten most common findings in last year. The number of dermatological findings in total are constituting the majority of the ten most common complaints with 717 findings (%52,3) (Table 55).

Table 55: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	
	2013	2012	2013	2012	2013	2012
Skin ecchymosis	261	143	58,0	60,6	19,0	16,4
Scabbing of the skin	114	69	25,3	29,2	8,3	7,9
Scar tissue	86	41	19,1	17,4	6,3	4,7
Oedema	85	56	18,9	23,7	6,2	6,4
Cuts on the skin	72	14	16,0	5,9	5,3	1,6
Skin laceration	57	26	12,7	11,0	4,2	3,0
Muscular pain and sensitivity	54	48	12,0	20,3	3,9	5,5
Hyperaemia on the throat	53	13	11,8	5,5	3,9	1,5

Table 55: Cont.

Skin erosion	42	30	9,3	12,7	3,1	3,4
Visual impairment	40	18	8,9	7,6	2,9	2,1
Other physical findings	507	-	-	-	37,0	-
Total	1371	-	-	-	100,0	-

3- Psychiatric Symptoms and Findings:

Among those 500 applicants who were tortured and ill-treated in detention in 2013, total of 2462 psychiatric findings were determined in 166 applicants (%33,2). Looking at the distribution of the psychiatric findings and symptoms of these applicants, anxiety and difficulty in falling or staying asleep were once again, as in 2010, 2011 and 2012, the most common findings found after psychiatric evaluation. These were followed by somatic anxiety symptoms (palpitation, distress, sweating etc.) and intense psychological distress at exposure to stimuli associated with the trauma (Table 56).

Table 56: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 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	124	74,7	5,0
Difficulties in falling or staying asleep	122	73,5	5,0
Somatic anxiety symptoms (palpitation, distress, sweating etc.)	110	66,3	4,5
Intense psychological distress at exposure to stimuli associated with the trauma	103	62,0	4,2
Intense physiological reactions to stimuli associated with the trauma	101	60,8	4,1
Recurrent and distressing dreams of the traumatic event	99	59,6	4,0
Recurrent and distressing recollections of the traumatic event	98	59,0	4,0
Irritability and/or easy outburst	96	57,8	3,9
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	95	57,2	3,9
Increase or decrease in sleep duration	92	55,4	3,7
Sense of foreshortened future	90	54,2	3,7

Efforts to avoid activities, places or people that arouse recollection of the trauma	79	47,6	3,2
Hyper vigilance	78	47,0	3,2
Flashback experiences and acting or feeling as if the traumatic event was recurring	75	45,2	3,0
Markedly diminished interest or participation in significant events	75	45,2	3,0
Agitation (irritability, hyperactivity)	68	41,0	2,8
Feelings of detachment or estrangement from others	67	40,4	2,7
Difficulties in concentration	67	40,4	2,7
Efforts to avoid thoughts, feelings or conversations associated with the trauma	67	40,4	2,7
Exaggerated startle response	67	40,4	2,7
Inattentiveness, lethargy	62	37,3	2,5
Changes in appetite/weight (increase or decrease)	61	36,7	2,5
Depressive mood	55	33,1	2,2
Hopelessness, desperation	54	32,5	2,2
Anhedonia, apathy	53	31,9	2,2
Fatigue/weakness, energy shortage	53	31,9	2,2
Dysphoric mood	48	28,9	1,9
Inability to remember key aspects of the trauma	39	23,5	1,6
Decrease in sexual interest	34	20,5	1,4
Reduction in awareness of surrounding environment	32	19,3	1,3
Difficulties in decision making	31	18,7	1,3
Memory impairment	26	15,7	1,1
Feelings of worthlessness and low self-esteem	26	15,7	1,1
Blunted affect (or bluntness)	25	15,1	1,0
Feelings of guilt	21	12,7	0,9
Diminished psychomotor activities	19	11,4	0,8
Depersonalisation	18	10,8	0,7
Derealisation	11	6,6	0,4
Other psychiatric symptoms and findings	21	-	0,9
Total	2462		100,0

4- Diagnoses

The evaluation of the diagnoses involved 481 applicants who were diagnosed throughout 2013. In regards to the 113 different diagnoses made, soft tissue trauma was the most common physical diagnosis (315 applicants, %69,7)(this figure was 157 applicants, %70,4 in 2012; and 141 applicants, %65,6 in 2011) while 16 applicants (%3,5) had nasal fractures (7 applicants in 2012 and 5 applicants in 2011) and 49 applicants (%10,8) had other bones fractured (10 applicants in 2012 and 6 applicants in 2011). The physical diagnoses should be considered carefully in order to demonstrate the intensity of physical violence. In the recent years, number of the diagnosis of fractured bone as a result of torture and ill-treatment is what we come across very commonly and it is gradually and ominously increasing over the years.

Acute Stress Disorder (62 applicants, %30,1) (10 applicants, %4,5 in 2012) and Acute Post Traumatic Stress Disorder (59 applicants, %28,6) (22 applicants, %9,9 in 2012) were identified as the most common psychiatric diagnoses.

Tables 57 and 58 shows the ten most common physical diagnoses among the total of 840 different physical diagnoses for 452 applicants and all psychiatric diagnoses.

Table 57: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to the frequency of the most common physical diagnoses

Ten Most Common Physical Diagnoses	Number of Applicants		%	
	2013	2012	2013	2012
Soft tissue trauma	315	157	69,7	70,4
Cuts or bruises on the skin	105	28	23,2	12,6
Fractured bone	49	10	10,8	4,5
Periorbital bruising	34	22	7,5	9,9
Myopia-Hyperopia	24	16	5,3	7,2
Pharyngitis	23	12	5,1	5,4
Traumatic conjunctivitis	21	16	4,6	7,2
Nasal fracture	16	7	3,5	3,1
Subconjunctival bleeding	16	7	3,5	3,1
Myalgia	14	26	3,1	11,7

Table 58: The distribution of applicants to the HRFT's Treatment and Rehabilitation Centres in 2013 who were subjected to torture according to the frequency of the most common psychiatric diagnoses

Psychiatric Diagnoses	Number of Applicants	%
Acute Stress Disorder	62	30,1
PTSD (Acute)	59	28,6
Major depressive disorder, sole episode	27	13,1
PTSD (Chronic)	13	6,3
Major depressive disorder, recurring	13	6,3
Generalized anxiety disorder	6	2,9
Other psychotic disorders	4	1,9
Other anxiety disorders	4	1,9
Mixed anxiety depressive disorder	3	1,5
Adjustment disorder	3	1,5
Eating disorders	2	1,0
Tension type headache	1	0,5
Conversion disorder	1	0,5
PTSD (with late onset)	1	0,5
Grief process	1	0,5
Panic disorder with agoraphobia	1	0,5
Personality disorders	1	0,5
Bipolar I	1	0,5
Social anxiety disorder	1	0,5
Disorders that were first diagnosed in childhood or puberty	1	0,5
Somatisation disorder	1	0,5
Total	206	100,0

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 %89,5 of all the diagnoses found relevant to the trauma (%84,4 in 2012), the torture experience was the only etiological factor. In %6,9 of the cases torture aggravated or inflamed the pathological situation (%9,5 in 2012) while in %3,6 it was found to be one of the etiological factors (%6,1 in 2012).

In 70 (%6,7) of the applicants who were subjected to torture in detention in 2013, no disorder connected to the torture and trauma experience could be found (this figure was %7,7 in 2012).



Medical Evaluation of Gezi Cases Human Rights Foundation of Turkey

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Demonstrations that began at the end of the May 2013 with the participation of a relatively small number of protestors against the removal of trees in Gezi Park and upon allegations that a shopping mall was to be built in place of the park, turned into increasingly expanding protests demanding basic rights and freedoms at first in Istanbul, followed by other cities because of the intensely violent nature of the police intervention. The actions that continued throughout the months of June and July, ceased to a large extent in early August (before and during the Ramadan religious holiday) however, events flared up again in late August.

Applications of people who suffered police violence during Gezi Park protests were made to 4 out of 5 branches - Istanbul, Ankara, İzmir and Adana, but Diyarbakır - of the Human Rights Foundation of Turkey (HRFT), which provides physical and psychological healthcare for torture victims. A total of **297** people who had been subjected to trauma applied to receive treatment/rehabilitation during the most intense period of events from 31st of May to 30th of August 2013,.

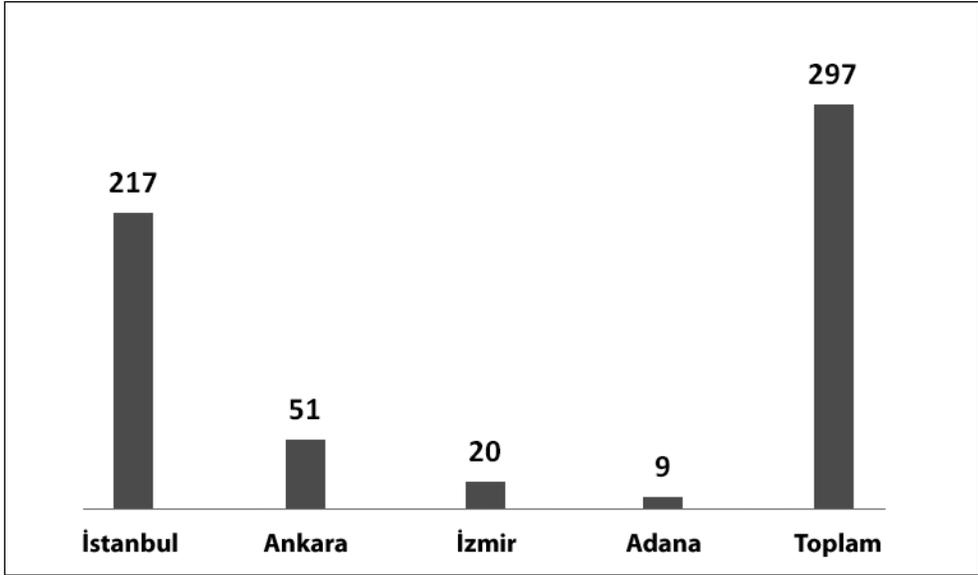
Findings

Out of a total of 297 applicants; 175 were male (58,9%), 121 were female (40,7%), and one was a transgender individual (0,3%). Graphic 1 shows the distribution of applicants according to HRFT branches. The highest number of applications were in the Istanbul branch, with 217 cases (73%). Nobody applied to the Diyarbakır branch during the Gezi process.

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Graphic 1: Distribution of applicants according to HRFT Branches

The mean age of applicants was 33,85 ($\pm 11,42$), and the age range was 15 - 71 years. One 5-year old case who was exposed to tear gas did apply to the İstanbul Branch with her family; however since the case did not fit the general features of our sample cases, she was not included in the age range. Table 1 shows the distribution of applicants according to age.

Table 1: Distribution of applicants by age

Range	n	(%)
15-25	74	(25,0)
26-35	117	(39,5)
36-45	59	(19,9)
46-55	29	(9,8)
56-65	14	(4,7)
66-75	3	(1,0)
Total	296	(100)

Table 2: Distribution of applications by educational background

Educational background	n	(%)
Illiterate	1	(0,3)
Literate	2	(0,7)
Primary School graduate	22	(7,4)
Secondary School graduate	29	(9,8)
High School graduate	70	(23,6)
University student	48	(16,2)
University graduate	124	(41,9)
Total	296	(100)

The high incidence of applications in the 26 - 45 age range was remarkable.

The distribution of applications according to educational background displays a dramatic majority of university students and university graduates (Table 2).

Distribution according to the date of exposure to traumatic event reveals an intensity on certain days. Table 3 shows the dates when the application rate was higher.

Table 3: Certain Dates on which applicants were reported, by HRFT Branches

Event Date (2013)	Branches (n)				Toplam
	Adana	Ankara	İstanbul	İzmir	
31 st May; Tents were burned in Gezi park	1	0	21	1	23
01 st June; Ethem Sarısülük was shot by a police officer	4	15	17	6	42
02 nd June; Ali İsmail Korkmaz was beaten	2	21	12	8	43
03 rd June; Abdullah Cömert was murdered	0	4	6	2	12
11 st June; Police entered Taksim Square	0	0	41	0	41
15 th June; Police entered Gezi Park	0	1	24	0	25
16 th June; The evacuation of Gezi Park continued	0	3	34	0	37
22 nd June; The laying of carnations in Taksim Square	0	0	18	0	18
06 th July; The arrest of members of the Taksim Solidarity collective	0	0	14	0	14

1. Tear Gas Chemicals Exposure (Chemical Riot Control Agents)

While 269 of applicants (90,6%) stated that they had been exposed to tear gas 63 of them (23,4%) suffered only chemical exposure who had no other traumatic injuries.

Among those subjected to tear gas, 247 (91.8%) described medical complaints due to chemical exposure.

