



HRFT  
Human Rights Foundation of Turkey

**TREATMENT and REHABILITATION  
CENTRES REPORT  
2019**

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Prepared by  
Ümit Biçer, Aytül Uçar

Thanks to HRFT Treatment and Rehabilitation Centres Staff

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Sertaç Kayar

HUMAN RIGHTS FOUNDATION OF TURKEY  
Mithatpaşa Cad. 49/11 Kızılay 06420 Ankara, Turkey  
Phone: +90 (312) 310 66 36 • Fax: +90 (312) 310 64 63  
E-mail: [tihv@tihv.org.tr](mailto:tihv@tihv.org.tr)  
<http://www.tihv.org.tr>

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## PREFACE

### Şebnem Korur Fincancı<sup>1</sup>

Human Rights Foundation of Turkey (HRFT) has been struggling against violations for 30 years. We formulate our policy as follows: we have been to places where fire has struck. That's easier said than done. Our esteemed founding president and my dear brother Yavuz Önen says fire destroys where it strikes and we still have been to be in places where fire has struck for 30 years. Fire is more destructive and those who start fire are act flagrantly. While political powers were either denying torture or involuntarily accepted by claiming that it was an "isolated case" in the early phase of the HRFT, we have been dealing with the political power, which is proud of torture cases, for several years. In recent years, we have been living in a country where not torturers yet torture survivors are accused of a crime; torture is justified by associating torture survivors with this or that; complaining about efforts to make torture cases more visible on the ground that such effort demoralise police forces; threatening people, whom they arrest, with playing the prayer loud sound that amounts to torturing the whole country; and a ministry of no affairs [translator's note: the author plays with word. She refers to the minister of interior affairs. The words "internal" and "no" are quite similar in Turkish. She just adds "h" to "internal" to change the word into "no".]

While perpetrators, whose crimes cannot be cleared by any "bleach", act together and try to transform Turkey into a huge prison yet the Human Rights Association (İHD) and the Human rights Foundation of Turkey (HRFT) continue to stand against human right violations and torture, to be the voice of torture survivors. These organisations' activities are carried out by numerous voluntary health workers and colleagues from other professions who document violations and impunity. We continuously underline that the number of applications to the HRFT is not enough to understand the prevalence of torture in Turkey. For various reasons torture survivors do not apply to the İHD or the HRFT. As a result, the documentation units of both organisations try to reach maximum cases so to present the accurate picture of the country.

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<sup>1</sup> Prof. Dr., HRFT President

I think there is another important information, which is investigations against citizens on the ground that they resist arrest, on torture cases. According to the İHD and the HRFT reports, there are 163.032 cases in this category. Unfortunately, there are only 2196 investigations launched in accordance with two provisions that regulate “torture” and “suffering” in the same period. I believe that systematic and insisting practice of launching investigations and interrogations on the ground of the offence of suffering, which is regulated in the legislation as completely an individual crime and clearly defined not as an offence related to public service, aims to achieve acquittal and to prevent dismissal from the public service.

With regard to the numbers of court cases based on these investigations, 48.064 out of 163.032 (launched in 2018) were turned into court cases on the ground of “resisting public servants” that constitute “offences against the credibility and performance of public servants” that is regulated by Article 265 of the Turkish Penal Code. There were 26.016 court cases in the previous year that is to say it increased two times in a year. It is known that security officers apply to this provision and use such arguments to prevent citizens from applying to courts for torture claims. Therefore, it is not inappropriate to consider that the number of investigations can be used as an indicator of torture cases in the country. The proportionality of these resisting citizens means may demonstrate that 1 out of 500 citizens suffered from torture in this land last year. Given the fact that security officers “proudly” post torture vides on social media, it can be concluded that the HRFT reaches only a very limited numbers-a drop in the ocean-of torture survivors.

Undoubtedly, a drop in the ocean is not unimportant. Considering the fact that the HRFT does not only treat bodies and rehabilitate psychology but also enhances the feeling of justice, eliminates the feeling uncertainty resulting from torture, the HRFT’s efforts in 2019 will be remembered as a year of meaningful change in torture survivors and the lives of people for receiving 908 applications that is the highest number-after the hunger strikes in 2000-in the last 20 years.

I would like to express my sincere gratitude to all colleagues and friends who make contributions to this change.

25 June 2020, İstanbul

## INTRODUCTION

### **Metin Bakkalcı<sup>1</sup>**

Treatment and Rehabilitation Centres Reports for 2019 was completed in COVID-19 pandemic period. Considering the recent period, COVID-19 pandemic introduced numerous novelties to our life in many aspects. It is necessary to attribute special importance to health workers, who diligently make efforts to fulfil their professional responsibilities, and all other workers/labourers for their invaluable struggle to maintain/remanufacture life in the face of certain limitations resulting from the outbreak.

As regards to some aspects of the pandemic, which is directly related to human rights, the following points might be useful to consider:

- Although there is a biological agent, majority of the population acknowledges that the pandemic at this scale is a result of systems and administrations which do not pay attention to human beings, all other creatures and nature. On the contrary, these systems and administrations immensely destroy social relations relationship between human and nature.
- The prerequisite for fighting against an outbreak, which reaches the level of a pandemic, is to adopt human rights principles as its main approach to the problem, to ensure an epidemiological process that is, inclusive, science-based, and respect ethics. Unfortunately, so far, it has not been the case.
- While the pandemic affects all segments of the society, it heavily impacts on poor segments everywhere. It is a result of inequalities that are getting worse and worse every day.
- The pandemic, which is not (and cannot) inclusive and has some temporary uncertainties-to some extent these uncertainties are understandable-, has the potential of spreading fear through most of the people; moreover, the principle of physical distance, which is an important aspect of fighting against the pandemic, was easily replaced with the concept of “social distance.” This change creates a sense that to survive human beings should be deprived of socialisation even though we-as human beings-are essentially social creatures. It has turned into the reality of our life.

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<sup>1</sup> Dr., HRFT General Secretary

- The fight against pandemic is problematic in terms of several aspects; the involvement of the public in the process and solidarity are blocked by relevant authorities; it is a fact that information is limited yet even this limited information is not shared by any segment of the public; channels to access to information are blocked; any attempt to access information is at risk of pressure. The public is channelised to accept the political power representatives' statements as true-since there is no alternative-; the fear spreads through the public (in fact, the fear is spread by these figures) so that the extraordinary situation is presented as if it is "normal"; there are debates on digital monitoring systems at all levels. All these issues cause to making any types of authoritarian administrations more popular and to deepen fears.
- The political power makes the fight against the outbreak a security problem based on militarist mentality rather than an issue of prevention and protection; abuses this process to centralise its power and to increase pressure and control over the society so that it violates numerous fundamental rights and freedoms particularly right to information, right to life, individual security, the prohibition of torture, prohibition of discrimination, right to access to health, right to work, freedom of thought and expression, and freedom of assembly.
- In addition to these human rights violations, there is a tragic indicator of the inhuman atmosphere in the country: although it is obvious that local administrations have an extremely important function in public involvement and public health especially in such outbreak periods the appointment of trustees to municipalities (8 trustees were appointed to the HDP municipalities on 23 March 2020; some other elected HDP mayors were "removed" from their offices and replaced with public officers who are called "trustees"); 3 MPs (2 HDP members and 1 CHP member) were stripped of parliamentary powers and lost their status and they were put into prisons; 3 other people died while they were on hunger strike since the political power acted irresponsibly otherwise their lives could have been saved by a human-centred approach to meet their human rights-related demands.
- On the other hand, this tragedy provides several opportunities for radical changes in Turkey and the world. It is mainly because the COVID-19 pandemic makes the following issues more visible: larger segments of societies have realised that values have been eroded by the dominant system; the general mentality, which pays attention to the price rather than the value per se, harms social relations and nature; therefore, the tragedy makes the fact clearer for everyone that there is need for a collective life based on human rights values- because we are citizens who have all these rights- and a scientific approach.

As our previous reports state, all these pandemic related problems and violations deprive individuals of their rights and harms their status as the holder of these rights and these problems occur under a kind of uncertainty regime where we suffer from legal and political unpredictabilities as well as state of emergency practices that

have been already permanent. All these problems increase the importance of the issue for the present and future.

The country has been ruled by the State of Emergency regime since July 2016-there was a direct and official regime at that time; although it is announced that the state of emergency was officially lifted on 19 July 2018, we are still under the same regime for having numerous permanent regulations in force. The fact/situation of a permanent state of emergency led the political power to put the principle of constitutionalism aside so that both the legal system and its institutions turned into an "apparatus" of the repressive regime and the arbitrariness, the uncertainty became dominant in the public sphere. As the 16th Human Rights Movement of Turkey Conference final declaration foregrounds *"The new regime' power to create uncertainty, which it uses as an administration technique, causes to the legal, political, economic, social and cultural collapse in all levels namely from daily lives to the high political life. It is because the uncertainty regime is not only a form of legal unpredictability but also a climate of fear that individuals determinations are under a continuous threat. Such a climate, on the one hand, causes to build relations based on "distrust" harms collective ties among members of the society and transformed the relationship between citizens and those who hold power-or rulers-into and a type that we can call expectational obedience and into certain types of actions that citizens decide by considering potential orders from these rulers. Furthermore, following the erosion of institutions the impunity-which means limiting the space for struggling against human rights violations-has become dominant, been regenerated and been established almost as a rule."*

Adopting the armed conflict and war as the only method of solution to both the Kurdish issue and international problems causes to spread military and violence inclinations into the society. When there is an atmosphere that systematic violence is not controlled, brought to justice and punished, ignored by political power representatives, on the contrary, it is encouraged by these figures, there is no way to talk about any form of society. The State means an actor that ensures and maintains ties among citizens who have the will of living together. The State turns into a violent structure rather than a genuine State if it harms and unknits these ties. This is a terrifically dangerous and worrying situation.

Under such circumstances, human rights violations are continuously increasing in the country. Some of these violations can be listed as follows: right to life, torture and ill-treatment practices, freedom of thought and expression, freedom of association, attempts to abolish freedoms, pressure on human rights defenders and organisations, security officers use of excessive force, which amounts to "torture", in demonstrations. Moreover, there is an attempt to create a perception that the exercise of these rights is an exception while violations of them is a rule.

We still observe an increase in torture and ill-treatment practices, the right to health and access to social rights are restricted in prisons. Similarly, problems that seriously ill-prisoners, children and other disadvantaged groups and disabled individuals continue and become more serious every day.

Human rights defenders, political party leaders, MPs, mayors, scientists, lawyers and journalists are still in prisons. Furthermore, to increase its control and pressure over the society, to spread fear and fright, the political power attempts to make its violent regime more powerful by arresting and detaining lawyers, journalists and social media users.

The local elections, which were held on 31 March 2019, present the current picture of our time and give significant hints about the future. The importance of cautious hope, which many people felt on 31 March and on 23 June when the elections were renewed in Istanbul, is considerably obvious to us. Having said that there are some worrying developments about the election results. As an indication of erosion in institutions and arbitrariness that forces the limits of dreams, some co-mayors, provincial and municipal council members were not allowed to get their power on the ground that they were dismissed from the public services by an emergency decree-law (KHK); even some co-mayors and municipal council members were detained and sent to prisons. The founding principles of democracy were violated by replacing these mayors with trustees that means the will of citizens was blatantly ignored by the political power.

Some of these violations were documented by international reports on human rights. For example;

- The Reporters Without Borders Turkey's 2020 World Press Freedom Index states Turkey has ranked 154 out of 180 countries. According to the report, the situation is getting worse and Turkey decreased to this level. Turkey fell 56 places in the index in the last 14 years.
- The World Justice Project Rule of Law Index, which has been published since 2008, states Turkey has ranked 107 out of 128. The Index was launched on 11 March 2020.
- The Institute for Economics and Peace based in Australia launched its 2019 Global Peace Index in June 2019. Turkey has ranged 152 out of 163 countries (It ranked 138 in 2015).

As our previous reports state, we would like to reiterate that *"the destructive practices have not been prevented yet despite relentless efforts; however, it does not mean that it will never be prevented."* It is quite natural that a solution to this decay and deterioration requires collective efforts from everyone and depend on the pace towards human rights-based life-style. As a response to various "evil efforts", such invaluable efforts are the key guidelines for a better world.

The HRFT annual report on treatment and rehabilitation provides information about its documentation of physical and mental treatment and rehabilitation services, which are carried out by all offices, to those who are subjected to torture, other cruel, inhuman treatment, and other types punishments throughout the year.

The HRFT-for which the efforts by the Turkish Medical Association (TTB) and Human Rights Association (İHD) are important and which has been established by 32

human rights defenders, intellectual and İHD's legal entity in 1990-is a credible and internationally known organization. It has been making contributions to the access to treatment and rehabilitation services for those who have been tortured for 30 years. Also, the HRFT's purposes include, as Article 3 of the Statute states, periodicals and non-periodic publications, documentation, scientific research and pieces of training to prevent grave human rights/serious violations defined by the international human rights instruments as well as national legislation.

The HRFT currently has four treatment and rehabilitation centres in Ankara, Diyarbakir, Istanbul and Izmir, and two "reference office" in Cizre and Van that began activities respectively on 17 October 2015 and on 13 January 2018.

HRFT's services to solve the physical, psychological and social problems of torture survivors are carried out by hundreds of professional and volunteer teams from different disciplines, particularly from health officers. The teams have a multidisciplinary approach to these services.

The HRFT has served to 18.370 people, who were subjected to torture and other ill-treatment practices, and their relatives from its establishment to the end of 2019. While we predicted to receive about 480 applications in 2019, it was doubled. Accordingly, there are 908 people, torture survivors and their relatives, who applied to the HRFT treatment and rehabilitation centres in 2019. It is has been classified that 838 out of 908 applications are people who suffered from torture. There are 51 applications from relatives of torture survivors. 19 of these cases were from people who were subjected to torture and ill-treatment practices outside Turkey. The 566 out of 838 applications (67.5 %) were subjected to torture and ill-treatment practices in 2019. Reasons for the increase in the number of torture cases, which is two times more than our prediction, are examined by our colleagues in many aspects. One of the reasons is that the Van reference office, which is a new office, predicted to receive only 50 applications in 2019 yet there were 202 new applications. Hence, it has become important for the HRFT that there is need for transforming the Van reference office into a full-fledged rehabilitation centre.

Furthermore, 145 people applied to our treatment and rehabilitation centres from cities where the HRFT has no office in 2019. These applications were accepted as part of the HRFT policy, which began in 1993, about accepting applications from provinces other than treatment and rehabilitation centres exit. Similarly, 21 applicants benefitted from the rehabilitation program within the scope of the Mobile Health Teams program that we launched in 2008 to respond to the grave/serious torture and other human rights violations occurred in cities that the HRFT offices do not exist.

In 2019, a total of 21 new applications, 19 of them were children, were submitted to the special social support program and 5 new applicants were accepted to the legal support program.

In line with the need for a multidisciplinary and holistic approach to combat torture and human rights violations, we have prepared numerous alternative medical reports



on torture allegations by torture survivors from Turkey as well as other countries. These reports, which were considered credible by international judicial bodies e.g. the European Court of Human Rights (ECtHR), In this respect, the HRFT has become a school for documentation, reporting and rehabilitation of torture cases. In this context; 87 alternative medical report/epicrisis documents were issued by the treatment and rehabilitation centres in 2019.

The HRFT has played a leading role in drafting "Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol)" that is recommended by the United Nations (UN) to be used worldwide and is accepted as the standard in forensic examination by Turkey. Due to developments in health and legal fields and new torture methods across the world, the study about the Istanbul Protocol Supplement (Supplement IP to IPS) was initiated by experts. The Istanbul Protocol 2020 Edition was completed in 2019 and submitted to the United Nations Human Rights Office of the High Commissioner. While it was planned to publish the Istanbul Protocol 2020 Edition, which was coordinated by the Physicians for Human Rights (PHR), International Rehabilitation Council for Victim (IRCT), REDRESS, and the HRFT and including UN bodies, in 2020, it is likely that due to the COVID-19 outbreak it might be postponed.

The HRFT has organized many pieces of training particularly about İstanbul Protocol pieces of training and carried out and continues to carry out many scientific studies in Turkey and many parts of the world. Thousands of health care professionals and lawyers attended these pieces of training İstanbul Protocol pieces of training which aim to improve the effectiveness of determining torture and treatment processes.

The HRFT either was invited or involved in the organisation of several scientific congresses and meetings since the scientific and objective aspects of its pioneering works on the documentation and treatment of torture are highly regarded and accepted in the international arena.

Most of the people, who are subjected to torture and ill-treatment practices, are affected by other components of trauma. Recognizing the fact that there is need for more than medicine to accomplish the comprehensive treatment as much as possible, the HRFT has been carrying out activities to develop a comprehensive and multidisciplinary program to address issues including the complex and ongoing social trauma since 2004. In this context, national and international training, panels, symposiums and other events and the program to cope with social trauma have been carried out within the framework of three main topics (truth, justice and repair) since 2000.

The HRFT prepares daily and annual human rights reports and special human rights violations focusing on incidents in two languages (Turkish and English). These reports are prepared to monitor human rights violations in Turkey regularly, in an accurate and fast manner. In this context, an objective and reliable system for documentation of grave/serious human rights violations has been developed and formed an important knowledge.



Considering that democracy and human rights values face a substantial danger in our time and there is need for more efficient prevention and repair of torture and other forms of grave/serious human rights violations, we prepared the HRFT Strategic Plan for 2019-2024 in a collective manner. We benefited from our experience in the preparation and drafting process of the previous strategic plan. We paid special attention to feedback and comments from applicants on our activities as well as analysis of current developments in the country.

The main mission of the HRFT is to fight against torture in all areas of life to contribute to the process of coping with the trauma of torture survivors and physical-spiritual-social well-being of these people. In other words, creating a "social apology" space for people and communities that are subjected to severe human rights violations.

Undoubtedly, we would like to underline that all these activities are a result of collective efforts made by the founding members, executive board members and employees as well as hundreds of sensitive people and experts particularly health officers, lawyers and human rights defenders who come together for a common objective.

The HRFT would like to express its heartfelt thanks to all our friends, in particular the Human Rights Association and the Turkish Medical Association, and organisations that contributed to our activities and did not leave us alone in our activities.

1 June 2020, Ankara



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**HRFT Treatment and Rehabilitation  
Centres Report**

***Evaluation Results for 2019***

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### **Evaluation of 2019 as regards to Torture and ill-Treatment**

In recent years, the country, unfortunately, has been almost transformed into a torture place. We witness that there is an increasing in torture practices, which have become common, in official detention centres and unofficial detention places, as well as in streets and prisons.

As complaints of people, who apply to the HRFT rehabilitation centres, as well as their medical findings and diagnoses indicate that there is an attempt to make security forces' "excessive and disproportionate interventions" in marches and demonstrations that amount to "torture" "a common and daily practice." In fact, the attempt in question has become a characteristic of the recent period.

Another characteristic of the recent period is that there are various torture and ill-treatment practices in prisons.

There is also another defining characteristic of this period; there is no respect for laws and judiciary and justice do not act as they should as a result there is an attempt to give a message that perpetrators have absolute power to do whatever they wish; hence following the declaration of the State of Emergency in 2016, we observed that enforced disappearance cases or attempts, which can be defined as the "black hole" of our "civilisation" and were common in the 1990's, recurred in recent years.

Despite the pandemic, which is still a problem for the whole world, torture and ill-treatment are still open practised by perpetrators; this is a clear indicator of the level of the political power's mentality.

On the other hand, there are several long term and destructive legislative changes, including regulations to ban on torture and other forms of ill-treatment-in these recent years.

Similar assessments were made by the United Nations High Commissioner for Human Rights's report on Turkey, which was drafted to be submitted to the 3<sup>rd</sup> UPR cycle from 28 to 30 January 2020, and the European Commission's "the 2019 Report on Turkey" that was published on 29 May 2020. It should be noted that the United Nations Special Rapporteur on torture when the report on Turkey visit-from November 27 to December 2, 2016-was launched on 18 December 2017. The report in question has assessment and determinations as well as 31 recommendations. The UN Special Rapporteur on Torture monitored the situation in Turkey even after this report and continued to express deep concerns about the same issue on 27 February 2018. Moreover, the UN High Commissioner for Human Rights report of which title "Report on the impact of the state of emergency on human rights in Turkey, including an update on the South-East " issued in March 2018 raised concerns in this respect.

Besides, granting no permission to European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) to publish its reports on observations and determinations resulting from its “special/ad hoc” visit to Turkey from 29 August to 6 September 2016 and its periodic visit to Turkey from 4-13 April 2018 and 6-17 May 2019 is another indicator of the problem of torture. Moreover, 12 Council of Europe member states have ratified that CPT reports based on its visits shall be automatically published by the Committee (without obtaining any permission from these member states) as part of a sound indication that the member states are serious and determined to prevent torture. Given the fact that the Government of Turkey has not discussed the issue of automatic publication of such reports yet; it has not granted permission the CPT to publish its reports form 2016, it can be concluded that the political power is insincere and has a negative attitude to prevent torture.

## **1. Torture and Other Forms of ill-Treatment Practices**

### **1.1. Torture and other forms of ill-treatment practices in official detention places**

When 51 applicants who are the relatives of torture survivors and 19 other people “who were subjected to torture outside Turkey”-are deducted from 908 cases, there are 838 cases in 2019. It should be noted that 379 out of 838 people (45,2%) applied to the HRFT on the ground that they were tortured police departments while 120 of them (14,3%) stated that they were tortured in police stations; both police departments and police stations fall into the official detention places category. Furthermore, it should underlined that 214 people (25,5%) were also tortured in the vehicles of the security forces. As it has always been expressed, it is not appropriate to establish a linear relationship between the number and characteristics of the HRFT treatment centres and those subjected to torture throughout the country, yet; these data are important indicators of the prevalence and severity of torture practices in official detention facilities.

