



**HUMAN RIGHTS  
FOUNDATION of TURKEY  
TREATMENT and  
REHABILITATION  
CENTRES REPORT  
2016**





HRFT  
Human Rights Foundation of Turkey

**TREATMENT and REHABILITATION  
CENTRES REPORT  
2016**

Ankara, December 2017

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## INTRODUCTION

Metin Bakkalcı<sup>1</sup>

We have been emphasizing on the fact that in recent years we are going through an “extraordinary period” marked by the alarming distortion of democracy, rule of law and human rights. In the introduction section of 2015 Treatment and Rehabilitation Centres Report, we have shared our experiences of all the devastating effects of the conflict environment resumed in July 2015 accompanied by the implementation of “all-day-long curfews” we cannot even imagine, in which we lost our close friends. In addition, especially from 2015, we are all experiencing how suicide bombs and attacks aimed at civilians have caused deaths of many people and led to a deep wound in the social fabric and the sense of trust in the society. In an environment where human rights violations are already significant; we are deeply witnessing the destructiveness of the great evil, which emerged in its totality after the state of emergency, declared following failed military coup attempt on July 15, 2016. We are also going through the effects of war, which has been on-going for many years in our nearby region, more distressingly each day.

As remarked in some of our statements, in previous periods, issues such as disproportionate restriction of rights, excessive use of the authorities by the state officials or the impunity that has brought continuity to the violations were on our agenda. With state of emergency declared *de facto* in 2015 July, and formally after 2016 July, and the subsequent decrees having force of law; we are facing a more radical and vital problem, “that of persons not considered as subject of rights”.

The “official” state of emergency is not limited to our country, which had 42 years of “official” state of emergency practices throughout its 94-years-Republic history. State of emergency became a situation experienced on the global level. Moreover, we now encounter a humanitarian crisis that endanger the universal human rights values that came into existence in United Nations Universal Declaration of Human Rights by following the maxim of “Never Again!”.

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<sup>1</sup> Coordinator of HRFT Treatment and Rehabilitation Centers, M.D

Unfortunately, we have not been able to prevent this process, which took the achievements of human rights struggle decades back. However, the exceptional efforts of the human rights activists from various backgrounds should be taken into account, in order to prevent this hateful process and strengthen the human rights environment.

In addition to that, I believe how this struggle for human right is invaluable becomes more obvious in terms of both today and tomorrow, when we consider that our many friends unfortunately lost their lives, were arrested and imprisoned, had to leave to the country, dismissed from their posts, prosecuted, moreover, many organizations were closed or suppressed.

Despite all these struggles, we could not prevent the process, which inflicts deep wounds on our society, however, without a shadow of a doubt, this does not mean that we will not prevent it in future as well. We are aware of the fact that we are going through a difficult period in terms of the historical context. However, we know that all these experiences are humanly-devised and for this reason, we believe that they are not “fate” but rather are temporary and preventable in a near future.

It is an important gain what human rights movements can accumulate especially when we consider that this movement has created itself under the condition of “official” state of emergency in 1980s and from the beginning, it has been struggling for defending and improving human rights. Without doubt, not preventing this damage despite all these effort makes essential a deep and critical examination of the history of human rights movement, and its very concepts in the light of previous experiences. We thus, need to give priority to the empowerment of the human rights movement and improvement of its scope, as far as possible, to end our agonies. Also, we need to make an effort in order to improve our idea of a common life based on human rights, despite the attempts to destroy this ideal.

It should be highlighted that despite limitations, the whole HRFT environment is in an overwhelming effort to conduct high-quality work, while on the other hand experiencing a deep feeling of belatedness and of inadequacy in the face of the developments in our country, which are even difficult to imagine. As your friend bearing the duty of presenting this work, I would like to extend my apologies for shortcomings concerning what should have been done, as well as those concerning the present report, while also considering If we “the extraordinary period” which affects all aspects of our lives, and the possible limits of drafting a report of such a year with all its spirit.

Each year, the Human Rights Foundation of Turkey (HRFT) shares its Treatment and Rehabilitation Centres Report, the documentation of physical and psychological treatment and rehabilitation services offered by all its centres to persons exposed to torture, other cruel, inhuman treatment and punishment.

Human Rights Foundation of Turkey (HRFT) was established in 1990, by Human Rights Association (IHD) in the presence of 32 intellectuals and legal entities, as a result of efforts made within the Turkish Medical Association (TTB) and Human Rights Association (IHD) environment. HRFT, for 27 years, has been providing physical and psychological treatment and rehabilitation services to individuals subjected to torture and other cruel, inhuman, or degrading treatment and punishment, and working for documentation and prevention of human rights violations. HRFT is an internationally recognized and reputable human rights organization. Moreover, as stated in the third article of its statute, HRFT aims to provide periodical or non-periodical documentation and publications, numerous trainings and scientific studies regarding all aspects of human rights defined by international human rights documents and domestic law.

HRFT is currently carrying out activities for treatment and rehabilitation of torture survivors at its four treatment and rehabilitation centres located in Ankara, Diyarbakır, Istanbul and İzmir. In addition, despite limitations, work of our Cizre Reference Centre, which launched its activities on 17 October 2015, is growing stronger day by day.

This service, HRFT provides for resolution of the physical, psychological, and social problems of the torture survivors, is undertaken by professional and volunteer teams of hundreds of individuals from different fields of expertise, health professionals being in the first place, and with a multidisciplinary perspective.

Until 2017, HRFT has provided services in total, to 16.262 torture survivors and relatives of survivors. During 2016, 487 torture survivors and their relatives have applied to our centres. Among the applications, 311 (64%) people subjected to torture and ill treatment within the year 2016.

On the other hand, our work carried out since 1993, for the reception of applications from cities where HRFT does not have treatment and rehabilitation centres, has continued during 2016. Within this scope, 56 torture survivors applied to us in 2016.

Again, via our “Mobile Health Teams”, program targeting regions experiencing gross/serious torture and other human rights violations and launched on 2008, we received 9 applications in 2016.

As necessitated by a holistic and multidisciplinary approach to struggle against torture and violation of rights, HRFT drafted numerous alternative medical reports for documentation of torture upon request of torture survivors from Turkey and various countries around the world. These reports are recognized and respected by many judicial bodies in international arena such as UN Council of Human Rights. In this sense, HRFT can be considered as a school when taking into account of its roles in documentation of torture being in the first place and treatment of torture survivors.

Within this scope, 42 alternative forensic reports/epicrisis are prepared by our Treatment and Rehabilitation Centres in the year 2016.

HRFT has taken leading role in the processes of formation of UN The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol) proposed by UN to use all over the world, and accepted by Turkish State as a standard in forensic medical examinations. HRFT has also been organizing İstanbul Protocol Trainings in which many medical and legal experts take place in both Turkey and various place in the world.

While HRFT's scientific and objective leading works on the documenting a treatment of torture resonate and are recognized at the international arena, HRFT has been invited to many conferences and meetings or taken place in organization of them, itself.

Many survivors of torture and other forms of ill-treatment are also affected by other components of complex trauma. HRFT is aware of the fact that more than medicine is needed to achieve redress to the greatest extent possible. Therefore, since 2004, HRFT is conducting work for developing an integrative and multidisciplinary program that also handles the problem of complex and social trauma. Within this context, since 2000, through various activities such as national and international education, panel, symposium social trauma program has been treating under tree main framework: truth, justice and treatment.

Moreover, following the bombing attacks on 20 July 2015 in Suruç, on 10 October 2015 in Ankara, "Psycho-Social Solidarity Network" activities have been launched mainly on the basis of cities, together with the institutions carrying out work towards individuals affected by the concerned bombing attacks (HRFT, Psychiatric Association of Turkey, Turkish Psychological Association, Psychologists for Social Solidarity, Turkish Medical Association, Association of Social Workers, Trauma Studies Association, and Couple and Family Therapies Association). Specially HRFT has been carrying the struggle for those individuals affected from the massacres aimed civilians, and which unfortunately, climbed in 2016. During the year 2016, HRFT received 415 applications within the scope of Psycho-Social Solidarity Network.

Despite the limitations, HRFT tried to enrich psycho-social activities for yezidis, Diyarbakır Fidanlık Camp being in the first place.

Alongside treatment and rehabilitation services offered to torture survivors, HRFT has provided direct legal support, with its limited means, or on a voluntary basis through its lawyers, in the scope of its activities for prevention of torture. In addition to the legal support activities for 26 applicants which started in the previous periods, we provided legal support activities for 5 other applicants in 2016.

In order to follow the violations of rights and immediately reveal them, and thus prevent violations of rights in Turkey, HRFT publishes the daily and annual human rights reports and reports for special violations and events, in both Turkish and English languages. In this context, HRFT has developed an objective and reliable system for the documentation of severe/ serious human rights violations, torture being in the first place, and as such, formed an important accumulation of knowledge.

Within the clash environment which aroused again, including practice of all-day-long curfews that are even difficult to imagine, HRFT has made an effort for documentation of gross/ serious human rights violations and for contributing to redress processes, including legal redress. Moreover, reflecting its attitude based on its fundamental values, HRFT has also made an effort at all levels, both against the military coup attempt, and gross/serious human rights violations caused by state of emergency practices and decrees having force of law; since the process of suppression of the coup attempt in 15 July 2016.

Within the scope of the "Treatment and Rehabilitation Project", in addition to treatment and rehabilitation activities in 2016, large number of trainings (programs of Istanbul Protocol Training both in Turkey and abroad; trainings for trauma including art therapy) and a total of seven scientific studies (A Diagnosis Method in the Research on Torture in IRCT International Symposium in Mexico, 5-7 December 2016: Bone Scintigraphy Study; A new method of torture: hand-cuffing behind the back; Effectiveness of non-invasive digital infrared thermal imaging (DITG) method on torture: case report; study on "Evaluation of HRFT applicants' cases within the scope of the Gezi Park process, and studying the effects of judicial processes on the rehabilitation process of torture survivors "; three studies presented at the 13th Congress of Forensic Sciences held on 27-30 April 2016 -"Being a relative of a torture survivor", "Torture survivor children", Torture survivor asylum seekers"), were carried out.

In addition to the treatment and rehabilitation activities, in the context of the holistic activities carried out at many levels for the prevention of torture, an alternative report has been prepared for the session of the United Nations Committee Against Torture (CAT) on April 25-27, 2016, for the evaluation of Turkey's fourth periodic report, and we also participated in this session. Considering especially the circumstances we experienced, Final Observations of the Committee covering various warnings, recommendations and suggestions in 47 paragraphs based on our contributions could be an important reference in the coming periods.

In order to achieve our ultimate goal mentioned above, the main mission of HRFT, is to contribute to the struggle for eradication of torture in all spheres of life, to the coping by torture survivors with the trauma they experienced, and to a full recovery – physical, psychological, and social- of the torture survivors, in other words, to create an environment of "social apology" towards the individuals and communities who have been subjected to serious human rights violations.

Undoubtedly, we would like to express that all these works are a result of joint efforts of members of the Founders' Committee and the Board of Directors, and HRFT employees, alongside hundreds of sensitive people from different social segments and different areas of expertise, gathered together for the same cause, particularly health and legal professionals and human rights defenders from all over the country.

Once again, we would like to extend our sincere gratitude to all our friends who contributed to these works, who did not leave us alone, and to all relevant institutions, especially Human Rights Association and Turkish Medical Association, for their support since the beginning of our work.

Ankara, May 2017

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

**2016  
Evaluation Results**

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## **General Evaluation of the Title of Torture and ill-Treatment in the Period Mentioned in the Treatment and Rehabilitation Centres Report**

We believe that as in previous years, it will be useful to conduct an assessment of torture and ill-treatment under three headlines for a deeper understanding of the violations of the prohibition of torture, which became widespread in the period discussed in this report; their causes and targets. We can summarize these headlines as follows: developments concerning the legislation related to torture and other forms of ill-treatment; what we have encountered in terms of the implementation of the legislation and the practices of torture and other forms of ill-treatment; finally impunity that plays a major role shaping the stances and attitudes of the state/public and government officials -ranging from prosecutors and judges to lawmakers-, concerning the prohibition of torture and other forms of ill-treatment. Looking at the violations of prohibition on torture and other forms of ill-treatment under these main headlines will also be beneficial for us to display the aims of and the tendencies in the use of torture.

### **1.Prohibition of Torture and Other Forms of Ill-Treatment in Legislation**

As mentioned in the introduction, the recent period witnessed developments in legislation on human rights and freedoms -including the legislation on the prohibition of torture and other forms of ill-treatment, that might have extremely destructive and irreversible effects in the further period.

**1.1** Corpses of the individuals, who lost their lives in areas under curfew, implemented from August 16, 2015, as an open-ended and all day long practice and without any legal base, remained on streets and calls for ambulance and request of treatment for the wounded were never returned. While the whole country was witnessing these developments, in early 2016 (January 7 and 16, 2016), the Regulation for Implementation of the Law of Council of Forensic Medicine, and the Regulation on the Procedures of Transfer and Burial of Corpse were amended.

With this amendment on the Regulation for Implementation of the Law of Council of Forensic Medicine, the former 15-day period to hand over to the municipalities, corpses of the persons with no relatives and of those whose bodies were not received by their families or kin, was reduced to three days. In response to the State Council's decision on cancelling the implementation of this 3-day practice, this period was extended to 5 days on 20 April 2016 with a new amendment on the Regulation for Implementation of the Law of Council of Forensic Medicine. However, the amendment on the Regulation on the Procedures of Transfer and Burial of Corpse on January 16, 2016 had stipulated that these corpses "could be buried within 24 hours". With these regulations, in addition to the municipalities, local administrative authorities were also entitled to receive the corpses. It was also enacted that the corpse would be handed over directly to the local authority, if authorities were convinced that the public order could be disturbed and social events or criminal acts could occur during the corpse transportation and burial process.

These regulations reflect a mentality that can imagine that the fundamental rights of burial of corpse and mourning can be taken away from those who have lost their

relatives. As such, these regulations demonstrate how legal regulations can arbitrarily turn into an ordinary means against rule of law, human rights and freedoms.

**1.2.** The issue of the Official Gazette, dated July 14, 2016 will always have a special place in the memory of this country. The only law on the Official Gazette, just one day before the military coup attempt on July 15, 2016, was “The Law on the Amendment of the Turkish Armed Forces Personnel Law and of Certain Other Laws”. With this regulation, investigation and trial of members of the Turkish Armed Forces and all security officers, have become subject to the authorization of the prime minister, the ministry of defence, and the ministry of interior. In this way, by immunizing the crimes of all the personnel with the pretext of “counterterrorism”, it is aimed to obstruct the investigation processes, and also to reinforce the legal armour of impunity that will also act retrospectively.

**1.3.** The period of state of emergency declared in the aftermath of the failed coup attempt and of -in total 24- decrees having force of law, can be considered as a period which deepened the destruction of democratic principles, such as rule of law, judicial independence, separation of powers and respect for human rights; and as a period of legislation and practices that aims at regulating the life in all aspects and against the law of human rights, as we see in military coup government periods.

In this context, many regulations signifying important lacunas in terms of the prevention of torture, and which further mean encouragement of torture, have been adopted through decrees having force of law. For example, with the first Decree Having Force of Law dated 23 July 2016, maximum duration of detention was extended to 30 days and access to a lawyer in the first 5 days of detention was inhibited (with another ruling dated 23 January 2017, maximum duration of detention was reduced to still an unacceptable period of 14 days, and the inhibition of access to a lawyer in the first 5 days of the detention has been removed.) Several restrictions have been imposed on the right to access to a lawyer through various decrees having force of law. Also, several regulations and practices led to serious violations of the right of defence, such as recording of the attorney-client interviews, which should be confidential. On the other hand, as it was during the September 12, 1980 military coup period, some other regulations allowed arrestees and to be taken from prisons for re-testimonies. In addition, there have been regulations that remove the legal guaranty of judges in the view of rule of law, and some regulations that violate the right to a fair trial, which ended membership of all members of the Prison Monitoring Boards, even though they were extremely dysfunctional at a time when torture allegations were extraordinarily increased, and images related torture were put in circulation.

Moreover, like the provisional Article 15 of the 12 September Constitution an absolute impunity clause has been introduced, stating that no legal, administrative, financial and criminal liability linked to the functions will arise, for persons who take decisions and fulfill duties in the scope of decrees having force of law. Impunity continues through new institutional mechanisms under a legal cover in today’s state of emergency regime. Undoubtedly, such regulations, however, will by no means mitigate the responsibilities of those who led to human rights violations in this process.

**1.4.** The “Triple Protocol”, which was first signed between the Ministries of Justice, Interior and Health on 6 January 2000, and which was arbitrarily drafted, disregarding medical ethics as well as the rights of patients and detainees / arrestees, was renewed in 30 October 2003 and 19 August 2011. This protocol was renewed once again on 21 January 2017. Final form of this protocol, renewed six years later, and which was inadmissible in terms of human rights and health since its first drafting, has once again revealed the extent to which it is irregular, inhuman and illegal. In 2011, provisional article, stating “within three months ... all the arrestee wards and protected examination rooms at the hospitals under the Ministry of Health...will be assessed in terms of suitability”, was preserved exactly the same way. This shows the disrespectful attitude towards the debate over the last six years. Undoubtedly, in order to prevent torture, it is necessary for us to continue our efforts for the removal of this protocol.

**1.5.** Autonomous structures, one of the most important tools for ending human rights abuses and strengthening respect for human rights, have been completely abolished in the recent period. Most crucial of these autonomous structures for the prevention of torture is the National Prevention Mechanism. As known, the task of establishing the National Preventive Mechanism (NPM), required by the Optional Protocol to the Convention against Torture (OPCAT) of the United Nations, was attributed to the National Human Rights Institution of Turkey (NHRI) with the Decree of the Council of Ministers dated 28 January 2014. However, the NHRI does not even fulfil the criteria set out in the United Nations Paris Principles. The appointment of such an institution as a national preventive mechanism made such a mechanism meaningless and dysfunctional, which could have provided an important opportunity for the prevention of torture. That a law amendment for guarantying the structural and financial independence in full compliance with the Paris Principles, is required, has been several times expressed. In addition, at the end of a visit on October 7-9, 2015, Mari Amos, the Head of the Delegation of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment of the UN, has also expressed the need for a “special law for an NPM secured with independence”.

However, the law on Turkish Human Rights and Equality Institution, which has no compliance with the UN Paris Principles and the OPCAT, and which includes the National Preventive Mechanism as a “visa exemption condition”, designed without informing any civil organization and without taking the concerns and the suggestions into consideration; was published on the Official Gazette on April 20, 2016 and came into force. Unfortunately, another completely dysfunctional structure for the prevention of torture, -like the NHRI, which was shut down without fulfilling any function in a period, where the torture was extraordinarily intense- was also created.

## **2. The Practice of Torture and Other Forms of ill -treatment**

In recent years, we have insistently emphasized that the practice of torture and other forms of ill-treatment have become a method that is more often used in order to intimidate, punish or establish authority. Recently, we have witnessed that the practice of torture and other forms of ill treatment have been widely used as a means of criminal proceeding (force someone for a confession or getting

information/"gathering an evidence"), together with the elements of the above mentioned purposes. Moreover, as stated above, the practice of torture and other forms of ill treatment became widespread in a reckless way, by publicizing it with the aim of increasing government's control and oppression on very different segments of society, spreading terror and fear.

Especially in Southeast and Eastern Anatolia in the context of armed conflicts resumed in July 2015; and in the context that extends from the process of suppression of the coup attempt to the state of emergency; the practice of torture and other forms of ill treatment reached unprecedented dimensions in prisons, any type of mass demonstrations, everyday events, or in official and unofficial detention places.

### **2.1. Practice of torture and other forms of ill treatment in legal detention places**

Especially in Southeast and Eastern Anatolia in the context of armed conflicts resumed in July 2015; and in the context that extends from the process of suppression of the coup attempt to the state of emergency; the practice of torture and other forms of ill treatment in official detention places significantly increased. In such a climate, increase was also observed in torture practices for non-political reasons.

In 2016, 487 people (49 of them were relatives of applicants) applied to HRFT. Out of 438 applicants, who were directly subjected to torture or other forms of ill treatment, 228 (52%) were subjected to torture in official detention places. It should also be taken into account that 178 of them (41%) were also tortured in security forces' vehicles.