Fifty percent of applications that declared they had been subjected to tear gas had applied within 7 days of the exposure date (*Median=7*). The application period (*duration from exposure to application date*) ranged from the day of the event to 81 days, with a mean of 13,67 days. Applicants also claimed that they had suffered exposure on multiple, consecutive events and intense amounts of tear gas. Therefore, clear information cannot be provided about all facts regarding the time between the event of exposure and the application.

Post-exposure complaints recounted in stories about intense and long-lasting tear gas chemical exposure (*gas or spray form, or liquid form mixed with water*) were found to be consistent with former studies (1-20). Reported complaints include the following:

Eye rash, pain, stinging, itching, blurred vision, temporary loss of vision, temporary loss of hearing, nasal burning, defluxion, nose bleeding, sneezing, burning sensation of throat, coughing, triggered asthma exacerbations, respiratory arrest, sweating, increased salivation, nausea, gagging, vomiting, abdominal pain, cramps, difficulty to swallow, diarrhoea, fainting, collapsing, weakness, blackout/confusion, fatigue, lack of concentration, dizziness, balance disturbance, numbness, muscle spasms, headache, palpitation, anxiety, depression, distress, agitation, panic, fear of death, skin burn, itching, stinging, skin eruption [exanthema], and skin blisters.

In addition to these complaints; a few female applicants mentioned menstrual cycle irregularities. A causality could not be clarified whether these were originated from the toxic effect of the chemical they were exposed, or accompanied by the psychological distress as a result of the violence they either witnessed or were exposed.

In the early days of the Gezi Park resistance in late May, applicants reported encounters with tear gas chemicals in gas form, while later, and especially on and after June 11, applicants complained of similar health consequences following exposure to pressurized cold water mixed with chemicals applied by water cannons (TOMAs). Although complaints were mostly of a similar nature, respiratory problems were prominent after exposure to the gas form, and skin problems were prominent after exposure to the liquid form (21).

Physical findings were observed in 98 (36.4%) of the 269 people who reported that they had been exposed to chemicals.

There was no significant difference of time of application for cases with ($M=14,36$, $SD=16,61$) or without ($M=13,87$, $SD=15,30$) physical complaints. Physical complaints remarkably were reported during examinations which took place days, and even weeks after chemical exposure.

Nevertheless, physical findings due to chemical agents decreased with increased lapse of time before application. A statistical difference was observed between positive physical findings ($M=11,04$, $SD=12,10$) and negative physical findings ($M=15,55$, $SD=16,78$) as more time elapsed. Health consequences due to chemical exposure were more prominent within the first week (especially in the first 3 days) of exposure. Unfortunately, no evaluation was carried out to scale the severity of findings during the first examination; therefore, a comparison of severity of the findings with time after exposure cannot be provided. Nevertheless, several references state that physical findings related to chemical exposure continue in a more intense manner during the first 3 days of exposure, while they diminish and disappear in the following days (3). Physical findings related to chemical agents may not be detected in examinations carried out days or weeks after exposure. The lack of findings should not be interpreted to exclude exposure.

Tear gas chemicals (OC and CS) cause severe side effects on the eyes, the respiratory tract and cardiovascular system, skin, gastrointestinal and neuropsychiatric systems within the short-term period as defined in many studies (1-20). The complaints of applicants should be assessed with a holistic approach considering physical and psychological findings, the environment of violence where the exposure took place, application method and quantity as well as exposure range and duration.

Table 4 shows the distribution of findings by case. Multiple findings were observed in certain cases. The findings in common were as follows;

Conjunctival hyperemia, chemical conjunctivitis, tympanic membrane hyperemia, pharyngeal hyperemia and acute aphonia, coarsening of breathing sounds, wheezing, prolonged expirium, asthmatic attacks, high blood pressure regardless of age, skin rashes, blisters, allergic reactions, edema on the tongue and symptoms of anxiety.

Table 4: Physical findings caused by exposure to chemical agents

Findings	n
Pharyngeal hyperemia and acute aphonia	35
Tympanic membrane hyperemia and persistent hearing loss	4
Skin rash/allergic dermatitis	18
Conjunctival hyperemia/ chemical conjunctivitis	20
High blood pressure	2
Asthma attacks (wheezing /prolonged expirium)	6
Other respiratory problems (coarsening of respiratory sounds/rhonchi)	53



Figure 1: Skin rashes after exposure.



Figure 2: Allergic reaction causing swelling of tongue after exposure.

Toxic hepatitis occurred after chemical exposure in one case. There is only one reference related to a case in which toxic hepatitis was caused by hypersensitivity hepatitis after tear gas exposure (17), although the hepatotoxic effect of especially CS and CN are discussed in several articles (1, 17 - 20). In our case, we were able to carry out a comparison between laboratory findings before and after exposure; and a rapid increase in hepatic enzymes within hours after exposure was found. Viral hepatitis markers were negative, and the patient was diagnosed with toxic acute hepatitis at the hospital where he was hospitalized for 5 days.

2. Traumatic Injuries

Other than exposure to tear gas chemicals, various traumatic injuries were identified in the 297 persons who applied to the 4 branches of HRFT. 234 people suffered at least one traumatic injury; whereas in 63 cases, no traumatic injuries were identified, these patients applied only because of exposure to chemical gas. Injuries were identified

- ◇ In 127 cases (42.8%) due to being shot by gas canisters/cartridges, and in 31 cases (10.4%) due to being shot by plastic bullets (*injuries varying according to the severity of the collision, distance, and location of impact*).
- ◇ In 59 cases (19,9%) due to being severely beaten (*blunt traumatic injuries with a solid object*)
- ◇ In 30 cases (10.1%) due to pressurized water ejected by water cannons (*injuries varying according to the intensity of the pressure, distance, frequency and duration of exposure and/or collision, fall, or being swept away on the ground due to the effect of the pressurized water*).

No stab/penetrating and gunshot wounds were identified. Table 5 shows the frequency of cases according to the type of trauma. Multiple injuries existed in individual cases. Injuries varied from soft tissue trauma (*bruises, contusions, lacerations, hematoma*), bone fractures, broken and loss of teeth, to loss of eyes or vision. The distribution of traumatic injuries in different cities is provided in Table 6.

Table 5: Frequency of the cases according to the reported type of trauma

Type of trauma	n	(%)
Pressurized cold water	30	(10,1)
Shot by gas cartridge	127	(42,8)
Shot by plastic bullet	31	(10,4)
Beating	59	(19,9)
Other blunt trauma	6	(2,0)
Shot by stun grenade particles	4	(1,3)
Burning	1	(0,3)

Table 6: Distribution of trauma types according to cities

Type of trauma	Branches (n)			
	Adana	Ankara	İstanbul	İzmir
Pressurized cold water	4	0	26	0
Gas cartridge	0	27	99	1
Plastic bullet	1	3	27	0
Beating	1	7	37	14

On some days during the incidents, the intensity of traumatic injuries was remarkable; Table 7 shows the frequency of trauma types by date of incident.

Table 7: Types of traumatic injuries according to days of incident

Date	Pressurized cold water n	Plastic bullet n	Gas cartridge n	Beating n
31 st May	1	1	8	-
01 st June	7	3	21	7
02 nd June	-	3	16	13
03 rd June	1	-	9	2
11 th June	5	13	22	9
15 th June	3	3	9	2
16 th June	5	2	14	9
22 nd June	5	1	2	3
06 th July	1	1	9	4

The healthcare facilities they were admitted and the medical documentation presented to our branches are displayed in Table 8. 189 people (63.6%) received healthcare after the incident. A medical report was elaborated for 94 people (49.7%)

from the healthcare unit while 18 people (9.5%) could not obtain a medical report despite their demand. 39 people (20.6% and 13.1% of all cases) required inpatient treatment, 20 people (10.6% and 6.7% of all cases) experienced life-threatening injuries, and 53 people (17.8%) suffered head traumas. 50 people (16.8%) suffered bone fractures, 61 people (20.5%) suffered injuries that required surgical sutures.

Table 8: Health unit admission after incident

Health units	n	(%)
No hospital admission	108	(36,4)
Primary healthcare units	3	(1,0)
State hospitals	8	(2,7)
Training and research hospitals	86	(29,0)
University hospitals	14	(4,7)
Mobile healthcare units	39	(13,1)
Private Hospitals	31	(10,4)
Official Institute of Forensic Medicine Branches	5	(1,7)
Ambulance	2	(0,7)
Indefinite	1	(0,3)
Total	297	(100)

Gas Canister/Cartridge Injuries

127 applicants (42.8%) reported that they were injured by gas cartridge and in these cases, injuries consistent with the size and structural features of the gas cartridge were identified.

Ünüvar et al (3) had reviewed the findings of 64 cases that applied to the HRFT Istanbul branch for treatment and documentation following the public demonstrations in protest of the NATO meeting in 2004 when security forces used tear gas chemicals ; and injuries caused by gas cartridge were identified in only 3% of the cases (2 patients). Gas cartridge injuries in 42.8% of all cases within the scope of the Gezi Park protests after 9 years should be considered as a remarkable policy change regarding human rights context.

Figures 3 and 4 show tear gas cartridge injuries in the same person. Figure 3 is a photograph taken with the applicant's own mobile phone immediately after being shot; Figure 4 shows the same wound after surgical treatment.



Figure 3-4: Injury by gas cartridge in the same person

The diameters of gas cartridge are displayed to be 40 mm or 37/38 mm (Figures 5-6-7).



Figure 5-6-7: Gas cartridge structure; the diameter of the muzzle varies between 40 to 37-38 mm. The 1 cm-diameter hole in the center is for gas output

Injuries shown in Figures 8-9-10-11-12 are fully consistent in terms of size and shape.



Figure 8: Contusion with a 4 cm.-diameter on the left hemithorax, and a bruise that surfaced on the left lower abdominal quadrant a few days after the injury reveal the severity of the impact.

Figure 9: Impact contusion on front of left shoulder. **Figure 10:** Impact contusion and abrasion on thigh.



Figure 11: Round shaped scar tissue above the right breast. **Figure 12:** Concentric bruised abrasion on thigh. The 1 cm.-diameter inner circle and 4 cm.-diameter outer circle of the bruised abrasions are fully consistent with the muzzle of the gas cartridge. Large contusion and oedema at the back of the thigh show the severity of the impact.

In addition to examination findings, case stories also reveal that gas cartridges were fired by directly targeting individuals; identified injury characteristics support accounts of individuals.

“When I realized that an object flew past me I looked at the police officer on the “Akrep” vehicle, and noticed that he shot the gas cartridge at me. The second cartridge just missed my head. The third hit my leg.”

“I noticed that the police broke the transparent glass walls of the passageway and threw gas bombs at people and decided to swiftly move away, but the moment I started to move, I was hit by a bomb on the left side of my head, and I couldn’t escape...”

Some wounds were consistent with the muzzle of the gas cartridge (in terms of round shape and diameter) however, they did not display a complete pattern. Figures 13-14 show incomplete pattern of gas cartridge injuries.



Figure 13-14: Incomplete formed wound due to gas cartridge impact.

Some wounds were full imprints revealing the shape of the body of the gas cartridge. Figures 15-16-17 show injuries fully consistent with body impacts caused by gas cartridge.

The length of gas cartridges and canisters ranged from about 10-12 cm, and 8-9 cm respectively (Figure 18).

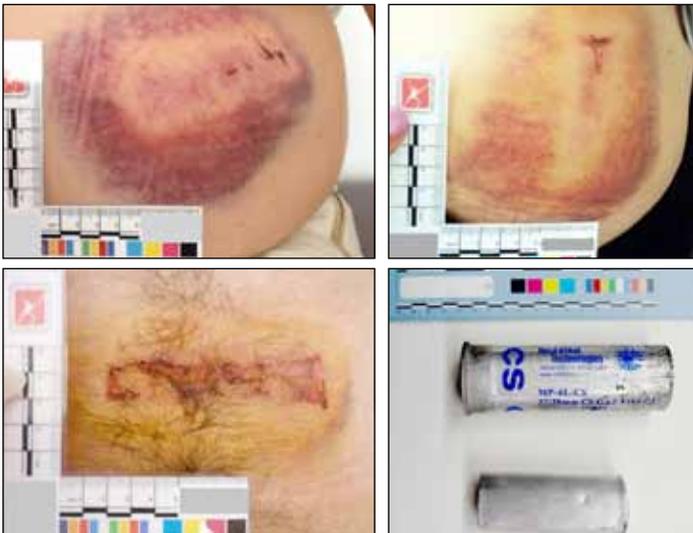


Figure 15-16-17: Injuries consistent with the body structure of gas cartridges and canisters.

Figure 18: Cartridge structure; cartridge length of 12 cm, canister length of 8.8 cm.

Plastic Bullet Injuries

31 applicants reported injuries by plastic bullets. According to the references reviewed, plastic and rubber bullets in various forms and sizes are used as riot control agents (22-25).