According to the Human Rights Association (İHD) Documentation Unit data, 726 people were tortured in official detention places in 2019.

Many torture cases or allegations in Urfa, several times in Ankara, Antalya and İstanbul provinces were either stated by torture survivors or their relatives and lawyers in courts; similarly our organisations documented such cases in our reports. As a result, it can be concluded that torture and ill-treatment practices are considerably common and affect everyone in the society.

## 1.2. Torture and other forms of ill-treatment practices in unofficial detention places

There is a trend that exercising freedom of assembly is an exception while banning people from exercising their right is a rule. In addition to this trend, it has become almost normal that whenever people exercise freedom of assembly security officers “use of excessive and disproportionate force”, which amount to torture and other forms of ill-treatment practices, in these gatherings<sup>1</sup>. Moreover, it reached a worrying level for present and future that “use of excessive and disproportionate force” against civilians becomes highly common in daily life and before the society’s eyes.

Considering the fact that HRFT received 309 applications (36.9%) on the ground of torture and ill-treatment during demonstrations and marches; and 170 applications (20.3%) for torture and ill-treatment in houses and workplaces, it can be inferred that torture and ill-treatment practices in unofficial places reached a vehement level.

It is determined that there was an increase in arrest cases resulting from house raids.

According to the İHD Documentation Unit data, there are 1447 people alleged that they were subjected to torture and ill-treatment practices while they were under police arrest and in unofficial detention places in 2019.

Streets/public space as well as citizens’ living areas and vehicles turn into places, where torture is exerted, and torture becomes more common, and people are subjected to torture and ill-treatment under police arrest. There is an attempt to justify any type of violence, which security officers use. Authorities launch no investigation against perpetrators and those who are responsible for such actions; or even if there is an investigation, there are attempts to prevent torture survivors from achieving any legal result. Impunity, which violates international conventions and domestic law, plays an important role in increasing torture practices and blatant torture cases at society level. It should be noted that impunity has become more common since curfews were imposed in 2005.

Exerting torture in streets and in more than one place, and impunity policy, which is dominant at all levels, provide considerably significant data to understand the new aspects of torture.

While it is known that the prolonged detention period, the violation of procedural safeties create a more suitable climate for torture, the detention period *per se* is not

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1 The UN Special Rapporteur on Torture issued the report on 20 July 2017. The title of the report is “The ban on torture and other cruel, inhuman or degrading treatment or punishment in places other than detention facilities” and paragraph 47 of the report has an important assessment on the issue since the paragraph states “although there are not additional conditions which are required for the definition of “torture” as observed in official declarations, the deliberate use of excessive force, always aggravated, inhuman and degrading treatment or punishment (torture) against “helpless” people who exercise freedom of assembly and have no chance to escape from such practices.

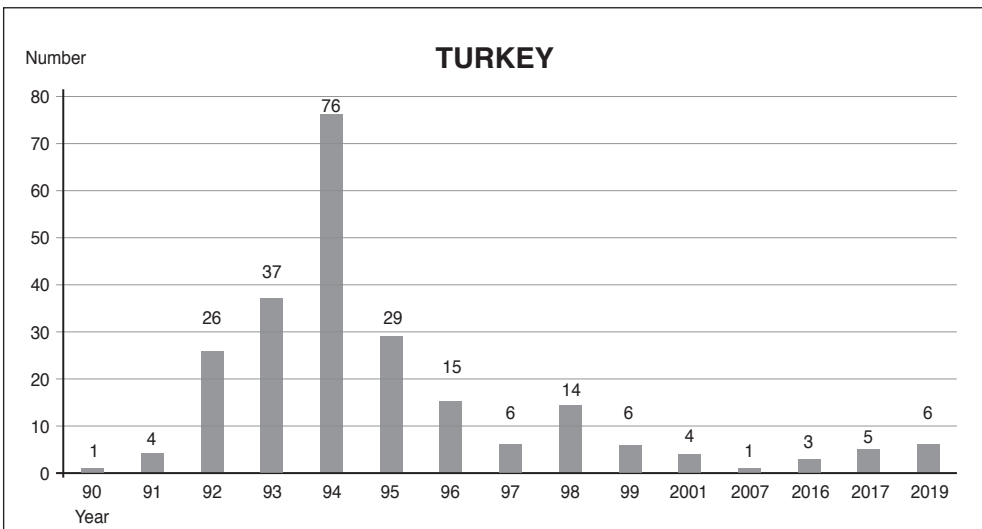
enough to assess torture in terms of its new aspects, forms and practices. Given the fact that torture is transferred from closed areas to social life space, aims to make confessed as well as to punish and frighten people, to target public actions, peaceful demonstrations, any demand for freedom of thought and expression, to violate procedural guarantees, for arbitrariness and impunity, the shortening detention period is not analyse all these issues in a meaningful way.

**1.3. Abductions/enforced disappearance attempts**

It is really worrying that enforced disappearance cases or attempts, which can be defined as the “black hole” of our “civilisation” and were common in the 1990’s, recurred in recent years particularly following the declaration of the State of Emergency in 2016.

This worrisome issue was documented also in the UN Working on Enforced or Involuntary Disappearances Report, which was published on 31 July 2019. The report began monitoring this issue, which recurred in 2016, in the 2000s. The report does not ignore 4 cases in 2001 and 1 case in 2007. following graphic shows the trend in enforced disappearance cases.

In 2019, 7 enforced/involuntary disappearance cases, 6 cases in February and 1 case in August, were documented by human rights organisations. İHD applied to the UN Working Group on Enforced or Involuntary Disappearances for 5 people who disappeared since February 2019. Following the İHD’s application to the UN Working Group, it was found out that these people (4 cases on 28 February and 1 case in November) were under police detention. These 6 people are still in



Graphic shows the enforced disappearance cases over the years



prison. When one of these people appeared before the court, he stated that he was subjected to threats, torture and harassment while his whereabouts was unknown. There is still no information about the other person since August in other words 10 months passed.

On the other hand, Ms Ayten Öztürk, who appeared before the 3<sup>rd</sup> Assize Court on 13 June 2019, stated that she had been arrested in Lebanon on 8 March 2018 and deported to Turkey yet was tortured for 6 months with no official detention decision (enforced disappearance). Her case was launched before the 16<sup>th</sup> Assize Court in Ankara and then it was transferred to the 3<sup>rd</sup> Assize Court in İstanbul. It is clear that Ms Ayten Öztürk's statements, which deserve a special attention, indicate that there must be an immediate, independent, impartial and effective investigations into enforced and involuntary disappearances.

In addition to the above-mentioned cases, it is learned from applications to the İHD and media reports that university students, journalists and activists were forced make statements while they were not officially under detention; these people were forced to be informers and some of them-who do not accept such 'offers'-were either detained on the ground of "membership of an organisation" or abducted and were subjected to torture and ill-treatment in various cities particularly in İstanbul, Ankara, Diyarbakır and İzmir. In total, 71 people applied to the İHD with allegations that they were forced to an informer in 2019. There are media reports on 66 people in this category. Both İHD applications and media reports make 137 people who were subjected to such torture and ill-treatment practices.

As regards to the relatives of "disappeared" people, these cases violate the ban on "torture, and other cruel, inhuman or degrading treatment or punishment." In this respect, Saturday Mothers' initiative "Struggle against Enforced Disappearances" becomes more meaningful. This is a priority issue for our organisations, too.

#### **1.4. Detention Conditions and torture and ill-treatment, including cases of death, in prisons**

The number of detainees and convicts has risen from 55,870 in 2005 (figures reported by the Ministry of Justice); to 264,842 on 31 December 2018 (figures reported by the Turkish Statistical Institute) and to 294,000 in 355 penal institutions in December 2019 (figures reported by the Ministry of Justice during the budget talks at the Grand National Assembly of Turkey). It was stated that there were about 11,000 women detainees and convicts yet no detailed information about the exact numbers of detainees or convicts was shared by the Ministry. It should be noted that there are 3100 children, both detainees and convicts, in prisons while 780 children are staying in prison with their mothers. The figures related to detainees who are on remand pending appeal have not been shared by authorities for a long period.

It is the first time that the population, detainees and convicts, in prisons has increased 6 times in 14 years. In a sense, the increase in question is the summary of the recent developments in our country.

Moreover, these figures were published by the Turkish Statistical Institute (TÜİK) in 2018. Given the fact that while some people are released from prisons, some other citizens are sent to these facilities makes the vehemence of the situation more visible. For example, 266,889 people were sent to prison and 215,170 people were released from these facilities in 2018.

It is known that there are 455,987 people were placed on probation by 31 December 2019. This fact demonstrates that general atmosphere *viz* the whole society is under absolute control and the freedom of majority of people is restricted or people are deprived of their liberties.

According to the Ministry of Justice's data, as of 1 June 2020 there are 367 prisons and detentions facilities and their capacity is for 236,755 people.

The COVID-19 outbreak (pandemic) occurred in early 2020 when overcrowded prison population became a problem at the country level. The 'Law on Amendments to the Law on Punishment and Security Measures No 7242', which was proposed by the National Movement Party on 24 September 2018, was adopted by the Parliament very quickly. Although it is stated that 90,000 people were released by this law yet no official statistics published by authorities. Therefore, there is no information about the exact numbers of people in prisons now. The Ministry of Justice has not shared any data for a long period.

Furthermore, there has been-unfortunately-a dramatic increase in torture and other ill-treatment practices in prisons for detainees and convicts particularly since the armed conflict resumed in July 2015 and the following declaration of the State of Emergency as a response to the military coup attempt.

- i. Beating, all other kinds of arbitrary treatment practices and arbitrary disciplinary punishments, solitary confinement, relocations of prisoners for various reasons (naked body search, handcuffed medical examination, ordering prisoners to stand up during roll call) during and after the entrance to prison have reached an unprecedented level.
- ii. Another long term problematic area is related to restriction on access to medical services, the refusal of right to see medical unit in prisons, ill-treatment practices including handcuffed transfer of prisoners to hospitals and the Forensic Medicine, and inability to treat and cure prisoners' health problems in an efficient way and within required period. Involuntary transfer and relocation of prisoners, who have difficulties in receiving treatment as required, to other prisons have an adverse effects on right to health.
- iii. It should be noted that another serious issue related to prisons is ill-prisoners' situation. According to the İHD figures on 31 March 2020, there are 1564 ill-prisoners and 590 of them are seriously ill . In addition to access to medical services, these prisoners suffer from several other problems including the

Forensic Medicine's autonomy problem obstructs medical reports based on objective and qualified medical assessments. On the other hand, the amendment to the Law on Execution of Penalties and Security Measures led to an absolute arbitrariness of release of prisoners. In accordance with the amendment, which was introduced on 28 June 2014, "those who do not pose a serious and concrete threat to the society's security shall be released" creates certain problems and leads to arbitrariness resulting from the concept of "society's security."

- iv. According to the HRFT Documentation unit, there are at least 44 prisoners lost their lives in a suspicious manner in 2019. Despite such allegations of suspicious deaths, as far as we know that there is no effective investigations.
- v. Isolation for one-person or small-group/isolation practices, which have been implemented since 2000 and cause severe harm on physical and psychological integrity of detainees and convicts, gradually become a more serious and common problem. Furthermore, it is important to underline the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment's (CPT) following standard principle; *"one should aim at ensuring that prisoners in remand establishments are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature. In this regard, for sentenced prisoners the regime should be even more favourable."* Although Ministry of Justice's circular issued a circular on 22 January 2007 (45/1), which states 10 detainees and convicts shall come together and socialize for 10 hours a week, it is not being implemented.
- vi. In addition to prisons, other detention facilities, where people are held, pose risks to health under the outbreak conditions. Prisons are closed places with the least personal space and hygiene. Dense population and continuous circulation as well as other related features make prisons the most suitable places to spread such viruses.

Therefore, international human rights bodies and figures call on states/governments to take special measures for prisons under the pandemic. On 20 March 2020, the European Committee for the Prevention of Torture (CPT) issued the principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic. On 25 March 2020, the UN High Commissioner for Human Rights has called on governments to take urgent action in this respect. The common feature of these principles and the call aims to reduce the number of people in prison and not to restrict current freedoms on the ground of taking measures to stop the pandemic. Moreover, UN High Commissioner for Human Rights Michelle Bachelet stresses, which is significant guideline for all relevant authorities, that "Now, more than ever, governments should release every person detained without sufficient legal basis, including political prisoners and others detained simply for expressing critical or dissenting views." Furthermore, the Commissioner urged the governments to examine ways to release those particularly

vulnerable to COVID-19 among them older detainees and those who are sick etc. Michelle Bachelet also warned that “Measures taken amid a health crisis should not undermine the fundamental rights of detained people, including their rights to adequate food and water. Safeguards against ill-treatment of people in custody, including access to a lawyer, and doctor, should also be fully respected.”

Despite the CPT’s principles in question as well as the Commissioner’s call, the Ministry of Justice cancelled family visits and restricted lawyer visits as part of its measures within the scope of the pandemic. When information and complaints, which the society has a limited access, are examined in the light of the UN High Commissioner for Human Rights Michelle Bachelet’s calls, it is understood that violations of access to health, food and water, which prisoners have been facing, amount to ill-treatment.

Similarly, contrary to the above-mentioned principles and the call, those detained without sufficient legal basis including political prisoners and journalists, academics, human rights defenders, lawyers detained simply for expressing their critical or dissenting views did not benefit from the amendment to the Law on Execution of Sentences and Security Measures No. 7242. The number of people, who benefited from the amendment, has yet to be published by the authorities. Therefore, it is unfortunately unknown whether there is a substantial reduce in the prison population.

vii. As a result of increasing human rights violations, hunger strikes have become a special topic for our country since 8 November 2018.

- a. Ms Leyla Güven began a hunger strike to protest the isolation, which means torture and ill-treatment, on Mr Abdullah Öcalan and 3 other prisoners in the İmralı Prison on 8 November 2018. Then, more prisoners went on hunger strike as part of this protest. In total, there were 3065 prisoners, who were on indefinite and non-alternating hunger strike, in 90 prisons. After family and lawyer visits to the İmralı Prison began, these prisoners stopped the hunger strike on 26 May 2019.
- b. Ms Helin Bölek and Mr İbrahim Gökçek, the members of Grup Yorum [a music band], began a hunger strike on 17 May 2019. They began on the hunger strike while they were in prison. Their demand was about making music with no restriction. Although they were released from the prison later, both Bölek and Gökçek lost their lives respectively on 3 April 2020 and 7 May 2020. Bölek was on the 288<sup>th</sup> day and Gökçek was on the 323<sup>rd</sup> day. Mr Mustafa Koçak, who demanded protection of his fundamental rights including right to a fair trial, arbitrary and unlawful pressure and bans, began a hunger strike on 3 July 2019. He lost his life on the 297<sup>th</sup> day on 24 April 2020.
- c. The Progressive Lawyers Association (ÇHD) members began a hunger strike to demand protection of their fundamental rights including right to a

fair trial, arbitrary and unlawful pressure and bans on 3 February 2020. They are still on hunger strike.

- d. There were several other hunger strikes, of which period varies, to protest and/or demand various issues in different prisons. These hunger strikes demonstrate the severity of problems in prisons.

It should be reiterated that the public authorities are responsible for an atmosphere that people consider a hunger strike protest as the only option. Moreover, it was highly possible to find a solution-which is centred upon humans-to put an end to these hunger strikes. Yet, the political power was insensitive-which is the mildest term to describe the approach-to these protests and led to the death of these 3 people. Needless to say that they were very valuable for being a human only. These deaths affected every sensitive citizens.

- viii. Whenever there is a hunger strike the term “forced intervention or intervention attempts” becomes part of our agenda. The term *per se* implies there is no consent of the person in question and is a practice that is contrary to medical ethics. Accordingly, it is another violation of human rights. Such “forced intervention or intervention attempts” were prevented through initiatives taken by our organisations as well as sensitive health officers and lawyers.

It is obvious that there is a need for making more efforts to find a solution to lawyers’ demands for human rights before the hunger strike causes permanent health problems. We should not forget the sorrow and pain resulting from the previous hunger strikes.

## **2. Prohibition on Torture and Other Forms of ill-Treatment and Procedural Guarantees in the Legislation**

- i. The adverse arrangements, which we have been observing in torture in the legislation since 2005, have become more systematic and evident at all levels-as stated and documented by previous reports-particularly in the atmosphere of armed conflict that resumed in July 2015 and under the State of Emergency declared right after the military coup attempt. The results of these regulations, including police detention up to 12 days became more visible and permanent, were made in a manner so that they would make an impact even after the State of Emergency was lifted.
- ii. Procedural guarantees, which have a very important role in prevention of torture, were neglected by authorities for a long period. However, these guarantees were considerably undermined through amendments that were introduced by emergency decree laws during the State of Emergency. Under these legal regulations, it can be concluded that the following procedural guarantees were mostly abolished: informing a person as well as third parties about his/her detention, access to a lawyer, access to a doctor, medical examination under

proper conditions, issuing medical doctor in line with required procedures, prompt access to a judicial body to complete the legality of detention, keeping proper records of detention, and independent monitoring of detention measures; an atmosphere, which is completely arbitrary, was created [by authorities] in this period.

- iii. The Constitutional Court delivered its judgement no. 2018/73E and 2019/65K, which was published in the Official Gazette on 29 November 2019. The judgement cancelled some restrictions on lawyer visits to detainees while approved many more negative regulations adopted during the State of Emergency. Article 59(5) and (10) of the Law on Execution of Sentences No 5275 was cancelled by the judgement in question. The article states “Meetings between a lawyer and his/her client can be recorded (audio and visual) via a technical device, an officer may be present in a meeting between a lawyer and his/her client, seizure of documents or copy of documents, files and notes on legal issues.”
- iv. The Regulation of Prison Administration as well as Execution of Sentences and Security Measures was published in the Official Gazette on 29 March 2020. The regulation repeated the provisions, which were cancelled by the Constitutional Court, almost verbatim.

This short journey, which is the clear manifestation of unlawful approach and arbitrariness, demonstrates the level of deterioration in these values.

- v. The Judicial Reform Strategy, which was updated for the 3<sup>rd</sup> time, was shared with the public opinion on 30 May 2019. The Judicial Reform Strategy does not include some concrete elements of human rights unlike the first version that was published on 17 Nisan 2015 and updated later. Moreover, all relevant segments of the society and relevant groups acknowledge the deterioration in the period of 2015-2019. Yet, there are various references to the success of this Judicial Reform Strategy (which was updated for the 2<sup>nd</sup> time). These references give an idea about the content of the strategy.
- vi. Protecting fundamental rights and freedoms under the “Judicial Reform” title and introducing some regulations, which claim to aim to prevent violations, through “packages” as if they were consumer goods are unacceptable; it is not the right approach, which underlines the required seriousness in this respect, and treats the needs of Turkey with disrespect and neglects relevant problems. In fact, the legal regulations, which are known as the 1<sup>st</sup> Judicial Package and were published in the Official Gazette on 24 October 2019, are indicators of the content.
- vii. The Law on Amendments to Law on Execution of Sentences and Security Measures No 7242 and other Some Other Laws, which is known as “amnesty law” in the public, was heavily criticised for its content contrary to the Constitution and human rights principles; this law had been proposed by the Nationalist

Movement Party (MHP) on 24 September 2018 and later it was promptly adopted by the Parliament; the law was adopted by the Parliament on the ground of challenges from COVID-19.

As we already noted in our various statements that although there are some reports according to which 90.000 detainees and convicts benefited from the regulation of conditional release and probation periods, the exact figures have not been published by the authorities. In any case, it is known that tens of thousands of detainees and convicts were released from prisons. The new regulation disregarded the prohibition of discrimination by excluding people who were convicted of Anti-Terror Law (TMK) and offences under the Law on National Intelligence Service (MİT) as well as other offences against the state security from the scope; consequently, the regulation adopted an unfair approach in this respect. Despite the Council of Europe and the United Nations recommendations to the Government, the regulation of “the unjust execution” was adopted by the Parliament so that the legislation turns into a tool to punish journalists, academics, lawyers, human rights defenders, politicians, trade unionists, co-mayors, and political prisoners exercising their right to free speech. In addition to the exclusion of political opponents from the law, the profile of those who benefited from the regulation points to a vehement danger.

Even though the proposed law says the aim is to eliminate the impunity perception, no attention was paid to the risk of impunity for public officers cases. Nor did the provisions of exceptions pay attention to this issue. As a result, it has paved the way for impunity for many human rights violations cases.

The provisional Articles 6 and 9/6 of the Law No 7242 reduced the execution of sentences for offences committed by criminal figures, whom we call “gang”, and other crimes except for “murder in the first degree and torture cases”; thus, it enabled these people to benefit from probation and conditional release provisions. In fact, the impunity culture has been enhanced and the law amounted to a “special amnesty.”

While the murder in the first degree was excluded from the scope of the regulation, the new execution law states “causing death of someone through intentional injury” and “reckless killing” shall benefit from the provision. The change in question means that security officers, who were convicted of (or possibly will convict of) causing to violation of right to life by using unlawful force shall be free in a very short period.