### **2.2. The practice of torture and other forms of ill treatment in unofficial detention places**

i. During public demonstrations, violence methods employed by security forces on individuals exercising their rights to assembly and demonstration, reach the dimensions of torture or other forms of ill treatment. Across the country, in all types of meetings and demonstrations attended by very different segments, security forces' "interventions using extreme and disproportionate force", which reach the dimension of "torture" became even more intense in 2016. In 2016, 243 (55%) of 487 applicants to HRFT reported to have been subjected to torture or other forms of ill-treatment on the streets, open spaces and venue of public demonstrations, which can be turned into unofficial places of detention.

ii. Especially in Southeast and Eastern Anatolia in the context of armed conflicts resumed in July 2015; and in the context that extends from the process of suppression of the coup attempt to the state of emergency; there has been an extraordinary increase in cases of torture and other ill-treatment in places which can be defined as unofficial places of detention, such as police vehicles, houses, workplaces, sports halls and some different places.

**2.3.** In addition to these, the continuous practice of curfews, which lasted for days / months, and which meant an extraordinarily restriction of the most fundamental rights of a large number of people "deprived from their liberty", should be regarded as a crime of torture and other forms of ill-treatment, due to the heavy pain and emotional suffering it caused.

In fact, these issues were stated in the Final Observations of the UN Committee Against Torture, dated June 2, 2016 as follows: "...effective investigation of allegations regarding curfews that cause severe suffering; and inflict a non-judicial punishment for those responsible for such ill-treatment ...". Also, the Human Rights Commissioner of the Council of Europe, in a statement dated 25 April 2017, indicating his intervention in 34 cases before the ECHR concerning the violations of human rights during operations and curfews in the Southeast; remarked that this practice "amounts to a restriction of liberty equivalent to house arrest for all intents and purposes", and led to "mental suffering".

#### **2.4. The practice of torture and other forms of ill-treatment in prisons**

According to the data provided by the Ministry of Justice, the number of detainees and arrestees in prisons, which was 55,870 in 2005, rose to 209,941 in Feb 17, 2017, despite the "concealed remission of state of emergency", which resulted from the amendment in the regulations concerning probation, with the Decree Having Force of Law No. 671, August 17, 2016. (Response of the General Directorate of Prisons and Detention Houses to HRFT's application to the Prime Ministry Communication Centre). The quadrupling of the number of prisoners and detainees in only eleven years, is unprecedented in our country's history, and can be considered as a summary of the developments experienced in recent years. Continuous growth of the population of prisons in the recent years has brought about the worsening of physical conditions and an increase in the deprivation of rights.

On the other hand, unfortunately the practices of torture and other forms of ill-treatment in prisons targeting detainees and arrestees have extremely increased again in the context of armed conflicts resumed in July 2015; and in the context that extends from the process of suppression of the coup attempt to the state of emergency.

i. Beating in entrance to prison and continuing afterwards, labelling of detainees who are detained for political crimes as "terrorists", and their beating for this reason, all kinds of arbitrary treatment and arbitrary disciplinary punishments, solitary confinement, exile and transfer practices have increased in an extent unprecedented in the modern history of the country.

ii. Practices of a single person or small group isolation / solitary confinement practices (especially in F-type prisons) that have been in force since 2000, and that cause a serious damage in the physical and psychological integrity of arrestees and detainees, is a problem that aggravates and that becomes increasingly widespread. Once again, the standard principle of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) should be reminded: " the aim should be to ensure that every prisoner is able to spend a reasonable part of the day (eight hours or more) outside his/her cell, engaged in purposeful activities of a varied nature (work, education, vocational training, sport, etc.). Naturally, programs in institutions with convicted prisoners should be even more appropriate." However, even the Circular of the Ministry of Justice (45/1) dated January 22, 2007, foreseeing that 10 prisoners come together for 10 hours per week for socialization, is not implemented, although it is in force.

iii. Another field of problems that are persistent for a long time, concerns the restrictions in access to health services, denial of the right of visiting prison infirmary, practice of ill-treatment including handcuffing in transfer of prisoners to the Council of Forensic Medicine hospital, or court house, and the failures in solving prisoners' health problems in timely and effective manner. Especially, in order to open up room for people who were arrested after the 15 July 2016 coup attempt, many prisoners in certain cities such as Ankara, İstanbul and İzmir, whose treatments were already conducted in difficulty, were exiled to other prisons. This situation has seriously damaged their right to access health services.

iv. Another issue concerning prisoners is the issue of ill-prisoners. According to the Human Rights Association's data updated on October 26, 2016, there are 905 ill-prisoners, 323 of which are seriously-ill. There are serious problems alongside those related to access to health services, such as problems concerning obtaining a medical evaluation report based on independent and qualified medical evaluations, related to several issues including that the Council of Forensic Medicine is not independent. Moreover, according to the response of Ministry of Justice, as of February 2017, the number of arrestees and detainees, whose serious and continuous illnesses were documented by the report of the Council of Forensic Medicine; has reached to 841. On the other hand, the amendment dated June 18, 2014 on the Law on the Execution of Penalties and Security Measures, includes the expression "who are evaluated to constitute no severe or substantial danger in terms of social security". With the phrase "danger in terms of social security", this amendment, even in the existence of reports showing life threat to prisoners, subjects the release of prisoners to completely arbitrary decisions. Again according to the data of the Ministry of Justice, in the past five years, 451 arrestees and detainees, whose illnesses were detected by the Council of Forensic Medicine, have lost their lives in prison, and even the reliability of this figure is questionable.

v. Torture and other forms ill-treatment towards children in prisons is another important problem.

## **2.5. Sexual torture against women**

Sexual violence as a torture method against women has become widespread, as a result of discriminatory and hateful attitudes towards opponent groups. Especially what happened in South-eastern and Eastern Anatolia in the context of armed conflicts resumed in July 2015, and considerably serious allegations are indicator of a deep "moral collapse". Apart from that, the fact that women who are deprived of their liberty were forcibly subjected to naked search, is another important issue.

On the other hand, attempts by the political power to rationalize political violence also contributed to a socio-cultural atmosphere, which brings about an increase in violence, especially against LGBT individuals and women.

## **2.6. Fundamental/ procedural guarantees against torture in the process of restriction of freedom**

i. The procedural guarantees for individuals whose freedom is restricted, have already been disrespected in practice. Under state of emergency, these guarantees

were also formally destructed as a result of legal regulations brought by decrees having force of law. Based on these legal regulations, it is possible to say that the procedural guarantees such as informing individuals about detention, informing third persons, access to lawyers, access to physician, carrying out appropriate medical examinations in appropriate circumstances and reporting properly, rapid access to a judicial authority for inspection of legality, keeping of detention records properly, possibility of independent monitoring; have been disappeared in the recent period, and an entirely arbitrary environment has been created, in this respect.

ii. As stated in all international documents, forensic medical examinations should be carried out in health institutions; after detention, in transfers between units during detention, periodically and at the end of the detention period. However, especially in Southeast and Eastern Anatolia in the context of armed conflicts resumed in July 2015; and in the context that extends from the process of suppression of the coup attempt to the state of emergency; medical doctors have been forced to conduct medical evaluations in other places such as police centres, and have been forced to visit places other than health centres, with the pretext of extraordinary conditions.

Moreover, these attempts have been transformed into official writing as follows: “composing a team consisting of a medical doctor, a health officer or a nurse and a registration staff for the forensic medical examination of the detainees in the places requested, upon the request by the security personnel”. It is clear that this situation has negative effects not only on doctor-patient confidentiality and on an environment in which an individual subjected to torture can express himself or herself properly, but also on the conditions under which medical doctors prepare forensic examination reports independently and objectively. Such an environment also leads to a situation that prevents the conduct of the consultation and examination processes that may be necessary for the detection of possible torture findings.

The pressures on physicians, also including our close friends, have increased (such as investigations, dismissals from their posts at the public institutions), since they resist to this situation which cannot be accepted in terms of the attitude of a physician, including the Istanbul Protocol.

Unfavourable experiences in the medical environment unfortunately bring about an increase in the incomplete and incorrect forensic medicine reports contradicting the standards of the Istanbul Protocol, which is the only guide to the detection of torture in detention entry / exit medical examinations.

**2.7.** Another important problem is the prevention of the effective functioning of international monitoring mechanisms within the UN and the Council of Europe, which are among important instruments for the prevention of torture and other forms of ill-treatment practices, and towards which, as a member, Turkey has obligations; and the disregard of the suggestions by these bodies.

i. The UN Committee Against Torture, the authority and supervision of which recognized by Turkey with the ratification of the UN Convention Against Torture, has prepared the Fourth Periodic Report of Turkey in April 2016 and published it

on June 2, 2017, accepting the Final Observations containing various warnings, recommendations and suggestions in 47 paragraphs. Nevertheless, the responses of the Turkish government bodies to the monitoring process requested by the Committee reveal the negative approach of the state organs on the Committee's warnings and suggestions.

ii. Other examples are the negative, repetitive and similar attitudes developed in response to the reports prepared by the UN and the Council of Europe, regarding the gross/serious human rights violations, especially in Southeast and Eastern Anatolia in the context of armed conflicts resumed in July 2015; and in the context that extends from the process of suppression of the coup attempt to the state of emergency.

iii. The request of the Office of the UN High Commissioner for Human Rights, as required by its *raison d'être*, to visit Turkey concerning gross/serious human rights violations, particularly in the Eastern and South-eastern Anatolia, in the context of the armed clashes resumed on July 2015; has not been accepted.

iv. The visit of the UN Torture Reporter to Turkey on October 10-14, 2016 was delayed by Turkey. The postponed visit took place from November 27th to December 2nd, 2016, after the new rapporteur took office. However, admitted consequence of this one-and-a-half-month postponement is that report on the visit, actually made in October, was addressed in the UN Human Rights Committee's March 2017 Session. And, the one on the visit made in November, will be handled in the March 2018 Session.

v. As is known, the government did not allow or request the publication of the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), concerning "the special purposed/ad hoc" Turkey visit on 29 August-6 September 2016. Although the Ministry of Justice has stated that "the situation is not yet final, and therefore a ban on the publication of the report is not at issue at this stage", it should be kept in mind that the CPT reports are not submitted to the relevant governments when they are in the process of being drafted, that these reports are transmitted after acceptance, and that their confidentiality is the principle unless the relevant governments request its publication.

In this context, the authorization by the related states concerning automatic publishing of the visit reports (as authorized by the eight governments today) should be an important indicator of the sincerity of the states on the prevention of torture.

vi. Implementation of the European Court of Human Rights Rules

For a long time, the fabrication of various obstacles before the implementation of decisions of the European Court of Human Rights (ECHR), including compensation and other reparations, is another important problem.

vii. Based on the decision dated 25 April 2017, of the Parliamentary Assembly of the Council of Europe to re-put Turkey under monitoring, another monitoring process will be experienced in the upcoming period. As is known, Turkey was removed out of the monitoring process in June 2004.

### 3. Culture of Impunity

As we have emphasized over years, the culture of impunity, one of the most important elements in the persistence of torture, and at the same time, one of the most important obstacles in the struggle against torture; has been reinforced in recent years at many levels and been recklessly applied in front of the eyes of the whole society.

Knowledge of the fact that some temporary and exceptional measure might be taken on the condition of compliance with certain special criteria of the international conventions, and of being subject to a scrupulous control, in other words that there might be some reductions / derogations in the state's obligations; is being misused by the political power, to create different perceptions in the society, with justifications such as "counterterrorism", "state of emergency", "national security" and "maintenance of public order". In the face of such attempts that legitimize torture, it is significant to emphasize once again that the "absolute prohibition of torture" is one of the most important rights, which must be absolutely protected under all circumstances, and certainly not to be restricted.

**3.1.** The discourse, attitudes and approaches of state and public officials are important elements in preventing torture and other forms of ill-treatment. However, in the recent period, the negative attitudes of state and public officials towards the prohibition of torture and other forms of ill-treatment have aggravated further. Several examples that occurred in the recent period, which witnessed the climb of the discourse of violence, including the discourse around the death penalty, and the attempts to legitimize state violence, reveal what tragic dimensions this issue has reached. A statement by the parliamentary member, who is also Turkish Grand National Assembly, Jail Sub-Committee President ("I do not care about the kicks and slaps he was subjected to during his capturing. If it were me, I would have done the same, or even more") is just an example of this situation.

**3.2.** Impunity can be considered as one of the most basic elements that make torture possible, for reasons such as perpetrators not being investigated at all, investigations launched not turning into prosecutions, the preparation of indictments for crimes requiring less punishment instead of torture, defendants not being sentenced, or sentenced for crimes other than torture and postponement of sentences. Although it is clear that as per the principle of ex officio investigation, filing of a complaint by the torture survivor is not required to launch an investigation against possible perpetrators; there is almost no example of ex officio investigations, and furthermore, the number of investigations launched declined as the authority of the law enforcement officers has been expanded.

The terrifying extent of the practices of torture and other forms of ill-treatment, especially in Southeast and Eastern Anatolia in the context of armed conflicts resumed in July 2015; and in the context that extends from the process of suppression of the coup attempt to the state of emergency; is evident as revealed by the images served to the media and by the reports of international human rights institutions. However, within our knowledge, there is no example of an ex officio investigation into torture practices or allegations, at this point. Some examples of investigations related to

the numerous appeals for the detection and punishment of torture perpetrators, are mainly based on other reasons, including the spread of the images of people who have lost their lives.

In this respect, the first criminal complaint submitted to the Chief Public Prosecution Office concerning the large number of persons (130 to 189) who were killed in the basements in Cizre during the “curfew”, resulted with a decision of non-prosecution, based on the judgment that there is no grounds for prosecution. The decision was made on accounts of “existence of legal grounds in the incident”, and “lack of evidence for the excess of self-defence limits”. This case can be a specific example of that.

The necessity for effective investigations and the risk of impunity were highlighted with justifications, in the “Fourth Periodic Report of Turkey” of the UN Committee Against Torture published on June 2, 2016, in the “Memorandum on the Human Rights Implications of the Anti-Terrorism Operations in South-eastern Turkey”, published by the Council of Europe Human Rights Commissioner on December 2, 2016, and also in the statement by the ECHR dated April 25, 2017, concerning 34 cases before the Court, concerning serious human rights violations that occurred during the curfews and operations in the South-eastern Turkey.

**3.3.** With the legal regulations mentioned above, institution of authorization in the process of investigations of perpetrators of torture, has also been formally strengthened. In addition, with laws having force of law indicating that officials will not have any legal, administrative, financial and criminal liability for their duties; an absolute impunity has been provided for public officials holding office under state of emergency. It is obvious that such a regulation impedes the investigation allegations of torture and ill-treatment, as well as the bringing of public officials to justice. Unfortunately, we have witnessed tragicomic examples of this situation.

For example; in an investigation launched against the police officers with allegation of “misfeasance in public office”, due to claims of threats and beating in detention, the Trabzon Public Prosecution Office could give the following decision on 5 January 2017: “Within the scope of the Article 9 of the Decree Having Force of Law No. 667, it is stated that legal, administrative, financial and criminal liabilities shall not arise in respect of the persons who have adopted decisions and fulfil their duties within the scope of this Decree Having Force of Law. Therefore, it appears that there is a prohibition of prosecution concerning those who have been complained against, for the act that is subject of the allegation.”

**3.4.** The statute of limitation is also being increasingly implemented, as an important tool for the continuation of impunity in gross/serious human rights violations that occurred in the past, including torture and other forms of ill-treatment. As it is known, although with the amendment of the Article 94 of the Turkish Penal Code, the statute of limitation was abrogated in crimes of torture; legal gaps in the retrospective practice of the article, is an important problem. For example, after the decision of the Supreme Court of Appeal, dated 4 December 2013, on statute of limitation concerning the period of military coup of 12 September 1980, the judicial mechanisms related to these allegations were closed to a great extent. The court

decision dated May 4, 2017 also means that the legal proceedings concerning the 12 September period have been completely closed.

The absence of an “effective investigation” is the most fundamental cause of the statute of limitation, which means recognition and legitimization of violence used by the state on individuals, and lack of justice. The statute of limitation, for which the State is directly responsible, is also a major obstacle to the reparative process for torture survivors and their relatives. Unfortunately, as the traumatic processes cannot be completed, as these processes get complicated and overlap, our country is also the country of “incomplete grief”. Although the judicial process is based on statute of limitation, it is impossible to avoid the reveal of the truth.

On the other hand, statute of limitation on gross/serious human rights violations apart from torture (such as, extra judicial executions and forced disappearances) continues to exist.

### **3.5. Counterclaims**

Despite major problems in the effective investigation processes on the allegations of torture, processes of counterclaims against individuals subjected to violence reached unbelievable dimensions, on accounts of “insulting an officer”, “resisting an officer”, “injuring” and “vandalism”. This situation reveals that counterclaim itself is systematically used as a deterrence/intimidation method to avoid torture survivors’ filing a complaint against perpetrators. It is extremely difficult to launch an investigation or a legal proceeding against torturers, and to punish them, while the cases against the detainees result in heavy penalties in a short time.

The study published by Kerem Altıparmak and Feray Salman on June 9, 2016, reveals the extent of the relationship between the crime of exceeding the authority of use of force in the meetings and public demonstrations, and the crime of resistance for obstructing an officer in the execution of his duty. The study shows that the ratio of law enforcement officers sentenced to imprisonment, to the protestors sentenced to imprisonment was 1/100 in 2006 and 1/2500 in 2013. These figures show the extent to which impunity is a rooted state problem, while also revealing the partial and unfair functioning of the justice system.

**3.6.** Although the right to redress (effective remedy and reparation) is an important element of the right to life and of the prohibition of torture; decisions and approaches such as “the physical damage occurred was caused by the fault of the person; the administration cannot be held responsible, and therefore, the law enforcement officer who performed the intervention is not guilty”, tend to become ordinary court practices.

What all this worrying picture points out is the state of impunity, which inevitably make crime and criminal person invisible. The most fundamental factor contributing to the continuity and prevalence of human rights violations in Turkey is impunity, which is a state tradition.

Meanwhile, it would be beneficial to examine closely the decision of the Constitutional Court, dated May 2017 and the following processes. The court ruled that Selçuk

Yıldız, wounded in Gezi Resistance by a gas canister, was right. The court found the Governorship of İstanbul, which claimed that it has no equipment and image record, and the Court that examined the decision of the Governorship, unjust. In response to the objection against the decision of the Governorship not to authorize the investigation of the police officers, the Constitutional Court ruled for the referral of the case to the İstanbul Regional Administrative Court and İstanbul Anatolian Chief Public Prosecutor's Office for retrial, in order to end the violation and its consequences. The Constitutional Court stated, "while there is no conviction that the preliminary examination process has been sufficiently carried out, it has also been understood that it made difficult to clarify the case investigated and also the punishment of the responsible, if necessary."

#### **4. Conclusion**

Torture has become a common practice, felt by everyone in the daily life, in an environment where violence became systematic and ordinary; the rule of law which has been questioned for many years, has disappeared especially with the coup attempt in July 15 and the following developments; constitutional principles, legal rules and guarantees, even on paper, have lost their functions; and responsible public officers have availed themselves of every kind of impunity. In such a time in which discrimination, pressure and hate climbed, unfortunately, the practice of torture and other forms of ill-treatment, as well as their methods have become more serious, have gradually increased.

In the period examined in this report, torture and other forms of ill-treatment practices, as a consequence and also as a cause of the severe destruction of the democratic life, have been overtly and recklessly extended by the political authority to increase the pressure and control over the society.

Moreover, in the conflict environment resumed in July 2015 and following the repression of the coup attempt, many damaging legal regulations under state of emergency, including decrees having force of law, and instruction of torture to police officers at all levels, carry the risk that the mentality normalizing torture and legal regulations and practices based on this mentality become permanent.

As mentioned in the introduction, it is obvious that we will endeavour more in the further period to end these pernicious times in Turkey and the world, which can be prevented because it is humanly-devised, and to improve our ideal of a common life based on human rights.

## **HRFT TREATMENT AND REHABILITATION CENTRES 2016 EVALUATION RESULTS**

### **METHODOLOGY**

2016, HRFT's Treatment and Rehabilitation Centres in Ankara, Diyarbakır (applications to Cizre Reference Centre was received via Diyarbakır Centre), Istanbul and İzmir received a total of 487 applications. 49 of these applicants were relatives of torture survivors. This report was prepared by evaluating the information of 438 torture survivors from 487 people who applied to HRFT's four treatment and rehabilitation centres reporting to have been subjected to torture and ill-treatment. The data evaluated in this report was obtained from the interviews, medical examinations, and other diagnostic investigations conducted with the applicants by the physicians and social workers working at the HRFT Centres and by the consultant physicians.