The structural characteristics of a plastic bullet used during the Gezi events are shown in Figures 19-20 and 21 (evaluation was possible through objects that struck them and collected by injured individuals). The plastic bullet seen in the photograph consists of two different parts; within the 2 cm-diameter in the upper half circle there is a large number of metallic bodies of a millimeter in diameter, within the 2 cm-diameter cylindrical lower part a colored liquid was identified.

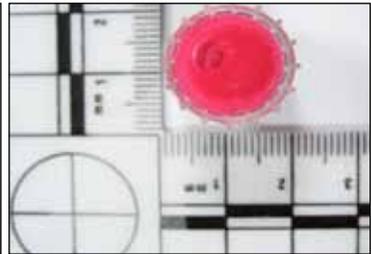
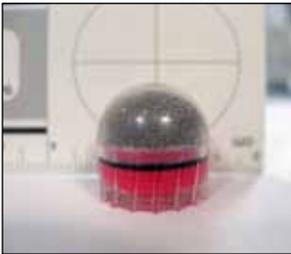


Figure 19: Side view of a plastic bullet.

Figure 20: Top view of a plastic bullet.

Figure 21: Bottom view of a plastic bullet.

In one case, a foreign body had penetrated his eye. The patient presented the piece of the plastic bullet obtained during surgical operation, shown here in Figure 22; and an assessment on the origin of the foreign body was requested via photographs taken during surgery, the photograph is presented here in Figure 23.



Figure 22: Piece of plastic bullet removed from eye.



Figure 23: Photograph taken during surgery for penetrating injury to the eye, showing the dispersal of metallic bodies of one millimeter diameter contained in plastic bullets within the eye.

Figures 24-25 and 26 show injuries caused by plastic bullets. Shape and size characteristics of the injuries are consistent with the shape and size characteristics of plastic bullets.

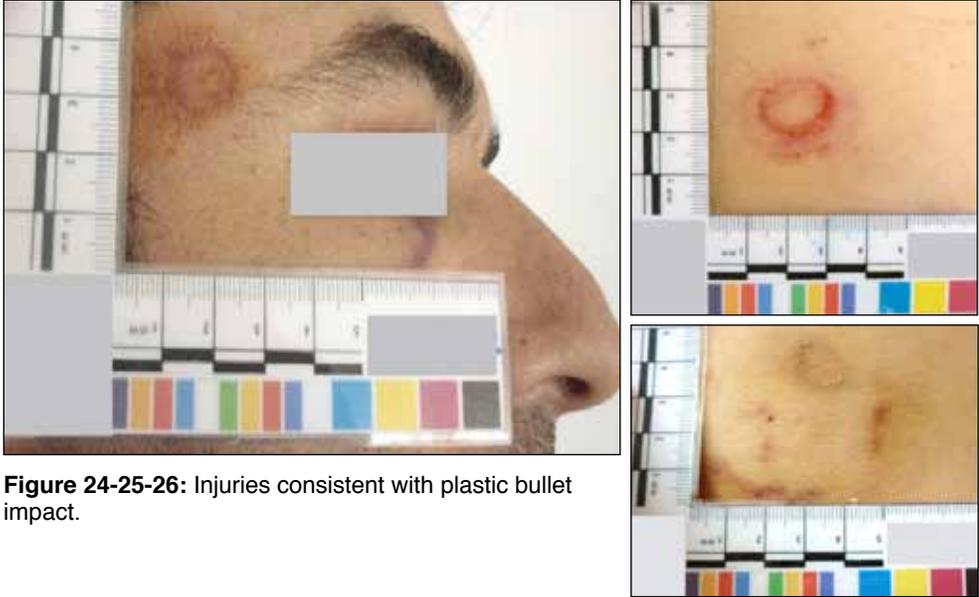


Figure 24-25-26: Injuries consistent with plastic bullet impact.

The 1,5 cm-diameter round, hollow plastic spherical objects consisting of two different colors (one yellow, one red) shown in Figures 27 were collected by injured applicants. According to reported stories; some of these spheres contained the powder form of tear gas chemicals. Some other spheres, referred to as *paintballs*, contain a colored liquid. The resulting injuries are shown in Figures 28 and 29.



Figure 27: Plastic ball. Injuries reported to have occurred due to the impact of these spheres are shown in **Figures 28 and 29**. The consistency between the of shape and size of the plastic spheres and injuries is remarkable.

Injuries Related to Severe Beating

59 cases (19.9%) reported that they were subjected to severe beating. 22 of them (37.3%) who were exposed to severe beatings also reported an account of detention while others were subjected to beating in public space.

They were subjected to severe beatings such as kicks, slaps and/or punches and/or shields, truncheons, batons, sticks, studded sticks or rigid objects like iron bars during arrest or detention, while fleeing or being cornered. The high frequency of severe beatings is remarkable in Istanbul and Izmir (Table 6). In these cases various injuries such as soft tissue lesions to bone fractures due to blunt trauma were identified.



Figure 30-31-32: Various injuries resulting from severe beating.

“...On the evening of June 1, 2013 I was in the square for Gezi Park. Suddenly the attack began, people began to flee in all directions. Because I was sick I couldn't move fast or run. After that, I don't remember the events. I was only thinking that I had to escape. I only remember people in uniform, and kicks from their boots . The next day, I woke up in hospital ...”

“...On June 3, 2013 at 11:00 am, about 300 meters from my house, I was on my way home. Suddenly a TOMA appeared before me and I was hit in my belly by a gas bomb. I fell to the ground, into the water. At that moment, while I was on the ground, 5-6 riot policemen, 1 civilian policeman and one without a helmet started hitting me. They were specifically targeting my head and my face with their shields, truncheons, batons and kicks. They beat me so much that one of them said ‘this one's dead’ and then they dragged me to a half extinguished fire and left me on top of the ashes ... “

Injuries due to the Use of Pressurized Cold Water

30 applicants reported that they had been exposed to pressurized water from TOMAs. In these cases, soft tissue injuries due to direct exposure to water pressure, or injuries caused by being knocked off their feet, falling, hitting or being swept away on the ground due to the power of the pressurized water were identified.



Figure 33: shows bruises reportedly caused by the severe impact of pressurized water.

In Istanbul, especially after June 11, complaints similar to chemical exposure were added to the effects of pressurized water from TOMAs. Many video recordings circulated in social media show the liquid form of tear gas chemicals (especially OC) being mixed into water; and the media reported that Governor Mutlu had announced that medicated water was used by the TOMAs;

<http://www.hurriyet.com.tr/saglik/23518148.asp>

<http://gundem.milliyet.com.tr/istanbul-a-tam-gun-gaz-yagdi/gundem/detay/1723968/default.htm> <http://www.medimagazin.com.tr/ana-sayfa/guncel/tr-tomadan-sikilan-su-alerjik-reaksiyon-gosteriyor-1-11-52024.html>

The complaints of applicants were consistent with health problems caused by tear gas chemicals. Interviews with healthcare units and healthcare workers that provided mobile healthcare services in Ankara and Istanbul revealed similar complaints (26).

Injury Characteristics

Almost all identified injuries showed characteristics of blunt trauma (whether caused by gas cartridge, plastic bullets, severe beatings or other). No gunshot or stab wounds were identified.

First and/or second degree burns caused by gas cartridge were also identified depending on distance, and contact with covered or uncovered parts of the body. Four cases were injured by stun grenades. Although the structural characteristics of the stun grenade are unknown, all subjects described a high pitched sound followed by these injuries which were consistent with particles of an explosion. In one case, chemical/physical burn patterns on and under the skin with particles of the explosive that failed to ignite were identified. The condition of particles stuck in the skin was of inimitable character. The assessment is that, in cases when the contact is very close, particles come into contact and extinguish before the reaction is completed. Figures 34-35 show particles stuck in and under the skin with the impact of the explosion.



Figure 34-35: Explosive particles stuck in and under the skin due to explosion.

The second-degree burns detected in one case were found to be consistent with the account of the applicant having been left on glowing ashes after having been beaten. Table 9 shows the areas of injury. The areas of injuries by gas cartridges and plastic bullets are also indicated. Injuries in the upper part of the body, and especially around the head and neck with the muzzle pattern of gas cartridges match with accounts of “being directly targeted and shot” as recounted in case stories.

Table 9: Areas of traumatic injuries

Areas	Gas cartridge	Plastic bullet	Other traumas	Total	
				n	(%)
Head/neck	58	11	43	112	(37,7)
Chest	17	9	30	56	(18,9)
Upper extremities/ hands	51	15	38	104	(35)
Back	11	6	31	48	(16,2)
Abdomen	4	1	-	5	(1,7)
Genital area	1	0	2	3	(0,2)
Lower extremities/ feet	26	10	42	78	(26,3)
Multiple	25	13	47	85	(28,6)

Loss of Organ / Function

In total, 13 people (4.4%) suffered injuries that caused loss of vision/eye (9 people who applied to the Istanbul branch, and four people to the Ankara branch). The hospital records, surgery documents and ophthalmology and other necessary consultations were evaluated. As a result of gas cartridge or plastic bullet impact, or severe beating:

- ◇ A total of 7 cases suffered eye loss;
 - 5 cases had globe exploration surgery for penetrative injury to the eye (globe)
 - 2 cases suffered globe perforation
- ◇ 6 cases suffered loss of vision due to retinal detachment
- ◇ 4 cases suffered broken teeth and teeth loss
- ◇ 1 case had a 'facial blindness' as sequelae of a head trauma
- ◇ A total of 8 cases suffered temporary loss of vision due to head trauma

Several referances also report head trauma, eye loss or even instances of death due to gas cartridge and plastic bullet impact (22-25, 27).

Table 10 shows organ/function loss and type of trauma. Figure 36 shows loss of a tooth due to blunt head trauma; bone fractures are seen in Figures 37 and 38.

"... On 11 June, the governor had said that there would be no intervention, on that day the police made no announcements, we were already leaving the area with my mother by the time they announced the intervention, although it had been told that there would be no intervention, we were in Taksim as a family, wandering around, it was around 9 pm when suddenly all the lights went off, it was completely black, I was facing Gezi Park, from about 10-15 meters away from the entrance of Gezi Park the police started to shoot, I was hit by a plastic bullet... light exploded in my eyes... There was blood everywhere, blood was running out even from my ears ... "

Table 10: Organ/function loss

Trauma types	Loss of vision	Ocular (globe) exploration	Ocular (globe) perforation	Temporary loss of vision	Facial blindness	Broken or Loss of teeth
Gas cartridge	5	3	2	7	1	3
Plastic bullet	1	1	-	-	-	1
Beating	-	1	-	-	-	-
Pressurized water	-	-	-	2	-	-



Figure 36: Loss of teeth due to blunt trauma. **Figure 37:** Fracture of Cervical Vertebrae 1 (C1). **Figure 38:** Fracture of forearm bones.

Detentions, Verbal Violence and Harassment

32 people had a history of detention; they reported that during the process of detention and where there was close contact with the police (e.g. while being held in police vehicles) they were subjected to verbal violence and sexual harassment. 94 people out of all cases reported subjection to verbal violence by law enforcement officers. All 32 of the cases detained by police reported verbal violence, while 62 reported b verbal violence by law enforcement officers in public space. All 59 of them who were beaten by law enforcement officers reported additional verbal violence while being in close contact to the aforementioned.

Particularly in Istanbul and Ankara, sexual harassment was so widespread to include health workers working in mobile health units (infirmaries), and people supplying medical equipment. A university student who applied to the Istanbul Faculty of Medicine Forensic Medicine Outpatient Clinic reported that she was subjected to harrassment by police who cornered her while carrying medical supplies to the Taksim infirmary in Istanbul. Sexual harassment took place especially in cases of unofficial detention who are kept in busses and during arrest.

In one case, a person who remained in custody for four days following arrests targeting Taksim Solidarity (on July 6) reported that she had been subjected to sexual harrassment during a nonstatutory body search.

3. Psychological Evaluation

Almost all cases that applied to HRFT reported in their stories the following: anxiety throughout the traumatic process they were exposed to and the violent environment they witnessed, distress, a feeling that their life and physical integrity was in danger, and somatic reactions such as palpitations, shortness of breath and physical tension related to their emotional state during the incident.

Especially during the most intense period of Gezi events, although offered following their physical and psychological examination psychiatric referrals in relation to their complaints , was not often requested by applicants. Details regarding the psychiatric consultation are given in Table 11.

Table 11: Details regarding psychiatric consultation

Psychological Evaluation	n	(%)
Psychiatric consultation carried out	117	(39,4)
No consultation requested	8	(2,7)
Patient did not come to appointment	22	(7,4)
Patient rejected referrals	145	(48,8)
Appointment postponed	5	(1,7)
Total	297	100

A psychiatric consultation could not be carried out for a total of 175 people (59.2%); *(in 8 cases a consultation was not required, while others either didn't come to the first appointment or refused the recommended referral)*. In total, a psychiatric consultation was carried out for 117 patients (39.4%), and in 5 cases psychiatric interviews were postponed due to the ongoing process of their physical therapy for severe physical injuries.