Those who benefit from the provision include perpetrators who caused the death of people by using disproportionate and unlawful force during the Gezi Park protests as well as people who were convicted of reckless killing in the cases of Soma and Ermenek mine disasters, Aladağ dormitory fire, and Çorlu and Ankara train accidents.

Considering the fact that police officers, who torture people, appear at court usually for “intentional injury” (it requires light sentences) and rarely are sentenced in Turkey, the provision in question provides an indirect amnesty to these officers though it excludes torture cases.



The execution judges' power has been broadened so that they can make decisions about "*execution of sentence/s, statute of limitations, conditional release, probation, transferring to an open detention facility, appeal against disciplinary punishments etc.*" which used to be issues for courts; similarly, the judges shall have power to approve or dismiss appeals against such issues. On the other hand, there are many provisions that shall arbitrarily prevent prisoners' rights in the new version of the law.

viii. While this report was being drafted in January 2020, the parliamentary debates about the Law on Bazaar and Neighbourhood Guards were being held at the Plenary Sessions.

The draft law says "guards shall have authority to use force and guns; take measures to prevent demonstrations, marches, and disorders-which cause public disorders-until security officers arrive in the area; exercise the authority to stop citizens on the ground of a legitimate reason; may complete the body search if the person in question raises any suspicion; order citizens to open some parts of vehicles that are not seen." While the Law on Police Duties and Competencies were broadened by the ruling party on the ground of "security", which has some authorities to violate the right to life and security, since 2007, the adoption of the new law shall cause more violations of the right to life and "absolute prohibition of torture."

### **3. Human Rights and Equality Institution of Turkey, Which Supposedly has a Function of the National Preventive Mechanism**

As of 2019, there has been no change in the content of our criticisms to the Human Rights and Equality Institution of Turkey (TİHEK) that has been authorised to perform the "National Preventive Mechanism" an effective and important tool for prevention of torture. No steps were taken to improve the quality of the TİHEK to conform the Institute with the Paris Principles and the OPCAT Principles. The TİHEK could not solve any problems including its structural, functional and financial independence, which many international reports raised. On the other hand, the TİHEK took steps to make the Institute totally dependent on the executive power that is contrary to the OPCAT and Paris Principles.

There are ethical and methodological problems in the Institute's mission reports. When its 2019 reports are examined, it is understood that preventive missions to detention facilities do not meet the minimum standards so that seem missions on paper only.

It is also an important indicator that the Institute did not carry out effective monitoring and investigation activities about common and intense human rights violations occurred under the armed conflict period in 2015 and the State of Emergency declared as a response to the coup attempt. Another recent and specific evidence is that the TİHEK did not take any concrete action, except for publishing the summary of UN bodies' statements, for detention places that have serious risks under the COVID-19 circumstances.



On 24 September 2019, a meeting was organised in Ankara. Mr Jens Modvig, the chairperson of the UN Committee Against Torture Committee, and Ms Nora Sveaas, the deputy chairperson of the UN Subcommittee on Prevention of Torture attended this meeting in Ankara. It was observed that the TIHEK, which has been appointed as the National Preventive Mechanism in Turkey, is totally ineffective as regards to its structural and functional aspects and is not in harmony with the OPCAT principles.

Moreover, the Government of Turkey allowed the UN Subcommittee on Prevention of Torture to publish its visit report from 5 to 9 October 2015 on 12 December 2019 that is to say 4 years later. The report has many valuable points and recommendations that we have been raising for a long period. Furthermore, it is observed that the Government of Turkey has not fulfilled the requirements of the recommendations in 4 years yet all regulations and practices deteriorated.

#### **4. Impunity Culture**

Impunity is the most serious obstacle to struggle against torture. The state and public officials' statements, attitudes and approaches are important elements in prevention of torture and other forms of ill-treatment. However, let alone the negative attitudes of the State and public officials to prohibit torture and other forms of ill-treatment, there has been an increase in legal arrangements-in practice-to "secure" impunity. It is obvious that it is a serious trend. As we always point out, the root cause behind impunity is that lack of and/or no prompt, comprehensive, impartial, independent and effective response and investigation of any allegations of torture. Perpetrators usually face no penalty. Political power also tends to legitimize torture on the grounds of "fight against terrorism", "state of emergency", "national security" and "public order."

Impunity is still a key factor that enables an atmosphere of torture since it means no investigation against perpetrators, no interrogation even though there is an investigation, drafting indictment on the basis of some other lighter offences rather than torture crimes, imposing either no sentence or lighter sentences against defendants (on the ground that these offences are committed in personal capacity not while performing public services; these cases are related to torment not torture), postponement of sentences.

According to the data of the General Directorate of Judicial Register and Statistics of the Ministry of Justice for "2018 Judicial Statistics" that were released in 2019; there are investigations against 2196 people under Article 96 of the Turkish Penal Code (TCK), which regulates torment and is often used in these cases for the vague definition of torture crime and Article 94 of the TCK; there are decisions of non-prosecution for 1035 people; court cases were launched against 766 people; 395 people received other decisions. As it is observed from the officials statistics, there has been a significant increase in numbers of investigations and court cases.

As it is known that even though people file a complaint against officers for torture allegations, investigations are launched on the ground of actual bodily harm or

exceeding the limits of the use of force or misconduct in office which require lighter punishment and are subjected to statute of limitation.

On the other hand, there has been a significant increase in cases to discourage people from such procedures and to prevent torture investigations. For example, there are investigations against 163.032 people under Article 265 of the TCK, which regulates “resistance to public officers”, and court cases against 48.064 people in 2018. The huge difference between torture cases, which reached a peak under the State of Emergency circumstances and security officers’ violence, and resistance to public officers clearly demonstrates the level of impunity and it is maintained as a systematic policy.

### **As a result;**

In fact, we have a conclusion that is similar to last year.

Torture has become a very common practice and is felt by everyone in everyday life since all forms of violence are systematized and have become ordinary; the concept of the rule of law, which has been questioned for many years, has become ineffective following the establishment of the permanent State of Emergency mentality and the developments; the constitutional principles, legal rules and guarantees which are not available even on paper only; and public officers responsible for torture benefit from all forms of impunity.

Torture and other forms of ill-treatment practices, which are the results as well as reasons for the heavy destruction of democratic life, have highly increased and become considerably common to increase control and pressure on various segments of society during the period that the present report covers.

Moreover, teaching torture to law enforcement officers at all levels through the recent negative legal regulations refer to a mentality that normalises torture and the legal regulations as well as practices related to this mentality poses a serious risk with regard to how destructive they can be in the future.

On the other hand, there is a risk of prevalence of the feelings of despair and entrapment in the society, in an environment where policies of violence are rising every day since 2015, particularly, as the search for civil and political solutions to the Kurdish issue leaves its place to clashes.

As a response to the dominant uncertainty and unpredictability resulting from the COVID-19 pandemic, an effective and efficient human rights struggle depends on an approach, which promotes the “founding role of human rights” and popularises the struggle in the public space.

In this respect, the HRFT aims to deepen and improve its quantitative and qualitative activities to treat and rehabilitate torture survivors and to prevent torture to reach a world without torture, the main reason for the existence of the HRFT, and efforts “to

cope with ongoing social trauma.” The HRFT has already initiated its preparatory process of the “HRFT 2020-2024 Strategic Plan.” In this context, it is even more important to meet new generations and to be part of the works that will make the society feel better from the grip of despair and despair yet lead to “hope”. In addition to our work in Turkey, our objective includes to develop programs to respond to current needs of the international mechanisms, which are under attempts to dysfunction. The needs in question include actions to reinforce these mechanisms.

In particular, developing comprehensive programs, on the one hand, to put an end to armed conflict and, on the other hand, to address and rehabilitate deep destruction observed during the last four years especially in the Southeast and Eastern Anatolia Region will be specific areas for our activities.

Finally, it is obvious that we will make more efforts to put eliminate such a vicious process, which can be prevented for being human-made, in Turkey and in the world and to achieve the ideal based on human rights values.



## TREATMENT and REHABILITATION CENTRES EVALUATION RESULTS 2019

### METHODOLOGY

908 people applied to the HRFT Treatment and Rehabilitation Centers<sup>1</sup> (HRFT TRM) in 2019. The data of these people were obtained from the records in the application files containing the information of the interview, examination and other diagnostic examinations made by the medical secretary, physicians, social workers and specialist physicians working in these centres.

The application files include the socio-demographic data of the applications as well as information about the incident, medical and social assessment and follow-up of this process. At the end of the year, the data in the application files were entered into the database prepared by the medical secretaries in the excel program, and then the data of all centres were compiled in the common data table.

In addition to those who have been subjected to torture and other ill-treatment, the relatives of torture survivors apply for medical support from the HRFT. In order to analyse the torture and other ill-treatment practices during the year and the traumas resulting from these practices and to rehabilitate the processes, the Treatment and Rehabilitation Centers Data for 2019 were evaluated under two categories namely “those who were subjected to torture and ill-treatment practices” and “relatives of torture survivors.” 16 people, who applied to our office for grave and serious human rights violations, were assessed as part of torture and ill-treatment cases. In total, there were 908 applications made to the HRFT Treatment Centers in 2019. The number of applications subjected to torture and other ill-treatment practices was 857 and the number of applicants whose relatives were tortured is 51. Since 19 applicants stated that they were subjected to torture and other ill-treatment practices out of Turkey their data were analysed under another category to make an analysis of torture and ill-treatment practices in Turkey.

Specific tables and graphics were prepared by statistical SPSS and Excel analysis of data on 838 people who were subjected to “torture and other ill-treatment cases in Turkey” and 19 people who were subjected to “torture and other ill-treatment cases out of Turkey” and 51 people who were the “relatives of torture survivors” in Turkey. The data of 16 people who suffered from grave and serious human rights violations were separately assessed by the team.

The activities for children with the social service provided in the treatment centres are presented in the report under additional sections.

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1 The HRFT Treatment and Rehabilitation Centres (Istanbul, Diyarbakır, Ankara and İzmir Treatment and Rehabilitation Centres and Cizre and Van Reference Centres)

## INFORMATION on APPLICATIONS

In total, there are 908 applications to the HRFT Treatment and Rehabilitation Centres and reference centres. 253 people (27.9%) applied to the İstanbul centre, 251 people (27.6%) to the Diyarbakır centre, 202 people (22.2%) to the Van reference centre, 113 people (12.4%) to the İzmir centre, 55 people (6.1%) to the Ankara centre, and 34 people (7.5%) to the Cizre reference centre. Comparing to 2018, there has been an increase (155%) in applications to the HRFT centres and offices. There is an increase in all centres and offices except for Cizre reference. It is 4.5 times more in Van, 2 times more in Diyarbakır and 1.5 time more in İzmir.

The HRFT Treatment and Rehabilitation activities are carried out mainly under the coordination of two centres (İstanbul and Diyarbakır). In order to observe differences torture and ill-treatment practices in different regions, data on applications in the Southeastern and Eastern Anatolia Regions (Diyarbakır, Cizre and Van centres) are categorised as the Diyarbakır Centre data; and data on applications to İstanbul, Ankara and İzmir centres are categorised as İstanbul centre data. The applications to the HRFT Treatment Centres and reference centres located in cities (Diyarbakır, Van and Cizre) with dense Kurdish population increased more than two times and it represents 53.6% of the all applications that is to say more than İstanbul, Ankara and İzmir applications (46.4%).

It can be concluded that the increase in application is related to violations during and after the local election. HDP won 65 municipalities in the local election that was held in March 2019. Yet until the end 2019, 38 of these municipalities were taken from the HDP either the certificate of election was not given the mayors or trustees were appointed to the municipalities. The co-mayors of the Metropolitan Municipalities in Diyarbakır and Van, and other municipalities, municipal council members were detained on the basis of unlawful allegations. Democratic civil society organisations, media outlets faced pressure; legitimate protests and press conferences were intervened by security officers; citizens were unlawfully arrested by security officers; pressure on freedom of thought and expression increased; more torture and torture and ill-treatment accusations were filed by citizens.

Only a limited numbers of torture and ill-treatment victims are able to reach the HRFT. The existence of the HRFT Treatment centres or reference centres provide an opportunity to people so that they can apply for torture cases. While the applications to the Van Reference Centre represented 7.7% in total applications in 2018, it increased to 22.2% in 2019. It is understood that following the establishment of our office in Van, people based in Van and neighbouring cities are able to reach the HRFT in an easier way than the past.

The analysis on the basis of reasons for the application is as follows: 841 people (92.6%) applied for torture and ill-treatment, 16 people (1.8%) applied for grave human rights violations, 51 people (5.6%) applied to our offices for being the

relatives of torture victims to receive treatment, rehabilitation and to get medical documentation.

19 people (2.1%) applied to our office for torture and ill-treatment cases out of Turkey.

The distribution of applications is shown in Table 1.

**Table 1: Distribution of Applications by the HRFT Treatment and Rehabilitation Centres**

Office	Torture Victims		Victims of Grave Human rights Violations		Relatives of Torture Victims		Torture Victims out of Turkey		Total	
	n	%*	n	%*	n	%*	n	%*	n	%**
Diyarbakır	232	92.0	13	5.2	6	2.8	-	-	251	22.4
Van	201	100.0	0	0.0	0	0.0	1	-	202	8.6
Cizre	29	85.3	3	8.8	2	5.9	-	-	34	7.7
İstanbul	212	89.7	0	0.0	26	10.3	15	2.1	253	41.3
Ankara	49	92.7	0	0.0	4	7.3	2	0.3	55	7.5
İzmir	99	88.5	0	0.0	13	11.5	1	0.3	113	12.5
<b>Total</b>	<b>822</b>	<b>90.5</b>	<b>16</b>	<b>1.8</b>	<b>51</b>	<b>5.6</b>	<b>19</b>	<b>2.1</b>	<b>908</b>	<b>100.0</b>

\* Row percentage

\*\* Column percentage

Both applications for torture and other forms of ill-treatment cases in Turkey and grave human rights violations were analysed under the “torture” category.

The applications of relatives torture victims and torture cases out of Turkey were analysed under a separate category.

## **APPLICATIONS for TORTURE and OTHER FORMS of ILL-TREATMENT in TURKEY**

The data on 838 applications, which were submitted to the HRFT Treatment Centres in 2019, for torture and other ill-treatment practices, and grave human rights violations were assessed comparatively in terms of application time, application method, socio-demographic data, physical and mental evaluation processes, and torture and other ill-treatment practices.

When we think about the incidents in 2019, we observe that the constitutionalism principle, which “limits and controls the authorities of the political power”, has been put aside, the arbitrariness and uncertainty, which were transformed into “tools” of the repressive regime, have become dominant in the public space. There has been an increase in violations of right to life, torture and ill-treatment practices, obstacles to freedom of thought, freedom of expression and freedom of association, and attempts to eliminate freedoms, interventions in human rights organisations and defenders, and security officers’ interventions through “use of excessive and disproportionate force” in demonstrations and marches that amount to “torture” in 2019.

Violations of right to life, torture and ill-treatment practices continued in prisons. Furthermore, right to health and right to access to social rights were blocked by authorities in prisons. No steps were taken to protect and promote the rights of seriously ill-prisoners and children who are with their mothers, and other groups with special needs. Due to the increase in detention and imprisonment practices, the prison population reached an unbearable level. Human rights defenders, political party leaders, MPs, mayors, scientists, lawyers, journalists and students were taken into prisons also in this period. Moreover, the government enhanced its arrest and detention regime to put more pressure and to control more as well as to create the sense of fear and fright among lawyers, journalists and social media users.

Following the local elections, which were held on 31 March 2019, some mayors and municipal council members were denied the mandate on the ground that there were dismissed from the public sector by emergency decree laws. Moreover, some other mayors and council members were detained by authorities. Voters’ will was not respected in other words the fundamental democratic rules were violated because co-mayors were replaced with appointed trustees.

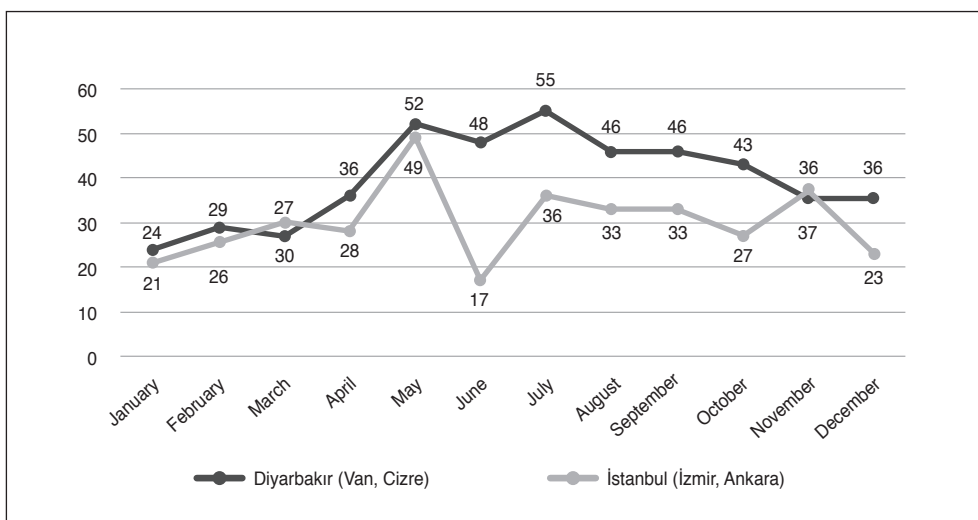
While armed conflicts, military operations in other countries, curfews were still a leading motive for the regime in 2019, freedom of association, freedom of expression, freedom of assembly were arbitrarily banned by authorities for an indefinite period.

As the 16<sup>th</sup> Human Rights Conference of Turkey highlights the new regime’s power to create uncertainty as a technique of administration, which deprives citizens of “human rights”, causes legal, political, economic, social and cultural destructions in all levels of the society including the daily life and the politics; the impunity culture is recreated and established as a rule that becomes more common in the society.



### Monthly Breakdown of Applications

When the distribution of the applications by months is evaluated; the number of applications was above average from May to November in Diyarbakır, Van and Cizre; the applications reached its peak in May in İstanbul, Ankara and İzmir; the applications to İstanbul, Ankara and İzmir were above the average until September while they were less than applications from the Southeast region. Unlike previous years, the average during the summer was higher in 2019. Distribution of the number of applications made to the main centres by months is shown in Graphic 1.



**Graphic 1: Distribution of Applications Made to the HRFT Treatment and Rehabilitation Centres by Months**

### Distribution of Applications by Methods

When the methods of applicants who were subjected to torture and other ill-treatment practices to reach the HRFT Treatment Centres are examined, it is observed that 178 people (21.2%) applied to the HRFT through “Democratic society organisations and/ or political parties.” Unlike the previous years, it is the first time that people applied to our office through democratic society organisations and/or political occupiers have the highest percentage among all other applications. This positive fact demonstrates that HRFT Treatment and Rehabilitation Centres’ activities have become more visible at the public level. As regards the other methods of applications, it is observed that there are 148 people (17.7%) who made their applications in previous years; 145 people (17.3%) applied to the HRFT upon recommendation of other applicants and 140 people applied to our office directly. The application methods to the HRFT are given in Table 2.

**Table 2: Distribution of applications by source information**

Method	Number of Application	%
Direct	140	16.7
Former applications	148	17.7
Recommendation of former HRFT applicants	145	17.3
Recommendation of HRFT volunteers	45	5.4
Recommendation of HRFT staff	54	6.4
Through IHD channel	50	6.0
Through other democratic organizations and/or parties	178	21.2
Through lawyers recommendation	49	5.8
Other methods	24	2.9
Through Media	5	0.6
<b>Total</b>	<b>838</b>	<b>100.0</b>

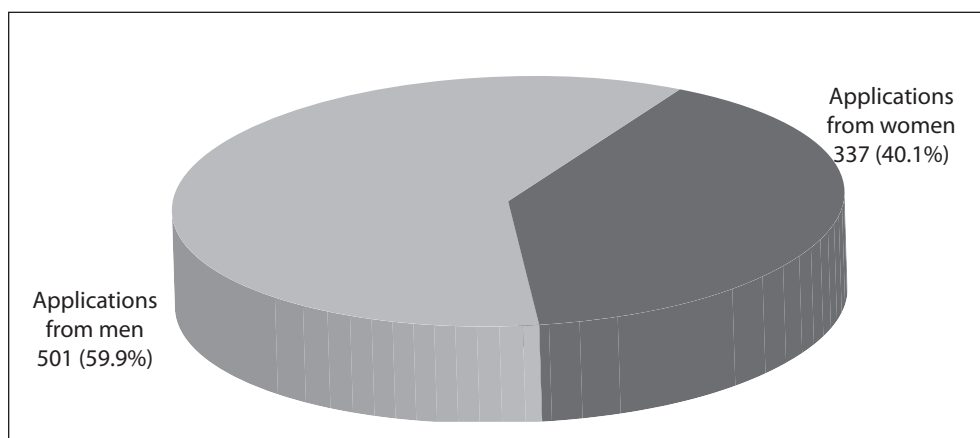
Applications through former HRFT applicant, HRFT staff and volunteers, and IHD constitutes 35.1% in 2019. People who directly applied to our offices with no recommendation of other people and/or organisation as well as those who received treatment and rehabilitation in previous years constitute 34.4% among the total applications. As regards to applications through lawyers, democratic society organisations and/or political parties, other methods and media, it is 30.5% in 2019. There has been a relative increase in applications through recommendations of lawyers. In the light of these details, it is necessary to think about how to promote HRFT activities, the Istanbul Protocol and documentation trainings for bar associations, lawyers' organisations, and lawyer so that we can receive applications right after violations occur and increase the effectiveness of our treatment, rehabilitation and documentation efforts.