The collected information was first assembled in the, application files and the forms specifically created for data collection, and then transferred to the data software, designed in compliance with the application forms. As such, the information gathered is entered into excel files, transformed into statistical data, and frequency distributions according to different parameter, and relevant tables and figures are obtained.

The work of the Treatment and Rehabilitation Centres in the course of 2016 has been evaluated in two sections. The first section includes interpretation and evaluation of the data for all torture survivor applicants in 2016. In order to picture and interpret in more detail the profile of torture and other forms of ill-treatment incidents in Turkey in 2016, the second section only contains information from 2016 applicants to the HRFT Treatment Centres, who stated that they were subjected to torture and ill-treatment within the year 2016. In these two sections, the first subsection examines the social and demographic characteristics of the applicants, the following one discusses the results obtained from the narratives of the torture and ill-treatment, while the third one evaluates the medical processes of the applicants. Finally, the last subsection presents an evaluation of the health status of applicants, their illnesses and causes and the results of the treatment and rehabilitation activities.

### **DISTRIBUTION AND NUMBER OF APPLICATIONS**

Before presenting social and demographic characteristics of the applicants, we provide the information on the distribution of the applicants according to the HRFT Centre that received the applications 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 2016; and on the channels of contact which led the applicants to HRFT.

In this report, 438 people (559 people in 2015) who applied to the HRFT's Treatment and Rehabilitation Centres stating that they had been subjected to torture and ill-treatment in 2016 are considered for evaluation. 49 people who applied with the

request of treatment as the relatives of torture survivors are excluded in the following assessment (in 2015, it was 38 people). 31 of the relative of the torture survivors applied to Diyarbakır Centre, and 25 of them were between 0-18 years old. The distribution of the applicants in 2016 according to the HRFT Centres is presented in Table 1.

**Table 1: Number of applicants in 2016 according to the HRFT Treatment and Rehabilitation Centres**

HRFT Centre	Torture Survivors	Relatives of Torture Survivors	Total Number of Applicants
Ankara	32	3	35
Diyarbakır	134	31	165
İstanbul	204	8	212
İzmir	68	7	75
<b>Total</b>	<b>438</b>	<b>49</b>	<b>487</b>

Among 438 applicants, 289 (66%) of them stated that they have been subjected to torture and ill-treatment in detention within the year of 2016. In the last three years, total number of applications and rates of applicants who have been subjected to torture and ill-treatment within the application year, is as follow;

- 371 of 559 applicants (%66) in 2015
- 260 of 756 applicants (%34) in 2014
- 500 of 844 applicants (59%) in 2013

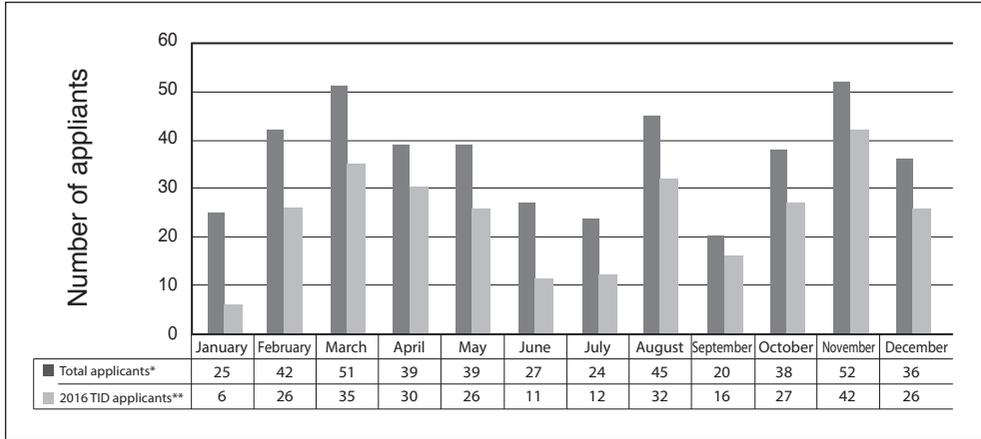
Distribution of 2016 applicants by HRFT Treatment and Rehabilitation Centres is shown in Table 2.

**Table 2: The distribution of 2016 applicants, who stated to have been subjected to torture in detention and in prison within the year 2016, according to the HRFT Treatment and Rehabilitation Centres, and the proportion to all applicants**

HRFT Centre	Total Number of Applicants	Number of 2016 TID* Applicants	Proportion to All TID Applicants (%)
Ankara	32	21	5
Diyarbakır	134	59	13
İstanbul	204	165	38
İzmir	68	44	10
<b>Total</b>	<b>438</b>	<b>289</b>	<b>66</b>

\*2016 TID applicants: Applicants who have been subjected to torture and other forms of ill-treatment in detention

**Chart 1: The monthly distribution of all applications to HFRT in 2016**



\*NA: Number of Applicants. \*\*2016 TID applicants: Applicants who have been subjected to torture and other forms of ill-treatment in detention within the year 2016.

The monthly distribution of the applications to our centres in 2016 is given in Chart 1. 52 of the applications were received in November, 51 of them in March (12% for both), 45 of them in August and 42 of them in February (10% for both).

Distribution of applicants according to channels through which they have been informed about HRFT shows that the “directly application” takes place on the top (in total: 40%, in TID applications: 46%). And it is followed by the recommendation of previous HRFT applicants (in total: 13%, in TID applications: 19%).

**Table 3: Distribution according to the information channels of all 2016 applicants to HRFT Treatment and Rehabilitation Centres, and of applicants who stated to have been subjected to torture and ill-treatment in detention within 2016**

Information Channel	All Applicants	As % of All Applicants	2016 TID applicants	As % of All 2016 TID Applicants
Directly	176	40	133	46
Recommendations of previous HRFT applicants	101	13	55	19
NGOs or political parties	50	11	25	9
Lawyers	29	7	19	7
Human Rights Association	21	5	18	16
Recommendations of HRFT volunteers	20	5	15	5

**Table 3: Cont.**

Recommendations of HRFT staff	18	4	11	4
Previous applicants	11	3	5	2
Other	7	2	5	2
Media	5	1	3	1
<b>Total</b>	<b>438</b>	<b>100</b>	<b>289</b>	<b>100</b>

As in previous years, the remaining part of this evaluation of the 2016 data of the HRFT Treatment and Rehabilitation Centres will be conducted in two main sections. The first section considers all 438 torture survivor applicants, who applied to HRFT in 2016; while the second section discusses 289 applicants who applied to HRFT Treatment and Rehabilitation Centres in 2016, stating that they had been tortured or ill-treated in detention within the year 2016.

## I- EVALUATION RESULTS FOR ALL APPLICANTS

### A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

#### 1- Age and Sex

The age of the torture survivor applicants who applied to HRFT centres in 2016 ranges from 3 to 70 (The range was between 2 and 85 in 2015). and the average age of the applicants is 32 (31 in 2015).

The share of applicants 18-years old and younger among all torture survivor applicants in 2016 is 24 applicants (5%) and it has decreased compared to the last year.

- 8 % in 2015 (44 applicants)
- 2 % in 2014 (18 applicants)
- 5 % in 2013 (43 applicants)

Out of 24 applicants in this age group (0-18 years), 13 applied to our centre in Diyarbakır, 10 in İstanbul, 1 in İzmir.

This table shows the age of the applicants in the year of their application, thus not indicative of their age at the time of torture. Having said that, 19 ( 79%) out of 24 applicants within children age range have stated that they had been subjected to torture and ill-treatment within 2016 (In 2015, 42 out of 44 applicants with 95% within this age range had stated to have been tortured or ill-treated within the concerned year). The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016 by age groups is presented in Table 4.

**Table 4: The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2016 according age groups**

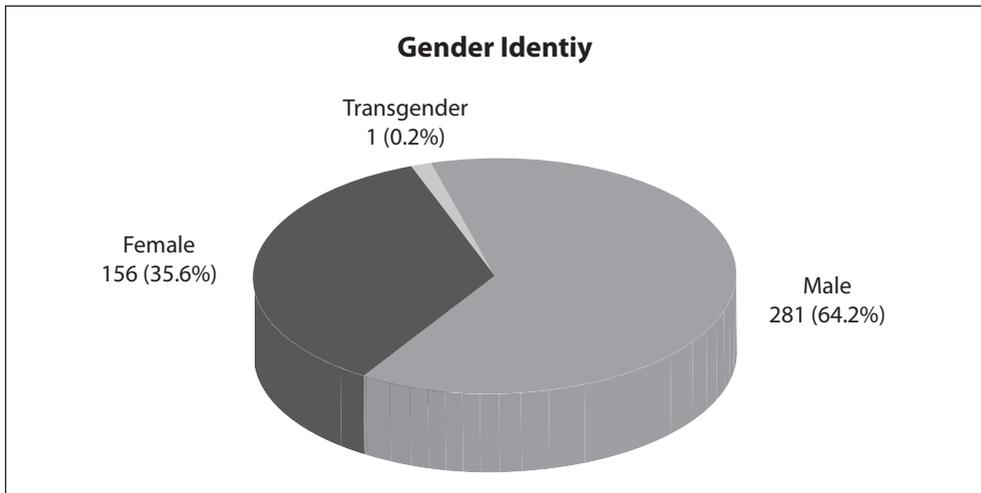
Age Group	Number of Applicants	As % of All
0-18	24	5
19-25	119	27
26-30	96	22
31-35	77	18
36-40	42	10
41-45	21	5
46 +	59	13
<b>Total</b>	<b>438</b>	<b>100</b>

According to gender distribution of the applicants in 2016, 281 of the applicants were males (64%), 156 (36%) females and one was a transgender individual (Chart 2). In 2015, 410 of the applicants were males (73%), 148 (26%) were females and one was a transgender individual. A 9% increase in the rate of female applicants is observed, compared to 2015. As in previous years, the gender ratio is about 1:2 (female: male).

**2- Place of Birth**

It is observed that 164 applicants (37%), with the largest share, were born in the South Eastern Anatolia region. The Eastern Anatolia ranks second with 67

**Chart 2: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to their gender identity**



applicants (15%); Marmara region ranks third with 58 applicants (13%). 115 (70%) of 164 applicants born in the South East region applied to the Diyarbakır Centre.

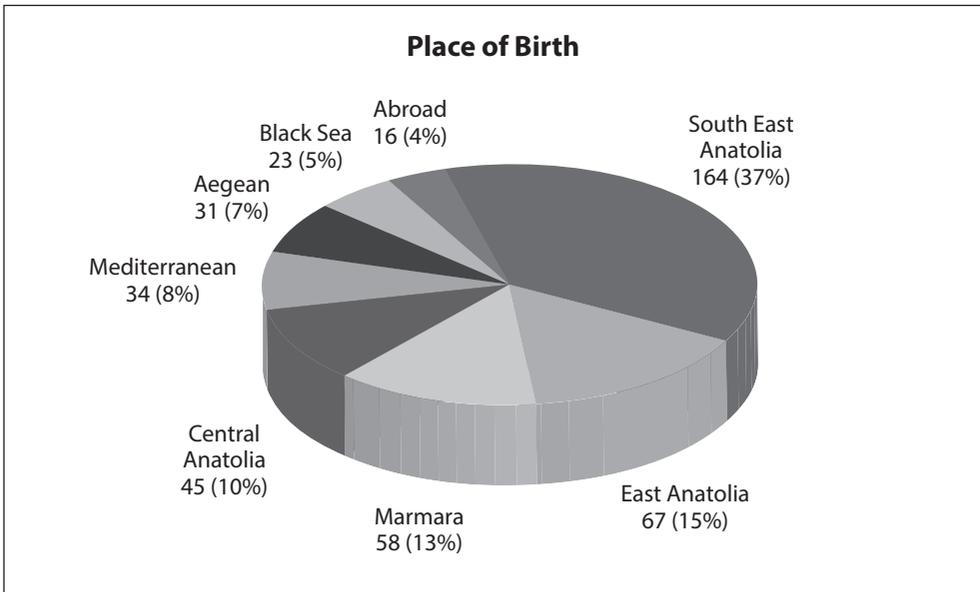
In 2016, the applicants who were born in the South East and Eastern Anatolian regions were 52 % (232 applicants) of the total. Even though the applicants were not asked about their ethnic background, we deem it important to report these figures, as they indicate the large number of torture cases in connection with the state of Kurdish issue, which left unsolvable with the curfews, imposed on 2015 and continued into 2016. The related figures of the earlier years were;

- 269 applicants (53%) in 2015
- 459 applicants (61%) in 2014
- 363 applicants (43%) in 2013

The distribution of the applicants by birth place is presented in Chart 3.

When we look at the distribution by the birth place at the town level, Diyarbakır ranks first with 81 applicants (18%). Diyarbakır is followed by İstanbul follows with 54 applicants (12%), Mardin with 23 (5%), Ankara and Şırnak with 22 applicants each (5%). In 2016, 12 of 16 applicants born abroad are refugees or asylum seekers.

**Chart 3: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016. according to their place of birth**



### 3. Educational Background and Employment/Profession Status

Educational background of applicants refers to the education level they graduated. High school graduates ranks first with 150 applicants (34%), as in 2015 (38%) and half of them are university students (73 applicants with 49%). In total, 100 of applicants are students (23%). In 2015, 147 applicants (26%) and in 2014, 129 applicants (17%) had stated to be students.

Vocational school/university graduates who ranked third (15%) in 2015, ranked second with 101 applicants (23%) in 2016. The distribution of applicants according to their education level is shown in Table 5.

**Table 5: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to their education level**

Education Level	Number of Applicants	%
Illiterate	17	4
Literate	22	5
Primary school	44	10
Secondary school	68	16
High school	150	34
Vocational school /University drop-out	26	6
Vocational school/ University graduate	101	23
Master/ PhD graduate	10	2
<b>Total</b>	<b>438</b>	<b>100</b>

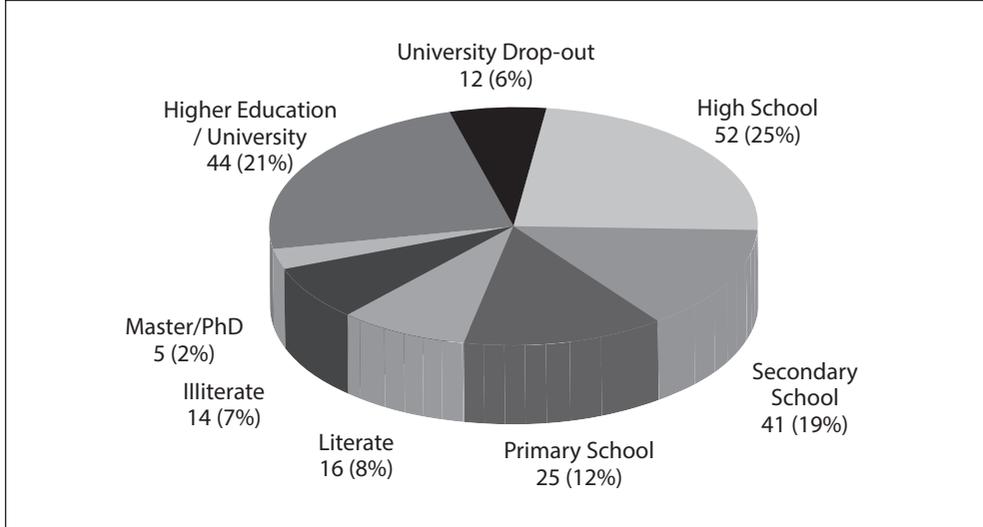
As for the occupational status of the applicants in 2016, 209 applicants (49%), reported to be unemployed at the moment of the interview. Of the 209 applicants who reported to be unemployed, 100 (48%) have an occupation and 109 (52%) do not have any occupation. The occupational distribution of the applicants is presented in Table 6.

Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016 reported to be unemployed by their level of education is given in Chart 4.

**Table 6: Number of applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to profession and employment/occupation status**

Profession	Unemployed	Retired	Employed	Left blank	Total	%
Do not have any profession	109	-	3	-	112	25.6
Other	59	3	23	-	85	19.4
University student	-	-	4	78	82	18.7
Journalist / media sector worker	5	2	31	-	38	8.7
Other private sector worker	8	-	20	-	28	6.4
Primary/Secondary school student	-	-	1	17	18	4.1
Employed in education sector	5	1	11	-	17	3.9
Lawyer	1	-	10	-	11	2.5
Artist	3	-	7	-	10	2.3
Craftsman	7	-	3	-	10	2.3
Other public sector worker	3	-	6	-	9	2.1
NGO staff	1	1	3	-	5	1.1
Politician	4	-	-	-	4	0.9
Agriculture, husbandry, etc.	2	-	2	-	4	0.9
Children (0-15)	-	-	-	3	3	0.7
Health worker	1	-	-	-	1	0.2
Domestic worker	1	-	-	-	1	0.2
<b>Total</b>	<b>209</b>	<b>7</b>	<b>124</b>	<b>98</b>	<b>438</b>	<b>100</b>
<b>%</b>	<b>48</b>	<b>2</b>	<b>28</b>	<b>22</b>	<b>100</b>	

**Chart 4. Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, reported to be unemployed according to their level of education**



**B. PROCESS OF TORTURE**

309 (70%) out of 438 applicants who have applied to HRFT in 2016 stated that they have been subjected to torture and other forms of ill-treatment in 2016 (during official / unofficial detentions, in prison etc.). The total number of applicants, who have been subjected to torture and other forms of ill-treatment in the last five years and their ratios are given in Table 7.

**Table 7: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the year of most recent torture incident**

Date of the most recent torture incident	Number of Applicants	%
2009 and before	33	8
2010	4	1
2011	9	2
2012	6	1
2013	9	2
2014	7	2
2015	61	14
2016	309	70
<b>Total</b>	<b>438</b>	<b>100</b>

## 1. Process of Detention and Torture in Detention

415 (95%) of all 2016 applicants stated that they have been subjected to torture for political reasons. The corresponding figures of the earlier years were as follows:

- 94% in 2015
- 97% in 2014
- 95% in 2013.

16 applicants (4%) reported that they were subjected to torture for non-political reasons. These rates in previous years:

- 3% in 2015
- 3% in 2014
- 4% in 2013

3 people (1%) were tortured for their sexual identity or orientation, 2 people due to their asylum seeker/refugee status<sup>1</sup>, 1 person for ethnic reasons and finally, 1 person for religious reasons.

In the evaluation of the duration of detention, the unrecorded (unofficial) detentions during protests are categorized as lasting less than 1 day/24 hours. In 2016, there was a 5 points increase in the incidences of less-than-one-day detentions (261 people), compared to the previous year. *(Note: In the 2015 Treatment and Rehabilitation Centres Report, the number incidences of less-than-one-day detentions was calculated incorrectly. It must have been 54,7%, and the rate of increase in comparison to 2014 stated as 20% should have been 15%. We correct and apologize.)*

Distribution according to the duration of most recent torture, as reported by the applicants of the last two years is represented in Table 8.

**Table 8: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the duration of their most recent detention**

Duration of Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Less than 24 hours	261	306	59.6	54.7
24-48 hours	55	93	12.6	16.6
49-72 hours	30	51	6.8	9.1
73-96 hours	41	71	9.4	12.7
5-7 day	14	5	3.2	0.9

<sup>1</sup> Only those tortured for being a refugee or an asylum seeker are considered in this figure, which does not take into account those tortured for political or non-political reasons in the home country.

**Table 8: Cont.**

8-15 day	18	15	4.1	2.7
16-30 day	9	9	2.1	1.6
More than a month	10	4	2.3	0.7
Missing data	-	5	-	0.9
<b>Total</b>	<b>438</b>	<b>559</b>	<b>100</b>	<b>100</b>

*\*It was given as 59.7% in the 2015 Report. However, the correct rate is 54.7%*

As for the places where the applicants were taken into detention, in 2016, there is a 15% decline in the number of applicants detained on the street or other outdoor spaces. This is also the lowest rate compared with the previous years. Instead, there is a 11% increase in detention at home, compared to the previous year.

Rates for detention on the street or other outdoor spaces in last 3 years are as follows:

- 70% in 2015 (389 people)
- 65% in 2014 (363 people)
- 67% in 2013 (569 people)

In 2016, 62 (60%) of 104 applicants who, during their most recent detention, were taken into detention at home, were applicants to HRFT Diyarbakır Centre. In 2015, it was 50% (75 people), and in 2014 it was 49% (272 people).

Distribution of the applicants according to the places of most recent detention is shown in Table 9.