The vast majority of those who applied both for the first general physical/mental examination, as well as for later psychiatric evaluations reported a variety of somatic and psychological complaints during and after their exposure to a violent environment, and this was also confirmed by our observation, which are stated below:

"Difficulties in falling asleep and maintaining the sleep state, inability to fall into a deep sleep, dreams and nightmares about and related to exposure to violence, decreased appetite, difficulties in focusing attention, incredulity regarding the intensity of police violence, feelings of shock, confusion, dismay, fear due to exposure to death a threat to life during the police attack they experienced, mental and visual repetition of memories related to police attacks they witnessed in following days, shortness of breath, palpitations, shivering during these recalls, feelings of reliving the same moment, occasional amnesia, feelings of anger towards the police, loss of tolerance, anxiety, restlessness, insecurity, complex emotions and feelings of alienation, startled responses and discomfort in response to sudden sounds, reluctance to talk about the police violence they experienced, avoiding situations and subjects reminding them of the violence they experienced, avoiding going to or past the scene of the incident, not wanting to see the police, being concerned about relatives and other people, inertia, fatigue, anxiety for the future, despair."

Although changes in psychological state varied from person to person, a number of the disturbances listed above were identified in the first few days in the majority of applicants, and a decrease in symptoms was observed in the following days in most cases.

In total, psychiatric consultations were carried out for 117 cases. 50 patients (42.7%) examined within the first month of the incident were diagnosed with Acute Stress Disorder (ASD). This diagnosis was followed by Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) (Table 12).

Although some refused psychiatric consultation, the psychological status assessments carried out by physicians who performed their first examination state symptoms related to Acute Stress Disorder pre-diagnosis. In all cases, together with preliminary diagnoses, 64 people were diagnosed with ASD. In the psychological evaluation 10 people were found to have more than two psychiatric diagnoses (*9 persons diagnosed with PTSD and MDD, and 1 person diagnosed with MDD and ASD*).

Table 12: Psychological evaluation of applicants who accepted psychiatric consultation

Evaluation	n	(%)
No psychological diagnosis	14	(12)
Symptoms present but do not meet criteria	13	(11,1)
Acute Stress Disorder (ASD)	50	(42,7)
Major Depressive Disorder (MDD)	9	(7,7)
Post Traumatic Stress Disorder (PTSD)	27	(23)
Other anxiety disorders	2	(1,7)
Adjustment disorder	1	(0,9)
Diagnosis unclear	1	(0,9)
ASD + MDD	1	(0,9)
PTSD + MDD	9	(7,7)

The specific outstanding feature of this course of events was perhaps the type of violence with intense use of chemicals (particularly in gas form). References mention the adverse physical effects, and primarily to the respiratory and cardiovascular systems, caused by such chemicals (OC, CS) can serve as factors triggering a variety of psychiatric symptoms such as severe symptoms of anxiety, including fear of death (28, 29). Of patients who received psychiatric consultation, 24 cases only had a history of exposure to chemical agents, and had no traumatic injury. 93 people had a history of exposure to chemicals accompanied by at least one traumatic injury. 7 cases reported sexual harassment, and 5 of them had a psychological diagnosis. Table 13 shows the results of the psychological evaluation of people exposed only to chemical agents.

Table 13: Psychological evaluations for patients only exposed to lachrymatory chemicals

Psychological evaluation	n	(%)
No psychological diagnosis	4	(18,2)
Symptoms exist but do not meet criteria	3	(4,5)
Acute Stress Disorder	9	(40,9)
Post Traumatic Stress Disorder	7	(31,8)
PTSD*+ Major Depressive Disorder	1	(4,5)
Total	24	100

*PTSD: Post Traumatic Stress Disorder

It is difficult to distinguish how much of these symptoms and findings were caused by the overall impact of the violence witnessed and traumatic experiences, and how much were caused by exposure to chemical agents. However, in all cases of psychological diagnoses, the experienced traumatic process as a whole was found

to be the only etiological factor. A previous psychological diagnosis existed in only 16 cases, and the traumatic process they experienced either aggravated, or caused manifestation of the earlier pathology.

Results of Psychiatric Follow-up

According to an assessment carried out among cases followed at the time this report was prepared; no psychiatric follow-up was deemed necessary in 19 cases after the first examination. The treatment of 8 cases was interrupted due to personal reasons (return to work, moving to another address, etc.) whilst 39 cases did not request treatment. The treatment of 12 of the 51 cases that were included in the follow-up and therapy programme was completed within a month. When cases were invited for follow-up evaluations in a month and a half, 32 people obliged, whereas the other cases stated that “they did not require further treatment”. Follow-ups revealed that 7 cases had recuperated; whereas 25 cases were suffering from chronic PTSD (28% of cases that received psychiatric diagnoses related to a traumatic process during the first examination, and 8% of all cases). Table 14 shows the first diagnoses of cases that had chronic PTSD diagnoses. A close look at these case histories reveals that they had been in close contact with police while subjected to violence, they had suffered verbal violence and suffered harrassment anxiety. There was also one case of detention.

Table 14: First examination diagnoses of chronic PTSD cases (n:25)

First psychological evaluation	n	%
Symptoms exist but do not meet criteria	2	(8)
ASD	5	(20)
PTSD	10	(40)
PTSD+MDD	8	(32)

ASD: Acute Stress Disorder, PTSD: Post Traumatic Stress Disorder, MDD: Major Depressive Disorder

Although approximately in 60% of all cases a psychiatric consultation did not take place, and about 40% of those who were given a psychiatric consultation did not oblige to undergo treatment; negative traumatic effects of violence inflicted by other human beings might have delayed psychological response as well as already existing symptoms can worsen Possibility of a deterioration of psychological well being in the future should also be kept in mind (30-32).

Although the psychological effects of police violence during public demonstrations display individual variations, and that long-term follow up is necessary according to our HRFT experience more than twenty years ; we can also add that the solidarity, sharing, commitment, sense of togetherness, intellectual production and creativity among those active during the Gezi Park process served as a counterforce alongside traumatic effects.

Perhaps in another context trauma would have been much more harmful, whilst this process of resistance provided a psychological support, enrichment, improvement; and maybe restoration. It would not be wrong to state that hope and solidarity which flourished during Gezi process also had a distinct positive and protective effect on the psychological conditions of people who were exposed to various types of violence in many previous public demonstrations.

Conclusion

An assessment of the findings and event histories as a whole reveal that the traumatic methods suffered individually or in groups had similar and compatible characteristics in almost all events. The method and excessive use of riot control agents (chemicals, gas cartridges, plastic bullets, stun grenades, water cannons, batons, shields, etc.) as a whole reveal that the cases suffered trauma inflicted by other human beings and in extent with “torture and other cruel, inhuman or degrading treatment” as stated in the World Health Organization’s International Classification of Diseases, mentioned in article ICD-10 under the code Y07.3.

The spirit of the Gezi process also influenced the work carried out by the foundation; and in addition to the staff, a wide volunteer network of physicians in various specialties, psychiatrists and psychologists was strengthened. Our common feeling of solidarity made our work more easily bearable and revived our hope despite the feelings of anxiety, helplessness, anger we experienced with every case who suffered violence . There is no doubt that we wish an end to violence; while justice, peace and freedom will prevail. We experienced not only pain but also hope like all participants of Gezi.

Human Rights Foundation of Turkey is grateful to all physicians, clinical psychologists and volunteers who provided support for the evaluation of the cases during the Gezi Park process.

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A Legal Assessment of Human Rights Violations that Took Place during the Gezi Park Protests

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In this short article, a legal assessment will be attempted of human rights abuses that took place during the Gezi Park Protests via the applications of persons who within the year 2013 applied to the Human Rights Association of Turkey (HRFT) in order to receive treatment/rehabilitation services because they were subjected to the intense violence carried out by security forces and to document this violence. No doubt one of the most significant social mobilizations in terms of duration, extent and mass participation in the history of the Republic, it is clear that a much more comprehensive study should be conducted in order to assess in all aspects the human rights and legal violations that took place during the Gezi Park Protests. All the assessments we will carry out below are, as in the medical assessments carried out in the first two chapters of this report, restricted to applications made to the HRFT.

As is well known, on 31 May 2013, security forces illegally intervened in a protest, that took the form of an action by a limited number of protesters keeping guard of Istanbul Gezi Park in order to prevent the damage that would be caused to nature and urban life by the plan to redesign the park as a shopping centre. This intervention by law enforcement officials was illegitimate and displayed a most intense form of violence, and it was perceived as unacceptable all across Turkey, and protests followed in all cities.

Today, in political systems that prefer democracy as their form of government, citizens have the right to individually or collectively access the means and resources the city they live in possesses, share them equally and fairly, and to benefit equally from cultural, economic, social and political rights; and further, to organize and transform the city according to their will in line with collective needs and their common imagination. Described briefly as **“the right to the city”**, participation in decisions regarding the city plays a significant role in the use of this right. Therefore, the government’s project of building a shopping center in Gezi Park without consulting the residents of the city living in that area, and further, despite their intense objection, is first and foremost a violation of the right to the city.

Article 56 of the Constitution [of Turkey], which states that *“[e]veryone has the right to live in a healthy and balanced environment”* also guarantees the right to the city. The right of citizens to live in a healthy and balanced environment in regard of natural-urban areas is an extension of “the right to life”, the most fundamental human right, or in other words, an extension of being human. In this respect, the right to a healthy and balanced environment also involves the right to resist against the creation of all types of environmental problems that threaten the right to live in a healthy and

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balanced manner. Thus, the European Social Charter and the European Convention on Human Rights (ECHR), two documents which Turkey is a signatory of, perceive these rights within such a relational coherence in addition to the Constitution.

However, with the extreme/disproportionate/excessive use of violence by security forces against urban residents who perceived the shopping center project planned for Gezi Park as a threatening urban and environmental problem, and thus exercised their right to resist by peaceful methods, the forms of violation diversified, and assumed a complex state on the one hand, and took on more serious aspects on the other.

According to Articles 18 and 19 of the Universal Declaration of Human Rights (UDHR), Articles 18 and 19 of the UN International Covenant on Civil and Political Rights (ICCPR), Article 11 of ECHR, Articles 26 and 34 of the Constitution and Article 3 of Law 2911 on Meetings and Demonstrations, it is a fundamental right for a person to make a press statement, and to demonstrate and rally. According to case law of the European Court of Human Rights (ECtHR) the freedom to assembly, along with the freedom of expression as protected by Article 10 of ECHR, forms the foundations of a democratic society. Therefore, any intervention against the freedom of assembly and the freedom of expression of demonstrators renders democracy meaningless. Again, according to case law of the ECtHR, the state has two obligations in the context of a peaceful demonstration. These are, the (negative) obligation to not intervene in a peaceful demonstration, and the (positive) obligation to take necessary precautions for the demonstration to take place in a healthy manner (the case of *Djavit An v. Turkey*, 29 February 2003, App. 20652/92; the case of *Oya Ataman v. Turkey*, 5 December 2006, App. 74552/01)

However, it was observed that the right to assembly was clearly violated during the Gezi Park process. A legal basis (covering criteria of accessibility and predictability) is required for any intervention against the right to assembly including intervention by security forces (the judgment in the case of *N.F. v. Italy*, 02 August 2001, Appl. 37119/97). Any restriction is legitimate only "in the interests of national security or public safety, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the honour, standing and rights of others". Any restriction on the basis of a reason other than these shall not be deemed a restriction with a legitimate and rightful basis. In addition to this, the decision as to whether the intervention is a violation of rights also depends on whether it meets the criterion of necessity in democratic society (the judgment in the case of *Open Door and Dublin Well Woman v. Ireland*, 29 October 1992, Appl. 14234/88 - 14235/88; the judgment in the case of *Observer and Guardian v. United Kingdom*, 26 November 1991, Appl. 13585/88; the judgment in the case of *Thorgeir Thorgeirson v. Iceland*, 25 June 1992, Appl. 13778/88). This criterion of necessity also stipulates the investigation of the proportion between the purpose entailing the restriction and the severity of the intervention (the judgment in the case of *Jersild v. Denmark*, 23 September 1994, Appl. 15890/89; the judgment in the case of *Lingens v. Austria*, 8 July 1986, Appl. 9815/82) We would also like to point out that, according to the ECtHR, a peaceful meeting cannot be prevented even if it is illegal (the judgment in the case of *Cisse*

v. France, 09 April 2002, App. 51346/99; the aforementioned judgment in the case of Oya Ataman v. Turkey)

As mentioned above, obstructions brought to the Gezi Park Protests both by the government on a discursive level, and within the hierarchical structure of the security forces, and moreover, the violence they perpetrated, targeted the freedom of expression and assembly of individuals and groups, and led to illegal, illegitimate and unwarranted restrictions uncalled for in a democratic society. Freedoms of expression and assembly were clearly violated during the Gezi Park Protests.