The fact that applications through the media has a very low percentage indicates that the HRFT is not visible enough in media and social media. There is a need for using communication methods and channels to increase the HRFT visibility and effectiveness; to reach human rights and democratic society organisations, political parties and individuals who are subjected to torture.

## Sociodemographic Information

### 1. Age and Gender

When the distribution of 808 applicants in 2019 is examined as regards to gender (Graphic 2); it is observed that 337 applicants (40.1%) are women and 501 (59.9%)



**Graphic 2: Distribution of applications by gender**

of them are men. Compared to data from 2018, the rate of women applicants increased [186 women (36.8%); 319 men (63.2%) for 2018]. No applicant indicated that s/he was LGBTI+ individual in this period.

It is noticed that the numbers of applications by gender differ in each centres in 2019 ( $p < 0.05$ ). We have concluded that the differences are related to male dominant applications from the Southeast region.

In 2019, it is noticed that the youngest applicant was 2 years old and the oldest applicant was 79 years old; the average age of applicants is 36.05 ( $S_s = 13.360$ ), (*the age average of female applicants was 36.64, and the age average of male applicants was 35.65*). Compared to previous years, it is observed that the age average is similar (age average: 35.53 in 2018) in 2019. The comparative distribution of 2018 and 2019 applications by age groups is shown in Table 3.

**Table 3: Distribution of 2017 and 2018 applications by age groups**

Age group	2019 Applications		2018 Applications	
	n	%	n	%
0-18	31	3.7	24	4.8
18-25	173	20.6	126	25.0
26-30	148	17.7	74	14.7
31-35	107	12.8	64	12.7
36-40	95	11.3	49	9.7
41-45	86	10.3	34	6.7
46-65	180	21.5	125	24.8
65+	18	2.1	9	1.8
<b>Total</b>	<b>838</b>	<b>100.0</b>	<b>505</b>	<b>100.0</b>

4.8% of all torture applications are under 18 years old (31 applications). Compared to 2018 data, it is observed that while there has been an increase in torture and ill-treatment cases for those who are under 18 years old, there has been a decrease in applications from this age group. It is also observed that while the applications from the age groups of 18-25 as well as 46-64 decreased, the numbers of applicants from the middle-age group (26-45 years) increased in 2019. The reason for this change has yet to be determined.

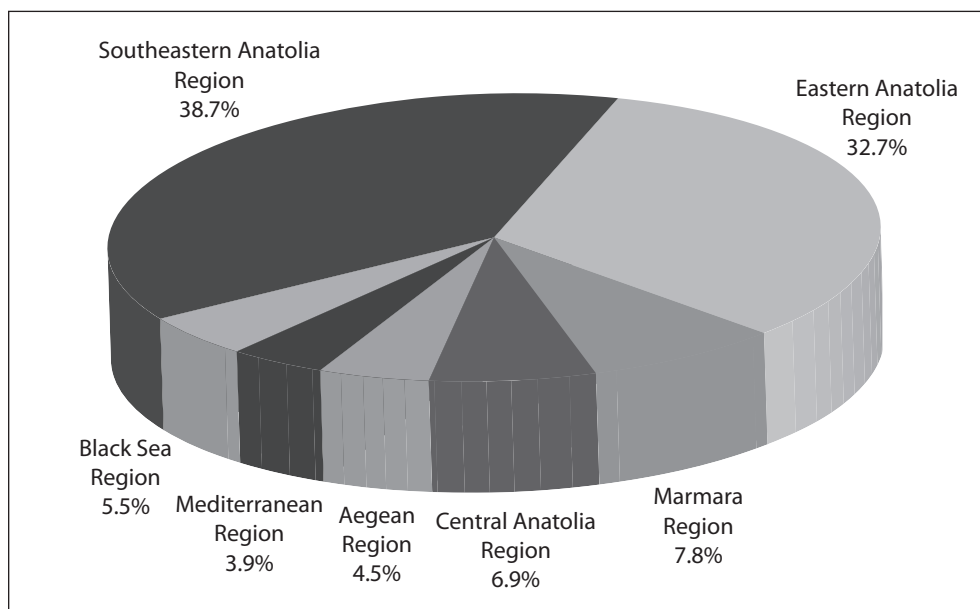
While we were working the classification of age groups, we began classifying those who are older than 65 years old. We created this age group because the World Health Organization declared that people who are older than 65 years old constitute a separate age group. Having this “elderly” group will be very meaningful for our activities so that we will be able to focus on the specific impacts of torture and other forms of ill-treatment practices on them, to analyse any specific damage to this age group. There are 18 applicants (2.1%) who are “65+ years old” in 2019. It is observed that torture and ill-treatment practice target both “children” and “elderly” people though the prohibition against torture is absolute.

## 2. Place of Birth and Region

When the cities of the applicants are examined, it is noticed that 155 of the applicants (18.5%) were born in Diyarbakır, 120 of the applicants (14.3%) were born in Van, 59 of them (7.0%) were born in İstanbul, 53 of them are from Van and 21 of them are from Hakkari; 70.4% of the all applicants were born in the Southeast and the Eastern Anatolian regions. Comparing to 2018, it is observed that there is a 10% increase in applicants who were born in these regions. The distribution of applications according to regions of birth is shown in Map 1 and Graphic 3.



**Map 1: Distribution of the applications by the place of birth**



**Graphic 3: Distribution of the applications by the regions of the birth**

Although the Southeastern and Eastern Anatolian Regions fall into the low population density zones, 60% of the applications were made from these regions in 2018. This fact drew attention to certain problems that people face in these regions. As for 2019, the population density in these regions is 18.4% and the applications from these regions increased to 70.4%.

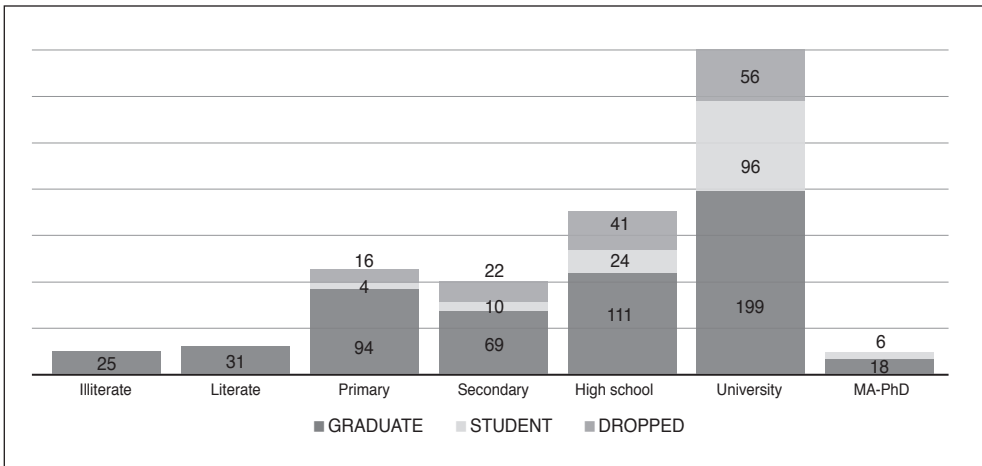
73.6% of the applicants indicated that their mother tongue is Kurdish or its dialects and 23.4% of them told their mother tongue is Turkish. Taking the regions of the birth and the mother tongues of the applicants into consideration together, it is revealed that the Kurds are subjected to torture and ill-treatment practices more than other ethnic groups; there has been also an increase in cases against the Kurds.

### 3. Education, Job/Profession and Having a Current Job or not

As regards to the last school from which applicants graduated, it is determined that 126 people (15.0%) graduated from primary schools, 134 of them (16.0%) are secondary school graduates, 263 of them (31.4%) graduated from high schools, 205 (26.6%) of completed their BA and postgraduate degrees, and 56 applicants told that they did not graduate from any school [while 51 of them (6.1%) are literate; 25 of them (3.0%) are illiterate].

140 of the applicants are still part of the education system; 102 of them are students in higher education institutions (96 universities, 6 MA and PhD students). 135 of the applicants (16.1%) dropped out of their schools.

The distribution of applicants according to their educational is shown in Graphic 4.



**Graphic 4: Distribution of applications by education status**

The distribution of applications by their working and educational status is shown in Table 4. 34 applicants whose education and employment status could not be determined and under the age of working were not evaluated in this category. On the other hand, it was reported that one of the children was working in an informal way. As regards to applications who are older then 65 years old, one of the application was working in a family business while 5 of them were retired.

Despite the fact that most of the applicants are educated, 585 of them (69.8%) are unemployed. It is observed that 105 of the applicants (12.5%) are full-time employed while 21 of them (2.5%) have part-time jobs, 28 (3.3%) were employed informally and 28 (3.3%) were unpaid family workers/domestic workers; 33 people (3.9%) are retired and 4 people (0.5%) had other types of income.

**Table 4: Distribution of applications by working and education status**

	Full-time	Part-time	Informal	Domestic-worker	Retired	Other income	Unemployed
Illiterate	1	2	0	5	0	0	16
Literate	1	1	1	5	2	0	20
Dropped out of primary school	1	0	0	2	0	0	13
Primary school graduates	7	4	6	6	3	1	67
Dropped out of secondary school	3	0	3	0	1	0	15
Secondary school graduates	6	2	0	3	3	0	54
Dropped out of high-school	3	0	4	3	1	0	30
High-school graduates	10	1	5	1	6	2	84
Dropped out of university-vocational school	6	1	0	0	4	1	44
University-vocational school graduates	56	4	5	3	10	0	120
MA-PhD graduates	3	1	2	0	2	0	10
Students	8	5	2	0	1	0	112
<b>Total</b>	<b>105</b>	<b>21</b>	<b>28</b>	<b>28</b>	<b>33</b>	<b>4</b>	<b>585</b>

Following the declaration of the State of Emergency in 2016 and Emergency Decrees were issued to dismiss public employees and workers in all sectors. In total, about 200,000 public employees and workers were permanently dismissed from their positions; they were banned from the public sector; they were denied of social security that amounts to “civic death.” There are some public employees and workers who protest against the unjust dismissals and demand their jobs back. However, they still face torture and ill-treatment in these protests. There are still obstacles to legal struggle for reinstatement of these dismissed public employees and workers. The pending cases before the Inquiry Commission on the State of Emergency Measures are among the factors for an increase in the “unemployed” category.

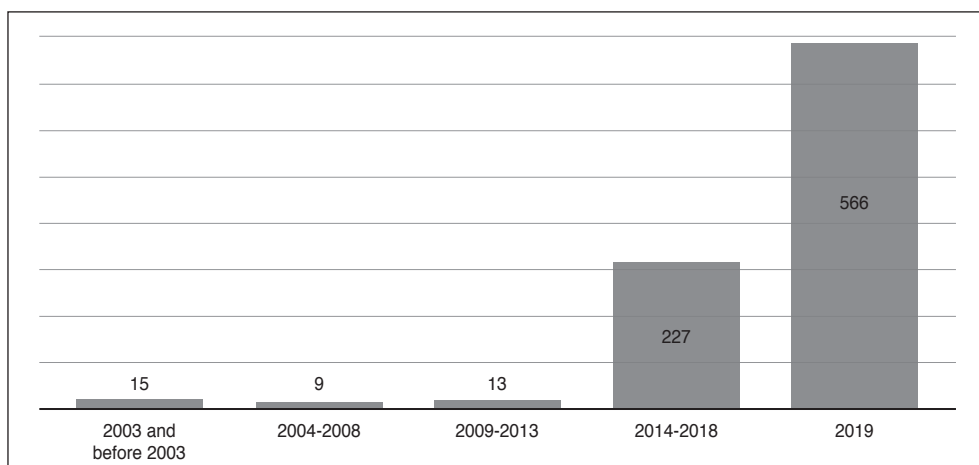
Despite the Constitutional Court repealed the “security investigations” on the basis that it was contrary to the Constitution, it is still applied to dismissed people who applied for a job in the public and/or private sector.

In addition to problems resulting from the economic crisis, interventions in freedom of association and trade union struggle worsen the job insecurity for every one and termination of contracts gets more common in all sectors. The risk of being unemployed is used as an instrument to fire people who do not obey especially to the political power. Moreover, those who struggle for their rights and demand their job back are subjected to torture and ill-treatment.

### Process of Torture

838 applications made for torture and other forms ill-treatment practices were divided into two: applications in 2019 and before 2019; and the analysis was made on the basis of this distinction in order to address torture and other ill-treatment practices in a wholistic manner and to find out the changing aspects of the torture process over the years.

In 566 (67.5%) out of 838 applications for torture and ill-treatment practices, the applicants stated that they had been subjected to torture (under formal and informal detentions, and in prison, etc.) in 2019, while 264 people (39.4%) stated that they had been subjected to torture before 2019 (*8 applications have no information about the year of torture and ill-treatment practices*). Compared to previous years [in 2018 (60.6%); in 2017 (67.9%) and in 2016 (66%)], it is observed that applications for torture and ill-treatment allegations increased in 2019. The distribution of applications according to years is shown in the Graphic 5.



**Graphic 5: Distribution of torture cases according to years**

The oldest torture application in this category dates back to 1982. However, 75.0% of torture applications for torture and other forms of ill-treatment practices for previous years were made by people over the last three years [2018 (106); 2017 (51), and 2016 (47)]. Judicial decisions draw attention to the fact that applying to any relevant



organisation/institution as early as possible following the torture incident occurs is extremely important to prove torture allegation; refer to the need to obtain a medical report by making a complaint at the earliest opportunity. It will be difficult to prove the causality if a case is not documented in time. As time passes, some of the traces of torture may disappear and the claims of torture may not be approved unless a comprehensive and wholistic medical assessment is made. As in the case of previous years, 2019 data indicate that there is need for efforts with multi-layers to inform the relevant actors and stakeholders for a medical assessment and documentation in accordance with the Istanbul Protocol with no delay.

### 1. Detention and Reasons for Torture under Detention

Similar to the results of the HRFT reports from previous years, 753 (89.9%) out of 838 people who applied to the HRFT stated that they were tortured for being arrested for their “political” opinions, beliefs and actions. It is observed that there has been an increase in applications for torture cases while being under police custody for criminal reasons. Torture cases for those who were under police custody for criminal reasons reached 4.6% in 2019. 2.1% of the applicants stated that they had been arrested for their ethnic background and 1 of the applicants referred to sexual identity/orientation for the arrest in 2019. The distribution of applications by reasons for torture is shown the Table 5.

**Table 5: Distribution of applications by reasons for torture**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	n	%**	n	%**	n	%**
Political	509	89.9	244	89.7	753	89.9
Criminal	26	4.6	3	1.1	29	3.5
Sexual identity and orientation	1	0.2	0	0.0	1	0.1
Asylum seeker	1	0.2	0	0.0	1	0.1
Ethnic reasons	12	2.1	9	3.3	21	2.5
Other reasons	16	2.8	8	2.9	24	2.9
No record	1	0.2	8	2.9	9	1.1

\*\*Column percentage

Although applications for politically-oriented torture cases to the HRFT are not categorised according to which the opposition groups are targeted, it is believed that the left opposition groups and the Kurds represent the majority; it is assumed that the number of LGBTI +, religious/conservative, etc. cases is relatively lower.

## 2. Duration of Detention and Torture under Detention

When the duration of their last detention, which applicants were subjected to, is examined; 364 of the applicants (43.4%) stated that it was shorter than 24 hours. The overall percentage of 2019 is 49,8 as regards to people who stated that they had been tortured while being held under detention for shorter than 24 hours; while it was 30.1% in previous years. The statistical comparison of detention period in 2019 and previous years gives us a meaningful difference ( $X^2 = 76.810$ ,  $p < 0.001$ ).

With the approval of decrees issued under the State of Emergency on 25 July 2018, the detention period increased to 48 hours while it became 4 days for collective crimes. Furthermore, the new regulation authorises the peace criminal judgeship to extend the period of detention twice that makes 12 days in total. There was no new regulation or practice of detention period in 2019. 15 applicants stated that they had been detained for 12 and more days in 2019. One of the applicants was subjected to torture in removal centres for immigrants. Other applicants underlined that their torture cases are related to imprisonment periods. The distribution of applications by detention period is shown in the Table 6.

**Table 6: Distribution of applications by detention period**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%**	Number	%**	Number	%**
Less than 24 hours	282	49.8	82	30.1	364	43.4
2-4 days	171	30.2	95	34.9	266	31.7
5-8 days	64	11.3	45	16.5	109	13.0
9-12 days	29	5.1	13	4.8	42	5.0
13-18 days	9	1.6	13	4.8	22	2.6
19-30 days	4	0.7	4	1.5	8	1.0
More than 1 month	2	0.4	8	2.9	10	1.2
No record/unknown	5	0.9	12	4.4	17	2.0

\*\*Column percentage

Comparing to previous years, it is observed that there has been a decrease in detention periods. It is a fact that detention period is prolonged, no procedural safeguards is observed whenever there is an increase in pressure and violence in Turkey; these circumstances create a suitable atmosphere for torture cases. Yet, paying attention to the detention period only does not provide satisfactory and meaningful data to interpret torture and ill-treatment cases for the changing aspects and characteristics of torture practices. Considering the fact that torture practices have been transferred from closed facilities to public space; they are exercised to get forced confession

and information as well as to punish and frighten people in demonstrations and peaceful assemblies, and any freedom of thought and expression activities; procedural safeguards are violated; the concepts of arbitrariness and impunity still exist. In the light of these facts, we can state that the decrease in detention period does not lead to a substantial positive change in torture and ill-treatment issues.

### 3. Detention Places

In 2019, 52.7% of the applicant (298 out of 566 people who applied for torture and other forms of ill-treatment) stated that they were in streets or in another open space before they were arrested while 30.6% (64 people) indicated that they were at home. When data on detention places of cases from previous years (838 cases) were included in the evaluation, it is observed that the percentage of streets and another open space declined to 45.3%, and the percentage of people who were detained at home increased to 34.6%. Table 7 shows the distribution of the places where the applicants were detained.

**Table 7: Distribution of applications by detention places**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%**	Number	%**	Number	%**
Home	173	30.6	117	43.0	290	34.6
Workplace	13	2.3	9	3.3	22	2.6
Organization (media office, association)	20	3.5	4	1.5	24	2.9
Official space (airport etc)	25	4.4	17	6.3	42	5.0
Street/open space	298	52.7	82	30.1	380	45.3
Other	31	5.5	31	11.4	62	7.4
No record/Unknown	6	1.1	12	4.4	18	2.1

\*\*Column percentage

It is observed that there has been a decrease in applications for torture and other forms of ill-treatment practices for being detained in streets and open spaces in 2019. On the other hand, there has been an increase in torture cases for being detained from home. Comparing to previous years, there is no significant difference in numbers of those who are detained from home and streets/open spaces until 2017. Yet, it is observed that there has been an increase in this category since 2017. While the rate of being detained from home and streets/open space was 1/3 in 2017 and 2018, it is about 1 / 2 in 2019.

According to the IHD Documentation Unit data, 115 events were banned in 2019. Governors' offices as well as district governors' offices, though there are lesser

cases in the latter category, banned all types of events from 2 days to 1 month for 96 times in 2019.

Weekly vigils “Enforced Disappearances must be found, Perpetrators must be brought to justice” that are organised by Saturday Mothers, Peace Mothers and were banned by governors’ offices; while activists and organisations continue to struggle against all forms of pressure and bans, these vigils were held in IHD offices.

As of 30 November 2019, the ban on public events reached 1111 days in Van and 255 days in Hakkari. Security officers intervened in 1344 marches and demonstrations in 2019. At least 69 people were injured and 3741 people were detained in these interventions. 35 of these people were sent to prisons, home arrests were imposed on 15 people, and 120 people were subjected to judicial controls. Violent and arbitrary interventions in demonstrations organised within the scope of freedom of thought and expression demonstrate that there are still attempts to transform streets and open spaces, an important public space for freedom of thought and expression, into new places of torture and open prisons.

It is understood that imposing a ban on collective spaces and streets, and raiding houses, and the attitude towards those who are detained aim to frighten, silence and criminalise people so that they will be isolated from their communities and will feel alone.

#### 4. Torture by Detention Time

When the applicants’ detention time was questioned, 434 people (51.8%) were detained during the day time. 310 people out of 566 (54.8%) told that they were detained between 08:00 and 18:00 during the day, 101 of them (17.8%) were detained between 18:00 and 24:00 at evening and 141 of them (24.9%) were detained between 24:00-08:00 at night. Table 8 shows the distribution of time zones for detention of groups in 2019 and before 2019.

**Table 8: Distribution of applications by detention time**

Detention Time	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%**	Number	%**	Number	%**
08:00–18:00	310	54.8	124	45.6	434	51.8
18:00–24:00	101	17.8	35	12.9	136	16.2
24:00–08:00	141	24.9	93	34.2	234	27.9
Applicant does not know/remember	14	2.5	20	7.4	34	4.1

\*\* Column percentage

Analysing the data of recent years; Midnight (24:00-08:00) detention rate increased from 14% in 2016 to 18.3% in 2017, 23.5% in 2018, and 24.5% in 2019. It is important to notice that ¼ of the applications was detained at night time. The shift of the detention clock towards midnight highlights ***the purpose of threats and intimidation in practice, and also strengthens the perception that there is no place where the person will feel safe.***

## 5. Torture in Detention Places

Analysing information provided by the 939 people who applied to the HRFT Representatives in 2019 about the places where they were tortured, it is concluded that torture is not limited to 1 place only. 354 people (42.2%) stated that they had been torture in more than 1 place. Table 9 shows the distribution of torture in detention places.