**Table 9: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the place of most recent detention**

Place Where the Applicant Was Taken Into Detention	Number of Applicants		%	
	2016	2015	2016	2015
Street / Outdoor	243	389	55.5	69.6
Home	104	75	23.7	13.4
Organizations (association, journal premises, etc.)	38	38	8.7	6.8
Other	22	18	5.0	3.2
Public office	17	23	3.9	4.1
Workplace	14	9	3.2	1.6
Not known	-	2	-	0.4
Missing data	-	5	-	0.9
<b>Total</b>	<b>438</b>	<b>559</b>	<b>100</b>	<b>100</b>

Table 10 shows the distribution of 2015 applicants according to the time of the day when the detention took place. There is no considerable change in detention after midnight compared to the previous year.

**Table 10: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the hour of their most recent detention**

Time of Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
08.00 – 18.00	284	353	65	63
18.00 – 24.00	75	113	17	20
24.00 – 08.00	76	84	17	15
Not known	3	4	1	1
Missing data	-	5	-	1
<b>Total</b>	<b>438</b>	<b>559</b>	<b>100</b>	<b>100</b>

In the earlier years' annual reports, the place of most intense torture and/or ill-treatment practice during detention process was recorded as "the place of torture in most recent detention", for the applicants stating that they were subjected to torture and/or ill-treatment at one or several stages of detention –the moment of detention, transfer to the detention centre by a vehicle, detention process-. With the modification in the application registration system that took place in 2015 and 2016, it is now possible to identify more than one place of torture for each applicant.

Torture on streets or outdoors ranks first (196 applicants) with the same ratio (45%) as in 2015. In 2016, torture in police station has decreased by 17 points, compared to the previous year, and ranks third. There is also a remarkable increase in the detention in a police station. 57 of 69 (78%) applicants, who reported to have been subjected to torture in a police station applied to İstanbul Centre.

**Table 11: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centre in 2016, according to the place of torture in most recent detention**

Place of Torture in Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Street / outdoor	196	250	44.7	44.7
In vehicle	174	206	39.7	36.9
Police headquarter	155	290	35.4	51.9
Police station	69	41	15.8	7.3
Personal place (home, workplace etc.)	67	39	15.3	7.0

**Table 11: Cont.**

Venue of public demonstration	51	76	11.6	13.6
Unidentified closed places	15	7	3.4	1.3
Prison	6	4	1.4	0.7
Gendarmerie headquarter	5	4	1.1	0.7
Gendarmerie station	3	1	0.7	0.2
Unknown/ not remembered	3	3	0.7	0.5
Other	18	34	4.1	6.1
Empty*	26	35	5.9	6.3
<b>Total</b>	<b>788**</b>	<b>990**</b>	-	-

\*Applicants who were not subjected to torture during their most recent detention (These individuals applied to HRFT for torture, experienced in previous detentions).

\*\*With the modification in the application registration system that took place in 2015 and 2016, it is now possible to identify more than one place of torture for each applicant. Therefore, the total number of reported places of torture is larger than the total number of applications.

The places in which our treatment centres are located determine the regional distribution of the place of most recent torture. Marmara region ranked first, as in the last four years, with 43% (187 applicants). There no significant changes compared to previous years except from the 3 points increase in the number of applicants whose most recent detention was in the Aegean Region.

**Table 12: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the region where torture in most recent detention took place**

Region of Torture in Most Recent Detention	Number of applicants		%	
	2016	2015	2016	2015
Marmara	187	263	42.7	47.0
South- Eastern Anatolia	106	127	24.2	22.7
Aegean	57	54	13.0	9.7
Central Anatolia	28	34	6.4	6.1
Eastern Anatolia	13	7	5.9	1.3
Mediterranean	6	20	3.0	3.6
Black Sea	3	7	2.5	1.3
Abroad	11	9	1.4	1.6
Empty*	26	35	0.7	6.3
Missing data	1	3	0.2	0.5
<b>Total</b>	<b>438</b>	<b>559</b>	<b>100</b>	<b>100</b>

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

Like in almost all years, Istanbul was the first in the ranking of the provinces where the applicants were tortured during their most recent detention, with 183 applicants and a share of 42% within the all reported places of torture. And, a slight decrease is observed compared to 2015 (47% in 2015, and 35% in 2014). Compared to the last year, the percentage of applicants whose most recent detention took place in Diyarbakır doubled. In 2016, Hakkari, Batman and Malatya have entered the listings of cities, reported by 3 or more applicants. (Table 13)

**Table 13: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the province where torture in most recent detention took place (Provinces in which at least three applicants were tortured)**

The Province of Torture in Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Istanbul	183	262	41.8	46.9
Diyarbakır	62	40	14.2	7.2
İzmir	57	50	13.0	8.9
Ankara	25	32	5.7	5.7
Şırnak	18	30	4.1	5.4
Mardin	8	5	1.8	0.9
Gaziantep	4	3	0.9	0.5
Hakkari	4	-	0.9	-
Şanlıurfa	3	39	0.7	7.0
Mersin	3	12	0.7	2.1
Batman	3	-	0.7	-
Malatya	3	-	0.7	-
Other cities	19	39	4.3	7.0
Abroad	11	9	2.5	1.6
Empty	26	35	5.9	6.3
Missing data	9	3	2.1	0.5
<b>Total</b>	<b>438</b>	<b>559</b>	<b>100</b>	<b>100</b>

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

The distribution of applications according to the centres where torture incident took place in most recent detention, is shown in detail in Table 14, and, cities where the HRFT Centres are located, are determinant in this distribution. Istanbul Security Directorate is in the first rank with 59 applicants and a share of 13%.

**Table 14: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the centre of torture in most recent detention\***

Centres Where the Most Recent Torture Incident Took Place	Number of Applicants	%
Istanbul Security Directorate	59	13.5
Diyarbakır Security Directorate ATB (Anti- Terror Branch)	20	4.6
Diyarbakır Security Directorate	8	1.8
İstanbul Çağlayan Police Station	8	1.8
İstanbul Kadıköy Port Police Station	6	1.4
Ankara Security Directorate ATB	6	1.4
İstanbul Beyazıt Police Station	5	1.1
İzmir Çankaya ATB	6	1.4
İstanbul Şehremini Police Station	3	0.7
İstanbul Gazi Police Station	3	0.7
İzmir Kantar Police Station	3	0.7
İstanbul Karaköy Police Centre	3	0.7
Other Security Directorate and ATB	52	11.9
Other Police Station	36	8.2
Other Gendarmerie Station/Headquarter	6	1.4
Abroad	6	1.4
Empty*	206	47.0
Missing data	2	0.5
<b>Total</b>	<b>438</b>	<b>100</b>

\*Applicants subjected to torture in their most recent detention, on street or outdoor place, on the venue of public demonstration, personal place (home, in the vehicle, etc.), in prison or some other place, and applicants who were not subjected to torture during their most recent detention but applied to HRFT on the basis of torture experienced in former periods of detention or imprisonment.

**Table 15: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the methods of torture in most recent detention**

Method of Torture	Number of Applicants	%
Insulting	342	83.0
Humiliating	320	77.7
Beating	279	67.7
Other threats against the applicant	193	46.8

**Table 15: Cont.**

Other positional torture methods	139	33.7
Death threat	120	29.1
Forced to witness (visually/aurally) torture of others	99	24.0
Forced to obey nonsensical orders	91	22.1
Sexual harassment	85	20.6
Restriction of basic needs (depriving of sleep, medication, etc.)	82	19.9
Verbal sexual harassment	78	18.9
Restricting food and drink	73	17.7
Restricting urination and defecation	72	17.5
Continuous hitting on one part of the body	68	16.5
Exposure to tear inducing chemicals (tear gas. CN. CS. etc.)	57	13.8
Exposure to chemicals	52	12.6
Treats against relatives	42	10.2
Physical sexual harassment	35	8.5
Blindfolded	34	8.3
Forced to listen to marches or high-volume music	31	7.5
Dropping out of, hitting or dragging by a vehicle	30	7.3
Stripping naked	28	6.8
Forced to wait in a very cold or hot environment	24	5.8
Asked to act as an informer	22	5.3
Pulling out hair/beard/moustache	20	4.9
Taking body sample by force	19	4.6
Using firearms	17	4.1
Torture in the presence of relatives/friends	16	3.9
Restricted respiration	15	3.6
Threat of rape	15	3.6
Solitary confinement	14	3.4
Pressured/ cold water	13	3.2
Mock execution	12	2.9
Squeezing testicles	9	2.2
Burning/raiding home	9	2.2
Electricity	8	1.9
Hanger	8	1.9
Other chemicals	7	1.7
Forced to excessive physical activity	6	1.5

**Table 15: Cont.**

Rape	6	1.5
Falanga	5	1.2
Rectal/naked search	4	1.0
Hanging or crucifix	3	0.7
Pressured water coloured by chemicals	3	0.7
Hanging by feet	2	0.5
Strappado	2	0.5
Medical intervention by force	2	0.5
Burning	1	0.2
Other	70	17.0
Not remembered	2	0.5
<b>Total</b>	<b>2684</b>	<b>7*</b>

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

## 2- Legal Procedures During and After Detention

As stated above, with the modification in the application registration system, from 2015 onwards, it is possible to identify more than one place of torture for each applicant. However, since this section is devoted to evaluations regarding the legal processes, it is necessary to interpret these figures with respect to a total of 124 applicants for whom no formal procedures were followed. Of these 124 people, 49 reported that they were exposed to torture only at outdoors, 16 only on the venue of public demonstration, 21 only in their personal places, and 8 only people in unknown closed space or other unofficial place.

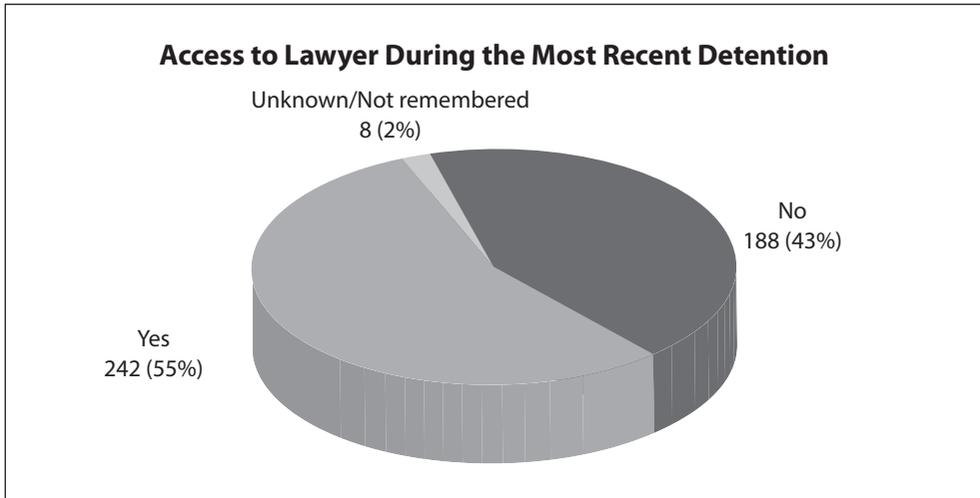
Evaluation regarding legal procedures conducted on the basis of 438 applicant who applied to HRFT in 2016, reporting to have been subjected to torture.

242 (55%) applicants subjected to torture in 2016 have reported that they had access to a lawyer during their most recent detention. There is a decrease by 8% in access to a lawyer, compared to 2015.

In the previous 3 years, this figure was;

- 63% (349 applicants) in 2015,
- 65% (494 applicants) in 2014,
- and 34% (288 applicants) in 2013.

**Chart 5: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to their access to a lawyer in most recent detention**



It is observed that 197 (%45) of the applicants were released without facing a prosecutor.

This figure for the previous years is as follows:

- 48% (268 applicants) in 2015
- 29% (220 applicants) in 2014
- 56% (475 applicants) in 2013

In 2016, 130 (30%) of applicants were released by the prosecutor or the court. This rate was;

- 24% (132 applicants) in 2015
- 12% (89 applicants) in 2014
- 12% (98 applicants) in 2013

For 34% of 2016 applicants (103 applicants), arrest warrant was issued by the prosecutor's office or the court.

- 28% (155 applicants) in 2015
- 59% (445 applicants) in 2014
- 32% (270 applicants) in 2013

**Table 16: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the situation after most recent detention**

Situation After Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Released without facing a prosecutor	197	268	45.0	48.2
Released by prosecutor's office or court	130	132	29.7	23.7
Arrested	103	155	23.5	27.9
Unknown/not remembered	8	1	1.8	0.2
<b>Total</b>	<b>438</b>	<b>556*</b>	<b>100</b>	<b>100</b>

*\*On 2015 report, 3 applicants were excluded due to missing data*

In 2016, an increase of 8% is observed in the rate of applicants against whom no legal proceedings were launched following the most recent detention. Also, there is a 5% decrease in the number of applicants for whom no verdict of conviction resulted from the legal proceedings launched.

**Table 17: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the legal proceedings following the most recent detention**

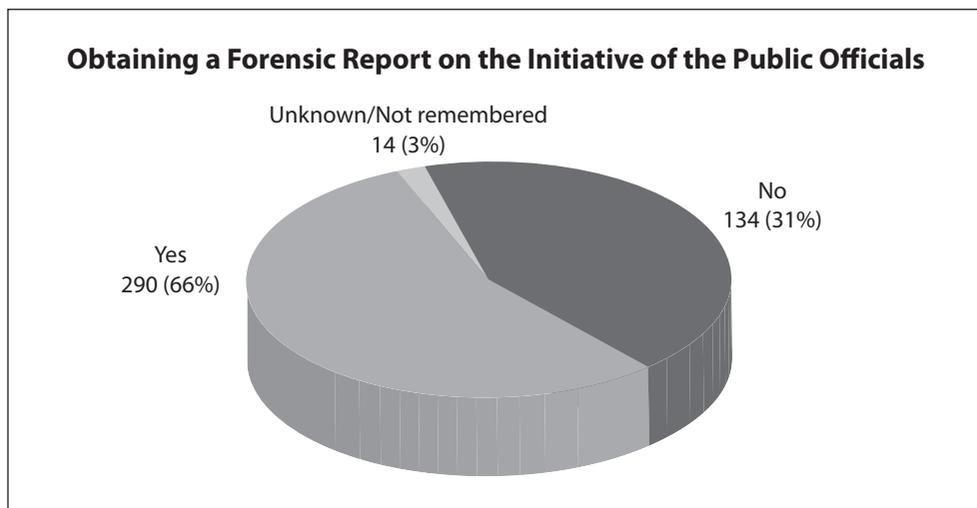
Legal Proceedings Following Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
No legal proceedings	162	162	37.0	29.1
Whether a lawsuit was filed against the applicant is unknown	137	186	31.3	33.5
Trial in progress	83	107	18.9	19.2
Applicant was tried and convicted	45	85	10.3	15.3
Applicant was tried and acquitted	9	8	2.1	1.4
Trial resulted with non-prosecution	1	-	0.2	
Applicant was tried, result is unknown	1	8	0.2	1.4
<b>Total</b>	<b>438</b>	<b>556*</b>	<b>100</b>	<b>100</b>

*\*On 2015 report, 3 applicants were excluded due to missing data*

In 2016, the number of applicants who, on the initiatives of public officials, underwent medical examination and obtained a forensic report when taken into detention and at the end of the detention as required by the regulation, in their most recent detention is 290 (66%) in 2016 (Graph 6). This points to a decrease of 6 points in this rate, compared to 2015. This rate was;

- 72% (399 applicants) in 2015,
- 74% (561 applicants) in 2014,
- and 44% (367 applicants) in 2013.

**Chart 6: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to whether they obtained a forensic report on the initiatives of public officials after most recent detention**



In 2016, the proportion of 257 applicants for whom forensic examination report was issued at a hospital to all applicants who obtained an official report in most recent detention, is same as in 2015.

In the last 3 years, this figure was;

- 89% in 2015,
- 75% in 2014,
- 65% in 2013,

In 2016, for 22(8%) applicants, the forensic report was issued at the detention place, and 20 of them subjected to their most recent detention and torture process within 2016. This will be evaluated in the Section 2 (Table 18).

**Table 18: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the place of forensic medical examinations after most recent detention**

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Hospital	257	355	88.6	89.0
Place where the person was detained	22	-	7.6	-
Branch office of the Council of Forensic Medicine	3	9	1.0	2.3

**Table 18: Cont.**

Council of Forensic Medicine	3	7	1.0	1.8
Health Centre	2	11	1.0	2.8
Unknown/ Not remembered	3	17	0.7	4.3
<b>Total</b>	<b>290</b>	<b>399</b>	<b>100</b>	<b>100</b>

In their evaluation of the forensic examination process, out of the 399 applicants who went through forensic examination after their detention;

- 47% stated that the law enforcement officers were not taken out of the room during the forensic examination (38% in 2015),
- 52% stated that the forensic physician did not listen to their complaints (46% in 2015),
- 62% stated that the forensic physician did not take the story of the incident that would be the cause of application to HRFT, afterwards (64% in 2015),
- 67% stated that the forensic physician did not examine as s/he ought to (63% in 2014),
- 34% stated that the forensic physician did not arrange a report in compliance with the findings (24% in 2015).

**Table 19: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to their evaluation of the forensic medical examination after detention**

<b>Evaluation of Forensic Medical Examination</b>	<b>Yes</b>	<b>%</b>	<b>No</b>	<b>%</b>	<b>Unknown / Not remembered</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Were the law enforcement officers taken out of the room during forensic medical examination?	148	51.0	136	46.9	6	2.1	290	100.0
Did the forensic physician listen to the complaints?	134	46.4	150	51.9	5	1.7	289*	100.0
Did the forensic physician take the medical history?	104	36.0	178	61.6	7	2.4	289*	100.0
Did the forensic physician examine as required?	87	30.1	194	67.1	8	2.8	289*	100.0
Did the forensic physician draft a report that was in accordance with the findings?	49	16.9	98	33.8	143	49.3	290	100.0

\*One person refused medical examination for handcuffs not being taken off.

Only 19 (4%) of 438 applicants in 2016 obtained a report upon their own will, after their most recent detention. 394 (90%) applicants did not attempt for obtaining a report.

During their interrogation at the court/public prosecutor's office, 105 (24%) applicants have reported to have been tortured. 3 applicants with the guidance of HRFT and 26 (8%) independently, without any guidance from HRFT, have reported to have been torture.

### 3- Imprisonment Process

Among 438 applicants in 2016, 139 (32%) applicants reported that they have been detained in prison at some point in their lives (202 applicants (36%) in 2015). One person is excluded from the evaluation due to missing data. Among all applicants, 115 (26%) applicants have been arrested after their most recent detention. (It was 172 applicants (31%) in 2015). The period of time in prison of 138 applicants ranges between 1 month and 25 years. The distribution of 138 applicants with an history of prison, according to the total time in prison is given in Table 20. 299 (68%) applicants do not have an history of prison. (This figure was 357 applicants (64%) in 2015.)

**Table 20. Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to duration of their imprisonment**

Duration of Imprisonment	Number of Applicants		%	
	2016	2015	2016	2015
0-2 months	10	1	7	1
3 months -1 year	47	36	34	18
1-3 years	17	39	12	19
3-5 years	27	53	20	26
5-7 years	16	29	12	14
7-9 years	10	24	7	12
9-11 years	6	11	4	5
11-20 years	3	5	2	3
More than 20 years	2	4	1	2
<b>Total</b>	<b>138</b>	<b>202</b>	<b>100</b>	<b>100</b>

Out of 138 applicants with an imprisonment history in 2016, 47 (34% of applicants with an imprisonment history) applied to HRFT within less than a month after their release, 43 (31%) within 1-2 months, and 46 (33%) within a period exceeding one year after their release. Information regarding the date of release is missing for two applicants. It can be suggested that as was the case in 2015, in 2016 too, applicants applied to HRFT Centres within a shorter period of time following their release, compared to the preceding year.

66 (48%) out of 138 who had an imprisonment history were released pending trial. The figure was;

- 102 (50%) in 2015,
- 337 (71%) in 2014,
- and 177 (61%) in 2013.

In 2016, only one applicant was released from prison on the grounds of suspension of execution of sentence due health conditions (14 applicants in 2015 ).

**Table 21: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who applied following their release from prison, according to the reasons of release**

Reason of Release from Prison	Number of Applicants		%	
	2016	2015	2016	2015
Released pending trial	66	102	48	51
End of sentence	39	41	28	20
Amnesty/conditional release	18	37	13	18
Acquittance	7	8	5	4
Suspension of execution of sentence due to health issue	1	14	1	7
Missing data	7	-	5	-
<b>Total</b>	<b>138</b>	<b>202</b>	<b>100</b>	<b>100</b>

33% (45 applicants) of 138 applicants with an imprisonment history were kept in F-type prisons. The duration of imprisonment in F-type prison ranges from 1 to 180 months (15 years).