It was also observed that throughout the Gezi Park Protests, the right to obtain information as a manifestation of the freedom of expression, and the right to provide information within the scope of press freedom were clearly violated. As a matter of fact, journalists who were directly subjected to the violence of security forces because of their profession applied to HRFT, and it was observed that their activities directly related to providing reports had been obstructed, and that therefore an intervention to the right to obtain information had been carried out. Threats by the government to press and media corporations, and self-censorship carried out by press and media corporations revealed that the right to obtain information had been prevented in the widest sense.

These interventions directed at the freedom of expression and assembly of citizens within the scope of the Gezi Park Protests were carried out via the use of intense and widespread violence by the security forces. However, in further stages of the events, security forces were observed using their force tools independently of the restrictions that set out the purpose of use, and in clear violation of the prohibition on torture. Subjection to chemical agents and traumatic injuries diagnosed in applications to HRFT also revealed violations of purpose and conditions in the security forces' use of their tools of force. According to the UN Code of Conduct for Law Enforcement Officials, UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials and ECtHR case law, ECHR and the European Code of Police Ethics, Recommendation Rec(2001) 10 adopted by the Committee of Ministers of the Council of Europe, the use of force must be legal, absolutely necessary and strictly proportionate. Any other use of force that does not comply with these standards is treated as an intervention against basic rights and freedoms, and first and foremost the prohibition of torture and the right to assembly.

In consideration of the UN Convention Against Torture which defines the act of torture as "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity" and Article 3 of the ECHR which states that "No one shall be subjected to torture or to inhuman or degrading treatment or punishment" the force used by security forces against demonstrators during the Gezi Park Protests was assessed within the scope of the prohibition on torture.

Within the scope of applications to HRFT, the characteristics of the injuries especially due to subjection to chemical agents, and to the use of chemical agent cannisters, plastic bullets, plastic spheres and pressurized water or due to beatings was assessed, within the scope of the Convention Against Torture, to be at a level that matches the purposes of punishment or deterrence of demonstrators. In addition to this, since in cases where the open and direct use of gas, in consideration of the effects and potential health risks of this gas, was observed to cause intense physical and psychological pain, and led to emotions of fear, anguish and humiliation, it was concluded that the prohibition on torture had been violated, as can also be seen in ECtHR case law (the judgment in the case of Ali Güneş v. Turkey, 10 July 2012, Appl. 9829/07) The ECtHR rules that even in demonstrations that are not of a peaceful nature and have been organized in breach of the law, the intervention of the police must be appropriate and proportionate; and that the aiming of gas cannisters at demonstrators when shooting will constitute a crime within the scope of the prohibition on torture (the judgment in the case of Abdullah Yaşa and Others v. Turkey, 16 July 2013, Appl. 44827/08).

Although there were no cases of injury by fire arms or sharp objects among applications to HRFT, the use of fire arms by security forces during the demonstrations has been documented. Both UN regulations, and regulations regarding the right to life as set forth in Article 2 of the EHRC and ECtHR standards of case law clearly state that deadly force may only be used to protect life, and as a last resort in line with principles of necessity and moderation. The use of deadly force that goes against these principles constitutes arbitrary homicide and therefore the violation of the right to life. Although there have been cases of the use of fire arms by security forces that have resulted in death, the use of chemical agents can also be assessed within the scope of the violation of the right to life. The UN Chemical Weapons Convention dated 1993, and signed and effectuated by Turkey on 04 April 1997 with Law no. 4238, prohibits the development, production, stocking and use of chemical weapons. The convention defines toxic chemicals as “[a]ny chemical which through its action on life processes can cause death, temporary incapacitation, or permanent harm on humans or animals”. In turn, riot-control agents are defined as “[a]ny chemical (...) which can produce rapidly in humans sensory irritation or disabling physical effects which disappear within a short time following termination of exposure.” Therefore, the use of chemical agents without legal grounds, or in an unrestrained or abusive manner, constitutes a use of chemical weapons, and the convention will have been violated. Subjection to chemical agents within the scope of applications to HRFT was assessed to be a violation of the convention, and in addition to this, and along with the prohibition on torture, whether leading to death or not, such acts were assessed within an integrated relationship with the violation of the right to life.

The use of force by security forces did not only take place during protests, but continued at unofficial locations of detention. First and foremost, in view of clause b of the UN Body of Principles for the Protection of All Persons under any Form of Detention which defines a “detained person” as “any person deprived of personal liberty except as a result of conviction for an offence” and Article 5 of the European Convention on Human Rights which states that “Everyone has a right to liberty and

security of person”; it is clear that detentions that took the form of detaining persons in police vehicles, blocking streets without leaving any means of exit, and detaining persons without keeping any record prior to the official detention procedure constitute violations. Since arbitrarily detained applicants stated that they were subjected to verbal and sexual abuse, the observations were made that this should be considered within the scope of the prohibition of torture, and also that arbitrary detention was used as a method in terms of the violation of the prohibition of torture.

International standards regarding the use of force entail the principle of the immediate provision of health services. In this context, the right of immediate access of protesters, or of those persons who did not take part in the protest but were subjected to the violence of security forces is of fundamental importance. Although the provision of equal and fair access to health services is obligatory also according to the European Council Convention of Biomedicine, it has been revealed that the access to medical assistance of the great majority of applicants to HRFT within the scope of the Gezi Park protest was prevented, and that the preparation of medical reports was carried out in violation of regular procedures. Moreover, interventions to infirmaries providing first aid services prevented access to health services. In addition to this, attempts were made to punish health workers who acted in accordance with principles obliging them to provide emergency health treatment as required by medical ethics. Furthermore, the attacks on infirmaries by security forces with chemical agents, as specifically underlined by the European Committee for the Prevention of Torture, constitutes the use of chemical agents in confined spaces and against protected persons, and has been considered within the scope of the prohibition of torture. We would also like to underline that not only human rights law but also humanitarian law categorically prohibits any intervention to units providing health services.

Children under the age of 18 who applied to HRFT were direct subjects of the human rights violations stated above. Despite rights to peaceful assembly defined in the UN Convention on the Rights of the Child, the acts of security forces violated, first and foremost, children’s right to life, and also their freedom of expression and assembly, and rights to health, freedom and security, and protection from torture. Since it bears importance in terms of the violation of children’s rights, we would also like to underline that the best interest of the child, which must be protected within the scope of the UN Convention on the Rights of the Child, the ECHR and the Child Protection Act, were not protected in violation of the law regarding children. Furthermore, the identity personal information details of a large number of children was not protected, and their right to benefit from the juvenile justice system was not observed.

In conclusion, the human rights violations which persons, who during the Gezi Park Protests applied to HRFT, were subjected to have been found to constitute, in the most fundamental sense, violations of the right to the city; freedom of expression; the prohibition of torture; the right to health; the right to freedom and security; the right to an effective remedy and children’s rights.



Police Violence is the Violence of the State!

Nilgün Toker¹

When the society starts forwarding its demands and interests directly to the state, and thus a larger community of citizens started being on the streets, we witness both increased and more excessive police violence. We are speaking about violence that is not happening in torture or investigation rooms anymore, but the violence used by police officers while they intervene against mass actions and that causes deaths and injuries of people on the streets. This violence also indicates the police almost started having such a destructive force within the societal realm that only militaries could own in the international realm. One of the reasons of police's becoming more powerful is an increase in the traditional police dispersal equipments, depending on technological developments, and especially use of the arms with chemical characteristics like pepper gas and tear gas as the "ordinary" equipments by the police. With such a qualitative change in intervention equipment, police violence stopped being a violence which is only composed of the traditional modes of violence like torture, repression or "pricking/shutting." Due to this transformation or development, police violence also became a violence spreading almost every streets of the country.

We cannot explain increase and expansion in police violence through only qualitative differentiation in the intervention vehicles. At the same time, if there were not also a differentiation in terms of the function/role of the police, with development of such vehicles/equipments, we could have expected a decrease in police violence. Because we know that advanced technological tools of police in a level which makes possible for a police officer to get/reach his/her aim without using violence. Under these circumstances, to understand differentiation in the functions of the police, besides technological developments, affecting the increase in police violence is also important.

Discussing police violence as a manifestation of liberal security regime as it is usually done or approaching it as a mechanism through which immanent state violence owned by the state itself is revealed might lead us to see the "specific" aspect of police violence in a form what we are experiencing today sufficiently. This is just because of that especially the police violence we are witnessing in Turkey nowadays has some day-specific aspects. Such an aspect does resist fitting the facts we mentioned above and all considerably reasonable explanatory perspectives. This time specific differentiation pertaining to the type of violence by the security organs of the state also means a differentiation in references regarding to violence. In Turkey, however, the difference pertains to the time based form of police violence and violence of military, it should also be added a type of strengthened tradition that belongs to all communities in which there is not any democratic political culture and institutions. This is not specific to only this country. This type of impunity and this fact

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refers a tradition to legitimize unlawfulness. If we look at closely, we can observe the strong relation between those two qualifications one of which is global and the other is local.

From Public Security to Private Security

Security forces of the state are the tools to protect order and a system based on the highest satisfaction of the profit since the states were organized as a monopoly of violence. Order against chaos that is lying at the base of a modern state, and normally as a result of the aim to set reconciliation against the war and conflicts the security of the regime of reconciliation and this order were also resources of legitimization of state's use of force. It means that the violence apparatus of the modern state should be based on law in terms of its definition, function and limits. In that case, the matter of security for both liberal and republican styles of the modern state is fundamentally matter of security within an established system and the order. As a matter of fact, the security in question is the security of the state itself or it is the "public" security in terms used by the states and laws. Since it is necessary to make the state of reconciliation in a society to persist for public security, the State security and organization of the relations between individuals (or citizens) and conflict prevention are security matters as well. To put in a different way, the dimensions of the force that will be used by the state security apparatus are determined according to the fundamental interest of the state and by protection of the order.

As the State still persists to be hold the monopoly of use of violence, above mentioned definition is still valid. However, any change or differentiation in the monopoly of violence or any innovation regarding to the matter also leads a novelty in functioning of the police, the army and the intelligence units. With the removal of any public area except a publicity that is materialized within the state administration itself, the "representation" of the government has transformed into an "authority" which become almost a reality as a kind of "confiscation" that is not bearing any responsibility of acting in accordance with the principles of temporality, questionability and even variability that a state of representation is supposed to have. Thus, since administrative power and being a State is identified with each other, the power of being a government is transformed into such a representation of the "oneness of the State" and, therefore, a becoming a power of the State's mentality. One inevitable result of such seizure of the authority to determine state mentality with the power to administrate is that the law becomes an "instrument" of the administration power. This situation has been defined as the extension of the state of emergency and it is not a situation which can be explained addressing only a regime of the "state of emergency" any more. It is just because, the matter of question is not violation of the law by referring state of emergency anymore. On the contrary it is the "new" organization of the state through which role of the law within the state is entirely relocated. Within this new state organization, legislation is replaced by the directives. Additionally despotic power of the administration wandering around as the ghost of a kind of liberal state, since the historical origins of liberal mode of state now normally shapes in flesh and bones in accordance with the new needs of capitalism.

Independency of power to administrate from its representative quality means making finally representation of a "particular" interest even it is owned by a majority as a determiner of the whole. It also means that, from now on, the operation of

the administration will be legitimized with a reference to a particular interest and concern. Let's explain it: We are not living in an organization of the State no longer where a specific interest has the power to determine the general interest temporarily due to a power of majority that was gained because the figure gathered around a particular interest is plural. On the contrary we are living in times during which an administration style that is started to rule in accordance with this particular interest considers different interests and needs except the interest it represents as obstacles against it and thus an enemy since such interests are against its own interests and values and when the state reorganized in accordance with this new style. It means that, from now on, the state is ruled through a governing style of a company. It is just because not only that it is a governing style in which only one particular interest or "calculation" has a conflicting competitive relation with the other interests, but also since the activity of governing is also, in fact, reduced to an economical operation entirely. Additionally and may be most importantly it is just because each state in the neo-liberal era is transformed in to actors moving in the same market, namely to companies.

This result caused, let's say, by such a new situation is that from now on the states will be ruled not only in accordance with the principle of no-conflict and, thus, the principle of convention, but on the contrary competition, conflict and, therefore, the principle of irreconcilability. In that case power to govern will mean reinforcement of its own capacity to conflict but not to prevent conflict and to promote convention. In other words, the government and, therefore, the seizure state will act on behalf of its own particular interest but not behalf of general interest any more. It's relation with all other interest or interest alliance based on bargaining in the case it is necessary or hostility based relation will also be established as extermination, sovereignty, controlling; namely a relation of dominance.