It was learned that the number of places, where people were torture, vary from 2 to 5. It is also stated that they were subjected to torture even after they were taken from place to another.

Comparing to previous years, the rate of exerting torture in more than 1 place increased in 2019. Accordingly, exerting torture in 1 place decreased in this period. This change, which we have observed in recent years, provides a meaningful statistics in this category ( $X^2=18.848$ ,  $p<0.05$ ).

**Table 9: Distribution of applications by detention places**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n= 272)		Total (n=838)	
	n	%**	n	%**	n	%**
1 place	248	43.8	139	51.1	387	46.2
2 places	138	24.4	68	25.0	206	24.6
3 places	91	16.1	17	6.3	108	12.9
4 places	24	4.2	10	3.7	34	4.1
5 places	6	1.1	0.0	0.0	6	0.7
No data	59	10.4	38	14.0	97	11.6

\*\*Column percentage

When it is analysed on the basis of the regions; the rate of torture in more than one place in Istanbul, Ankara and İzmir offices is higher than Diyarbakır, Van and Cizre. Yet, it is seen that there is no significant difference in this category.

When torture places, which applicants stated in their applications, it is observed that “Police Departments” take the first place with a rate of 45.2%; followed by “streets

or open spaces” with 36.9%; and “inside the vehicle” with 25.5% (Table 10). On the other hand, as in 2018, the order of the places, where the applications were subjected to torture, changed in 2019. Unlike the previous years, “streets or open spaces” occupies the first place with 46.6%, and the “Police Departments” with 40.8% that is followed by “inside the vehicle” with 29.9%.

All applicants, who stated they were torture in a vehicle, and most of the applicants, who stated that they were tortured in “streets / open spaces” and “home / workplace”, reported that they were also subjected to torture in another place.

Public spaces such as streets/open spaces, people’s living areas and vehicles, which they use for transportation, turn into torture places; torture becomes widespread and people who are taken into police custody are subjected to torture sequentially in places where they are taken. Violence exerted by security officers is tried to be legitimized on the grounds of “use of proportional power”, no administrative or judicial process is initiated against those responsible, or those who have been tortured face counter lawsuits that prevent these victims from achieving legal results.

The impunity shield plays an important role in in the spread of torture by violating the international conventions and law; exerting torture in the public space and in the eyes of public; ensuring perpetrators to benefit from going unpunished in the new period that started with the declaration of curfews. The fact that torture is exerted in the streets, continues in more than 1 place and making impunity practices dominate every stage are important data that enable us to understand the changing face of torture.

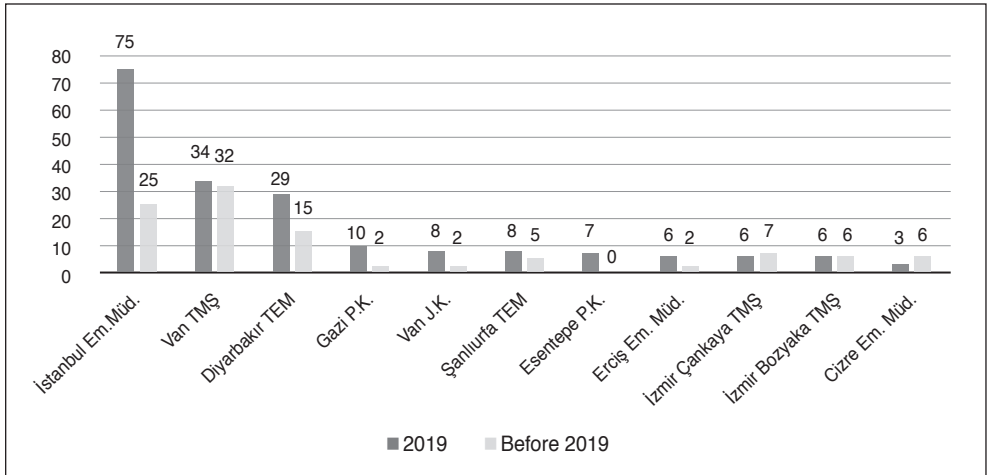
**Table 10: Distribution of applications by number of units that they were subjected to torture in the last detention**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n= 272)		Total* (n=838)	
	Number	%	Number	%	Number	%
Police Departments	231	40.8	148	54.4	379	45.2
Police station	93	16.4	27	9.9	120	14.3
Inside a vehicle	169	29.9	45	16.5	214	25.5
Gendarmerie station	20	3.5	6	2.2	26	3.1
Gendarmerie commandership	13	2.3	8	2.9	21	2.5
Prison	1	0.2	5	1.8	6	0.7
Victim’s place	106	18.7	64	23.5	170	20.3
Unknown place	2	0.4	3	1.1	5	0.6
Streets/open spaces	264	46.6	45	16.5	309	36.9
Other places	24	4.2	13	4.8	37	4.4

\*In cases where torture was applied in more than one place, data were recorded separately for each place.

## 6. Distribution of Torture by Units

When the applications are examined according to units where the torture was applied; as in 2018, it was determined that torture was exerted in more than 100 units, particularly in the Police Departments and Anti-Terrorism Units (TMS). Distribution of the applications by units, where the applicants stated that they were subjected to the last torture, is shown in Graphic 6.



**Graphic 6: Distribution of torture cases according to units**

In 2019, the Istanbul Police Department ranked the first place with 100 applications (11.9%); Anti-Terror Unit in Van ranked the second place with 66 applications (7.9%), and the Anti-Terror Unit of the Diyarbakır Police Department ranked the third place with 44 applications (5.3%). The Gazi Police Station's torture practices and threats were covered by media several times occupied the fourth rank. Despite its wide media coverage and criminal complaints, the continuation of violations demonstrates how the impunity culture provides a safety for violations.

## 7. Distribution of Torture by Regions and Provinces

The distribution of torture by regions and provinces regarding the cases 838 people who applied to HRFT centres for torture and other ill-treatment practices in the country is shown in Table 11.

**Table 11: Distribution of application by regions and provinces**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%	Number	%	Number	%
Marmara	164	29.0	51	18.8	215	25.7
Southeastern Anatolia	150	26.5	63	23.2	213	25.4
Eastern Anatolia	104	18.4	70	25.7	174	20.8
Aegean	49	8.7	28	10.3	77	9.2
Central Anatolia	32	5.7	12	4.4	44	5.3
Mediterranean	6	1.1	6	2.2	12	1.4
Black Sea	1	0.2	0	0.0	1	0.1

The region with the highest intensity of torture and other ill-treatment practices in 2019 is the Marmara Region with 164 applications (29.0%). Unlike 2018, the numbers of applications for torture from the Southeastern Anatolia and Eastern Anatolia Regions increased in 2019 and reached 44.9% of the total applications. While there is only 1 application from the provinces in the Black Sea Region, 6 applications were made to our offices from the Mediterranean Region.

When all applications, including the ones from previous years, are analysed together; it was observed that the Marmara Region (25.7%) and the Southeastern Anatolia Region (25.4%), which are very close to each other, occupy the first place. These regions are followed by the Eastern Anatolia Region with 20.8%. 4 applicants, who stated that they were tortured in 2019, 2 other applicants, who applied for torture cases before 2019, indicated that they were tortured in two different regions while they were under police custody.

The distribution of the provinces, where 838 applicants were to torture and other forms of ill-treatment and severe human rights violations, are given in Table 12. 199 of the applications (23.7%) stated that they were subjected to torture in Istanbul, 138 of them (16.5%) were tortured in in Diyarbakır, and 126 people (15.0%) were subjected to torture in Van.



**Table 12: Distribution of applications by provinces that victims were detained**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%	Number	%	Number	%
İstanbul	158	27.9	41	15.1	199	23.7
Diyarbakır	107	18.9	31	11.4	138	16.5
Van	76	13.4	50	18.4	126	15.0
İzmir	49	8.7	21	7.7	70	8.4
Ankara	31	5.5	10	3.7	41	4.9
Şırnak	11	1.9	19	7.0	30	3.6
Şanlıurfa	20	3.5	7	2.6	27	3.2
Hakkari	12	2.1	14	5.1	26	3.1
Mardin	12	2.1	3	1.1	15	1.8
Other provinces	34	6.0	36	13.2	70	8.4

\*(The provinces with less than 15 applications in total are shown as "Other provinces" line in the table.)

In the evaluation made according to the provinces where the applicants were tortured while they were under police custody; it is observed that the provinces where HRFT Representatives and Reference Centers are based have received more applications (Map 2). It demonstrates that the presence of HRFT centres reduces the obstacles (recognition, trust, transportation, etc.) to applications for torture in these provinces and neighbouring cities. Therefore, the presence of our office leads to an increase in applications. It is understood that the presence and visibility of HRFT is a significant opportunity in terms of providing medical support, rehabilitation and documentation in cases of torture. Although the data indicate that torture and other ill-treatment practices are less in the Mediterranean and Black Sea regions, it should be taken into consideration that the HRFT has no office in these regions so that applicants can reach us.

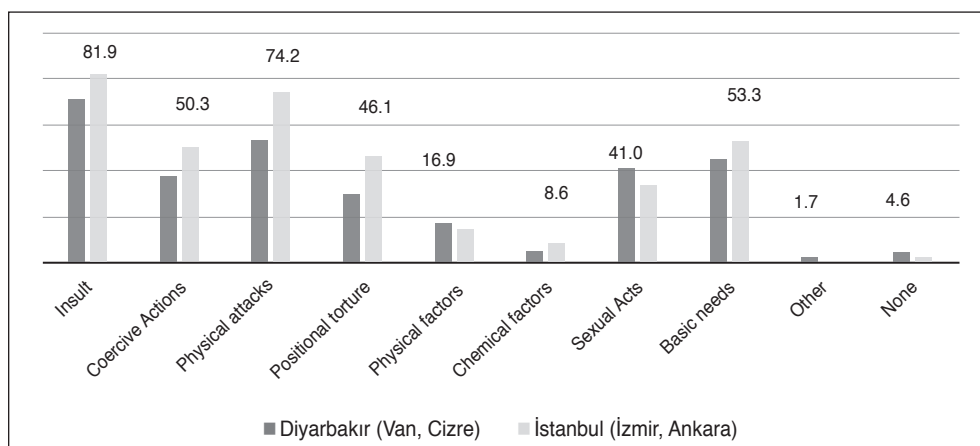


**Map 2: Distribution of applications according to the density of torture cases in Turkey**

## 8. Methods of Torture

The prevalence of torture methods categorized under eight main headings among torture survivors is shown in Table 13 and the prevalence of these methods is shown in Graphic 6. The vast majority (77.9%) of the applicants were subjected to more than one torture method while 10.9% of them were subjected to 1 torture method. It is observed that 9 applicants, whose details were not complete, asked for sought medical support for grave human rights violations other than torture; 59 applicants were categorised under the torture for torture while they were under police custody last time. On the other hand, 30 applicants (3.6%) did not mention a torture exerted on them while they were under police custody or in prison. Hence, it is evaluated that they were deprived of their liberty on the unlawful grounds.

As regards to the acts of torture, people who applied to Istanbul, Ankara and Izmir representative offices stated that they were subjected to more torture acts. Yet, as the number of torture exerted on a person increases, especially in cases where physical, positional and sexual torture methods are applied; it is observed that there is a statistical and meaningful difference between the applications to Diyarbakir, Van and Cizre representative offices and reference centres and the representative offices based in other regions ( $t = -2.063, p < 0.005$ ).



**Graphic 7: Distribution of applications by rate of methods of torture in the last detention**

**Table 13: Distribution of applications by torture methods in groups**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%	Number	%	Number	%
Insult	426	75.3	208	76.5	634	75.7
Coercive Actions	252	44.5	109	40.1	361	43.1
Physical attacks	397	70.1	124	45.6	521	62.2
Positional torture	226	39.9	83	30.5	309	36.9
Physical factors	100	17.7	33	12.1	133	15.9
Chemical factors	49	8.7	7	2.6	56	6.7
Sexual acts	221	39.0	97	35.7	318	37.9
Basic needs	268	47.3	140	51.5	408	48.7
Unable to define torture	19	3.4	11	4.0	30	3.6

When torture methods, which the applicants were subjected to, are analysed, the acts classified as “insult” took-as in previous years-the first place in 2019; 3 out of 4 applicants (426; 75.3%) stated that they were subjected to insulting acts while they were being under police custody. 70.1% of the acts of torture were classified as “physical attacks”, and they are followed by coercive actions (44.5%) and positional torture (39.9%); and then acts of torture (39.0%) that fall into the “sexual” category.

653 of the applicants (77.9%) stated that they were subjected to more than 1 torture acts, while 87 applicants (10.4%) indicated that they were subjected to 1 torture act. It was determined that insults and physical interventions are the most used methods in cases where more than 1 torture was exerted committed.

The distribution of applications on the basis of comparative rate of the group of the torture methods, which the applicants stated they had been subjected to, compared by our experts. It is found that, comparing to previous years, there has been a meaningful statistical increase in physical attacks, positional torture such as reversed handcuffs and exposure to physical and chemical factors (*physical attacks* ( $X^2 = 47.092, p < 0.05$ ), *positional torture* ( $X^2 = 6.996, p < 0.05$ ), *physical factors* ( $X^2 = 4.216, p < 0.05$ ) *chemical factors* ( $X^2 = 10.904, p < 0.05$ )).

The distribution of torture methods among the applicants is shown in 8 subheadings in Table 14.

	2019 (n=566)		Before 2019 (n=272)	
	Number	%	Number	%
<b>Insult</b>				
Insulting-degrading	387	68.4	193	71.0
Death threat	101	17.8	66	24.3
Other forms of threats	171	30.2	92	33.8
Threat to applicants' relatives	73	12.9	55	20.2
Other	4	0.7	4	1.5
<b>Coercive Actions</b>				
Blindfolded	26	4.6	22	8.1
Forcing applicants to obey senseless order	30	5.3	18	6.6
Forcing applicants to witness torture in an audio-visual way	152	26.9	46	16.9
Practicing torture while applicants' relatives are present	116	20.5	27	9.9
Forcing applicants to listen to noisy music	16	2.8	22	8.1
Forcing applicants to be an informer	61	10.8	50	18.4
Other	5	0.9	3	1.1
<b>Physical Attacks</b>				
Physical attacks	169	29.9	64	23.5
Beating	352	62.2	103	37.9
Continuous hitting in one part of the body	49	8.7	20	7.4
Beating with a whip and/or a hose	4	0.7	3	1.1
Falanga	6	1.1	10	3.7
Squeezing testicles	9	1.6	5	1.8
Other forms of physical attacks	19	3.4	6	2.2

**Table 14 cont.**

	<b>2019 (n=566)</b>		<b>Before 2019 (n=272)</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Tightening handcuffs	101	17.8	44	16.2
Pulling out hair/beard/moustache	33	5.8	7	2.6
Attempt to strangle	28	4.9	3	1.1
Firearms	4	0.7	1	0.4
Rubber bullets	9	1.6	0	0.0
Pepper gas	4	0.7	0	0.0
Forced medical intervention	0	0.0	1	0.4
Forcing applicants to excessive exercise	5	0.9	1	0.4
Other	4	0.7	2	0.8
<b>Positional Torture</b>				
Reverse handcuffed	197	34.8	63	23.2
Hanging	3	0.5	4	1.5
Hanging in flat form	3	0.5	3	1.1
Palestinian Hanging	1	0.2	4	1.5
Hanging not in complete form	1	0.2	1	0.4
Hog-tie	0	0.0	1	0.4
Forcing applicants to remain in the same position for too long	39	6.9	24	8.8
Other positional forms of torture	18	3.2	5	1.8
<b>Exposure to physical factors</b>				
Keeping applicant/s in cold/hot temperature	49	8.7	26	9.6
Pressurized/cold water	35	6.2	5	1.8
Choking	19	3.4	2	0.7
Electricity	10	1.8	8	2.9
Burning	1	0.2	0	0.0
Cigarette	1	0.2	1	0.4
Other	2	0.4	1	0.4
<b>Exposure to physical factors</b>				
Tear gas	49	8.7	7	2.6
<b>Sexual Harassment</b>				
Verbal sexual harassment	130	23.0	75	27.6
Insulting with sexually explicit words	191	33.7	83	30.5

Table 14 cont.

	2019 (n=566)		Before 2019 (n=272)	
	Number	%	Number	%
Sexual attack/Rape threat	30	5.3	18	6.6
Other	1	0.2	0	0.0
Physical sexual harassment	15	2.7	11	4.0
Rectal/Naked Body Search	2	0.4	1	0.4
Stripping Naked	30	5.3	25	9.2
Touching different parts of the body	26	4.6	12	4.4
Rape	1	0.2	1	0.4
Other forms of sexual harassment	1	0.2	0	0.0
<b>Restriction on basic needs</b>				
Isolation	37	6.5	28	10.3
Restriction on food	156	27.6	91	33.5
Prevention of urination and defecation	96	17.0	62	22.8
Depriving applicants of sleep	56	9.9	56	20.6
Prevention of access to health	134	23.7	67	24.6
No hygiene conditions	130	23.0	78	28.7
Other fundamental needs	4	0.7	6	2.2
Other	4	0.7	6	2.2

## Legal Procedures During and After Detention

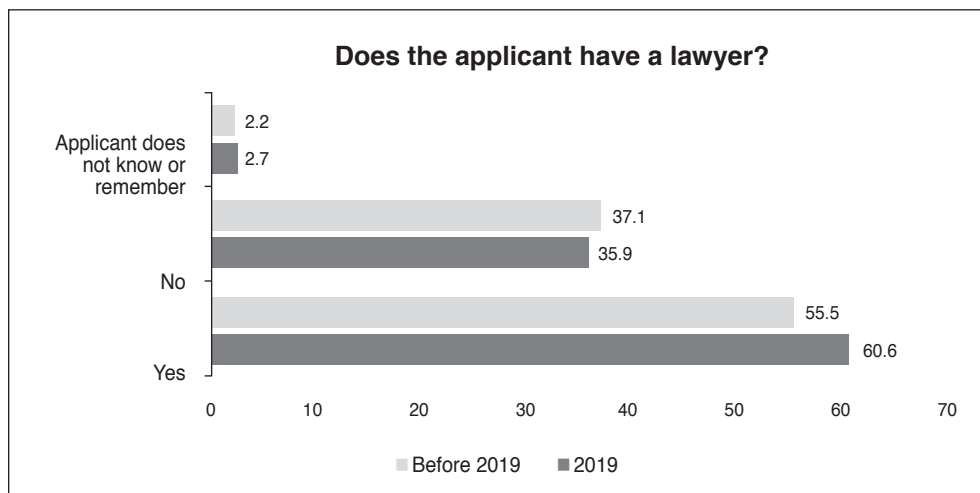
### 1. Access to Lawyers

In the analysis of legal practices, 494 (58.9%) out of 838 applicants stated that they had met with a lawyer during their last detention. It is determined that while it is 60,9% for cases in 2019 it was 55.5% for cases before 2018. Comparing these data with 2018 (65%), it is understood that the rate of lawyers visit decreased in 2019. Percentages of the visit with lawyers are presented in Graphic 8.

### 2. Arrests following Detention

In 2019, 354 out of the 838 applicants (42.2%) stated that they were arrested; 247 of them (29.5%) indicated that they were released without being referred to the prosecutor's office, 207 people (24.7%) told that they were released from the prosecutor's office or by the court. The rate of "being released without being taken to the prosecutor's office" and "being released from the prosecution or court" is

(54.2%); this fact shows that as in 2017 and 2018, the arbitrary detention in 2019 was a widespread form of violation among applicants for being subjected to torture during this period. However, when 2019 data are compared with data from 2018 and 2017; despite a relative decrease in the rates of “being released without being taken to the prosecutor’s office” and “being released from the prosecutor’s office or the court”, a slight increase was observed in arrests. The arrest data after detention are shown in Table 15.



**Graphic 8: Percentages of access to lawyers in their last detention**

**Table 15: Situation about applications after applicants’ are released from detention**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%	Number	%	Number	%
Released without being taken to the public prosecutor’s office	193	34.1	54	19.9	247	29.5
Released from the public prosecutor’s officer or from the court	149	26.3	58	21.3	207	24.7
Arrested	213	37.6	141	51.8	354	42.2
Applicant does not know/remember	5	0.9	2	0.7	7	0.8

### 3. Legal Cases After Detention

Analysing applications to the HRFT Treatment and Rehabilitation Centers in 2019 is related to one of the indicators that can demonstrate the arbitrariness of the detention / detention processes beyond legal norms is to determine the court cases related to alleged acts that are used for detention / depriving liberty. Table 16 shows the number and distribution of applications for the cases after the last detention.

**Table 16: Distribution of applications by court cases after their detention**

	Torture victims in 2019 (n=566)		Torture victims before 2019 (n=272)		Total (n=838)	
	Number	%	Number	%	Number	%
No court case	81	14.3	43	15.8	124	14.8
A court case was launched/ pending case	164	29.0	87	32.0	251	30.0
A court case was launched resulted in acquittal	2	0.4	23	8.5	25	3.0
A court case was launched sentence is given	105	18.6	76	27.9	181	21.6
Verdict of non-prosecution	0	0.0	3	1.1	3	0.4
A court case was launched no information about its result	5	0.9	2	0.7	7	0.8
Applicant does not know whether a court case is launched or not	209	36.9	38	14.0	247	29.5

While 81 applicants (14.3%) stated that no court, on the ground of their detention, has been launched against them, the number of applicants who faced court case is 276 (48.8%). It was determined that this information was incomplete in 209 applications (36.9%).