39 applicants (28% of 138 applicants with an imprisonment history) were kept in solitary confinement cells for a period ranging from 1 to 90 months, and moreover, 17 (12%) of these 138 applicants were kept in isolation for periods ranging between 3-75 days, for varying reasons.

In 2016, among the 138 applicants with an history of imprisonment, the number of the applicants who stated that they were subjected to torture in prison was 87, which makes up 63% of the total. In the last three years, this figure was;

- 140 (69%) in 2015,
- 291 (62%) in 2014,
- and 287 (58%) in 2013.

Distribution of 87 of 138 applicants with an history of imprisonment and subjected to torture in prison, according to the methods of torture is presented in Table 22.

**Table 22: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the methods of torture in prison**

Torture Method	Number of Applicants	%
Insulting	64	73.6
Humiliating	53	60.9
Beating	49	56.3
Stripping naked	40	46.0
Restriction of basic needs (depriving of sleep, medication, etc.)	29	33.3
Inhibiting meetings	28	32.2
Other treats against the applicant	27	31.0
Forced to witness (visually/aurally) torture of others	23	26.4
Inhibiting sending/receiving letters	21	24.1
Restriction of food and drink	20	23.0
Forced to obey nonsensical orders	19	21.8
Solitary confinement	19	21.8
Death threat	16	18.4
Verbal sexual harassment	15	17.2
Sexual harassment	14	16.1
Forced to wait in cold/hot environment	14	16.1
Burning/raiding home	13	14.9
Restricted urination and defecation	11	12.6
Other positional torture methods	10	11.5
Blindfolded	9	10.3
Forced to listen to marches and/or high volume music	9	10.3
Continuous hitting on one part of the body	8	9.2
Threat of rape	8	6.9
Forced excessive physical activity	6	6.9
Restricted respiration	6	5.7
Physical sexual harassment	5	5.7
Threats against relatives	4	4.6
Pulling out hair/beard/moustache	4	4.6
Forced to wear uniform	4	4.6
Asked to act as an informer	3	3.4
Falanga	3	3.4
Exposure to pressured cold water	3	3.4

**Table 22: Cont.**

Exposure to chemical substances	3	3.4
Exposure to tear inducing chemicals (tear gas. CN. CS. etc)	2	2.3
Rape	2	2.3
Forced medical intervention	2	2.3
Mock execution	1	1.1
Torture in the presence of relatives/friends	1	1.1
Electricity	1	1.1
Suspension on hanger	1	1.1
Straight hanger or crucifying	1	1.1
Strappado	1	1.1
Other chemical substance	1	1.1
Squeezing testicles	1	1.1
Rectal/naked search	1	1.1
Other	19	21.8
<b>Total</b>	<b>591</b>	<b>7*</b>

*\*The average number of torture methods one person is subjected to*

Table 23 shows the distribution of 138 applicants with an history of imprisonment, according to their responses to the questions regarding the conditions in the most recent prison they were detained in. Almost each headline includes unfavourable comments on conditions of prisons.

**Table 23: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to their evaluation of conditions in the prisons they were most recently detained**

Prison Condition	Positive	Partly Positive	Negative	Negative %	Total
Accommodation	5	28	105	76	138
Nutrition	9	27	102	74	138
Air ventilation	8	28	102	74	138
Hygiene	5	40	93	67	138
Communication	7	36	95	69	138
Health	4	24	110	80	138
Transfers	3	21	114	83	138
Access to media materials	5	31	95	73*	131*

*\*Data for 7 applicants is missing.*

Out of 138 applicants with an imprisonment history, 81 (59%) had been on hunger strike for a period ranging from 1 to 125 days, at different times and with different reasons. Out of 81 people with a hunger strike history, 55 (68%) stated that they had staged their hunger strike without break, 15 (19%) did it by turn, and 5 (6%) with breaks.

## **C- MEDICAL EVALUATION**

This sub-section contains information about the health conditions of the applicants, as revealed by medical histories taken, physical examination. and tests during medical examination conducted by physicians at the HRFT Centres, and consultant physicians.

In this chapter where the treatment process of 489 torture survivors who applied to the HRFT Treatment and Rehabilitation Centres is evaluated, the approach and method of work of HRFT are described at a first instance, for a better understanding of this process. At the time of application, the applicant is first informed about the work of the Foundation. Following this, in the first interview, applicants tell about their experiences of torture and their complaints to the physician at HRFT in detail and in their own words. After evaluation, the physician asks for the necessary radiology and laboratory tests and consultations. The physician clearly expresses his/her approach to the applicant. S/he informs the applicant of the possible psychological effects of these experiences and advises him to consult an expert, at least once. In the last stage, the medical history, the examination and tests are evaluated altogether and the relationship between the illness and torture incident is identified. At this point, it is important to assess 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 Treatment and Rehabilitation Centres. Without being insistent, those applicants who are not willing to see a psychiatrist or a psychologist are informed that this possibility is available to them whenever they like.

After the assessment, the applicant receives suggestions as to the possible treatment methods for disorders that are not related to torture. The treatment of illnesses related to torture are coordinated by the HRFT Treatment and Rehabilitation Centres. The applicant is first informed about the program suggested for his or her treatment and rehabilitation. After a joint evaluation, necessary modifications are made to the treatment and rehabilitation program (i.e. the applicant's personal conditions may affect the treatment program) that is subsequently carried out.

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

- a) Torture incident is the sole etiological factor,
- b) Torture incident worsened or made a pathological state apparent,

- c) Torture is one of the etiological factors,
- d) No relation,
- e) The nature of the relation could not be identified.

### 1- Medical Complaints of the Applicants

In 2016, out of 438 applicants, 415 applicants reported 2195 physical and 912 psychological complaints, during the initial evaluation (Table 24). The information of 415 people indicating complaint was evaluated. The remaining 23 applicants are those who applied for the purpose of documenting that they were taken into detention or those who have been referred directly to a specialist. 48 people applied only with psychological complaints. Psychological complaints have increased by 7% compared to the year 2015, and are in the first place with 29%.

Figures related to psychological complaints in last 3 years:

- 22% in 2015
- 27% in 2014
- 27% in 2013

Among all complaints, the share of complaints concerning musculoskeletal system was 23%, with a decrease of 3 points compared to the previous year. Figures for last 3 years were;

- 26% in 2015
- 16% in 2014
- 14% in 2013

**Table 24: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, according to the physical and psychological complaints reported**

Systems	Number of Complaints	Among Complaints %
Psychological	912	29.4
Musculoskeletal	705	22.7
Dermatological	330	10.6
General	268	8.6
Neurological	259	8.3
Digestive	197	6.3
Ophthalmological	106	3.4
Ear-Nose and Throat	99	3.2
Respiratory	79	2.5
Urogenital	55	1.8

**Table 24: Cont.**

Oral-Dental	45	1.4
Cardiovascular	43	1.4
Endocrinological	9	0.3
<b>Total</b>	<b>3107</b>	<b>100</b>

Complaints such as stomach-abdominal pain, cough, frequent urination, palpitation, that were among the ten most frequently reported physical complaints in 2015, were not among the most common complaints in 2016. Visual impairment has been assessed as a direct or indirect complaint due to physical conditions of the environment, such as smashing of glasses due to beatings or violence, or inadequate or excessive light / stimuli.

**Table 25: Distribution of physical complaints reported by applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Ten Most Common Physical Complaints	Number of Complaints	Among Applicants %	Among Physical Complaints %
Headache	126	30	6
Ecchymosis, contusions	117	28	5
Exhaustion, fatigue	92	22	4
Back pain	86	21	4
Bruise on skin	73	18	3
Visual impairment	71	17	3
Shoulder pain	71	17	3
Swelling on body	64	15	3
Neck pain	63	15	3
Back pain	61	15	3
Other physical complaints	1371	330	62
<b>Total</b>	<b>2195</b>	<b>-</b>	<b>100</b>

Among the psychological complaints, the sleeping disorder was the most common as in previous years. Complaints of sleep disorders, nightmares, flash-backs, feeling of irritation when encountered with a police, that were among the ten most common complaints in 2015, are were observed in lower ranks in 2016. The frequency of complaints of upper levels of distress, tension, anxiety, concentration impairment and memory impairment, which were also among common complaints in previous years, increased in 2016.

The 10 most common psychological complaints of 415 applicants in 2016 are listed in Table 26.

**Table 26: Distribution of psychological complaints reported by the applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Ten Most Common Psychological Complaints	Number of Complaints Reported	Among the Applicants as %	Among Psychological Complaints as %
Sleep disorders	101	24	11
Distress	89	21	10
Tension	87	21	10
Anxiety	75	18	8
Concentration difficulty	69	17	8
Memory impairment	59	14	6
Nervousness	53	13	6
Not finding pleasure in life	45	11	5
Sense of foreshortened future	41	10	4
Excessive crying	36	9	4
Tantrums	36	9	4
Other psychological complaints	221	53	24
<b>Total</b>	<b>912</b>	<b>-</b>	<b>100</b>

## 2- Findings of the Physical Examinations

In 2016, 1356 physical findings were detected in 366 applicants during the physical examination of 438 applicants. Dermatological and musculoskeletal findings, were in the first two ranks, as was the case in 2015 and many times in previous years. An increase by 5 points is observed in the musculoskeletal findings.

**Table 27: Distribution of physical findings from examination of the 2016 applicants to the HRFT Treatment and Rehabilitation Centres, according to systems**

Systems	Number of Findings Observed	%
Dermatological	460	33.9
Musculoskeletal	446	32.9
Ophthalmological	91	6.7
Oral-Dental	79	5.8
Ear-Nose-Throat	75	5.5
Digestive	67	4.9
Neurological	44	3.2
Respiratory	37	2.7

**Table 27: Cont.**

Urogenital	28	2.1
Cardiovascular	22	1.6
Endocrinological	7	0.5
<b>Total</b>	<b>1356</b>	<b>100</b>

If one looks at the details of the dermatological findings, ecchymoses (bruises on the skin) were observed in 139 applicants (38%) and ranked first among the most common physical findings. They were followed by digestive and ophthalmological findings.

The share of applicants with the finding of ecchymosis in the last 3 years was;

- 37% in 2015,
- 21% in 2014,
- and 37% in 2013.

In 2016, four of the most common physical findings were related to the musculoskeletal system, and four other were dermatological findings. They were followed by digestive and ophthalmological findings. The 10 most common findings can be seen in Table 28.

Especially findings of pain in neck and shoulder can be considered as effects of practices such as handcuffing behind the back, detention by force by bending the arms back, taking detainees to the police vehicle and attempting at fingerprinting in this position, etc., which are categorized as beating and other positional torture methods. In 2016, these two methods were the two most common torture methods causing physical injuries, as in 2015 (Table 15).

**Table 28: Distribution of physical findings observed in applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Ten Most Common Physical Findings	Number of Findings Observed	Among Applicants as %	Among All Physical Findings %
Ecchymoses	139	38	10.3
Abrasion	137	37	10.1
Pain in and restricted movement of the neck	130	36	9.6
Pain in and restricted movement of the shoulder	54	15	4.0
Visual impairment	51	14	3.8
Scar tissue	51	14	3.8
Muscular pain and sensitivity	50	14	3.7

**Table 28: Cont.**

Oedema	49	13	3.6
Epigastric sensitivity	38	10	2.8
Pain in and restricted movement of the knee	31	8	2.3
Other physical findings	626	171	46.2
<b>Total</b>	<b>1356</b>	<b>-</b>	<b>100</b>

### 3- Psychiatric Symptoms and Findings

In the psychological evaluations conducted by mental health experts in 136 (31%) of 438 applicants at least one psychiatric finding or symptom was detected (This figure was 35% with 191 applicants in 2015, and 22% with 170 applicants in 2014, and 38% with 320 applicants in 2013). The distribution of 53 different and a total of 1995 symptoms and findings shows that anxiety and difficulties in falling or staying asleep were in the first rank, as in almost each year. Depressive mood symptom, which ranked 20th with 41% of applicants in 2015, has risen to the fourth place in 2016 with an increase of 18%. Desperation and hopelessness, which ranked 18th in the list in 2015 with 42% were in the 8th place in 2016 with 53%.

The distribution of psychiatric symptoms and findings detected are reported in Table 29.

**Table 29: Distribution of psychiatric symptoms and findings observed in applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Psychiatric Symptoms and Finding	Number of Symptoms and Findings Observed	Among the Applicants as %	Among All Symptoms and Findings %
Anxiety	102	75	5.1
Difficulties in falling or staying asleep	92	68	4.6
Decrease of increase in sleep duration	82	60	4.1
Depressive mood	80	59	4.0
Sense of foreshortened future	79	58	4.0
Irritability and/or outbursts of anger	78	57	3.9
Physiological reactions to stimuli associated with the trauma	77	57	3.9
Hopelessness, desperation	72	53	3.6
Feelings of detachment or estrangement from others	70	51	3.5
Markedly diminished interest or participation in significant events	69	51	3.5

**Table 29: Cont.**

Fatigue, weakness, lack of energy	69	51	3.5
Concentration difficulties	69	51	3.5
Recurrent and intrusive distressing recollections of the traumatic event	66	49	3.3
Response of intense fear, helplessness or horror to the traumatic event(s) experienced or witnessed	63	46	3.2
Somatic anxiety symptoms (tachycardia, distress, sweating etc.)	57	42	2.9
Physiological reactions to stimuli associated with the trauma	56	41	2.8
Efforts to avoid thoughts, feelings, and conversations associated with the trauma	55	40	2.8
Muscular strain	53	39	2.7
Recurrent and distressing nightmares of the traumatic event	52	38	2.6
Feelings of guilty	49	36	2.5
Efforts to avoid activities, places or people that arouse recollection of the trauma	47	35	2.4
Anhedonia, apathy	45	33	2.3
Difficulties in decision making	44	32	2.2
Memory impairment	44	32	2.2
Hypervigilance	43	32	2.2
Flashback experiences and acting or feeling as if the traumatic event was recurring	42	31	2.1
Inattentiveness, lethargy	40	29	2.0
Agitation (irritability, hyperactivity)	35	26	1.8
Feelings of worthlessness and low self-esteem	34	25	1.7
Changes in appetite/weight (increase or decrease)	34	25	1.7
Exaggerated startle response	33	24	1.7
Blunted affect (or bluntness)	29	21	1.5
Diminished psychomotor activities	24	18	1.2
Inability to remember key aspects of the trauma	16	12	0.8
Decrease in sexual interest	16	12	0.8
Reduction in awareness of surrounding environment, consternation, puzzlement	15	11	0.8

**Table 29: Cont.**

Dysphonic mood	14	10	0.7
Suicidal thoughts and/or attempts	12	9	0.6
Derealisation	5	4	0.3
Excessive talking or pressured speech	5	4	0.3
Depersonalisation	4	3	0.2
Convulsive faint	4	3	0.2
Elevated or expansive mood	3	2	0.2
Delusions	3	2	0.2
Addiction of alcohol and/or substance	3	2	0.2
Obsession	3	2	0.2
Other convulsive symptoms and deficits	2	1	0.1
Tics (vocal, motor)	2	1	0.1
Hyperactivity, increased intentional activity	1	1	0.1
Hallucinations (visual, auditory, tactile, smell)	1	1	0.1
Disorganized speech or behavior	1	1	0.1
Enuresis, Encopresis	1	1	0.1
<b>Total</b>	<b>1995</b>	<b>-</b>	<b>100</b>

#### 4- Diagnoses

The evaluation of the physical diagnoses is carried out according to ICD (International Statistical Classification of Diseases and Related Health Problems) coding system. Published by the World Health Organisation, the coding system is constructed via identification of known diseases and injuries. and is in use worldwide.

The evaluation of the diagnoses is made with reference to all applicants. In total, out of 438 applicants, 354 applicants received 214 different and in total 1192 physical diagnoses according to the triplet coding system of the ICD-10.

The relationship between 1192 physical diagnoses and torture can be summarized as follows:

Torture incident is considered;

- as the “sole etiologic factor” in 718 diagnoses (60%)
- to have “worsened or made a pathological state apparent” in 84 diagnoses (7%)
- as “one of the factors” in 113 diagnoses (10%)
- to have had “no relationship” to 192 diagnoses (16%)

- In 85 diagnoses (7%), the nature of the relationship of torture to the diagnoses could not be identified.

From among 354 applicants who received a physical diagnosis in 2016, bone fracture in different parts of the body, of which torture incident was considered as the “sole etiologic factor”, is detected in 27 (8%).

The frequency of diagnoses, classified according to the ICD coding system, and diagnoses received by at least 10 applicants in 2016 are shown in Table 30.

**Table 30: Distribution of most common physical diagnoses among the applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

ICD-10 Code	Physical Diagnoses	Number of Diagnoses	Among Applicants as%	Among Diagnoses as%
S60	Superficial injury of wrist and hand	95	21.7	8.0
S00	Superficial injury of head	83	18.9	7.0
S40	Superficial injury of shoulder and upper arm	54	12.3	4.5
S80	Superficial injury of lower leg	50	11.4	4.2
H52	Disorders of refraction and accommodation	48	11.0	4.0
S20	Superficial injury of thorax	47	10.7	3.9
S47	Crushing injury of shoulder and upper arm	40	9.1	3.4
S50	Superficial injury of forearm	36	8.2	3.0
M54	Dorsalgia	33	7.5	2.8
M51	Intervertebral disc disorders, other	28	6.4	2.3
M79	Other soft tissue injuries involving and unspecified body regions	22	5.0	1.8
S30	Superficial injury of abdomen, lower back, and pelvis	22	5.0	1.8
S10	Superficial injury of neck	20	4.6	1.7
M75	Shoulder lesions	18	4.1	1.5
G56	Mononeuropathies of upper limb	17	3.9	1.4
S70	Superficial injury of hip and thigh	17	3.9	1.4
K29	Gastritis and duodenitis	16	3.7	1.3
S87	Crushing injury of lower leg	16	3.7	1.3
T94	Sequelae of injuries involving multiple and unspecified body region	15	3.4	1.3
S57	Crushing injury of forearm	14	3.2	1.2

**Table 30: Cont.**

H10	Conjunctivitis	13	3.0	1.1
S77	Crushing injury of hips and thigh	13	3.0	1.1
M50	Cervical disc disorders	12	2.7	1.0
J10	Acute bronchitis	10	2.3	0.8
S90	Superficial injury of ankle and foot	10	2.3	0.8
R51	Headache	10	2.3	0.8
	Other physical diagnoses	433	98.9	36.3
	<b>Total</b>	<b>1192</b>	<b>-</b>	<b>100</b>

126 (37%) applicants out of a total of 438 applicants, received at least one, and in total 167 psychiatric diagnoses. Among all 167 diagnoses, the first ten most common diagnoses and its frequency distribution among applicants who received a psychiatric diagnosis are given in Table 31.

**Table 31: Distribution of 10 most common psychiatric diagnoses among the applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Ten Most Common Psychiatric Diagnoses	Number of Applicants	Among applicants %	Among diagnoses %
PTSD (Chronic)	42	10	25
Major depressive disorder, recurrent	30	7	18
Generalized anxiety disorder	19	4	11
PTSD (Acute)	16	4	10
Acute stress disorder	13	3	8
Major depressive disorder, single episode	11	3	7
Mixed anxiety-depressive disorder	8	2	5
Dysthymic disorder	6	1	4
Other anxiety disorders	4	1	2
Adjustment disorder	4	1	2
Other diagnoses	14	3	8
<b>Total</b>	<b>167</b>	<b>-</b>	<b>100</b>

In the evaluation of the physical diagnoses, the diagnoses that could not be linked to the trauma are excluded. Looking at the relationship of the physical diagnoses and the torture incident, in 718 diagnoses (60% of all physical diagnoses) the torture process is considered as the “sole etiological factor”. This ratio was 74% in 2015. and 32% in 2014, and 56% in 2013.

## D- TREATMENT AND REHABILITATION PROCESS

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

### 1- Applied Treatment Methods

In 2016, the evaluation of the treatment methods applied to a total of 438 applicants shows that 8 of them had surgical operation. This figure was 29 in 2015.

188 applicants (43%) received medication. This figure was 262 (47%) in 2015.