In such times during which the governing of a state started to mean foundation of the dominance of particular interest, the police and all security apparatus is started to become a private security team of this particular interest. It means that the state's security apparatus stopped being a security apparatus of the society and started being a guard of a particular interest. In that case, the determiner of the security force's actions is no longer an "independent" law but the orders of the company owner. From now on, not the law but only the order of the power to enact will be binding. In such a security regime limits of the police actions will be determined according to the level of antinomy that is represented by one who created the security problem. For instance, when the objection against the slogan about we built shopping malls all around the country is the concern, this objection will be identified clearly as an enmity against the sovereign interest and accordingly acts of the teams guarding this interest will be determined as a war against an enemy. Or, for example, if someone dare to display there are various life styles except the dominant one and contrary to the dominant belief system, what is expected from the security teams is taking these differences in a condition that they cannot come into view anymore. Naturally a discourse legitimatizing such a war will also accompany to the violence on the streets and it is going to be told what kind of enemies these people who are subjected to violence are. Even a power play that will display that besides the inequality they own in terms of quality between the different interest, concern and value groups causing problems and dominant interest and values, additionally

their inequalities in terms of the quantity will be posed as important reference to legitimize police violence. All in all, all type of objection will be seen, presented as a type of tactlessness that should be punished in the most serious way. Therefore police violence is also an expression of this serious act to penalize. Let us not forget that the jurisdiction is already in charge with doing its part concerning this serious penalization rapidly.

I am aware of the fact that while I am trying to manifest the characteristic of the new state organization that is prevailed world scale above, in fact I have told about a state organization which is very local and in Turkey. Then such a question might be posed: as long as the quality of the neo-liberal state organization of our time is not based on the principle that a particular interests announcing itself as general but on the contrary on the principle that a particular interest privileges itself in the face of others, why it is not seen as “uncovered” as it is for example in Turkey?

Erosions of the Institutions

It can be said that the new needs of the capitalism adds the style of the state governing. By insisting that the principles of no-conflict and convention should be eliminated from the only internalized principle that a state should protect shall be taken as the basis of these additions, a relation to push or postponing within the societies that are created non-hierarchical relation on the basis of values across the world has been vitalized. Therefore it can be said that states are governing in a way providing oppression and dominance of a value of interest to the other instead an agreement.

It is very clear that this governing style is not able to carry out in a similar bareness in every country. This difference is the difference that could be understood on the basis of political, cultural and institutional endurance. There are some societies in which modern state of law is set and where this can be a political culture. In such societies the resistance against the new mode of governing is showed both by the institutions itself and political culture embodied by the society. That is why this new governing mode is not easily applicable in a global scale for now. In a society that has institutional endurance by not only written laws on how a gas canister shall be used by a police and on the methods shall be used by a police officer and the limits of the police violence is still able to determined by the law. Or it is known that a reflection of all type of the practice of “excessive violence” that exceeds the definite boundaries-limits can be found in the jurisdiction as in some countries and as there is still relatively independent jurisdiction from the order of execution. On the bases of these, the security forces of the state can be defined in accordance with a kind of public security- at least in domestic realm-. In that case in several countries a ghost of despotic liberalism is able to continue wandering around as still a ghost. However, since Turkey has never had a chance to experience institutionalization of the modern state of law because of the strikes to eliminate the jurisdiction and therefore since it could not catch any opportunity to flourish a democratic political culture, Turkey is a country in which the ghost of the liberal despotism just like ghost of the republican authoritarianism can be easily vitalized. It means that if the state is seized once, there would not be a remained resistance against the power which appropriates the state within the state. The history of this country is full of experiences that can prove such argument on all occasions. It is also very clear that

the institutions which always act to protect and to watch over the interest of the state are watching out for a sign from the owner of the state. Let us not forget that in this country a resistance in the state and resistance of the institution rise in a state of uncertainty regarding who is the owner of the state. In a political culture within which the state always describes the public interest as an interest which is monist and the only former of the interest, we can only mention a state in which the institutions can function as a tool of governing.

Political culture which has been formed in a tradition of a state that all the institutions including judiciary is transformed into a tool of governing is not a culture which is searching the roots of legitimacy in terms of the democratic principle but it is one which search for legitimate bases of the acts within the power of relevant act and its effect. Police violence because of the effect of this violence, namely its achievement, can be legitimized. Even the violence can be invisible when police fulfils her/his function “completely” and the requirement of the directive what is ordered from him/her. Therefore, this violence cannot be a matter of discussion under the dominancy of such a political culture. And within this culture for example people who have thought the torture is a crime against humanity have been only the victims of such violence for years. That is why the “casualties” that is the strongest implication of the state violence has not been a question a country should deal with. In other words, the state’s violence is a kind of “justified-legitimate” violence in accordance with the political culture of the country. The boundaries of this legitimate violence have been drawn in compliance with the law of the war against enemies. It means also that the limits of the violence are the achievement of a state. That is also why the persistence of unlawfulness of war in the most part of the country is perceived by being an onlooker to it. To enable discussing this violence by the society, the effect and achievement of this violence itself has to be turned to be a matter of discussion. We should not forget that the struggle of Kurds should not be vanquishing to provide societal approval of searching the tools that is non violence. Similarly, isn’t the legitimacy of the violence started to being discussed since the crowds could not be vanished despite all the violence of the police during the Gezi Resistance and even since each act of violence caused in increase the participants to the resistance almost in the same rate? In turn, it is clear that the persistence of the unlawfulness and subversiveness of the state violence that the state performing through the state security forces depends on both lack of an enduring law that can limit this violence and lack of an independent judiciary, and it also depends on societal approval of this violence silently or non-silently. It can be also argued that there is not a limit of this violence because of the grounds we mentioned above.

In addition to this political culture characterized by the institutional instability or lack of institutionalization and legitimatization of violence’s boundlessness, the other fact encouraging and strengthening the violation of the state power in Turkey is the judicial practice leading impunity. To say differently, impunity is the reason of recklessness of the state violence.

Impunity

It is clear that in a system where all kind of actions carried out to protect interest of the state gets its legitimacy from such ability to “protect” not only legitimize the violence but at the same time it will protect the violence. All kind of violent act of the

state to protect its entity performed by the security forces of this country are guarded by the state itself. Therefore they are preserved under the protection of law that based on the law of the state. The name given such an act is impunity or in its valid form not being sentenced.

In the cases where the acts of the security forces or private security forces as it is valid today also violate existing law, it is expected this action is evaluated in accordance with its suitability with the law by the judiciary. However either the unlawful activities by the security forces are not made a matter of judiciary as it is done mostly or if it is able to made a matter of judiciary the “crime” cannot be determined or be incriminated. Therefore the crime for the victims of the state violence remains suffering from crimes by unknown assailants or it is declared that there is not a crime already.

In fact impunity means decriminalization of a type of action which is destructive, devastating and harmful. Impunity implying ignorance of the rule of law that determines the limit of the actions that believed takes directions from the state or exemption of certain crimes from being penalizing is also an exemption provided by law itself as it is in proclamation of state of emergency. However, except this special occasions, when the judiciary and supervisory institutions prefers not to punish an action that is considered as crime by the law in a special protection ways they principally approve this act and legitimize its repeating.

Impunity is not only a practice that makes crime invisible and eliminates the criminal. It has also a function that prevents victims from calling victims to account. Impunity points out an existence of a judicial and supervisory mechanism whose function is to deter victims but not deterring assailants of the unlawful violence. Therefore the power of security even when it knows that the act exceeds the boundaries of law is aware that the act will not be punished. Thus it will not recognize any obstacle to perform relevant act. As a matter of fact when a directive is given by the state, there will not be any limits of the violence.

In fact, the impunity is a type of unlawfulness. It is not only because it causes an impunity which can be assessed excluding crimes perpetuated by the order of the state but also because it causes non-execution of the law and rules that limits the acts by state forces. For instance it appears that the international rules about in which conditions police will use intervention tools, and its proportion and method is also included by the domestic law. However, Judiciary’s ignorance of non-application of such rules that includes a kind of technical and practical information is also a form of impunity and it is therefore a form of unlawfulness in fact. For instance, one of the concrete examples of the practice of unlawfulness thus practice of impunity is that there has not been any investigation or supervisory process regarding the usage of the gas bombs by the police via violating the international law. This practice has been able to be regarded as a defect and it has been clearly seen by anyone since the Gezi Resistance.

Thus, increase in the police violence does not mean any other things but implies the increase in the reasons of state to oppress. Increase in the police violence depends on the allegation to show that there are other values and interests except specific interests and concern of the state. There is a positive correlation between the increase in police violence and increase in the requests of objection and differences.

Undeclared Police Violence and Lynching

Tanıl Bora¹

Regime of Lynching

Lynching is a practice of “penalization” that is not based on legitimate power. Attacking someone who is alleged to be guilty daring to punish him/her is an attack against the rule of law and as a matter of fact, is against the state’s monopoly of law. Thus, it is expected that the state perceives lynching as a direct threat against itself. Officially, it does so. States, however, sometimes turn a blind eye and, furthermore, promote mobilization of lynching gangs deliberately to intimidate and even sometimes to get rid of a group that are reckoned for sometimes “dangerous” or “enemy.” Within the history of Turkey, it is possible to refer lynching attacks against non-Muslim minorities on 6-7 September 1955 as one of the example. In the recent time, there are many examples of condonation of the attacks against the Kurds in the provinces at the western side of Turkey and some radical leftists groups by interpreting such attacks as “national indignation.” There are even many examples of those attacked people are criminally charged as “provocateur.” Given the nasty tradition, it is possible to speak of usage of lynching as anomalous operation method.

Violence by security forces, which represent the monopoly of state, assumed legitimate within the existing legal and political order on the condition, however, that violence shall be used within the scope of general power and be “proportional” and when violence is compulsory and inevitable. Arbitrary use of violence being not satisfied with to aiming nullification of suspect but as it were to punish the suspects beforehand and ex-officio (on one’s own) transformed into lynching. The situations in which security forces performs violence with hate that caused ideological marking of people by seeing them politically and morally evil, betrayer, and enemy instead seeing them only as “citizens who break the laws.” It is explicitly present character of lynching. As it is also suggested by the reports of the Human Rights Foundation of Turkey, the police intervention to the meetings and demonstrations in the last years frequently wrap itself up in such an appearance.

Lynching that happens since the state tolerates it and because of the covert state incentive and disproportional violence that is filled with hate by the security forces together form a regime of lynching. It also means that lynching is used as a de facto method of the state of emergency.

During the Gezi events serious appearance of the regime of lynching was encountered.

Gezi Event and Police Violence

Gezi Events started as protests against an urban transformation project that aims at transforming the Gezi Park in the Taksim Square in İstanbul to an area of income in

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the last days of May. Silencing this peaceful protest and resistance by disproportional using of violence that become mutant by the police officers, and in addition the harsh attitude of the Prime Minister that is a clear declaration that the reaction of citizens and fellow citizens are taken no notice of him caused a mass reaction. A crowd of people much bigger than usual were protesting and demonstrator mass flooded the Gezi Park and Taksim. Tents are set up in the Park; the area had been breathed as a living space controlled by protestors for more than ten days. Meanwhile in several provinces in Turkey, massive demonstrations that supported the Gezi Park rising were carried out. It is reported that in every cities of Turkey except Bayburt a minor or major supporting action was performed. It was sui generis mass action in the history of Republic in terms of continuity and prevalence. Especially in the big cities police dispersed this mobilization by using disproportional violence. Resistance and protests were continued for three weeks after the Taksim Square had emptied by rough police intervention. Continuing demonstrations were again liable to police violence. Having looked at the official declaration, police run out of its annual stocks of capsicum spray already in a month! Using pepper gas was disproportional not only in terms of its quantity but also of manner of usage: tear gas canisters that were thrown to shoot and injure people and targeting them but not to promote dispersing of the group caused many people injuries and eleven people lost their eyes.

“Normal” lynching attempts

The Prime Minister and the government consider the Gezi Events as a series of illegal actions. This event which carries legitimacy at its first phase as “innocent environmentalist” and can be tolerated changed its nature by “marginal groups” infiltrate and guidance by them.

It, however, accordingly become a tool in service of series of conspiracy from paving the way for a military coup to calculation of “foreign powers” who do not want Turkey becoming a great power. Recep Tayyip Erdoğan, prime minister, blackened protestors naming them as “plunderer” at the first. Afterwards the spokespersons of the power agreed on the term of “vandalism.” Statement by the Prime Minister Erdoğan during the first days of protests saying that “There is at least 50 percent of population of this country and we restrain them in their houses with difficulty. We are saying to them Oh! Be patient!” implied a threat to provoke another mass putting a mass up against mass of protestors on the street. This also includes implication of lynching. The slogan shouted by the crowd participating in a meeting of the Prime Minister at the Istanbul airport on 7th of June that “Give a way we shall go and shall crush out Taksim” was complementing this implication on behalf of the public/national anger.