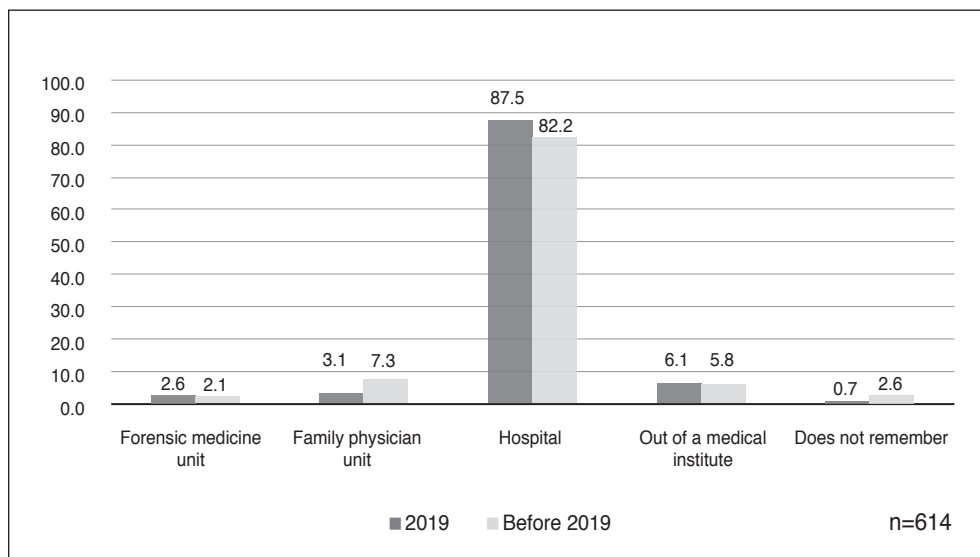
Analysing the number of court cases indicates that although the rates of convictions of the applicants, who stated that they were tortured before 2019, and the applicants, who were tortured in 2019, are close to each other (39.8% and 38% respectively), there is a significant difference in terms of acquittal verdicts. While the rate of acquittal was 12% in cases filed following the detention process, which launched before 2019, the rate of acquittal for those who were tortured in 2019 was 4 per thousand. This decline in acquittal decisions demonstrates that there has been a serious change in the judiciary and that the decisions are handled outside the legal norms.



#### 4. Forensic Reports and Places of Examination Under Detention

Under the basic human rights instruments, an immediate medical examination and finding out medical status of persons is one of the important procedural safeguards for people who are detained/deprived of liberty.

Considering whether a forensic report has been prepared about the people who were detained and whether regular medical examinations have been made; 583 applicants (69.6%) stated that they received medical reports on the initiative of officials during the last detention period. This rate is 73.1% (414 applications) for the applications, whose last detention date is 2019, and this rate is 62.1% (169 applications) for the applicants whose last detention date is before 2019. The fact that 1/4 of the applicants did not mention the forensic medical evaluation indicates that the basic safeguards were violated while they were under police custody that creates a favourable and a vulnerable environment for torture.



**Graphic 9: Distribution of applications according to the medical examination units**

Graphic 9 shows the distribution of the applications by the last detention date in 2019 and before 2019 according to health institutions where forensic examinations were performed. It was determined that 614 (73.3%) of the application files had information about places where forensic examinations were performed. It was learned that forensic examinations of 527 (85.8%) of the applicants were performed at hospitals; 37 of them (4.8%) were examined out of a medical institution.

Medical examinations of persons deprived of their liberty in places, where there is no health unit and under the control of security guards, prevent medical professionals

from performing their tasks in an independent and free manner. Medical examinations should be carried out in accordance with human rights, medical professional ethical principles and medical standards as emphasised in the Istanbul Protocol principles, which the UN adopted, under any circumstances. Medical examinations should be made in settings, where individuals will not feel themselves under pressure and privacy is protected and physicians can freely make decisions by protecting their clinical independence. Therefore, some applicants' point, which indicates their medical examinations were made in out of medical institute, is unacceptable under relevant standards and principles. Making medical examinations outside of health institutions creates an environment for human rights violations, which destroys the privacy and autonomy of detainees, and damages their sense of trust As a result, these medical examinations create a vulnerable environment to torture.

Table 17 shows information about medical examinations provided by the applications, whose data is included in the files.

**Table 17: Assessment of applications, which have forensic examination after the detention, from the forensic medicine perspective**

		Torture victims in 2019			Torture victims before 2019		
		Yes	No	Not know/ Do not remember	Yes	No	Not know/ Do not remember
Were security officers taken from the office during the forensic examination? (n=613)	Number	156	245	22	44	134	12
	%	36.9	57.9	5.2	23.2	70.5	6.3
Did the forensic physician listen to the complaints? (n=614)	Number	126	281	18	36	142	11
	%	29.6	66.1	4.2	19.0	75.1	5.8
Did forensic physician take medical history? (n=614)	Number	68	336	21	14	163	12
	%	16.0	79.1	4.9	7.4	86.2	6.3
Did the forensic physician carry out the examination properly? (n=614)	Number	43	362	20	9	168	12
	%	10.1	85.2	4.7	4.8	88.9	6.3
Did the forensic physician examine the person according to complaints? (n=615)	Number	63	341	20	14	166	11
	%	14.9	80.4	4.7	7.3	86.9	5.8

The information provided by the applicants who had their forensic examinations for torture cases in 2019 demonstrate that the current situation has become a permanent problem in the field of health with regard to the basic international regulations, the principles of the Istanbul Protocol, the national regulations as well as the ethical and professional standards of the medical profession in the medical examination process.

- In 379 applications (61.8%) security officers were not taken out during the forensic examination,
- In 423 applications (68.9%), the forensic physician did not listen to complaints,
- In 499 applications (81.3%), the forensic physician did not take medical history,
- In 530 applications (86.3%), the forensic physician did not examine properly,
- In 507 applications (82.4%), the forensic physician did not examine according to complaints,

In 2019, only 30 applications (3.6%) out of all applications asked for a forensic report while 753 applicants (94.3%) did take no action for any report. The rest of the applicants that is 83 cases (9.9%) did not find any information about their file records regarding their requests for a forensic report.

### **5. Filing a Criminal Complaint and Launching a Court Case Against Detention Period**

85 people (19.7%) who applied for torture in 2019 filed a criminal complaint while they were making statement before the public prosecutor's office or the court and told that they had been tortured under detention. 37 of the applications (4.4%) filed a criminal complaint by visiting the public prosecutor's office. Applicants have no information about court case process based on their complaints of torture. However, 5 applicants stated that they faced a "counter court case" in this period.

663 applicants (79.1%) did not file any criminal complaint.

### **Prison Period**

It was determined that 147 (31.1%) of the applicants with a prison history were female, 326 (68.9%) were male; and the average age was  $37.3 \pm 11.915$  for women and  $38.9 \pm 12.883$  for men. It was learned that a five-year-old girl was kept in prison for two years and 10 months with her mother. Moreover, 2 boys who were 17 years old at the time of their applications and 6 women and 5 men over 65 years old stated that they were held in prison.

297 (62.8%) of the applicants with a prison history stated that they were tortured in 2019 while 176 (37.2%) of them were subjected to torture before 2019. Unlike

previous years, the rate of applicants who were tortured in this year is higher. It was learned that 70.4% of those who were tortured in this year after the last detention; 79.0% of the applicants who were tortured before 2019 were arrested; and that the rate of arrest was higher among the applicants for torture cases before 2019.

The prison period of the applicants is shown in Table 18. 6 of the applicants stated that they were held in prison for over 20 years.

**Table 18: Distribution of applications by the applicants' period in prison**

Period	Torture victims in 2019 (n=297)		Torture victims before 2019 (n=176)		Total (n=473)	
	Number	%	Number	%	Number	%
0-2 months	8	2.7	10	5.7	18	3.8
3 months-1 year	68	22.9	46	26.1	114	24.1
1-3 years	120	40.4	67	38.1	187	39.5
3-5 years	37	12.5	16	9.1	53	11.2
5-10 years	50	16.8	27	15.3	77	16.3
11-20 years	8	2.7	10	5.7	18	3.8
20+ years	6	2.0	0	0.0	6	1.3

Analysing the application period of the applicants to HRFT after they are released demonstrates that 161 (34%) of them applied in the first month after the release; 181 (38.8%) of them applied in the first year; and 128 (27.1%) of them applied after at least one year.

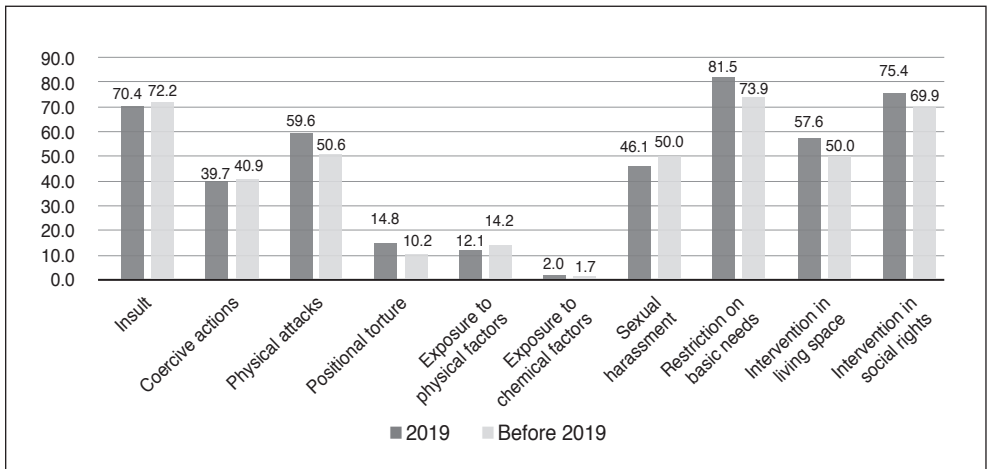
The types of release of the applicants for torture that they had suffered in 2019 and before 2019 are given in Table 19.

**Table 19: Types of release of the applicants with prison history**

Type of release	Torture victims in 2019 (n=297)		Torture victims before 2019 (n= 176)		Total (n=473)	
	Number	%	Number	%	Number	%
Released for a pending trial	159	53.5	97	55.1	256	54.1
Released after completing the sentence	96	32.3	52	29.5	148	31.3
Acquittal	7	2.4	3	1.7	10	2.1
Postponement of sentence for health conditions	1	0.3	3	1.7	4	0.8
Amnesty/conditional release	17	5.7	14	8.0	31	6.6
Other	17	5.7	7	4.0	24	5.1

228 out of 473 applicants (48.2%) with a prison history stated that they were held in F-type or other high security prisons. 58.8% of the applicants, who were held in high security prisons, stated that they were held in these institutions for 1 year or more. It was learned that 113 of the applicants (23.9%) were kept in a solitary cell for periods ranging from 1 day to 120 months. On the other hand, 81 of the applicants (17.1%) indicated that they were subjected to solitary confinement for different periods, and one applicant stated that the isolation sentences reached 400 days. Isolation in prisons is transformed into a torture method in the form of “isolation, keeping people separate from others”; 31 of the applicants (38.3%) stated that they received a 14 days or more isolation punishment.

430 out of 473 people (90.9%) with a prison history stated that they were tortured in prison. Even a slight increase in this rate for those who stated that they were tortured in the year indicates that the negative trend in prisons in 2019 did not change.



**Graphic 10: Percentage of applications by methods of torture in prisons**

The comparative percentages of torture categories suffered by these two groups are shown in Graphic 10, and the number and distributions of people subjected to torture types in these categories are shown in Table 20.

**Table 20: Distribution of applications by methods of torture in prisons**

	Torture victims in 2019 (n=297)		Torture victims before 2019 (n=176)	
	Number	%	Number	%
<b>Insult-threat</b>	209	70.4	127	72.2
Insulting/degrading	198	66.7	125	71.0
Death threats	22	7.4	26	14.8
Threats to applicants	64	21.5	51	29.0
Threats to applicants' relatives	8	2.7	7	4.0
Other	1	0.3	1	0.6
<b>Coercive Acts</b>	118	39.7	72	40.9
Forcing applicants to witness torture in an audio-visual way	77	25.9	40	22.7
Exerting torture on people while their relatives are present	32	10.8	11	6.3
Forcing applicants to listen to noisy music	15	5.1	12	6.8
Forcing applicants to be an informer	9	3.0	8	4.5
Other coercive acts	2	0.7		0.0
<b>Physical attacks</b>	177	59.6	89	50.6
Physical attack	72	24.2	45	25.6
Beating	157	52.9	81	46.0
Continuous hitting in one part of the body	8	2.7	10	5.7
Beating with a whip, a hose	1	0.3	1	0.6
Falanga	12	4.0	4	2.3
Squeezing testicles	1	0.3	1	0.6
Other	1	0.3	3	1.7
Tightening handcuffs	47	15.8	17	9.7
Pulling out hair/beard/moustache	8	2.7	4	2.3
Attempt to choke	4	1.3	3	1.7
Injury with a firearm	7	2.4	1	0.6
Rubber bullets	5	1.7		0.0
Gas canister	2	0.7	1	0.6
Involuntary medical intervention	1	0.3	1	0.6
Forcing excessive physical activity	2	0.7	1	0.6
<b>Positional torture</b>	44	14.8	18	10.2
Reversed handcuffed	33	11.1	11	6.3

Table 20 cont.

	Torture victims in 2019 (n=297)		Torture victims before 2019 (n=176)	
	Number	%	Number	%
Reversed handcuffed hands and feet	4	1.3	4	2.3
Hanging	1	0.3	1	0.6
Hanging or crucifix	1	0.3		0.0
Palestinian hanging	1	0.3	1	0.6
Forcing applicants to remain in the same position for too long	3	1.0	3	1.7
Other positional forms of torture	10	3.4	4	2.3
Exposure to physical factors	36	12.1	25	14.2
Keeping applicants in cold/hot temperature	22	7.4	19	10.8
Pressurised/cold water	12	4.0	3	1.7
Choking	3	1.0	2	1.1
Electricity	4	1.3	1	0.6
Cigarette	1	0.3	2	1.1
Other	9	3.0	2	1.1
<b>Chemical factors</b>	6	2.0	3	1.7
Tear gas chemicals (pepper gas, CN, CS)	6	2.0	3	1.7
<b>Sexual Harassment</b>	137	46.1	88	50.0
<b>Verbal sexual harassment</b>	46	15.5	45	25.6
Swear/insult	52	17.5	44	25.0
Rape, sexual attack threats	11	3.7	5	2.8
Other	1	0.3		0.0
<b>Physical sexual harassment</b>	40	13.5	29	16.5
Rectal/Naked body search	4	1.3	0	0.0
Stripping naked	112	37.7	73	41.5
Touching different parts of the body	4	1.3	8	4.5
Other	1	0.3	1	0.6

Although the applicants stated that the most common form of torture and ill-treatment practices is the basic needs were restricted and it is followed by “insult-threat” and “prevention of social rights.”

In accordance with the changes made in the application file and the classification system, interventions in the social environment, where the prisoners live, are separately categorised. 473 applicants’ response to prison conditions is shown in Table 21.

**Table 21: Distribution of applicants' response to prisons conditions**

	Torture victims in 2019 (n=297)		Torture victims before 2019 (n=176)	
	Number	%	Number	%
<b>Restriction on Basic Needs</b>	242	81.5	130	73.9
Isolation in cells	90	30.3	42	23.9
Restriction on food	161	54.2	82	46.6
Prevention of urination and defecation	16	5.4	13	7.4
Not allowing people to sleep	30	10.1	17	9.7
Prevention of applicants from access to health	219	73.7	107	60.8
No hygiene conditions	144	48.5	84	47.7
Prevention of other basic needs	4	1.3	2	1.1
<b>Intervention in Living Space</b>	171	57.6	88	50.0
Raiding wards and cells	152	51.2	84	47.7
Damaging/seizure of personal goods	137	46.1	76	43.2
CCTV in private areas	29	9.8	10	5.7
Other interventions	2	0.7		0.0
<b>Intervention in Social Rights</b>	224	75.4	123	69.9
Ban on sending/receiving of letters	116	39.1	61	34.7
Ban/restriction on visit	125	42.1	84	47.7
Forcing applicants to wear uniforms	4	1.3	3	1.7
Ban on shopping from the canteen	32	10.8	24	13.6
Restriction on outdoor and exercise period	127	42.8	80	45.5
Ban on newspapers and publications	172	57.9	102	58.0
Prevention of applicants from chats with other inmates	146	49.2	82	46.6
Other social rights	6	2.0	6	3.4
<b>Other</b>	2	0.7	3	1.7

The files of 31 applicants (6.6%) do not contain any information about the torture processes that they were subjected to while they were in prison. 424 of the applicants (89.6%) stated that they were subjected to more than one torture method. According to the analysis made by years, it has been determined that torture practices increased in terms numbers and different methods.



## Medical Assessment of Torture Survivors

Applications are assessed by physicians and mental health team (psychiatry specialists, psychologists) in the treatment and rehabilitation centres; these applications are consulted with other specialists (orthopedics, dermatology, neurology, physiotherapy and rehabilitation, eye diseases, ear, nose and throat, cardiology, and general surgery) when the team thinks that it is necessary to do so; all these medical assessments and treatment processes are coordinated by the medical team.

Applicants' health, medical complaints in their story, findings from examinations, diagnoses, treatment processes were examined under the general medical situation and also under 12 subheadings (skin, musculoskeletal, neurology, cardiovascular, respiration, digestion, endocrine, genitourinary system, eye, ear, nose and throat, oral and dental, and mental).

## Applicants' Medical Complaints

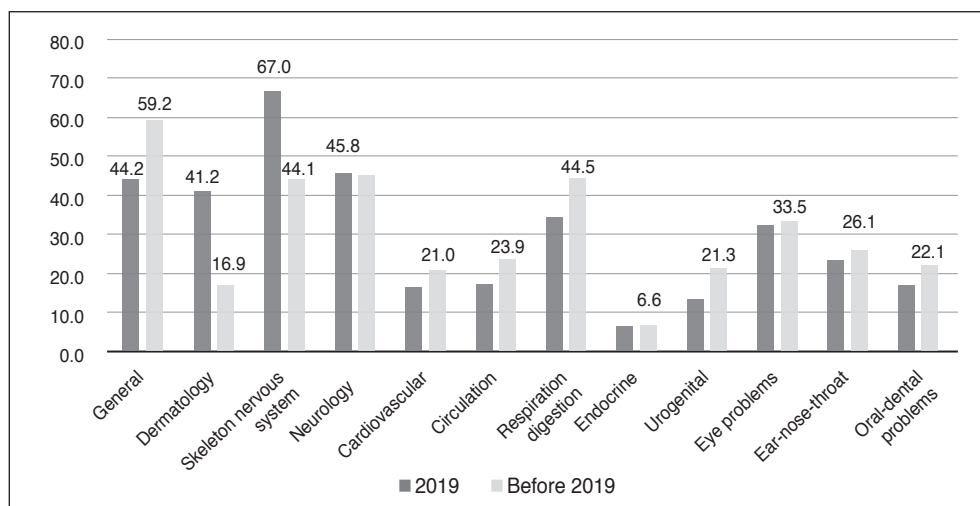
In 2019, 812 out of 838 applicants (96.9%) reported that they had at least one physical or mental complaint when they made their first application. When the mental complaints were examined separately, it was observed that the number of applicants with at least one physical complaint dropped to 776. The applicants often indicated that they had more than one complaint from different systems, the average number of complaints in an application was  $12.9 \pm 9.427$ ; and when mental complaints were separated from this category, it became  $7.8 \pm 7.109$ . These results show that the traumas caused by torture in some of the applications cannot be assessed properly, and treatment and rehabilitation activities will be incomplete, especially in cases where the medical assessments were not made in harmony with the Istanbul Protocol.

### 1. Physical Complaints

In terms of physical complaints examined under the heading of physical complaints, the following complaints were separately examined by our experts: skin, musculoskeletal, nervous, cardiovascular, respiratory, digestive, endocrine, urogenital systems, eye, otolaryngology, mouth-tooth, and complaints classified under the mental issues.

In parallel with previous years, it was determined that the applicants mostly complained about the musculoskeletal system. The other most common complaints include fatigue and weakness, nervous system and dermatology complaints.

Graphic 11 shows the percentages of the systems defined by the complaints, and Table 22 shows the most common complaints about the systems in the medical systems and the number and percentages of the people with these complaints.



**Graphic 11: Distribution of applications according to physical complaints by percentages**

There is no statistical difference in terms of gender and age distributions between those who were tortured in 2019 and those who were tortured before 2019. Yet, classifications according to “systems” indicate that there are differences under the complaints of applicants for torture. It is also statistically significant that the complaints about the musculoskeletal system ( $X^2 = 39.797$ ,  $p < 0.001$ ) and skin ( $X^2 = 48.662$ ,  $p < 0.001$ ) were higher in those who applied to our offices for torture in 2019. On the other hand, it was observed that the complaints that became chronic in applicants who were tortured before 2019 were statistically significant (general ( $X^2 = 16.588$ ,  $p < 0.001$ ), respiration ( $X^2 = 5.382$ ,  $p < 0.05$ ), digestion ( $X^2 = 8.163$ ,  $p < 0.05$ ) and urogenital ( $X^2 = 8.526$ ,  $p < 0.05$ ]).