**Table 32: Distribution of treatment methods applied to the applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Applied Treatment Method	Number of Treatment Method	%
Medication	188	42.9
Lifestyle recommendations	218	49.8
Psycho-pharmacotherapy	66	15.1
Psychotherapy	40	9.1
Glasses	34	7.8
Physiotherapy	23	5.3
Orthopedic implements	18	4.1
Exercise	18	4.1
Surgery	8	1.8
Cast/Splint	7	1.6
Dental treatment	3	0.7
Other	2	0.5
<b>Total</b>	<b>626</b>	<b>1.4*</b>

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

### 2- Results of the Treatment and Rehabilitation Processes

The results of the treatments prescribed for the physical diseases are given in Table 33. Among those with physical complaints, 43 applicants (9%) left the treatment processes incomplete either before diagnosis or after the diagnosis was made and the treatment began.

This figure was 10% with 58 applicants in 2015, 12% with 92 applicants in 2014, and 15% with 132 applicants in 2013. Thus, we observe an increase in completed treatments (%61), as targeted (%54 in 2015).

**Table 33: Results of physical treatment of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Result of Physical Treatment	Number of Applicants	%
Treatment was completed	266	60.7
No diseases detected related to torture or prison processes	67	15.3
Treatment continues	59	13.5
Treatment left incomplete after having started	25	5.5
Treatment left incomplete before diagnosis	18	4.1
Diagnostic stage continues	3	0.7
<b>Total</b>	<b>438</b>	<b>100</b>

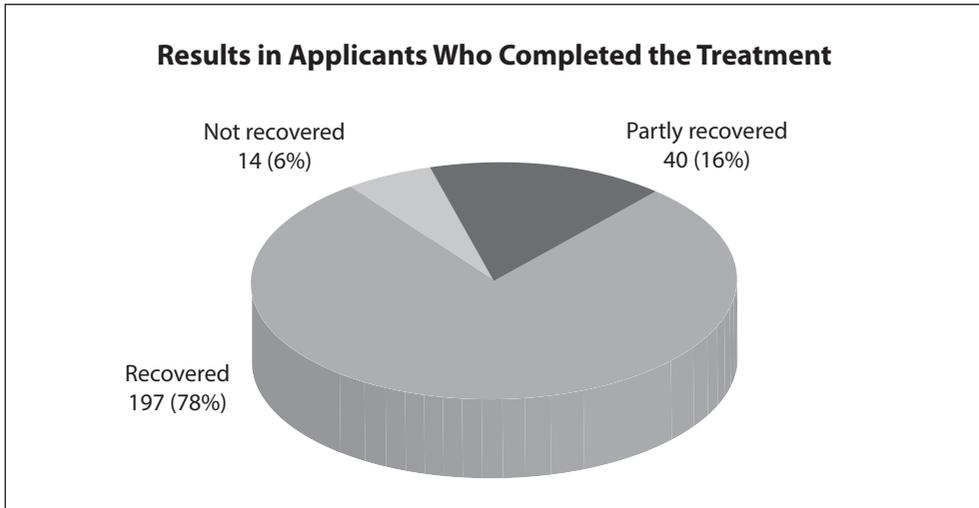
2016 assessment of the results of the physical and psychological treatment processes together shows that 40 applicants (16%) left the treatment processes incomplete either before the diagnosis, or after the treatment began. This was 17% in 2015, 21% in 2014 and 23% in 2013. On the other hand, 57% of the applicants completed their treatment (50% in 2015).

**Table 34: Results of physical and psychiatric treatment of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016**

Status of the File	Number of Applicants	%
Treatment was completed	251	57.3
Diagnostic stage continues	7	1.6
Treatment continues	90	20.5
Treatment left incomplete before diagnosis	23	5.3
Treatment left incomplete after having started	47	10.7
No disorder detected related to torture or prison experience	19	4.3
Referral	1	0.2
<b>Total</b>	<b>559</b>	<b>100</b>

Of 251 applicants whose treatment was completed in 2016, 80% recovered completely, and 16% recovered partially, and 6% did not show any recovery.

**Chart 7: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2016. whose treatments were completed. according to the treatment results**



## **II- EVALUATION OF THE APPLICANTS WHO WERE SUBJECTED TO TORTURE AND ILL-TREATMENT IN DETENTION WITHIN THE YEAR 2016**

This section contains a separate evaluation of the social and demographic characteristics of 2016 applicants to HRFT, who stated to have been tortured in detention (TID) within the year 2016, as well as the analysis of the information regarding the process of torture and medical evaluation relevant to these applicants, in order to assess 2016 in terms of torture practices in Turkey and to shed light on the medical problems that occur right after the torture incident.

As pointed out above, 289 (66%) of 438 applicants in 2016 stated that they were subjected to torture or ill-treatment in detention within the year 2016. This repeats the figure in 2015 and is higher than the previous years. The figures of the preceding three years are as follows:

- 371 applicants out of 559 (66%) in 2015,
- 260 applicants out of 756 (34%) in 2014,
- 500 applicants out of 844 (59%) in 2013.

Examining the place and time of torture, torture methods, the forensic examinations at the beginning and at the end and sometimes in the middle of the detention process conducted as per the regulation, conditions under which the relevant forensic reports are drafted, and finally the legal processes after the detention; we aim to achieve an objective parameters to see whether the torture is practiced systematically, and identifying the periodic characteristics of torture practices.

**A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS**

**1- Age and Sex**

The age of applicants varied from 3 to 70 with the average age of 32, which is same as the average age of all applicants.

Among those who were subjected to torture in detention within the year 2016, the age group 19-25, is in the first rank with a share of 34%. However, this represents a decrease by 9 points compared to 2015. In addition, the age group 26-30 age has increased by 9 points and took its place in the second rank with a share of 22%. There is decline in the 0-18 age group according to the 2015 (Table 35).

**Table 35: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to their age groups**

Age Group	Number of Applicants		%	
	2016	2015	2016	2015
0-18	19	42	6.6	11.3
19-25	98	158	33.9	42.6
26-30	64	49	22.1	13.2
31-35	45	46	15.6	12.4
36-40	24	24	8.3	6.5
41-45	11	10	3.8	2.7
46 and over	28	42	9.7	11.3
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

Among the 2016 applicants, 22-years old applicants have the highest number. 105 (36%) of the TID applicants were females, and 184(64%) were males (Chart 8).

**2- Place of Birth**

The distribution of TID applicants in 2016 according to their birth place shows that 29% of applicants were born in the South East region, 16% in the Marmara Region (It was 22% in 2015, there is a decrease of 6 points), and 14% in the Eastern Anatolian Region (12% in 2015).

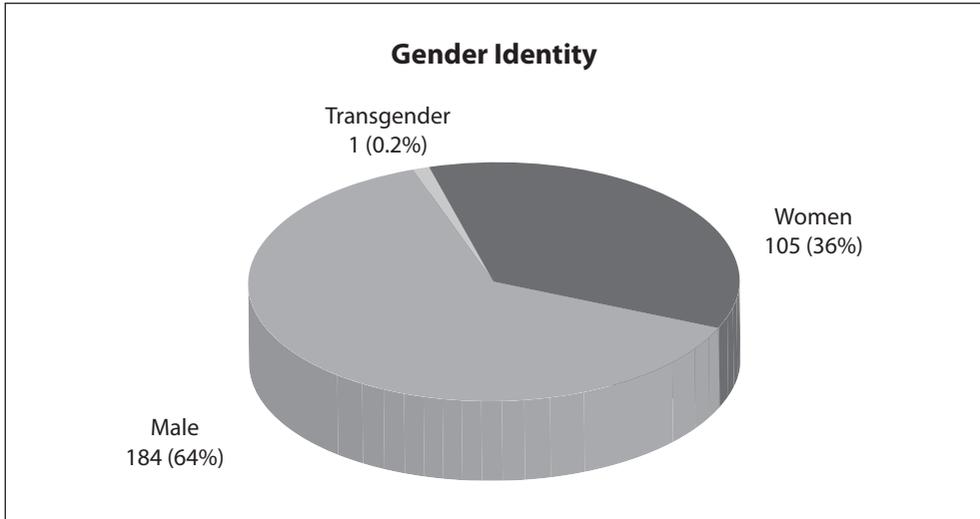
Those who were born in the South East and Eastern Anatolia constitute 43% of applicants in this category, which expanded compared to previous years.

This figure was;

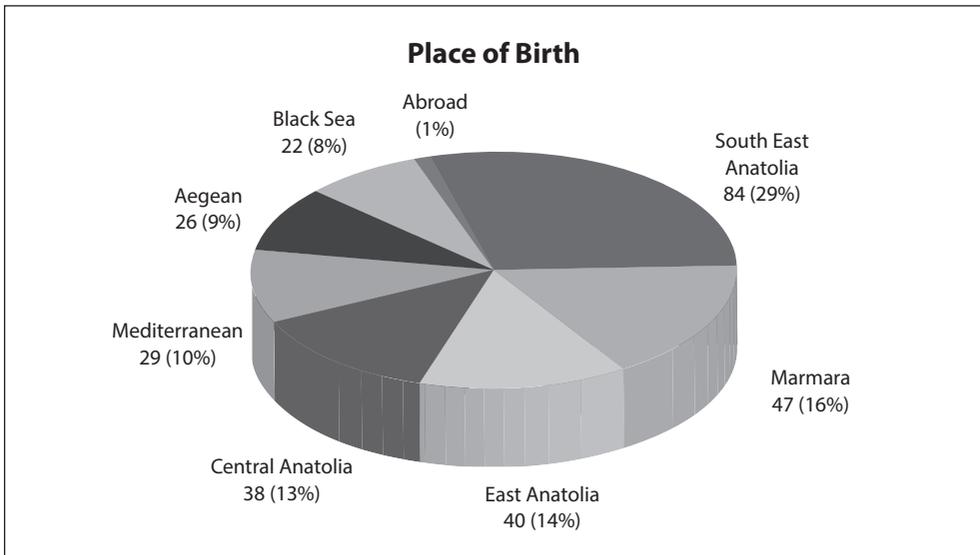
- 40% in 2015,
- 33% in 2014,
- and 25% in 2013.

Chart 9 shows the distribution of applicants according to their birthplaces.

**Chart 8: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to their gender identities**



**Chart 9: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to their place of birth**



The distribution according to the birth place at the provincial level shows that the provinces where our Centres are located come first. Istanbul ranks first with 45 applicants, which makes up 16% of all TID applicants. Other provinces in the first ranks according to birth places of applicants were Diyarbakır (40 applicants with the share of 14%), Ankara (19 applicants with the share of 7%), and İzmir (16 applicants with the share of 6%). The list of provinces as the birthplace of at least 10 applicants also include Şırnak, Hatay, Sivas and Adana. 50 different provinces identified as the birthplace of the applicants\ apart from those born abroad (3 applicants).

### 3- Educational Background and Employment Status

This evaluation is made based on the last school from which the applicant was graduated. Therefore, applicants who were currently primary school student at the time of application are considered as “literate”, high school graduates as “secondary school graduate”, and the university students as “high school graduates”. In 2016, we observe an increase of 8 points compared to 2015, in the number of vocational/ university graduates, who ranked second (Table 36).

**Table 36: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to their educational level**

Education Level	Number of Applicants		%	
	2016	2015	2016	2015
Illiterate	10	7	3	2
Literate	9	6	3	2
Primary school graduate	25	37	9	10
Secondary school graduate	37	83	13	22
High school graduate	114	155	39	42
University/vocational school dropout	16	14	6	4
University/vocational school graduate	72	65	25	17
Masters/doctorate graduate	6	4	2	1
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

As for the employment status of applicants, the total number of applicants who reported themselves as unemployed during the application, was 113 (39%), without any categorization in terms of having a profession or not. The university students (70 applicants) ranked second with a share of 24%, and those who reported that they do not have any profession (57 applicants) ranked third with a share of 20%. 32 applicants (11%) were press-media workers, which represents an increase of 6 points in 2016 compared to the previous year (17 applicants, 5% in 2015) (Table 37).

**Table 37: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to their employment status**

Employment Status	Unemployed	Retired	Employed	Left Blank	Total	%
Not have any profession	56	-	1	-	57	19.7
Primary or secondary school student	-	-	1	11	12	4.2
University student	-	-	4	66	70	24.2
Domestic worker	1	-	-	-	1	0.3
Agriculture, husbandry, etc.	-	-	1	-	1	0.3
Craftsman	4	-	3	-	7	2.4
NGO staff	1	-	1	-	2	0.7
Journalist/media sector worker	2	2	28	-	32	11.1
Lawyer	1	-	10	-	11	3.8
Worker in the education sector	3	1	6	-	10	3.5
Other public sector worker	3	-	2	-	5	1.7
Other private sector worker	3	-	12	-	15	5.2
Artist	2	-	6	-	8	2.8
Other	37	2	16	-	55	19.0
Children (0-15)	-	-	-	3	3	1.0
<b>Total</b>	<b>113</b>	<b>5</b>	<b>91</b>	<b>80</b>	<b>289</b>	<b>100</b>
<b>%</b>	<b>39</b>	<b>2</b>	<b>31</b>	<b>28</b>	<b>100</b>	<b>-</b>

## B- PROCESS OF TORTURE

In this section, we assess the information obtained from those 289 applicants who were subjected to torture and ill-treatment in detention in 2016 and applied to HRFT Treatment and Rehabilitation Centers in 2016 for this reason.

### 1- Processes of Detention and Torture in Detention

95% (275 applicants) of TID applicants in 2016, reported to have been tortured due to political reasons (it was 94% in 2015). 10 (3%) applicants reported to have been tortured due to non-political reasons (it was 2% in 2015), 2 (1%) applicants due to gender identity (it was 3% in 2015), one due to asylum seeker status, and one due to his/her ethnic origin.

Maximum duration of detention, which had been extended under state of emergency declared in the aftermath of the military coup on September 12, 1980, was reduced

from 30 days to 10 days on 1997, and then to 7 days on 2002. Following the declaration of the state of emergency in July 20, 2016, with the first decree having force of law issued on July 23, 2016, the maximum duration of detention was revised and extended to 30 days.

When we look at the length of the most recent detention of the applicants (Table 38), we see that 195 (67%) applicants were detained less than 24 hours.

The figures for the preceding 3 years are as follows:

- 253 (68%) in 2015
- 207 (80%) in 2014
- 438 (88%) in 2013

18 applicants have been detained from 8 days to more than 1 month.

**Table 38: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the duration of their most recent detention**

Duration of Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Less than 24 hours	195	253	67.5	68.2
24-48 hours	47	67	16.3	18.1
49-72 hours	12	24	4.2	6.5
73-96 hours	10	25	3.5	6.7
5-7 days	7	-	2.4	-
8-15 days	10	1	3.5	0.3
16-30 days	6	1	2.1	0.3
More than one month	2	-	0.7	-
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

When we examine the places where the applicants were taken into detention, we see that 177 (61%) applicants were taken into detention on streets or other outdoor spaces, which represents a decrease by 18% compared to 2015.

This figure for the previous 3 years was;

- 293 (79%) in 2015
- 212 (81%) in 2014
- 438 (88%) in 2013

There is also a 12 points increase in the share of detention from home. Except from the decrease in detention on streets/outdoors, increase is observed in all detention places.

145 (82%) out of 177 applicants who were taken into detention on the street or other outdoor space were detained less than 24 hours. 18 (40%) out of 45 applicants who were taken into detention at home were detained less than 24 hours, and 9 (20%) of them were detained 24-48 hours. 14 of these applicants were released without facing the prosecutor or court, and 8 applicants were released by the prosecutor's office and court.

The distribution of applicants according to the place of their most recent detention is given in Table 39.

**Table 39: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the place, where they were taken into detention in their most recent detention**

Place, Where the Applicant is Taken into Detention	Number of Applicants		%	
	2016	2015	2016	2015
Street/other outdoor space	177	293	61.2	79.0
Home	45	16	15.6	4.3
Institution (NGO, press office, etc.)	37	37	12.8	10.0
Public institution	12	15	4.2	4.0
Workplace	6	1	2.1	0.3
Other	12	8	4.2	2.2
Unknown	-	1	-	0.3
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

In 2016, the share of applicants taken into detention between 18:00- 24:00 has decreased and share of detention between 24:00-08:00 has increased compared to 2015. The 2016 figures suggests that there is increasing trend of home raids. 127 applicants (66%) taken into detention between 08.00 and 18.00 were taken into detention on streets/outdoors, and 24 (13%) of them at home.

The distribution of applicants according to the time of their most recent detention is presented in Table 40, and according to the place of their most recent torture, in Table 41.

**Table 40: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the time of detention**

Time of Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
08:00 – 18:00	191	250	66	67
18:00 – 24:00	56	86	19	23

**Table 40: Cont.**

24:00 – 08:00	40	33	14	9
Unknown	2	2	1	1
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

In the earlier years' annual reports, the place of most intense torture and/or ill-treatment practice during detention process, was recorded as "the place of torture in most recent detention", for the applicants stating that they were subjected to torture and/or ill-treatment at one or several stages of detention –the moment of detention, transfer to the detention centre by a vehicle, detention process-.

With the modification in the application registration system two years ago, it is now possible to identify more than one place of torture for each applicant. Therefore, the total number of reported places of torture location is greater than the total number of applications.

40 (14%) out of 289 TID applicants have been subjected to torture both on the street/outdoor space, and in vehicle and at the security centre, within 2016. This figure was 21% with 79 applicants in 2015.

Out of 167 applicants, who stated that they have been tortured on the street/outdoor space, 102 (61%) applicants expressed that they have also been tortured in vehicle (40%, 93 applicants out of 233 applicants in 2015).

Considering the legal status of 167 persons taken into detention on the street or outdoor in 2016, it can be observed that 3 people have been arrested, 53% of them have not been taken to the prosecutor's office, and 45% of them have been released by the prosecutor's office or court.

**Table 41: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to place of torture**

Place of Torture in Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Streets / Outdoors	167	233	57.8	62.8
Vehicle	152	197	52.6	53.1
Police directorate	99	176	34.3	47.4
Police station	54	31	18.7	8.4
Own place (home. workplace. etc.)	48	32	16.6	8.6
Venue of public demonstration	41	68	14.2	18.3
Other	16	30	5.5	8.1

**Table 41: Cont.**

Unidentified indoor area	9	3	3.1	0.8
Unknown/ nor remembered	1	2	0.3	0.5
Prison*	1	1	0.3	0.3
Gendarmerie headquarter	1	-	0.3	-
<b>Total</b>	<b>589**</b>	<b>773**</b>	<b>-</b>	<b>-</b>

\*Applicants who stated to have been tortured both in detention and in prison

\*\*With the modification in the application registration system, it is now possible to identify more than one place of torture for each applicant. Therefore, the total number of reported places of torture location is larger than the total number of application.

Considering the regional distribution of the places of torture in the most recent detention, provinces where the HRFT Centres are located seem to be determinant, as are every year. Having said that, there was an increase in the share of those who have been tortured in Southeast Anatolia and the Aegean region, and a decrease by 5 points in the share of those who have been subjected to torture in the Marmara Region (Table 42).

**Table 42: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the region of torture in most recent detention**

Region of Torture in Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Marmara	159	222	55.0	59.8
South-Eastern Anatolia	55	61	19.0	16.4
Aegean	45	43	15.6	11.6
Central Anatolia	19	25	6.6	6.7
Eastern Anatolia	6	1	2.1	0.3
Black Sea	3	6	1.0	1.6
Mediterranean	1	11	0.3	3.0
Unknown/ not remembered	-	1	-	0.3
Abroad	-	1	-	0.3
Missing data	1	1	0	0.3
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

The distribution of applicants, who stated to have been tortured in detention in 2016, according to the provinces (reported as the place of torture by at least 3 applicants) where torture in most recent torture took place is presented in Table 43. Again, due to the fact that there were more applicants from provinces in which our treatment centres are located, these provinces were placed in the first ranks.

In 2016, the applicants who stated that they have been tortured in detention within the same year reported 17 different provinces. Data regarding this information is missing for 4 applicants.