As a matter of fact there were times during which lynching attacks of civilian groups that were assigned themselves to interfere this condition was faced. Member of Türkiye Gençler Birliği (TGB) (Youth Union of Turkey) a small group making a press release to give their support to protests in Gezi Park on 5th of June in Rize were attacked by people gathered around. The group sheltered in Atatürkçü Düşünce Derneği (Atatürkist Thought Association). A rapidly growing flood gathered at the front of the building, people who were sheltered rescued from lynch by the police intervention. A small group indented to protest police intervention to the Gezi Park in Konya on 17th of June was attacked. However, the similar attacks did not increase.

One of the “individual” cases from days of Gezi is “machete-wielding assailants.” Sabri Çelebi working as a tradesman in Istanbul, Beyoğlu with the company of his tradesman friends attacked with machete to protestors escaping from police officers on 7th of July. Because of the video recordings led to public indignation Çelebi was taken under police custody and released shortly after his arrest. A trial against him was launched may be because of the reaction of public opinion. Although 27 year imprisonment had been demanded by the prosecutor, he was released in a pending trial. This assault was legitimized by a member of parliament from the ruling party who said that “it is an action within the scope of law.” He is also victimized by a newspaper entitled *Yeni Akit* where it was put as “*There is not any punishment for damagers but 27 year imprisonment for mincing knife*”.

Lynching Mobs and Vigilantism

Mass attacks stepped in while protests were continuing after the tents in Gezi Park were unpicked and people in the area were “repelled” by the police attack and dense gas bombardments. One typical example was the attack against the crowd who was chased by police officers to Şişhane in Istanbul on 17th of July by 30-40 people group yielding knives and sticks were coming from Kasımpaşa. At the same night, the police officers were acclaimed in Tophane where they had arrived after chasing the protestors. Polices thanked to applauses by shutting slogans that “I’ll give my life for you my country.” Group from Tophane returned by saying *allahuekber* and slogans like “*Hands rising against police shall be broken*”, “*people of Tophane is proud of you.*”

Actions that developed with after affect the Gezi rising quality, in park forums in various neighbourhoods attacks by groups armed with sticks, iron, knife and dogs were experienced. Besides the attacks reflected by the press and the television channels in Istanbul; it was possible to follow through social media the cases that in other big cities of Turkey lynching mobs and citizen transformed into lynching groups brutally beaten people escaping from police in the street alleys. Any proceedings regarding these lynching mobs have not been a matter of fact.

Such events also remind us the concept of *vigilantism* that has been developed throughout political science literature regarding to lynching. The term of *vigilantism* derived from words of “vigilance, vigilant” expresses civilian violence to defend established order. It defines the act of people who undertake to punish the behaviours that they considers “deviant” not only from political perspective but also from a societal or moral perspective with an understanding a kind of vigilantism (enforcement of one’s rights without resorting to judicial procedure).

It is also necessary to dwell on active moral support given to police violence that was reinforced actually by people except participated by manifestations by wide groups in several places separately. This type of supporting police is individually also a symbolic act of lynching. By encouraging the police “not to show mercy” to betrayers and bringing betrayers into line and use violence enthusiastically, they merely transmit their resentments of lynching to the police. Such attitude, symbolically, inserts the police into the “spirit” of lynching. If the police do not hold a distance in face of such invitation and when it has dealings with lynching mobs in terms of sympathetically by greeting slogans by slogans, it become lynching symbolically.

Undeclared police violence and “civilians”

We have already mentioned in the introduction that when it is arbitrary used and used of the scope of authorization and definition police violence namely when it so to speak becomes undeclared violence it also resembles lynching. During the Gezi events examples of this were seen on a mass scale. Police attacks to situations where it is not possible mention about a disorder and zeal led by a manifestation and out of environments where “social events” happened against people that were suspected as they were protestors or irrelevant people who are “quiet and inoffensive”; retention, battering, pressing them by insults and threats of “captured” people out of relevant protocols for detentions, - it completely implies informality was become ordinary during those days. It is reflected on the media some of the cases that there are children within the people who were retained and children were passed round by threatening them by packing in police vehicles for hours without informing their parents (it is necessary to name it as a kind of kidnapping).

One case through which informal police violence reflected in public was protesters who sheltered in a car park in Antalya beaten by the police. On 2nd of June during the Gezi Park protests three young people escaped from police sheltered in a parking lot. Two of three people (who are male) were beaten by 17 police officers via truncheon; they were kicked and wiped the floor up with them. Proceedings to detain them were not carried out; a minute was not written that means there was not any apparent accusation. Thanks to the security cameras, the case was publicly known and a proceeding against the case was launched as a result of the initiative by the Contemporary Lawyers’ Association (Çağdaş Hukukçular Derneği). Relevant investigation was closed upon “identities of polices involving could not be determined” by the inspectors of security.

Some of the police officers, who were investigated within the scope of these investigations in Antalya, stated that they obtained iron sticks, sticks and stones since the truncheon remained incapable. Police officers who were backing their equipment by stones, sticks (some of them are sticks with nails) and knife were also seen in Ankara, Istanbul, Eskisehir and Izmir during the first days of the Gezi Protests. There was an episode where civilians armed with sticks were beaten two young girls sitting at the benches in İzmir were police officers who were wearing plain clothes heard by public opinion because of the social media and after it caused public unrest after launched investigation based on reports in the social media. According to a news report from a newspaper, on the basis of the order “disperse protestors” provincial directorates of security drive police officer in plain clothes to the area – in the text of news report the phrase “*sahaya sürmek*”(driving polices to the area) was used.

Police officer in plain clothes and armed with sticks is an embodied form of the threat of *undocumented violence*. At the same time because of their appearance as humans within the peoples they provide impression that public anger/national anger overflowing to streets. Consequently, it is necessary to point out that this image reveals that police violence disguises a lynching character and additionally it may cause an “adverse effect” like encouraging lynching and vigilant actions.

Murder of Ali İsmail Korkmaz

The murder of Ali İsmail Korkmaz come to the forefront within the marks Gezi events left in the collective memory because of its symbolic importance and it is a desperate case in which undeclared police violence and civilian act of lynching nested.

A 19 year old university student in Eskişehir, Ali İsmail Korkmaz, was killed by 6 people who kicked and beat him on 2 June 2013. It was understood from the recorded images that reached İsmail Saymaz, a journalist working for newspaper *Radikal*, that one of the people lynching was police officer and remaining five were civilian citizens. These five citizens were arrested on the base of accusation that they deliberately killing a man. (Another police officer who allegedly come out after and joining the lynching was given a status of “accused” changed in a status of “witness”.)

E. H. who works in a bakery told that they trip Korkmaz up as M. S., a police officer, shout as “Catch him.” After Korkmaz felt into place he told they kicked him and a police officer came and kicked Korkmaz’s head. In the meantime people armed with sticks around were “as far as it is known police officers in plain suits”. Four civilian citizens defend themselves by arguing “we wanted to help to police officers of the state”, “We did this to give police officers back”. Y. A., a police officer from anti-terror branch, stated “Any order or directive was given to the neither officers nor civilians in terms of beating protestors or catching them.” While he was chasing a protestor, a group composed of civil people bursted forth and he saw that “civilian people caught and chased him.” He did not know “whether this civilian people pound up him or not.” It also came across of the scenes in which this mixed team composed of both civilian and police officers beaten protestors they pushed in other streets the same night.

The murder of Ali İsmail Korkmaz was literary an act of terrorizing (to spread terror). One aspect of Gezi Event that was laid stress on by many commentators was that people overcame the horror they felt because of the terror of the state. The state, the government and safety body must have known that restoration of such a fear would be a condition of their presence. Also terrorizing attempts against people who were following up the trials and cases about murder of Korkmaz and other killings during the Gezi events should be construed accordingly, in such way.

Conclusion

It is the power that turned towards a practice of de facto state of emergency that caused suspension of law during the Gezi events. During this period the police violence also gained an informal qualification beyond its disproportional character. Therefore, police violence taking the form of lynching characteristics intersected with lynching (or vigilant) attacks of offensive groups from place to place by group of people. This situation caused these de facto practices of state of emergency transformed into a quality which has been described as state of *emergency from below* therefore it become more out of supervision and accountability. That moment is the point where even laws of state of emergency are not respected/recognized. There is no doubt that we cannot define the police regime during the Gezi events by focusing totally to this point and considering all out these moments; however this moment is a moment of loss of civilization and even this happened only one time and as it is over loved by the official language even it is “individual,” it points out a peril that is supposed to be put an emphasis and be sentenced certainly.



Reflected in the Mirror of Gezi

Özge Yenier Duman¹

“In the beginning there was a cloud of gas, then life began”

The attempt to uproot the trees in Gezi Park in Taksim to build a shopping centre triggered a great resistance. The Gezi Resistance appeared to have sprouted up from nowhere, yet although spontaneous, it did not emerge for no reason. The attack that dared to displace the roots of trees that were connected to the thousand and one secrets and experiences of the underground; their trunks who hosted birds, butterflies, squirrels, spiders and insects, or in other words, living beings from all walks of life; their sprouts reaching out to a new life, to freedom, to the sun and the sky with their branches and leaves; and their shade which revitalized and provided refreshment for the elderly, children and lovers, placed at once before us our connections with a few trees in the truest sense, and in their guise, between our lives and others', between the past and the future.

Those who ran to the park to prevent the trees from being uprooted, threw themselves in front of bulldozers, embraced trees, linked arms and set up camp to guard life. People both in Istanbul, and in many other cities of Turkey, who heard and saw what was happening on social media, made their way to parks, squares and streets to let their voices be heard and declare their objection to this attack. The burning of the tents, and the attempt to evict by drowning with gas the group which was initially formed mostly of environmentalists and young people in Gezi Park, rapidly led to the growth, expansion and diversification of the reaction.

In tent camps, new cities were formed where people slept side-by-side in sleeping bags, where food was shared and money was declared void, where there was a library, an infirmary, a “revolution supermarket” and a museum, but no state, or its ideological apparatuses; police, soldiers (apart from those of Mustafa Keser, a popular singer to which protesters declared allegiance in yet another humorous turn of events), judiciary, schools or family were absent from sight, and in Cemal Dindar’s words, “*a sociocultural undercurrent of these lands*”, namely, the “*steppe-nomadic knowledge and experience*” defined by “*nomadism, maternity, sanctity of nature, human-animal myths, shepherd cults, shamanic persona and blood ties*” was revitalized (Dindar, 280).

The Gezi Resistance brought different experiences of witnessing and participation to those who spoke to each other in parks, resisted the attacks in the barricades, ran in the streets, banged on pots and pans in their neighbourhoods, prepared and delivered aid, provided exit routes, help and refuge points on the internet and observed the events. This process deserves to be read as one which did not produce new symptoms, but unveiled existing, suppressed and denied symptoms, and triggered expression and transformation. There is no doubt that the events also caused emotions of anxiety, fear, sorrow and loss. Yet imprisoning these within the

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language of DSM² would amount to nothing more than producing new symptoms, because the emotional experience of trauma that forced a repetition compulsion, that thing which is reproduced and “needs to be sensed to heal a wound” was embodied in Gezi.

In Eugéne Enriquez’s words, “*Psychoanalysis, by teaching us that the suppressed always has a tendency to return, places us face to face with the obligation to pay attention to ‘darkness’, ‘the unnameable’, or in other words, with that which has been excluded from the stage of history, and is never under the spotlights of the media or thought.*” (Enriquez, 27) What did Gezi Park signify? It was the park of “*a world neighbourhood*” (Duman, 10) that led to Taksim Square that flowing from Tünel via İstiklal Street touched upon the history of the coexistence of seventy-two nations and had become the symbol of the yearning for freedom, where memories of tyranny and loss were inscribed in the founding pages of the history of Turkey, from the events of September 6-7 to May Day 1977, and to the Saturday Mothers, the relatives of the forcibly disappeared who have for years every Saturday sat silently in front of Galatasaray Lycee.

Kızılay, the centre of Ankara, where life flows intensely, was closed for many years to rallies and protest actions. The appearance of Kızılay was irrevocably damaged when cultural heritage and historical texture were destroyed with the demolition of the Kızılay/Red Crescent building it took its name from, and the erection of a devastatingly ugly shopping centre in its place. For protesting masses to occupy Kızılay not only meant a confrontation with the lost past of the city, but also making one’s voice heard in the most representative site of the government’s oppression since the buildings of parliament and ministries are also located here.