**Table 22: The most common physical complaints under the systems**

	2019 (n=566)		Before 2019 (n=272)	
	n	%	n	%
<b>General complaints</b>				
Getting tired too fast	94	16.6	67	24.6
Pain in the whole body	47	8.3	18	6.6
Loss of appetite	30	5.3	29	10.7
Losing weight	29	5.1	25	9.2
Mouth dryness	18	3.2	17	6.3
Excessive sweating	9	1.6	24	8.8

Table 22 cont.

	2019 (n=566)		Before 2019 (n=272)	
	n	%	n	%
<b>Skin complaints</b>				
Lesions-bruises	138	24.4	5	1.8
Scratch	60	10.6	0	0.0
Swelling	50	8.8	4	1.5
Scar	25	4.4	12	4.4
Skin eruption	16	2.8	10	3.7
<b>Musculoskeletal system</b>				
Backache	142	25.1	70	25.7
Neck ache	113	20.0	33	12.1
Back pain	101	17.8	34	12.5
Shoulder ache	104	18.4	27	9.9
Knee pain	78	13.8	21	7.7
Back-leg pain	63	11.1	34	12.5
Leg pain	74	13.1	14	5.1
Arm pain	72	12.7	7	2.6
Neck, arm pain	58	10.2	20	7.4
Hand, wrist pain	62	11.0	6	2.2
Chess pain	54	9.5	10	3.7
Foot-ankle	39	6.9	8	2.9
Pain in the whole body	41	7.2	3	1.1
Hip pain	32	5.7	8	2.9
Limitations in joint mobility	30	5.3	4	1.5
Pain in hands, paraesthesia, and burning	26	4.6	3	1.1
Pain in elbow	19	3.4	7	2.6
<b>Nervous System</b>				
Headache	198	35.0	96	35.3
Dizziness	57	10.1	37	13.6
Paraesthesia and formication	58	10.2	20	7.4
Unsteadiness	17	3.0	15	5.5
Memory problems	15	2.7	5	1.8
<b>Complaints about cardiovascular system</b>				
Throb	52	9.2	35	12.9

**Table 22 cont.**

	2019 (n=566)		Before 2019 (n=272)	
	n	%	n	%
Chest pain (angina)	26	4.6	22	8.1
Hypertension	17	3.0	10	3.7
<b>Complaints about respiratory system</b>				
Asthma	64	11.3	47	17.3
Coughing	41	7.2	30	11.0
Mucus	19	3.4	20	7.4
Chain-back pain	23	4.1	13	4.8
<b>Complaints about digestive system</b>				
Stomachache	111	19.6	80	29.4
Burning sensation	117	20.7	71	26.1
Distention, indigestion	64	11.3	45	16.5
Stomach acidity	52	9.2	32	11.8
Constipation	30	5.3	34	12.5
Nausea	35	6.2	28	10.3
Vomiting	18	3.2	12	4.4
Diarrhoea	18	3.2	9	3.3
Other	17	3.0	5	1.8
<b>Complaints about endocrine system</b>				
Goitre	12	2.1	8	2.9
<b>Complaints about Urogenital system</b>				
Thamuria	29	5.1	26	9.6
Dysuria, burning and bifurcation during urination	33	5.8	19	7.0
Side pain	17	3.0	12	4.4
Abdominal pain	11	1.9	9	3.3
<b>Complaints about eyes</b>				
Visual impairment	146	25.8	82	30.1
Eye pain	36	6.4	23	8.5
Eye redness	37	6.5	16	5.9
Lachrymation	30	5.3	17	6.3
Sensitivity to light	16	2.8	14	5.1
Other	20	3.5	5	1.8
Burring	14	2.5	9	3.3

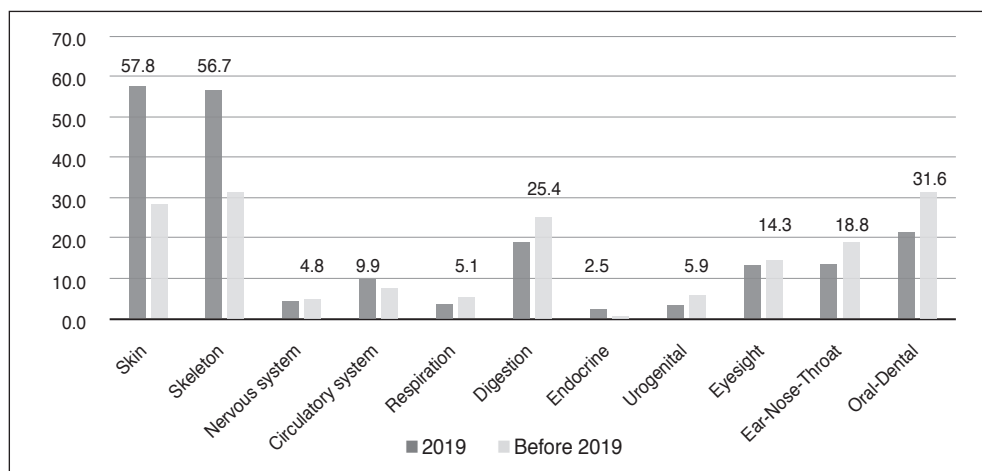
**Table 22 cont.**

	2019 (n=566)		Before 2019 (n=272)	
	n	%	n	%
<b>Complaints about ear-nose-throat</b>				
Reduce in hearing	48	8.5	22	8.1
Hum, noise	34	6.0	20	7.4
Ringing in the ears	26	4.6	24	8.8
Pain in the ears, itching	25	4.4	19	7.0
Nasal congestion	28	4.9	14	5.1
Sore throat, itching	15	2.7	14	5.1
Snoring	10	1.8	13	4.8
<b>Complaints about oral and dental problems</b>				
Cavity-missing tooth	58	10.2		0.0
Toothache	22	3.9	15	5.5

\*Physical complaints observed in more than 20 applicants are listed

## 2. Findings of Physical Examination

In the medical assessment of 710 applicants (84.7%), at least one physical finding was found by medical doctors. There were physical findings in 492 out of 566 (86.9%) of applicants for torture in 2019; and 218 out of 272 applicants (80.1%) for torture cases occurred before 2019. Graphic 12 shows percentage of findings among 710 applicants.



**Graphic 12: Percentage of findings of applications**

Although the number of physical findings recorded in the applications varies between 1 and 32, the average number of symptoms is  $4.12 \pm 3.585$ . While 26.4% (221 people) of the findings detected in the system examinations were related to a single system, the rate of applications with findings from more than one system was 58.4% (489 people).

It is also statistically significant that the findings detected in the skin and musculoskeletal systems of people, who applied for torture cases occurred the year, were higher than people who applied to our offices for torture cases occurred before 2019 [ $X^2 = 62.381, p < 0.001$ ;  $X^2 = 46.32, p < 0.001$ ].

As in the reports of previous years, the systems with the most common findings are “*musculoskeletal system*” and “*skin*”. As regards to the findings, in the first place; there are “*sensitivity to pain in muscles*”, “*pain and tenderness in shoulder movements*”, “*pain and tenderness in neck movements*”, “*ecchymosis and abrasions*” and “*scar tissue*”. Table 23 shows the most frequently encountered findings in the systems; the number of people with these findings and the percentage of these people among the all applicants.

**Table 23: Most common physical findings**

	Torture survivors in 2019 (n=566)		Torture survivors Before 2019 (n=272)	
	Number	%	Number	%
<b>Skin findings</b>				
Scar tissue	161	28.4	63	23.2
Ecchymosis	164	29.0	3	1.1
Abrasion	137	24.2	5	1.8
Other	29	5.1	6	2.2
Skin eruption	22	3.9	7	2.6
Edema	21	3.7	1	0.4
<b>Musculoskeletal system findings</b>				
Pain tenderness in muscles	204	36.0	46	16.9
Pain and tenderness in shoulder movements	110	19.4	29	10.7
Pain and limitations in neck movements	91	16.1	29	10.7
Pain and limitations in back movements	87	15.4	31	11.4
Pain and limitations in knee movements	53	9.4	17	6.3
Pain and limitations in wrist and fingers	49	8.7	8	2.9
Painful trigger point in the muscles	13	2.3	15	5.5
Pain and limitations in ankles and fingers	23	4.1	5	1.8
Pain and limitations in hips	16	2.8	10	3.7

Table 23 cont.

	Torture survivors in 2019 (n=566)		Torture survivors Before 2019 (n=272)	
	Number	%	Number	%
<b>Nervous system findings</b>				
Superficial tissue disorder	12	2.1	4	1.5
Loss in muscular power	6	1.1	4	1.5
<b>Cardiology findings</b>				
Hypertension	8	1.4	14	5.1
<b>Respiratory system findings</b>				
Rhonchus	10	1.8	7	2.6
Rale	7	1.2	5	1.8
<b>Digestive system findings</b>				
Epigastrium tenderness	75	13.3	55	20.2
Ups and downs in noise of bowel	29	5.1	15	5.5
Abdomen tenderness	20	3.5	13	4.8
<b>Urogenital system findings</b>				
Pelvic tenderness	13	2.3	8	2.9
<b>Eye findings</b>				
Visual impairment	42	7.4	31	11.4
Conjunctival hyperaemia	18	3.2	11	4.0
<b>Ear-Nose-Throat findings</b>				
Plug	21	3.7	16	5.9
Hyperaemia in throat	13	2.3	11	4.0
Retronasal drip	17	3.0	7	2.6
Hyperaemia in tympanum	12	2.1	10	3.7
Deviation in nose	14	2.5	6	2.2
<b>Dental findings</b>				
Missing tooth	59	10.4	48	17.6
Decayed tooth	41	7.2	46	16.9
Filled tooth	25	4.4	12	4.4
Broken tooth	18	3.2	8	2.9
Gingival problems	10	1.8	14	5.1
Other	15	2.7	7	2.6

When the physical complaints, which applicants stated, and the findings obtained during the examinations by physicians were compared; it was observed that the findings identified under the skin and dental headings were higher than the complaints reported by the applicants; yet the findings of other systems were lower than those of the same systems.

### 3. Physical Examination Diagnoses

Physicians make an evaluation, which includes all systems, about applications for torture cases submitted to the Human Rights Foundation of Turkey Treatment Centres and the Reference Centres; following the examinations and evaluations by specialist to support the diagnosis, the physical diagnosis is made according to ICD-10 (International Statistical Classification of Diseases and Related Health Problems).

140 applicants out of 838 people were excluded from the evaluation for missing information resulting from problems related to ongoing treatment processes.

There are 698 diagnosed applicants [493 people (87.1%) for 2019; 205 people (75.4%) before 2019]. The number of diagnoses made for these applications is 573. In total, 2662 diagnoses were found by physicians. (For those who were tortured in 2019, 1999 and before 2019: 663). While 169 of the applicants had a single diagnosis, 529 of them had more than one diagnosis. The average number of diagnoses per application is 3.8. The applicant with the highest diagnoses has 15 diagnoses for the case in 2019 and 11 diagnoses were found by physicians for the case before 2019.

The most common diagnoses are listed in Table 24. When all diagnoses are considered, it is observed that the diagnoses related to "injury and musculoskeletal system" is on the first rank for the applicants who were subjected to torture in 2019 while musculoskeletal diagnoses are on the first rank for the applicants who were subjected to torture before 2019.

**Table 24: Distribution of applications according to physical diagnoses**

ICD-10 Code	Physical Diagnose	Applicants who were subjected to torture in 2019 (n=493)		Applicants who were subjected to torture before 2019 (n=205)	
		n	%	n	%
T94.0	Sequelae of injuries involving multiple and unspecified body regions	56	11.4	21	10.2
M51.1	Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy	49	9.9	20	9.8

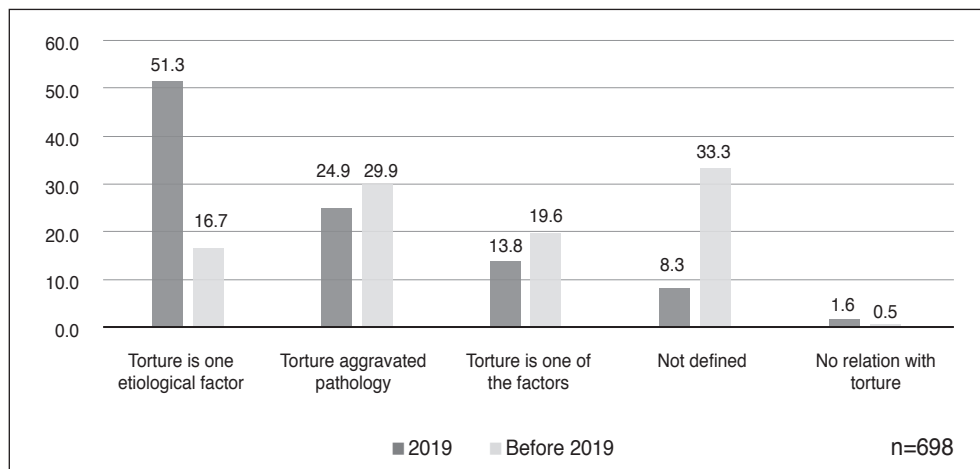


Table 24 cont.

ICD-10 Code	Physical Diagnose	Applicants who were subjected to torture in 2019 (n=493)		Applicants who were subjected to torture before 2019 (n=205)	
		n	%	n	%
K21.0	Gastro-oesophageal reflux	42	8.5	26	12.7
H52.1	Hypermetropia	44	8.9	22	10.7
K30	Dyspepsia	36	7.3	28	13.7
S40.0	Shoulder and upper arm superficial injury	57	11.6	1	0.5
M75.1	Rotator cuff tear or rupture, not specified as traumatic	37	7.5	12	5.9
S60.7	Multiple superficial injuries of wrist and hand	47	9.5	1	0.5
S80.0	Contusion of knee	45	9.1	2	1.0
H52.2	Myopia	30	6.1	15	7.3
R51	Headache	29	5.9	13	6.3
K58.0	Irritable bowel syndrome	24	4.9	15	7.3
J34.2	Deviated nasal septum	20	4.1	17	8.3
S50.7	Multiple superficial injuries of forearm	36	7.3	1	0.5
S40.7	Multiple superficial injuries of shoulder and upper arm	36	7.3	0	0.0
H10	Conjunctivitis	20	4.1	15	7.3
M54.5	Lumbago with sciatica	28	5.7	4	2.0
S80.7	Multiple superficial injuries of lower leg	23	4.7	2	1.0
N39.0	Urinary tract infection	20	4.1	4	2.0
I10	Essential (Primary) Hypertension	11	2.2	12	5.9
S80.1	Contusion of lower leg	23	4.7	0	0.0
H52.0	Refraction and accommodation disorders	12	2.4	9	4.4
M50	Cervical disk disorders	16	3.2	5	2.4
M54.2	Cervicalgia	17	3.4	3	1.5
M79.0	Other soft tissue disorders not classified in somewhere else	16	3.2	4	2.0

Assessing the relationship between the physical diagnoses, which were identified in the applications, and the torture history that applicants told; it is observed that a stronger link can be established between the history of torture and the diagnosis in applications that are made in the early phase. As the time passes, the rate of

physical diagnosis decreases and the causality connection becomes difficult. The distribution of one of the diagnoses found in applicants according to the existence of a causal relationship with torture is shown in Graphic 13.



**Graphic 13: Distribution of diagnoses and torture acts according to causality**

**Table 25: Distribution of diagnoses according to their relation to torture acts**

Diagnose	Applicants who were subjected to torture in 2019 (n=493)		Applicants who were subjected to torture before 2019 (n=205)	
	n	%	n	%
One etiological factor	253	51.3	34	16.7
Aggravated/revealed	123	24.9	61	29.9
One of the etiological factors	68	13.8	40	19.6
Not defined	41	8.3	68	33.3
No relation	8	1.6	1	0.5

## Mental Assessment of Torture Survivors

### 1. Mental Complaints

In 2019, 622 out of 838 applicants (74.2%) had at least one mental complaint. As regards to mental complaints, the percentage of applicants who complained about being tortured in 2019 year was 70.3% (398 people), while this increased to 82.4% (224 people) for applicants who were tortured before 2019. As the time passes after torture, it is observed that there is a statistically significant increase in the number of people with mental complaints ( $X^2 = 24.046$ ,  $p < 0.001$ ).

It is noticed that there is also a difference in the number of mental complaints that applicants referred to. While the percentage of applications with a single mental complaint was 7.4% for cases in 2019; it decreased to 2.9% for cases that occurred before 2019. Accordingly, there is an increase in mental complaints. The average of mental complaints reported by people who were tortured in 2019 was  $6.5 \pm 4.299$ . As regards to the torture cases occurred before 2019, the average of mental complaints is  $8.1 \pm 4.614$ . There is no big difference in the highest number of complaints made by applicants, in recent years (*there were 20 complaints for the person applied for the torture case in 2019 while there were 21 complaints for the person applied for the torture case before 2019*).

As in previous years, the most common mental symptoms, which the applicants complained, are sleep disorders, anxiety, and tension (Table 26).

**Table 26: Distribution of applicants with mental complaints**

Mental Complaints	Applicants who were subjected to torture in 2019 n=566		Applicants who were subjected to torture before 2019 n=272	
	n	%	n	%
Sleep disorders	263	46.5	150	55.1
Anxiety	209	36.9	146	53.7
Tension	189	33.4	136	50.0
Feeling uncomfortable with police officers	192	33.9	109	40.1
Nervousness	186	32.9	111	40.8
Depression	163	28.8	116	42.6
Fear	145	25.6	106	39.0
Memory impairment	101	17.8	92	33.8
Concentration disorder	106	18.7	84	30.9
Anger bursts	105	18.6	64	23.5
Flashback	121	21.4	45	16.5
Nightmares	89	15.7	67	24.6
Being alert	87	15.4	67	24.6
Worried about future	87	15.4	66	24.3
Having no pleasure from life	72	12.7	80	29.4
Moving away from people	79	14.0	63	23.2
Crying spells	75	13.3	55	20.2
Difficulty in adjustment	57	10.1	49	18.0

It was noticed that the longer period after torture cases, the more complaints from the applicants' side. The only exception is "flash-back" complaint. Analysing these complaints one by one provides more meaningful outcomes for the statistics.

## 2. Mental Findings and Symptoms

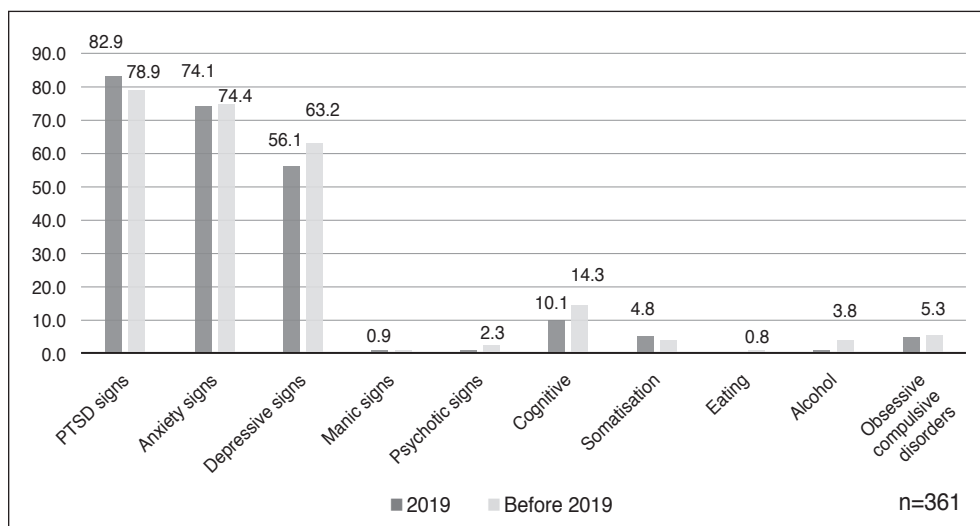
**The analyses for 2019, as in 2017 and 2018, were made based in psychiatric evaluations of the findings, symptoms and diagnoses obtained through "psychiatric interviews" that the applicants allowed.**

361 out of 838 people (43.1%), who applied to the HRFT in 2019, were evaluated by a specialist in mental health. It is observed that there has been an increase in the number of applications evaluated by the specialist in mental health [In 2018: 202 applications (40%)]. 477 applications were excluded from the evaluation for not giving consent to rehabilitation services; for not being seen by any specialist in mental health, for not attending sessions; and/or for missing records.

Considering the proportional distribution of the applicants who accepted mental evaluation, it is understood that 288 (40.3%) who were tortured in 2019 and 133 (48.9%) who were tortured before 2019 were evaluated by mental health experts. As the time passed after the torture, it is understood that the demand for evaluation and support from the mental health specialist increased.

It was determined that 312 out of the 361 applicants (86.4%), who were evaluated by mental health experts, had at least one mental finding. When the distribution of the interviewed applications examined, it was noticed that there was a mental finding in 196 applicants (86%) who stated that they were tortured in 2019 and 116 applicants (87.2%) who stated that they were tortured before 2019.

75 psychological findings that were questioned during mental evaluations were classified and analysed in the main clusters of "*PTSD, Anxiety, Depressive, Manic, Psychotic, Cognitive, Somatisation, Eating Disorder, Alcohol / Substance Use Disorder and Obsessive Compulsive Disorder Symptoms*". The main symptom clusters of the applications with mental symptoms their percentage distributions are shown in Graphic 14 and Table 27.