**Table 43: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the provinces of torture in most recent detention**

Province of Torture in Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
İstanbul	156	221	54	59.6
İzmir	45	42	16	11.3
Diyarbakır	38	10	13	9.4
Ankara	19	23	7	2.7
Şırnak	10	11	3	2.4
Mardin	4	2	1	0.5
Other	13	60	5	16.2
Missing data	4	-	1	-
Abroad	-	1	-	0.3
Unknown/ not remembered	-	1	-	0.3
<b>Total</b>	<b>260</b>	<b>371</b>	<b>100</b>	<b>100</b>

The TID applicants in 2016 reported more than 60 units as the place of most recent torture. As in 2015, İstanbul Security Directorate is again in the first place with 46 applicants and a share of 16%. (This figure was 20% with 112 applicants in 2015). 10 applicants have been subjected to torture in Diyarbakır Security Directorate Anti-Terror Branch (ATB). (Table 44)

**Table 44: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the detention Centres where torture in most recent detention took place**

Centres Where Most Recent Torture Took Place	Number of Applicants	%
İstanbul Security Directorate	46	15.9
Diyarbakır Anti-terror Branch (ATB)	10	3.5
Diyarbakır Security Directorate	5	1.7
İstanbul Çağlayan Police Station	8	2.8
İstanbul Kadıköy Port Police Station	6	2.1
İstanbul Beyazıt Police Station	5	1.7
İzmir Çankaya ATB	5	1.7

**Table 44: Cont.**

Ankara Security Directorate ATB	4	1.4
İstanbul Şehremini Police Station	3	1.0
İzmir Kantar Police Station	3	1.0
İstanbul Karaköy Police Centre	3	1.0
Other Security Directorate and ATBs	32	11.1
Other Police Station	23	8.0
Other	1	0.3
Empty*	135	46.7
<b>Total</b>	<b>289</b>	<b>100</b>

\* Applicants tortured at outdoors, at home or workplace, in a vehicle or some other place in their most recent detention, and applicants who were not subjected to torture during their most recent detention but applied to HRFT on the basis of torture experienced in former detention periods or prison.

The distribution of applicants according to the methods of torture in most recent detention in 2016 reveal that out of 289 applicants, only 48(17%) of the applicants subjected to torture in detention in 2016 have not been subjected to insulting, 63 (22%) to humiliating, and only 74(26%) to beating. The rate of threats against the applicant increased by 9 points (it was 37% in 2015) and rate of being forced to obey nonsensical orders has increased by 6 points compared to 2015 ( it was 14% in 2015). Restriction of basic needs represents a 6 point increase (10% in 2015). The rate of exposure to tear inducing chemicals (tear gas, CN, CS) also declined by half.

**Table 45: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the methods of torture in most recent detention**

Torture Methods	Number of Applicants		%	
	2016	2015	2016	2015
Insulting	241	309	83.4	83.3
Humiliating	226	290	78.2	78.2
Beating	215	282	74.4	76.0
Other treats against the applicant	134	137	46.4	36.9
Other positional torture methods	119	158	41.2	42.6
Death threat	73	100	25.3	27.0
Forced to witness (visually/aurally) torture of others	66	77	22.8	20.8
Forced to obey nonsensical orders	65	51	22.5	13.7
Sexual harassment	62	74	21.5	19.9
Verbal sexual harassment	58	60	20.1	16.2

**Table 45: Cont.**

Continuous hitting on one part of the body	48	51	16.6	13.7
Restricted urination and defecation	47	51	16.3	13.7
Restriction of food and drink	46	58	15.9	15.6
Exposure to tear inducing chemicals (tear gas. CN. CS. etc)	45	112	15.6	30.2
Restriction of basic needs (depriving of sleep, medication, etc.)	45	39	15.6	10.5
Exposure to chemical substances	40	106	13.8	28.6
Dropping out of, hitting, dragging by vehicle	25	32	8.7	8.6
Forced to listen to high volume music or marches	24	21	8.3	5.7
Physical sexual harassment	24	43	8.3	11.6
Threats against the relatives/friends	20	24	6.9	6.5
Blindfold	15	9	5.2	2.4
Stripping naked	15	12	5.2	3.2
Pulling out hair/beard/moustache	14	47	4.8	12.7
Taking body sample by force	14	16	4.8	4.3
Forced to wait in cold/hot environment	12	31	4.2	8.4
Restricted respiration	12	32	4.2	8.6
Using firearms	12	10	4.2	2.7
Asked to act as an informer	11	4	3.8	1.1
Torture in the presence of relatives/friends	9	17	3.1	4.6
Threat of rape	8	3	2.8	0.8
Exposure to pressured cold water	7	18	2.4	4.9
Mock execution	5	8	1.7	2.2
Exposure to other chemical substances	5	10	1.7	2.7
Squeezing testicles	5	3	1.7	0.8
Forced to excessive physical activity	4	1	1.4	0.3
Suspension on hanger by foot	2	-	0.7	-
Pressured water coloured by chemicals	2	17	0.7	4.6
Rectal/naked search	2	3	0.7	0.8
Rape	2	2	0.7	0.5
Solitary confinement	2	4	0.7	1.1
Burning/raiding home	2	3	0.7	0.8
Falanga	1	-	0.3	-
Electricity	1	1	0.3	0.3

**Table 45: Cont.**

Suspension on hanger	1	-	0.3	-
Burning	1	-	0.3	-
Not remembered	2	2	0.7	0.5
Other	44	60	15.2	16.2
<b>Total</b>	<b>1834</b>	<b>2388</b>	<b>6*</b>	<b>6*</b>

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

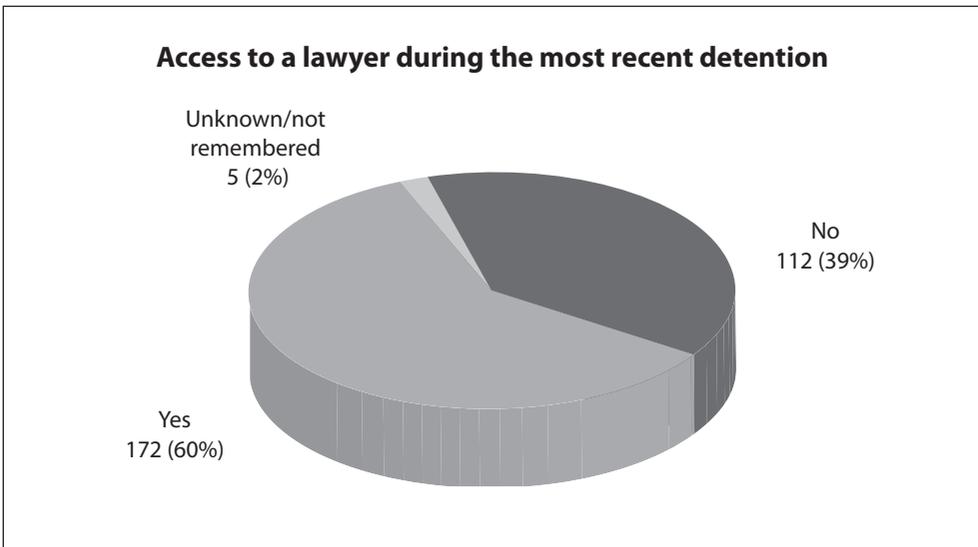
**2- Legal Procedures During and After Detention**

Among TID applicants in 2016, 127 applicants (60%) reported that they were able to see a lawyer during detention. For the last 3 years this figure was:

- 63% in 2015
- 52% in 2014
- 20% in 2013

Table 46 looks at the legal situation after most recent detention for the applicants who have been subjected to torture in 2016. It is observed that 149 (52%) of the applicants were released without facing a prosecutor.

**Chart 10: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to their access to a lawyer in most recent detention**



This figure for the previous years is as follows:

- 64% in 2015
- 66% in 2014
- 82% in 2013

In 2016, 113 (39%) of applicants were released by the prosecutor or the court.

This rate was;

- 33% in 2015,
- 31% in 2014,
- and 14% in 2013.

In 2016, 24 (8%) applicants have been arrested. Compared to the previous 3 years, a significant increase is detected in this share:

- 2% in 2015
- 3% in 2014
- 3% in 2013

**Table 46: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the situation after most recent detention**

Situation After Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Released without facing a prosecutor	149	239	52	64
Released by prosecution office or court	113	123	39	33
Arrested	24	8	8	2
Unknown/not remembered	3	1	1	1
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

In 2016, only 2 out of the 24 applicants arrested after detention were convicted. The share of applicants who do not know whether a legal proceeding was launched against them and that of those for whom no legal proceedings were launched, are almost equal, and these two groups together constitute 85% of all 2016 TID applicants (Table 47).

**Table 47: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to legal proceedings following the most recent detention**

Legal Proceedings Following the Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
No legal proceedings	125	142	43.3	38.3
Whether a lawsuit was filed against the applicant is unknown	122	177	42.2	47.7
Trial in progress	35	45	12.1	12.1
Applicant was tried and acquitted	3	2	1.0	0.5
Applicant was tried and convicted	2	1	0.7	0.3
Applicant was tried and result is unknown	1	4	0.3	1.1
Trial resulted with non-prosecution	1	-	0.3	-
<b>Total</b>	<b>289</b>	<b>371</b>	<b>100</b>	<b>100</b>

The number of applicants, who were subjected to torture in detention in 2016, and who obtained a forensic report on the initiatives of public officials after their most recent detention is 205 (71%). The remaining 28% (82 applicants) stated that they did not obtain a forensic report, and 2 applicants stated that they did not remember whether they obtained a forensic report. The share of TID applicants stating to have obtained a report in the last 3 years was;

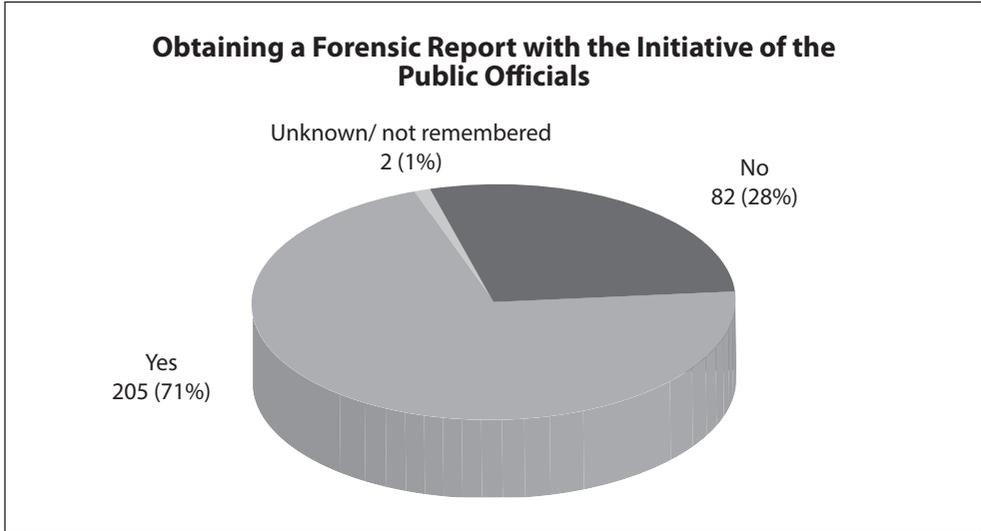
- 69% in 2015,
- 60% in 2014,
- and 23% in 2013.

Forensic examination of (89%) the 182 applicants who have obtained a report, was conducted at the hospitals and this category ranked first, as in almost each year. (This figure was 96% for 2015)

Applicants whose forensic examinations were made in detention places ranked second with a share of 10% (20 applicants), and all of them are those who applied to HRFT after the declaration of the state of emergency. Their duration of detention varies from 2 to 7 days. 4 of them did not have access to a lawyer. 16 of these applicants were released from the court or prosecution after the detention. This reveals that after the state of emergency, procedural guarantees have been suspended, and essential international regulations and the Istanbul Protocol have not been taken into consideration, in terms of the detection of torture.

Even under the state of emergency declared in the aftermath of the failed coup attempt, the obligation of the physicians to conduct all medical examinations of the detainees and individuals in prison in compliance with the principles of the Istanbul Protocol, remains unchanged. According to the principles of the Istanbul Protocol:

**Chart 11: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to whether they obtained a forensic report on the initiatives of public officials after most recent detention**



*“Medical examinations (at the beginning and at the end of detention; of arrestees and convicts) of detainees/individuals deprived from their liberty, must be conducted in such environments that ensure appropriate physical conditions with adequate equipment, time and facilities for medical examination, as well as privacy and confidentiality; where law enforcement officials are not present in the examination room, and where there is no restrictions such as handcuffs etc.*

*Police or other law enforcement officials should never be present in the examination room. When there is clear evidence of a serious risk posed by the patient to the safety of the health personnel, and on the condition of stating this in writing, the physician conducting the medical examination might request other workers to be present in the room during the examination. Under such circumstances, upon the request of the physician, auxiliary health personnel and according to the Istanbul Protocol, in cases where such personnel cannot be provided, security personnel of the health facility, not the police or other law enforcement officials can be present, on the condition that these remain out of earshot of the patient-physician dialogue. This situation should be noted in the report issued. As the escape of the detainee is a risk that can be eliminated by taking security measures outside the room (in front of the door and window), presence of security personnel in the room should not be allowed, on the grounds of the suspicion of the escape of the detainee.*

*Medical evaluation of detainees should be conducted at a location that the physician deems most suitable. In some cases, it may be best to insist on evaluation at official medical facilities and not at the prison or jail.*

*If there are unfavorablenesses and inadequacies regarding the environment of the patient's medical evaluation (appropriate physical conditions and patient confidentiality not being ensured), these should be definitely reported by the physician, and if the appropriate environment is not provided, authorities should be notified in writing and the medical examination should be denied by a written report. If the interest of the patient requires, the medical examination can be carried out with a written report. In forensic examinations, forms of forensic reports annexed to the Ministry of Health's "General Regulation on the principles to be respected in the execution of the forensic services, no B100TSH013003-13292. dated 22.09.2005, should be used."*<sup>2</sup>

**Table 48: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the place of forensic medical examinations after most recent detention**

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants		%	
	2016	2015	2016	2015
Hospital	182	247	88.8	96.5
Detention place	20	-	9.8	-
Health Center	2	1	1.0	0.4
Branch office of the Council of Forensic Medicine	1	2	0.5	0.8
Council of Forensic Medicine	-	1	-	0.4
Unknown/ not remembered	-	5	-	2.0
<b>Total</b>	<b>205</b>	<b>256</b>	<b>100</b>	<b>100</b>

In their assessment of the forensic examination process, 14 (5%) applicants stated that they obtained forensic report upon their own request. This figure presents a decrease compared to previous years (7% in 2015, 15% in 2014 and 18% in 2013).

Evaluation of the forensic medical examination processes by 205 applicants who went through medical examination after detention, is presented in Table 49. There is a 14 points decrease in the share of applicants who reported that law enforcement officers were out of the room, during the forensic medical examination.

- 58% stated that the law enforcement officers were taken out of the room during forensic examination (72% in 2015)
- 50% stated that the forensic physician listened to their complaints (56% in 2015).
- 39% stated that the forensic physician took the story of the incident (38% in 2015).

2 -[1] İstanbul Protocol Ass. Prof. İsmail Özgür CAN MD.:  
[http://www.izmirtabip.org.tr/L/TR/mid/396/hcid/5/hid/168/Istanbul\\_Protokolu.htm](http://www.izmirtabip.org.tr/L/TR/mid/396/hcid/5/hid/168/Istanbul_Protokolu.htm)

- 32% stated that the forensic physician examined as s/he ought to (%36 in 2014).
- 18% stated that the forensic physician arranged a report in compliance with the findings (22% in 2015)

**Table 49: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to their evaluations of the forensic medical examination after detention**

Evaluation of Forensic Medical Examination	Yes	%	No	%	Unknown/ Not remembered	%	Total	%
Were the law enforcement officers taken out of the room during forensic medical examination?	118	58	84	41	3	1	205	100
Did the forensic physician listen to the complaints?	105	51	98	48	3	1	204*	100
Did the forensic physician take the medical history?	80	39	120	59	4	2	204*	100
Did the forensic physician examine as required?	65	32	135	66	4	2	204*	100
Did the forensic physician draft a report that was in accordance with the findings?	37	18	69	34	99	48	205	100

*\*One applicant refused medical examination because s/he was handcuffed*

90 (31%) out of 289 applicants in 2016, have reported, during their interrogation at the court or at the prosecution office, to have been subjected to torture practices (This figure was 22% in 2015). 24 applicants (8%) filed a criminal complaint at the prosecution office with a separate petition without guidance of HRFT (13% in 2015). 2 applicants filed a criminal complaint by the guidance of HRFT (4 applicants in 2015). During the application, 166 (57%) applicants stated that they did not file a criminal complaint.

### 3- Imprisonment Process

Among 2016 TID applicants, the number of those that have been detained in prison at some point in their lives is 41 (20%) (This figure was 17% in 2015, 12% in 2014, and 5% in 2013). There is an increasing trend in this rate in the last 3 years. The number of applicants, who after their most recent detention in 2016, have been in prison for a period ranging from 1 month to 8 months, is 22 (11%).

In 2016, 14 of the 22 applicants who have been in prison reported to have been tortured in prisons. Also, 16 of these applicants stated that conditions of hygiene in prisons were unfavorable, 18 stated that the conditions of nutrition, health, transfer and access to publications were unfavorable, and 19 of them stated that sports, communication and sheltering conditions were unfavorable.

## C- MEDICAL EVALUATION

This chapter contains information on the health conditions of the TID applicants, as revealed by medical histories taken, physical examination, and tests during medical examination conducted by medical doctors working at the HRFT's Centers, and consultant physicians (psychiatrists, orthopedists, dermatologists, neurologists, physiatrists, ophthalmologists, otolaryngologists, cardiologists, general surgeons, etc.).

### 1- Medical Complaints of the Applicants

272 out of 289 TID applicants in 2016 have reported at least one physical or psychological complaint. TID applicants reported 147 different, and in total 2055 complaints (364 applicants, 144 different and in total 2309 complaints in 2015). An increase in the number of complaints per applicant is observed.

The distribution of complaints of 272 applicants according to systems reveal that psychological complaints ranked first with a 12 points increase, and complaints related to the musculoskeletal system ranked second with a 14 decrease, compared to 2015. In addition, there was an increase in digestive and general complaints (Table 50).

**Table 50: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the frequency of physical and psychological complaints**

Systems	Number of Complaints		%	
	2016	2015	2016	2015
Psychological	635	430	30.9	18.6
Musculoskeletal	429	812	20.9	35.2
Dermatological	208	493	10.1	21.4
General	189	43	9.2	1.9
Neurological	157	184	7.6	8.0
Digestive	132	52	6.4	2.3
Ear-Nose-Throat	77	100	3.7	4.3
Ophthalmological	71	89	3.5	3.9
Respiratory	52	56	2.5	2.4
Urogenital	39	12	1.9	0.5

**Table 50: Cont.**

Cardiovascular	30	9	1.5	0.4
Oral-Dental	30	27	1.5	1.2
Endocrinological	6	2	0.3	0.1
<b>Total</b>	<b>2055</b>	<b>2309</b>	<b>100</b>	<b>100</b>

In 2016, among 272 TID applicants who reported physical complaints, headache was observed as the most common complaint with 88 applicants (32%). Also, 25% (69 applicants) of applicants reported fatigue and weakness (10 applicants in 2015).

As in almost each year, skin decolouration reported by 73 (27%) applicants ranked second with a decrease of 19 points.

In the previous years, this figure was;

- 46% in 2015,
- 38% in 2014,
- and 57% in 2013.

**Table 51: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the frequency of their physical complaints**

Ten Most Common Physical Complaints	Number of Complaints Reported		Among Applicants as %		Among the Physical Complaints as %	
	2016	2015	2016	2015	2016	2015
Headache	88	99	32	27	6.2	5.3
Skin discolouration	73	171	27	46	5.1	9.1
Exhaustion, fatigue	69	-	25	-	4.9	-
Low back pain	52	60	19	16	3.7	3.2
Visual impairment	48	-	18	-	3.4	-
Bruise in skin	47	-	17	-	3.3	-
Shoulder pain	46	82	17	22	3.2	4.4
Neck pain	42	69	15	19	3.0	3.7
Abdominal pain	41	-	15	-	2.9	-
Tubercle on skin	36	97	13	26	2.5	5.2
Other physical complaints	878	1301	-	-	61.8	69.2
<b>Total</b>	<b>1420</b>	<b>1879</b>	<b>-</b>	<b>-</b>	<b>100</b>	<b>100</b>

Among 289 TID applicants in 2016, 32 (12%) of 272 applicants who reported at least one complaint, applied to HRFT with only psychological complaints. 25 different and in total 635 psychological complaints have been reported.

The most common psychological complaint, like almost each year, was sleeping disorder and it increased by half, compared to the previous year. There was an increasing trend in all kinds of complaints.