The main strategy of Tayyip Erdoğan and the AKP government, among the most successful representatives of neoliberal-neoconservative politics, was based on dividing and conflict. It was much easier to intervene in the bodies and life styles of people divided. The masculine, sexist and militarist policies of the government which sought its own benefit in trading religious beliefs, tried to create soldiers, believers, submissive bodies. The Prime Minister himself was to decide what was to be drunk and eaten, where to sit and stand up, with whom and at what frequency to make love, and as is now well known from his repeated statements, how many children to bear (or, how many child workers, how much cheap labour force, how many soldiers, disciples, submissive voters). Plundered land, over- and underground water resources, mines, construction projects, shopping centres, hydroelectric plants and bridges did not prove sufficient. Faced with such greed, the moral anger silently brewing in many people finally turned into an explosion. Neoliberal policies that threatened everyday life brought on the uprising. Following the September 12 referendum that appeared to try the coup d’état, the veil separating the neoliberal policies imposed by the coup and their present-day practitioners was lifted and the AKP government was shown to be nothing but the ghost of September 12. As Enriquez explains, “*Repression is the creator of the law and order precisely because it initiates the symbolic (in other words, the establishment of the system of rules, relations, exchanges and common signs) and because all stable social organizations are a bundle of symbols*” (Enriquez, 44).

²DSM: The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Police violence, embodying fascism and the “*gaseous state of oppression*” (Dindar, 150) fuelled the reaction and rendered a moral settling of accounts inevitable. The Gezi Resistance, in the most fundamental sense, triggered our sense of worrying about other lives. When deaths occurred, people were forced to re-examine and affirm their basic values, and to take action, reminding us of Canetti’s words, “...*a command does not only hit its target but also the one who gives the command.*” (Canetti, 311)

State violence, transforming peppers into pain, anti riot water cannons firing pressurized chemically laced water like tankers transporting a hazardous substance, and the mechanized-motorized security forces, gas masks over their dark uniforms, lacking identity, no faces under their helmets, their bodies only differentiated by their helmet numbers, their conscience enslaved, in appearance more Robocop than human; faced with thousands of people dressed in sea goggles, shorts, bandanas, colourful shawls, tank-tops, sandals, worker’s hardhats, whistles, hygienic masks, like harbingers of the “rebellious spring” and the early days of summer, trying to provide help, aid, and cover to the burning of each other’s eyes, their pain and loss of breath... people who hadn’t met, but knew each other... they progressed “calmly and collectively”.

Those who took part in the Gezi Resistance formed a diversity with different motivations and different reasons for action. Environmentalists, feminists, LGBTI individuals, young people, football fans, artists, workers, the unemployed, university students, Kurds, Alevis, Kemalists, anti-capitalist Muslims, seculars, socialists, nationalists... A threat to the social ties that define who we are, divisive politics, and the way the Prime Minister addressed the protesters, enabled the weaving of a unifying identity within historicity: Chapullers.

This type of movement, brought forth by dynamics created by symbols, information and human relationships have come to be known by the concept “new social movement”. These movements have led to protest movements including various social groups in other countries of the world and continue to do so (Jasper, 120).

In response to the government’s policies of humiliation, contempt, exclusion and otherization, the demand to be recognized was in the foreground. Traces of the intergenerational experience of trauma, changes forced upon identity and experiences of having to hide one’s identity were conveyed by the bodies taking part in the protests even if they were not expressed in words. September 12’s spirit of defeat was transformed, and individuals moved from being passive victims to political subjects. A change took place from passive strategies of defeat towards creative appropriation, awakening, demand and active reaction. Common, reciprocal and shared emotions consolidated the collective flowing spirit with solidarity and participation. Collective solidarity and a sense of identity, encouraged participation with intrinsic rewards such as the pride of rising up against oppression and protecting one’s identity, and without material-extrinsic rewards. As Enrique puts it: “*The social tie presents itself directly as a tragic tie. This tie, enables us to understand that the other exists not as the potential object of our satisfaction, but the subject of his or her own desires, or in other words, as subjects that who may exclude us as much as they may love us, who may possess expressions that contradict ours, who may*

create dangers not only in terms of our narcissism but also in terms of our survival, yet despite all this, subjects indispensable as the air that we breathe.” (Enrique, 187)

Channels of expression via political parties, representative politics condemned to the ballot box had been blocked. As the street became the sphere of politics, politicization took place not by accepting existing structures, norms and values, but by expanding and transforming them within action. No one was there for the redemption of another, but everyone was aware that redemption could only be for all. The struggle to have the right over one's own body and inner world initiated a process of political subjectification that turned individuals not into victims but subjects.

“The true state which drew strength from the political discourse and action in which everyone departed from their own life experience and formed with their own language”, a familiar condition for those who had taken part in the feminist struggle, began to spread. Attempts to explain Gezi via family dynamics, hierarchy, central authority and sexist division of labour proved fruitless. Feminist methods such as task rotation, decision-making based on convincing and agreement were employed.

In the process, the link between attacks of the masculine violence of political power on female bodies and its interventions in urban life were exposed (Baytok, 16). The “air space devoid of Tayyip and harassment” formed by feminists in Gezi Park, took aim at the harassment carried out by the Prime Minister who embodied neoliberal and neoconservative policies in his masculine discourse. A search for a language of resistance that deciphered the sexist and masculine language that insulted women began. “Resist not by swearing but with persistence!”, “Do not swear at prostitutes or homosexuals!”

Tolerance and acceptance, and solidarity based on respect to differences allowed for the creation of a platform that rendered invalid government oppression carried out via polarization based on forcing divisions between identities. Once the oppressed got to know and see each other, the seeds of a peace facing the future were sewn. When the media failed to report police attacks on vulnerable bodies, bonds were formed and questions were asked about the suffering that has taken place in Kurdish cities for over thirty years.

Freud had stated that *“If the individuals in the group are combined into a unity, there must surely be something to unite them, and this bond might be precisely the thing that is characteristic of a group.”* (Freud, 11) He continued by saying, *“We should consider whether groups with leaders may not be the more primitive and complete, whether in the others, an idea, an abstraction, may not be substituted for the leader (...) [T]he leader or the leading idea might also, so to speak, be negative; hatred against a particular person or institution might operate in just the same unifying way, and might call up the same kind of emotional ties as positive attachment (...)”* (Freud, 47-48) and added, *“So long as a group formation persists or so far as it extends, individuals behave as though they were uniform, tolerate other people's peculiarities, put themselves on an equal level with them, and have no feeling of aversion towards them. Such a limitation of narcissism can, according to our theoretical views, only be produced by one factor, a libidinal tie with other people. Love for oneself knows only one barrier – love for others, love for objects (...) [A]nd in the development of*

mankind as a whole, just as in individuals, love alone acts as the civilizing factor in the sense that it brings a change from egoism to altruism." (Freud, 50-51)

Once that which previously could not be said was expressed, the narrative of rebellion and resistance found expression in caricatures, graffiti, new slogans, songs, phrases and social media dialogues. Humour became the great force of the resistance. Creativity, art, dance, songs, improvisation, the dynamics of resistance, resisting through laughter... Self-realization via experience, pleasure and play is also a theme we remember from Winnicott's works: "*It is in playing, and only in playing that the individual child or adult is able to be creative and to use the whole personality*" (Winnicott, 74-75).

"[artfulness] is oriented towards the past, in that one selects from elements of habit and tradition, and toward the future, as one experiments and tries to generate new ways of doing, feeling and thinking. [...] Protestors often find new ways of living, new modes of applying moral visions in everyday life." (Jasper, 113). Defining protest as "*the artful expression of knowledge in action*" (Jasper, 322) it is revealing that James Jasper thinks protestors "*are more like poets than engineers*" (Jasper, 529).

The power of humour, which with the slogan "My dear friend, this gas is just amazing" rendered ineffective the aggressive weapon of its opponent; and which saved one from turning into one's opposite when sworn at, humiliated or otherized, in other words, from getting caught up in the projective identification of the oppressor gave everyone hope. Humorous personalities who were able to make fun of themselves were the exact opposite of those who tried to appear "in power". This was an expression of tremendous self-confidence.

Collective mastery, the excitement and enthusiasm brought on by rituals and symbols, became a source of pleasure for the activists. Is there anything more pleasurable than the collective excitement experienced by thousands of bodies singing, dancing, jumping and forming human chains? An intense involvement stimulated creativity. Since art allowed for the breaching as much as the abiding of rules, "artful protest" (Jasper, 332) emerged. The romance of love and politics became a source of resistance and reparation for the activists. "*...the mass mind is capable of mental creations of genius, as proved above all by language itself, as well as by folk song, folklore and like*" (Freud, 24) Difference leads to creativity. Conservatism claims that every thing that is said has already been said before.

A legend, an epic can only be written via the transformation of the inner experience that connects the past to the present and the subjective element, no epic has been written by command and submission. Narrative uses language, whereas police violence is nothing but the whipping up of the primitive, amorphous, chaotic, suppressed, and that which has not been transformed into language yet. The Prime Minister emphasized that he himself had given the police the command to use force with the words, "They are asking who, well, I gave the command", yet this absolves neither the Prime Minister himself nor the police. Hannah Arendt states that "*[t]here is no such thing as collective guilt or, for that matter, collective innocence*" (Arendt, 183). "*An adult consents where a child obeys; if an adult is said to obey, he actually supports the organization or the authority or the law that claims 'obedience.'*" (Arendt, 193)

Gezi was the attempt to name the subjective experience, to look in other directions and discover new horizons, to reformulate feelings regarding other people, to re-associate, to re-symbolize and to collectively weave webs of meaning to 'rediscover subjectivity'. The collective activism of Gezi triggered a personal emancipation process in many people who shed feelings of loneliness, meaninglessness and orientation by others. Collectivity created in the midst of division led to the emancipation of the self.

Canetti once said that "*...there is no man who does not turn against a command imposed on him from outside; in this case everyone speaks of pressure and reserves the right to vengeance or rebellion*" (Canetti, 309). The discovery of the social bonds that enabled the flow between the past and the future was transformed into continuity and hope. Collective emotional bonds, desire, curiosity, pleasure, erotic attraction and the pride of once again rendering valuable an identity that had been denigrated; the pleasure of leaving behind emotions such as boredom, loneliness and meaninglessness were articulated to the possibility of social change. As long as individual lives could be attached to basic values, the reparation of the 'fundamental sentiment of confidence' was made possible.

It was necessary not to be afraid, but also to know and accept, without becoming defensive, that one could be afraid, both for one's own life, and for others, leading to a reconsideration of the meaning of life. We remembered that an awareness of our vulnerability was in fact a statement of power, not a weakness but a claim on our own truth, and a call to take our subjectivity into account; this was an expression of a power that did not demand political power...

Although no one knows when the oppression and violence will end, and although for some there isn't even the hope of seeing that day, adding pride and meaning to one's life became an important source of motivation. Challenging oppression – whether by taking part in the resistance in the barricades, or by only stating that one did not approve of this violence – itself was a victory gained against the oppressor. It became clear that the suffering could be healed with the pleasure and joy of resistance, and that the art of resistance could become the remedy of oppression. It is now high time to say, "we are our own remedy"...

As the Prime Minister adopted a discriminatory attitude even in selecting who to pay condolences to, as the Minister of Health found it in himself to say, "they throw stones at the police and still expect ambulances to come to their help". Compassion and empathy require that one put oneself in the position of another, believe that he or she is a good person. The division of one's inner world into evil, enemy objects on one side, and good, friendly objects on the other does not only obstruct the faculty of empathy, but also prevents one from linking to other people, and primeval humane sentiments.

We saw ourselves in the mirror of Gezi, we saw who we are... The Gezi protestors, those who "chased ghosts away by banging on pots and pans" in their neighbourhoods (Dindar, 291), the media which played the three monkeys, those who ran to help the injured, and those who raided the infirmaries, and those who sought permission to trample Taksim... Many people, knowing that governments did not give in to protests and resistance movements, continued to surrender to changes they didn't actually want. Yet those who know that as much as anger, sorrow and rebellion, feelings such as desire and hope are the driving force at the precise centre of a social movement, and that feelings are the cement of solidarity, are aware that

“this is only the beginning”, and that the participation of even a single person can change something. Trees were placed in the way of money, and production in the way of shopping and endless consumption. From the masochism of the feeling of defeat to the pleasure of resistance... In stubborn resistance to politics of division, the experience of myriad feelings simultaneously, allowing sadness and joy to exist together, the sanctification and eulogizing of death was replaced by praise to life and joy. The unity of life and death, the dialectic of Eros and Thanatos was at work...

Perhaps the slogan “This is just the beginning” expresses the fact that Gezi did not only mark a journey towards a new life to live together in public space, but also an inner journey for each participant.

*how life
despite all the pain
leaves a note inside us
on that day we are most exhausted
a note of resistance
placed in an envelope
or blown
in our face
with a fluttering of the sea
joy pours into our life
suddenly
injecting strength
a good strength
unyielding
hope
whips out of its golden cage
tours around our head**

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