**Table 52: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the frequency of psychological complaints**

Ten Most Common Psychological Complaints	Number of Complaints		Among Applicants %		Among Psychological Complaints %	
	2016	2015	2016	2015	2016	2015
Sleeping disorders	71	49	26	13	11	11
Distress	64	30	24	8	10	7
Tension	61	31	22	8	10	7
Anxiety	57	40	21	11	9	9
Concentration difficulty	45	21	17	6	7	5
Forgetfulness	40	-	15	-	6	-
Irritability	34	33	13	9	5	8
Not finding pleasure in life	30	-	11	-	5	-
Sense of foreshortened future	28	-	10	-	4	-
Feeling of crying	26	21	10	6	4	5
Other psychological complaints	179	205	43	39	20	48
<b>Total</b>	<b>635</b>	<b>430</b>	<b>-</b>	<b>-</b>	<b>100</b>	<b>100</b>

## 2- Findings of Physical Examination

Following the physical examination of 234 TID applicants out of 289 in 2016, 94 different and in total 920 physical findings were detected.

The distribution of physical findings detected in TID applicants according to the systems show that the share of dermatological findings decreased by 6%, yet, remained at the first rank. It has been followed by musculoskeletal findings (Table 53).

**Table 53: Distribution of physical findings observed in the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to systems**

Systems	Number of Findings		%	
	2016	2015	2016	2015
Dermatological	391	634	42.5	49.3
Musculoskeletal	298	367	32.4	28.5

**Table 53: Cont.**

Ophthalmological	55	70	6.0	5.4
Ear-Nose-Throat	41	76	4.5	5.9
Oral-Dental	37	42	4.0	3.3
Neurological	32	50	3.5	3.9
Digestive	27	20	2.9	1.6
Urogenital	16	10	1.7	0.8
Respiratory	15	9	1.6	0.7
Cardiovascular	6	8	0.7	0.6
Endocrinological	2	1	0.2	0.1
<b>Total</b>	<b>920</b>	<b>1287</b>	<b>100</b>	<b>100</b>

A closer look at the details of the physical findings reveal that 4 of the 10 most frequent physical findings concern skin, 4 concerns musculoskeletal system, and 1 concerns neurological system. (Table 54)

The share of pain and sensitivity in muscles increased by 33%, compared to 2015. Out of 103 applicants with the finding of pain and sensitivity in muscles, 90 (87%) have been subjected to beating, and 50(49%) to other positional torture methods. A decrease in the findings of pain and restricted movement in neck/ lower back is observed.

**Table 54: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, according to the physical findings observed**

Physical Findings	Number of Findings		Among Applicants %		Among all Physical Findings %	
	2016	2015	2016	2015	2016	2015
Skin ecchymosis	135	207	58	56	15	16
Skin erosion (abrasion)	131	214	56	58	14	17
Muscular pain and sensitivity	103	42	44	11	11	3
Skin oedema	45	73	19	20	5	6
Pain and restricted movement in shoulder	43	73	18	20	5	6
Pain and restricted movement in low back	29	73	12	20	3	6
Scar tissue on skin	28	42	12	11	3	3
Pain and restricted movement in neck	28	98	12	26	3	8

**Table 54: Cont.**

Superficial tissue impairment	19	30	8	8	2	2
Visual impairment	18	52	8	14	2	4
Other physical findings	341	383	-	-	37	29
<b>Total</b>	<b>920</b>	<b>1287</b>	<b>-</b>	<b>-</b>	<b>100</b>	<b>100</b>

### 3- Psychiatric Symptoms and Findings

In 2016, out of the 289 TID applicants, 50 different and in total 856 psychological findings were observed in 58 (20%) applicants, who went through an evaluation by a psychiatrist or a psychologist, and in whom at least one psychological finding was detected (Table 55). 12 (4%) out of the remaining 289 applicants, were evaluated by a specialist, but no psychological finding was detected. 158 (55%) refused medical examination by a specialist and 14 (5%) were not present in the first appointment scheduled. In 17 (6%) applicants, no torture/ imprisonment related psychological findings was detected.

**Table 55: Distribution of psychiatric symptoms and findings detected in the 58 applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016, and who underwent psychological evaluation**

Psychiatric Symptoms and Findings	Number of Symptoms and Findings	Among the Applicants %	Among All Symptoms and Findings %
Anxiety	44	76	5.1
Intense psychological distress at exposure to stimuli associated with trauma	38	66	4.6
Increase or decrease in sleep duration	36	62	4.1
Difficulties in falling or staying asleep	35	60	4.0
Sense of foreshortened future	34	59	4.0
Irritability and/or lowered reaction threshold	34	59	3.9
Depressive mood	31	53	3.9
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	30	52	3.6
Physiological reactions to stimuli associated with the trauma	29	50	3.5
Somatic anxiety symptoms (tachycardia, distress, sweating etc.)	29	50	3.5

**Table 55: Cont.**

Recurrent and intrusive distressing recollections of the traumatic event	28	48	3.5
Markedly diminished interest or participation in significant events	28	48	3.5
Hopelessness, desperation	28	48	3.3
Feelings of detachment or estrangement from others	27	47	3.2
Concentration difficulties	27	47	2.9
Efforts to avoid activities, places or people that arouse recollection of the trauma	25	43	2.8
Efforts to avoid thoughts, feeling, and conversations associated with the trauma	24	41	2.8
Fatigue, weakness, lack of energy	24	41	2.7
Muscular strain	22	38	2.6
Difficulties in decision making	22	38	2.5
Recurrent and distressing nightmares of the traumatic event	21	36	2.4
Flashback experiences and acting or feeling as if the traumatic event was recurring	21	36	2.3
Feelings of guilt	21	36	2.2
Hypervigilance	18	31	2.2
Inattentiveness, lethargy	17	29	2.2
Agitation	17	29	2.1
Anhedonia, apathy	17	29	2.0
Feelings of worthlessness and low self-esteem	15	26	1.8
Changes in appetite/weight (increase or decrease)	14	24	1.7
Memory impairment	14	24	1.7
Blunted affect (or bluntness)	12	21	1.7
Exaggerated startle response	12	21	1.5
Reduction in awareness of surrounding environment, consternation, puzzlement	10	17	1.2
Diminished psychomotor activities	9	16	0.8
Inability to remember key aspects of the trauma	7	12	0.8

**Table 55: Cont.**

Decreased in sexual interest	7	12	0.8
Dysphoric mood	6	10	0.7
Suicidal thoughts and/or attempts	4	7	0.6
Derealisation	3	5	0.3
Depersonalization	2	3	0.3
Elevated or expansive mood	2	3	0.2
Excessive talking or pressured speech	2	3	0.2
Delusions	2	3	0.2
Abuse/addiction of alcohol and/or substance	2	3	0.2
Obsession	2	3	0.2
Hallucinations (visual, aural, tactile, smell)	1	2	0.2
Convulsive faint	1	2	0.1
Other convulsive symptoms and deficits	1	2	0.1
Tics (vocal, motor)	1	2	0.1
<b>Total</b>	<b>856</b>	<b>-</b>	<b>100</b>

#### 4- Diagnoses

Out of 289 2016 TID applicants, 249 applicants received at least one physical diagnoses. 172 different and in total 847 physical diagnoses; and 10 different and in total 58 psychological diagnoses; overall 905 diagnoses were made. When the relationship between 847 physical diagnoses, and the torture experienced by the applicants is examined, torture incident is evaluated as;

- “the only etiological factor” in 673 diagnoses (79%)
- having “aggravated or inflamed an existent pathological situation” in 49 diagnoses (6%)
- “one of the factors” in 25 diagnoses (3%)
- “irrelevant” in 76 diagnoses (9%).
- the relation of the diagnosis with the torture incident could not be “identified” in 24 diagnosis (3%)

In 22 (9%) out of 249 TID applicants in 2016, who received a physical diagnosis by the end of 2016, bone fracture in different parts of the body, for which torture incident is the “only etiological factor” is detected. This figure was 9% with 30 applicants in 2015, 9% with 22 applicants in 2014, and 11% with 49 applicants in 2013.

While significant share of the bone fractures detected in 2013 was linked to the targeted use of chemical gas capsules and plastic bullets, as firearms, almost in all the incidents detected in 2015 and 2016, the bone fractures occurred during beating or the hand-cuffing beyond the back, which suggests an increase in the intensity of violence employed during beating and hand-cuffing beyond the back.

In 74, out of 120 applicants who reported to have been subjected to rear-handcuffing, superficial injuries were observed in hand and hand wrist; and in 14 out of 23 applicants, with the finding of superficial sensory impairment in the physical examination, upper extremity mononeuropathy (superficial radial and/or ulnar nerve damage) is detected.

In addition, hand-cuffing behind the back might lead to severe health problems, as it forcibly holds the shoulders and the arms in a position inconvenient to the human anatomy, and due to the pressure exercised on wrist and shoulder joint, when tied up for a long-time and constrictively. 51 out of 71 applicants was detected pain and restriction in shoulder movement and 23 of them are diagnosed with tendinitis, rotator cuff syndrome, and several shoulder diseases involving shoulder impingement syndrome. (Table 56)

**Table 56: Distribution of physical diagnoses received by the applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016 (diagnoses received by at least 10 applicants)**

ICD-10 Code	Physical Diagnoses	Number of Diagnoses	Among Applicants %	Among Diagnoses %
S60	Superficial injury of wrist and hand	95	32.9	11.2
S00	Superficial injury of head	80	27.7	9.4
S40	Superficial injury of shoulder and upper arm	54	18.7	6.4
S80	Superficial injury of lower leg	49	17.0	5.8
S20	Superficial injury of thorax	46	15.9	5.4
S47	Crushing injury of shoulder and upper arm	40	13.8	4.7
S50	Superficial injury of forearm	34	11.8	4.0
S30	Superficial injury of abdomen, lower back and pelvis	22	7.6	2.6
M54	Dorsalgia	21	7.3	2.5
H52	Disorders of refraction and accommodation	21	7.3	2.5
S10	Superficial injury of neck	20	6.9	2.4
M79	Other and unspecified soft-tissue disorders, not elsewhere classified	18	6.2	2.1

**Table 56: Cont.**

G56	Mononeuropathies of upper limb	17	5.9	2.0
S70	Superficial injury of hip and thigh	17	5.9	2.0
S87	Crushing injury of lower leg	16	5.5	1.9
M75	Shoulder lesions	14	4.8	1.7
S57	Crushing injury of elbow and forearm	14	4.8	1.7
S77	Crushing injury of hip and thigh	13	4.5	1.5
M51	Intervertebral disc disorders unidentified	10	3.5	1.2
S90	Superficial injury of ankle and foot	10	3.5	1.2
	Other physical diagnosis	236	81.7	27.9
	<b>Total</b>	<b>847</b>	<b>-</b>	<b>100</b>

60 (20.8 % of all applicants) out of 289 TID applicants in 2016, went through an evaluation by a psychiatrist or a psychologist, and at least one psychological finding was detected. 48 applicants (16.6% of all applicants) out of this group received 11 different and in total 60 psychological diagnoses.

The frequency distribution of 60 diagnoses concerning 48 applicants, who have received a psychological diagnosis is given in Table 57.

**Table 57: Frequency distribution of psychiatric diagnoses received by applicants to the HRFT Treatment and Rehabilitation Centres in 2016, who have been subjected to torture in detention within the year 2016**

Psychiatric Diagnoses	Number of Diagnoses	Among Applicants %	Among Diagnosis %
Post-traumatic stress disorder (chronic)	13	27	21.7
Acute stress disorder	11	23	18.3
Post-traumatic stress disorder (acute)	11	23	18.3
Major depressive disorder, recurrent	8	17	13.3
Major depressive disorder, single episode	5	10	8.3
Generalized anxiety disorder	4	8	6.7
Mixed anxiety-depressive disorder	2	4	3.3
Adjustment disorder	2	4	3.3
Other anxiety disorders	2	4	3.3
Sleep disorder	1	2	1.7
Dysthymic disorder	1	2	1.7
<b>Total</b>	<b>60</b>	<b>-</b>	<b>100</b>

## **SOCIAL EVALUATION**

Since 1990s, The Human Rights Foundation of Turkey has adopted an holistic treatment approach to support applicants, who have been subjected to torture and ill-treatment or their relatives, to achieve a complete state of well-being. Detailed social assessments of the applicants who have been subjected to torture and ill-treatment, and of their relatives, are carried out in order to determine the possible damages that torture, prison and migration processes might have created on individual's social support mechanisms, and to contribute to their recovery.

The central starting points of the social service are; protection of the rights of vulnerable/ defenceless people, resumption of their existence within the society; regaining their self-sufficiency, being attentive to prevent any damage to the society or cause loss of others' rights while trying to use the resources for the benefit of the applicant. This aspect of social service differentiates it from other professions. It plays a significant role in ensuring a conceptualized transition between individuals, families, small groups, institutions, communities and society. By using the concept 'individual in the context', the environment is attributed an important status in analysing human behaviour. Rather than establishing a direct cause-and-effect relationship, it treats the individual and the situation as a whole in a mutual relationship.

A suitable intervention plan is established with the applicant with the identification of pressure points created by the demands of the social institutions such as family, small groups, society and school, by keeping person's social function in the forefront and with the notion that each system affects one another and by embracing the human needs within the larger systems that humans are part of.

Applicants within the scope of HRFT are evaluated by the social service specialists in two ways. First is; initial meeting with applicants with chronic reasons or asylum seekers/ refugees to be done by the social service specialists. In addition to the detailed interviews on traumatic life experiences, applicant's needs assessment is carried out by obtaining extensive information of their social life. These needs are related to the systems which applicants and their families are in contact with such as education, employment, economic status, organising family relationship. Work carried out as a result of the need assessment includes consultancy regarding public, private and civil society organizations' cash and kind assistance, referral to institutions, follow-up and observation work. After the interview, necessary information is passed on to the medical/treatment team. Actions to be taken both on long and short term in social service field is decided with the applicants. Another option is referral by a member of the treatment team to a social service specialist, of an applicant, who applied due to acute reasons and whose physical or mental treatment has started. Priority is given to the orphans, abandoned, in need of help, disabled, without health insurance, poor, victim of domestic violence, neglected/ abused children, refugee or asylum seeker, elderly, unaccompanied or in need of shelter and came from a different city.

Not only torture/ill-treatment damages physical/mental integrity of a person, it also damages the ties between the systems he/she is in touch with and other people in the same system. First circle is comprised of family members. With the impact of traumatic events, not only things regarded as easy before become harder and physical/ mental health problems arise; but also the following social impacts might occur:

- Difficulties coping with loss of trust, sadness, anger, fear, anxiety, shame, guilt, feeling of being subjected to injustice/inequality and worsening of relationship qualities
- Worsening of the relationship with partner/children or parents
- Worsening of friendship
- Intense feeling of anxiety and guilt towards the loved ones
- Children being at home especially during home raids
- Inability to sense/understand the effects on children
- Becoming dysfunctional to work due to health issues
- Getting fired
- Failure to gain ground in career due to criminal record; loss of income; inability to provide care to those who are under his/her responsibility
- Interruption of education
- Stigmatization of both himself/herself and those who are related to him in the first circle
- Experience of multiple traumas (torture/prison/migration)



Collapse of functionality in social/ professional/domestic and other areas of importance to self, loss of roles.

As it can be seen from the Circle of Sensitivity above, the effects of a traumatic event cannot possibly be confined to the person who have experienced the situation. The scope is quite broad. Thus, those who apply to HRFT Treatment and Rehabilitation Centres, indicating that they have been tortured or ill-treated, are evaluated within this integrated sphere.

The achievement of a complete state of well-being by an applicant, who have been subjected to torture and ill-treatment or their relatives; HRFT's social service specialists pay visits to the applicant's houses when they deem it is necessary, as reaching out to other people who have been affected by the issue will make a considerable contribution to the treatment process. The traumatization of people who have been subjected to torture and other forms ill-treatment often affects close family members and as seen in many applications, traumatic effects can be observed due to the torture and ill-treatment in the family or in the close sphere. Within the context of these visits, with psycho-educational approaches, family members are informed about the traumatic effects that may occur as a result of torture; if the applicant's treatment is incomplete, the reasons are searched and solutions are sought, other family members who are identified as in need psycho-social support are incorporated to the study or directed to appropriate services.

### **Reporting Studies**

Some of the alternative torture reports prepared by the Human Rights Foundation of Turkey includes social evaluation section, since 2014. In this section; applicants' experiences of torture, prison, detention, migration and their effects on social life are evaluated through the information from psychiatric/ psychological monitoring and social studies under the light of the Istanbul Protocol. The report put forward the detailed history of internal/external migration alongside with the torture, prison and detention conditions; general information how education/job status, economic condition, family/friendship relationship, daily activities and plans for the future have changed before and after the traumatic events. It also includes a general view on much-needed support mechanisms to provide repair and justice, alongside the information on support mechanisms that the person has received after the traumatic events.

Inclusion of social evaluation alongside with torture/ill-treatment in the reports are based on relevant articles of law. First of these, is the Right to Redress defined in Article 14 of UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment:

*Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death*

*of the victim as a result of an act of torture, his dependants shall be entitled to compensation.*

The second one regards the “Person with Special Need” defined on Article 67 of the Law on Foreigners and International Protection, entered into force in 2014, and covers the limited number of refugees and asylum seekers HRFT accepts every year. The law defines the “Person with special need” as “out of those applicants and international protection beneficiaries, an unaccompanied minor; a disabled person; an elderly person; a pregnant woman; a single mother or a single father with an accompanying child; or a person who has been subjected to torture, rape Part One Purpose, Scope, Definitions And Non-Refoulement 19 or other serious psychological, physical or sexual violence”. Article 67 states, “adequate treatment shall be provided to victims of torture, sexual assault or, other serious psychological, physical or sexual violence, in order to eliminate the damage caused by such actions”, and that “persons with special needs shall be given priority with respect to the rights and actions referred.”

Especially asylum seekers guided by United Nations Office of High Commissioner for Refugees and other non-governmental organizations are directed to our institution for documentation and treatment, if they have asserted a claim that they have been subjected to torture. Alongside being subjected to torture if a person is identified with other disadvantages, the information is included in the social evaluation section.

Opinions are declared by providing a general framework on the inability to access to sheltering, nourishment, hygiene, security, the language barrier to societal/ environmental and rights related issues, and problems benefiting health services; inability to take advantage of education/employment opportunities, with their reasons.

### **Social Support Project**

Unfortunately, HRFT can set a limited budget in the treatment project, to providing support to strengthen treatment and rehabilitation works by social support programs and to help prevent the possible future effects of trauma that applicants have experienced/witnessed. With regards to the needs of applicants, social support programs considered to contribute to the overall treatment process are developed. The general framework is as follows; (it does not include specific criteria such as age group, income level, diagnosis after trauma, how long has it been since the trauma):

- Inability to benefit from education/ employment opportunities due to torture, health problems caused by torture and long period of prison
- Inability to benefit from education/employment opportunities due to the process as a relative of the torture victim
- To be considered as preventive of future victimizations
- Considering that the aid will be a step towards gaining independence in future rather than dependency

- Taking into account the applicant's subjective circumstances, such as the contribution to the treatment process, it can be considered as a rehabilitation process carried out by social workers and decided together with the treatment team

Since its early years; HTFT has given importance to the work in the field of social support. With strengthening the work carried out in Diyarbakır and İstanbul Centres in recent years, a total of 16 adults and 35 children applicants were assessed under social support project in 2013-2014-2015 and 2016; financial aid was provided to the expenses such as sports, learning support (English, art, music, swimming, photography), private teaching institution and stationery expenses for university preparation. Contacts with the institutions connected to people are remained; the effects of the provided support were investigated, monitoring-tracking work were carried out, home/ workplace/ school visits were made when necessary and the overall process had been reported.

In 2016, part of the current budget was used for a special project. Within the scope of this project; 19 children aged 9 to 15 benefited from a week-long camp held in Dreams Academy located in Cukurbağ Village in Kaş District of Antalya Province. Dreams Academy made all fields of sports including swimming, diving, water sports, artificial climbing, beach volleyball, basketball, horse-riding, mountain biking and outdoor activities suitable to the people with special needs. 1-week camping services were provided to children/ adolescents who were unable to leave the surrounding area due to the imposed curfews in Sur province of Diyarbakır, between 2 December 2015 – 17 March 2016, and in Bağlar province of Kaynartepe Neighbourhood, between 15-21 March 2016, or children/ adolescents who lived in the surrounding neighbourhoods. Travel expenses were covered within the scope of the project.





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