Graphic 14: Distribution of percentages of signs of applications with mental signs

Table 27: Distribution of mental signs that were detected in applicants

Mental Signs	2019		Before 2019	
	n	%	n	%
<b>PTSD</b>	189	82.9	105	78.9
• Signs of relive	146	64.0	84	63.2
• Signs of avoidance	114	50.0	63	47.4
• Negative cognition and change in mood	121	53.1	76	57.1
• Excessively stimulated	172	75.4	94	70.7
• Dissociative signs	12	5.3	1	0.8
<b>Signs of anxiety</b>	169	74.1	99	74.4
<b>Depressive Signs</b>	128	56.1	84	63.2
<b>Manic signs</b>	2	0.9	1	0.8
<b>Psychotic signs</b>	2	0.9	3	2.3
<b>Cognitive Signs</b>	23	10.1	19	14.3
<b>Somatization Disorder Signs</b>	11	4.8	5	3.8
<b>Eating disorder</b>	0	0.0	1	0.8
<b>Alcohol and drug use disorders</b>	2	0.9	5	3.8
<b>Obsessive, compulsive signs</b>	10	4.4	7	5.3

In 312 applications where mental health specialists found at least one finding, the total number of mental findings was 5106 and the average number of mental findings

determined in these people was  $16.3 \pm 11.813$ . While a single mental symptom was diagnosed in 7 applicants only, 98.3% of the applicants had more than one finding. The highest number of mental findings, which were determined in an applicant, is 46.

The symptoms related to “*post-traumatic stress*” disorder were observed during the early phase following the torture incidents took place. On the other hand, as the time passed after torture, the symptoms of “*anxiety, depressive, cognitive*” disorder increased. When the distribution of mental signs / symptoms is evaluated, it is understood that while the conditions related to the clinical findings expected to emerge afterwards are very clear, the symptoms and findings associated with other reasons remain considerably low.

### 3. Mental Examination Diagnoses

It was recorded that 307 out of 312 applicants with findings and symptoms in 361 applications, which were first interviewed by mental health specialists, had a mental diagnosis, and there was no health problem related to torture in 5 applications. After the first interview by mental health specialists, 49 applicants whose diagnostic process still continue and whose records regarding the diagnosis and follow-up process are incomplete, were excluded from the evaluation.

195 out of the 312 applicants, whose mental evaluations were completed, stated that they were tortured in this year; and 117 of them stated that they were tortured before 2019. The distribution of diagnoses made by mental health specialists is given in Table 28.

**Table 28: Distribution of applications by mental diagnoses**

	2019 (n=195)		Before 2019 (n=117)	
	n	%	n	%
PTSD Acute	87	44.6	66	56.4
PTSD (delayed case)	3	1.5	3	2.6
Acute Stress Disorder	24	12.3	1	0.9
Adjustment Disorder	55	28.2	25	21.4
Major Depressive Disorder-One Episode	19	9.7	22	18.8
Major Depressive Disorder (Recurrent)	9	4.6	9	7.7
Dipersistent Depressive Disorder	3	1.5	6	5.1
Generalized Anxiety Disorder	11	5.6	15	12.8
Panic Disorder	3	1.5	3	2.6
Sleep Disorder	7	3.6	1	0.9
Obsessive Compulsive Disorder	5	2.6	3	2.6

The most common mental illnesses in the applications are the diseases in the “Post Traumatic Stress Disorder” group, and this group is followed by the diseases in the “Depression” and “Anxiety Disorder” groups.

28 different mental diagnoses were made in the applications, and in total 425 diagnoses were made by specialists. It was observed that 203 of the applicants had a single mental diagnosis and 104 applicants had multiple psychiatric diagnoses (*90 applicants had two, and 14 applicants had three*). The most common mental diagnoses, which coexisted, are PTSD and Major Depressive Disorder. As regards to accompanying diagnoses, the results are in harmony with information learned from the literature.

A team, which is specialised in child psychology, is in charge of applications from children. The team carried out the mental evaluations in a way specifically addressing relevant issues. Similarly, diagnostic criteria for children are used for mental signs, symptoms and diagnoses.

Considering the mental diagnoses of children, who were subjected to torture according to DSM-V diagnosis criteria; it was determined that torture was the only factor in mental problems as in the case of Acute PTSD for 3 children out of 6 cases (who are between 16 and 18 years old) in total; PTSD and Major Depressive Disorder for 1 child out of 6 children; and Major Depressive Disorder for 1 child out of 6 children; and Triggering Factor-Related Disorder for 2 children out of 6 children. It was concluded that torture was the only factor in the emergence of the disease or it causes the emergence of the disease in all these diagnoses.

## **Treatment and Rehabilitation Process**

### **1. Applied Physical Treatment**

Following the physical, mental and social assessments, physical and mental treatment and rehabilitation processes of 838 people, who applied to HRFT treatment and rehabilitation centres for torture and other form of serious human rights violations other than torture, are coordinated by our medical team. Persons who do not want to receive physical treatment or who do not have a torture-related problem/s are not included in the treatment processes.

Table 29 shows the course of the physical treatment processes of those who applied to the HRFT in 2019. Treatment processes in 400 applicants (47.7%) [*305 applicants (53.9%) for cases in 2019; similarly treatment processes were completed for dozens of applications (34.9%) who stated that they were tortured before 2019*]. There are still 140 applicants (16.8%) whose medical assessment and treatment processes still continue. There are 44 applicants for whom diagnosis process still continues; 96 applicants still receive treatment.

While 10 of the applicants did not give their consent to the physical examination, 11 applicants did not accept the recommended treatment from the medical team. There are 121 applicants (14.4%), whose the diagnosis or treatment process could not be completed for any reason. The diagnostic process (7.8%) was interrupted at a higher rate than the treatment process. It was observed that in addition to personal reasons, the high percentage of discontinuity was an important factor in affecting interruption of treatment processes.

As a result of the evaluations, no physical health problems related to torture was detected in 137 applicants (16.3%).

**Table 29: Distribution of applications in regard to the treatment process course**

Treatment Process	Applicants who were subjected to torture in 2019 (n=566)		Applicants who were subjected to torture before 2019 (n=272)	
	Number	%	Number	%
Physical examination was refused by applicant/s	3	0.5	7	2.6
Diagnosis practices are going on	37	6.5	7	2.6
Diagnosis process was not completed	42	7.4	23	8.5
Applicant/s did not want to be treated	5	0.9	6	2.2
Treatment is going on	72	12.7	24	8.8
Treatment process stopped after it began	34	6.0	22	8.1
Treatment was completed	305	53.9	95	34.9
No problem related to torture was detected	59	10.4	78	28.7
Other	9	1.6	10	3.7

Excluding applicants, who did not give consent to medical examination and the recommended treatment, so that their diagnosis process was not completed, or the health problem related to torture from the total figures indicates that there are 571 applicants (68.1%) who were included in the treatment processes. The applied physical treatment methods are shown in Table 30.



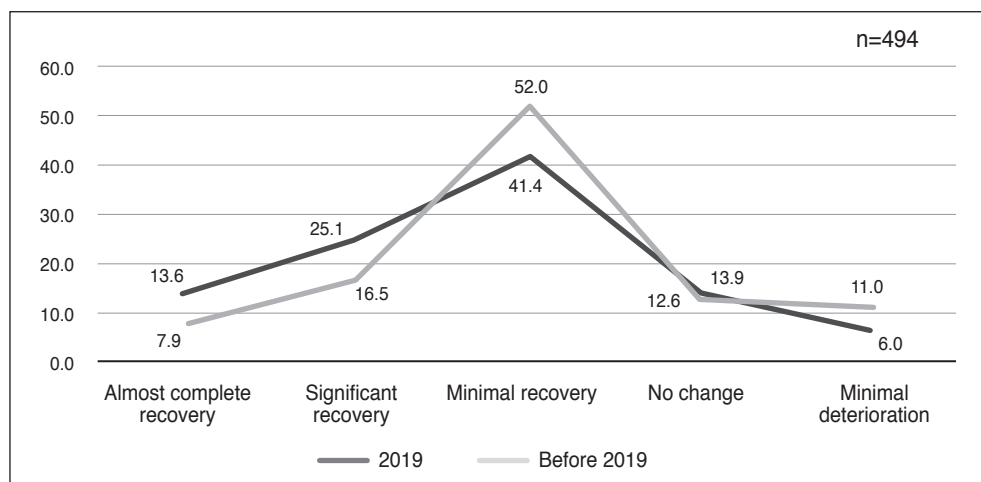
**Table 30: Distribution of treatment methods for applicants**

Applied Treatment Methods	Applicants who were subjected to torture in 2019 (n=420)		Applicants who were subjected to torture before 2019 (n=151)	
	Number	%	Number	%
Drug therapy	347	82.6	121	80.1
Daily life recommendations	229	54.5	74	49.0
Exercise	46	11.0	17	11.3
Eyeglass	28	6.7	11	7.3
Physiotherapy	18	4.3	13	8.6
Orthopaedic devices	12	2.9	1	0.7
Surgical intervention	7	1.7	4	2.6
Dental treatment	4	1.0	4	2.6
Hearing aid	1	0.2	0	0.0
Plaster/air splint	1	0.2	0	0.0
Other	6	2.0	4	2.0
No treatment	8	1.9	2	1.3

On the basis of the results, it can be concluded that no significant difference was observed between the recommended and applied treatments and the time when the torture was exerted. When we assess the recommended and applied treatments in 2019, drug therapy is the first treatment method. In total, there were 468 applicants (82.0%), who our specialists detected physical symptoms and diseases resulting from torture and applied drug treatment. While “daily life recommendations” were the most common treatment in the reports of 2018 and 2017 treatment centres, it was observed that “drug treatment” almost doubled in 2019 applications.

## 2. Treatment and Rehabilitation Processes Results

Physicians assessed treatments, which were applied to 494 out of the 571 applicants, and added these treatments to the completed and/or active files. As a result of the physical treatments applied, 60 applicants (12.1%) recovered almost completely; 113 applicants (22.9%) recovered significantly; 218 applicants (44.1%) had minimal recovery; no change was observed in 67 applicants (13.6%); 36 of the applicants (7.3%) deteriorated at minimal level. These distributions for applicants, who applied to our offices for cases in and/or before 2019, are shown in Graphic 15. It is found meaningful to note that the decrease in the level of recovery is related to the time passed after torture cases ( $X^2 = 11.343$ ,  $p < 0.05$ ).



**Graphic 15: Distribution of physical treatment results in applications whose treatment is completed**

### 3. Mental Treatment Process

There are 302 applications that HRFT offices offered / provided mental support following after mental assessments. Pharmacotherapy support was provided to 228 applicants or 3/4 of the total cases; and psychotherapy support was provided to 152 applications by specialists. Pharmacotherapy and psychotherapy were applied together in 78 of the applicants. While figures demonstrate that pharmacotherapy is used more frequently in treatment, it is also understood that as time passes, the rate of preference for psychotherapy increases (Table 31).

**Table 31: Distribution of applied psychotherapy methods in applications**

	Applicants who were subjected to torture in 2019 (n=178)		Applicants who were subjected to torture before 2019 (n=124)	
	Number	%	Number	%
Pharmacotherapy	140	78.7	88	71.0
Psychotherapy	78	43.8	74	59.7

Assessment of treatment processes for 361 applicants, who made their applications to our office in 2019, were evaluated by specialists, it was observed that the treatment of 28 applicants (7.8%) was completed in this period. Furthermore, there are 157 (43.5%) applicants who are still in the diagnosis or treatment process and still receive support. Our specialists detected no health problem related to torture in 19 applicants (5.3%). Unfortunately, diagnosis or mental treatment process for 113 applicants (35.2%) were interrupted. There are 25 applicants (6.9%) whose file miss information about the treatment process.

**Table 32: Distribution of applications by the course of pharmacotherapy processes**

Treatment Process	Applicants who were subjected to torture in 2019 (n=228)		Applicants who were subjected to torture before 2019 (n=133)	
	Number	%	Number	%
Treatment was completed	16	7.0	12	9.0
Treatment is going on	98	43.0	53	39.8
Treatment stopped after it began	65	28.5	43	32.3
Applicant did not want to receive any treatment	16	7.0	3	2.3
Diagnosis process is going on	4	1.8	2	1.5
Diagnosis process stopped after it began	4	1.7	1	0.8
No health problem related to torture was detected	13	5.7	6	4.5
No record	12	5.3	13	9.8

Torture's traumatic effects of torture on people make it difficult for some of those exposed to trauma to participate in and continue therapy process. As for some applicants, these processes are interrupted by external factors such as being detained again and being arrested. However, it is beneficial to carry out activities to reduce the interruption of the therapy processes through paying attention to other reasons that cause the interruption of the psychiatric treatment processes.

After specialists completed their examinations, psychotherapy was recommended in 152 applications (42.1%). The course of the therapy process in the applicants receiving psychotherapy is shown in Table 33.

**Table 33: Distribution of applications by the course of psychotherapy processes**

Mental Treatment Process	Applicants who were subjected to torture in 2019 (n=78)		Applicants who were subjected to torture before 2019 (n=74)	
	Number	%	Number	%
Therapy was completed	16	20.5	11	14.9
Therapy is going on	32	41.0	38	51.4
Therapy stopped after it began	22	28.2	14	18.9
Not willing for a therapy	6	7.7	6	8.1
No record	2	2.6	5	6.8

17.8% of the psychotherapy processes was completed during the year while 46,1% of the applicants, that is to say almost half of them, still continue receive the therapy. The time passed after torture incidents shows that there is a higher rate of completed and ongoing psychotherapy. It also demonstrates that treatment for the psychological effects of trauma takes longer; the longer period after torture cases, it gets harder to mitigate the effects of trauma.

Analysing the completed treatments together, it is understood that psychotherapy and pharmacotherapy were applied together to 15 applicants; and the therapy processes of 36 applications were completed by our teams.

The "Clinical Recovery Scale" (CGI-I) is used to evaluate the results, clinical effects and side effects of the mental therapies chosen for the applicants. However, it is understood that the evaluation records of the scales are incomplete. Although there were 36 applications whose treatments were completed in 2019, there were records of 16 applicants in the recovery scale. It is noted that "almost complete recovery" was observed in 2 applicants; "significant recovery" was observed in 12 applicants; and "minimal recovery" was observed in 2 applicants. 15 of these records belong to the HRFT İzmir Representative Office and the other record belongs to the HRFT Ankara Representative Office.

## **APPLICATIONS SUBMITTED to the HRFT RESULTING from TORTURE and OTHER FORMS of ILL-TREATMENT THAT TOOK PLACE OUTSIDE TURKEY**

There are 19 applications for torture and other ill-treatment practices, which took place outside Turkey, to the Treatment Centres in 2019. Given the fact that practices, which the applicants were subjected to, results and torture processes are different, there are separately evaluated from 838 applicants in Turkey.

The distribution of the applications for cases outside Turkey by the HRFT office is as follows: 19 people applied to Istanbul, 2 people applied to Ankara, 2 people applied to İzmir, and 4 people applied to to Diyarbakır Representative, Van and Cizre centres in 2019.

4 of the applicants reached the HRFT through the advice of other HRFT applicants, 2 of them were referred to our offices through IHD, 4 of them applied to our offices through the democratic organisation and/or parties, 2 of approached to us through lawyers, 1 of them directly applied to our office, and 6 applicants used other channels to submit their applications to the HRFT offices.

Applicants stated that they were subjected to torture in “Syria, Iraq, Iran, Morocco, Libya, Georgia, and Bulgaria.”

### **Socio-Demographic Information**

#### **1. Age, Gender, Marital Status**

The applications’ age varies between 17 and 56. The age average is  $35,95 \pm 10,622$  among these applicants. There were 3 female and 16 male applicants. 1 of the applicants is under 18 years old. With regard to their marital status; 7 of them were married and 11 of them were single.

The mother tongue of 8 applicants is Arabic, 5 applicants is Kurdish, 4 applicants is Persian and 1 applicant is Azerbaijani, and 1 applicant is Laz language.

#### **2. Education, Job/Profession and Having a Current Job or not**

When we look at the educational status of the applicants, we observe that 1 of them is secondary school students, 13 of them completed their education (2 primary school graduates, 1 secondary school graduate, 3 high school graduates, 7 vocational high school/university graduates, and 1 applicant with MA); 3 applicants did not complete high school education.

With regard to the employment status, it was determined that 3 applicants had full-time job, 2 applicants had a part time job and 12 applicants were unemployed, and 1 of applicant was retired.

## Torture Processes

### 1. Process of Detention and Torture under Detention

4 applicants stated that they were subjected to torture in 2019, and 15 of them stated incidents took place before 2019, the oldest incident dates back to 1984.

Detention periods range from 1 day to 195 days. It was understood that 11 of the applicants were held under police custody for 4 days while 8 of them were detained for a longer period. 4 applicants underlined that they were held under detention for longer than 1 month.

On the basis of the records available in files, it is learned that 4 people were taken into custody from the streets/open space, 6 of them were detained from their house, 6 of them were taken into custody from a public institution, workplaces. No information is available about detention from a place that falls into the category of "another place."

As regard to the time when they were detained; 15 people stated that they were detained between 08:00-18:00; 2 people were detained between 18:00-24:00; and 1 person was detained between 24:00-08:00. There is no information about detention time for 1 applicant.

The applicants were asked about any given reason for their detention; 13 applicants stated that they were detained for political views, 1 applicant was detained for religious reasons, 1 of them was detained for ethnic reasons, and 3 of them were detained for other reasons.

6 applicants stated that they were detained from home, 5 of them were detained from airports, 4 of them were detained from streets and 1 of them was detained from workplace. They indicated that they were subjected to torture while being under detention; "unspecified closed places" (7), inside a vehicle (5), police departments (2), police stations (3), home (2), street/open space (1), prison (1) and other places (3). It is understood that torture is exerted [by officers] out of official institutions and in informal places.

All applicants were subjected to physical and mental torture methods.

**Table 34: Distribution of torture by methods**

<b>Torture Methods</b>	<b>Number</b>	<b>%</b>
Insult	19	100.0
Coercive Acts	13	68.4
Physical Attacks	16	84.2
Positional Torture	13	68.4
Physical Factors	8	42.1
Chemical Factors	0	0.0
Sexual	7	36.8
Basic needs	14	73.7

All of the applicants stated that they were subjected to more than one torture methods while they were under detention; they stated that insults, physical attacks, prevention of basic needs and positional torture were used most commonly. Moreover, the following torture acts were listed: “rape, hanging, death threat, blindfolded, reverse handcuffs, leaving people naked.” There is no reference to being exposed chemical factors during their detention periods.

## **2. Legal Procedures During and After Detention**

2 of the applicants had access to lawyers while they were under detention. However, it was learned from the records in the files that 17 applicants had no access to lawyers in this period. Applicants stated that officials to them relevant units so that they obtained medical reports. It is noticed that 3 medical examinations were carried out by officers in institutes other than medical institutes (police departments and police stations); security officers were not evicted from the location where medical examinations were carried out; 4 out of 5 forensic reports, physicians issued a report without listening to applicants and without examining them as required. 15 applicants stated that they were not even taken to a physician for examination during this process so that their right to access health was denied.

2 out of the 19 applicants told the public prosecutors or the court that they were subjected to torture. Yet, other applicants did not file a criminal complaint after the detention period was over.

15 applicants told that they were arrested following the detention periods; 5 applications were released without being referred to prosecutors’ offices and 1 application was released by the prosecutor’s office or the court.

10 people stated that they had been detained only for once. In case of 7 people applicants, they were detained was more than once. 4 applicants were detained for more than 2 times. It is recored that 1 applicant was detained for 24 times in total.

The applicants listed the following torture methods while they were under detention; insults, degrading, death threats, threats to relatives, forcing applicants to act as an informer, beating, prevention of eating-drinking and urination-defecation, and restrictions on basic needs.

### 3. Prison Process

13 applicants have a prison history. The detention period of these applicants is as follows: 4 of them were held in prison for 0-6 months, 2 of them were held in prison for 7-12 months and 3 of them were held in prison for 13-36 months, and 4 of them were held in prison more than three years. 7 of the applications stated that they were released during the last year.

12 out of 13 applicants with a prison history stated that they were subjected to torture/ill-treatment practices in prison. The following torture methods are listed under the category of torture and ill-treatment practices in prison: blindfold, insult, degrading, threats against the applicant, forcing applicants to obey senseless orders, beating, continuous hitting in one part of the body, other types of positional tortures, isolation in the cell, prevention of eating-drinking and urination-defecation, restrictions on basic needs, ban on interviewers, letters, and shopping from canteen.

### Medical Assessment

#### 1. Applicants' Medical Complaints

19 applicants, who applied for torture and other ill-treatment cases outside Turkey, had medical 206 complaints in total namely; 97 mental and 109 physical complaints., Complaints about the musculoskeletal system is the most common complaint (Table 35).

**Table 35: Distribution of applications, for torture and other ill-treatment practices outside Turkey in 2019, by physical and mental complaints**

Systems	Numbers of applicants with complaints	%
General	7	36.8
Musculoskeletal	16	84.2
Skin	10	52.6
Nervous System	9	47.4
Eye	7	36.8
Urogenital	6	31.6
Oral and dental	5	26.3
Digestion	4	21.1



**Table 35 cont.**

<b>Systems</b>	<b>Numbers of applicants with complaints</b>	<b>%</b>
Respiratory	3	15.8
Ear-Nose-Throat	3	15.8
Cardiovascular system	2	10.5
Mental	11	57.9

The most common complaints are as follows: fatigue-weakness, getting tired too fast, backache, knee ache, stomachache, headache, failure (loss of power) visual impairment.

## **2. Physical Examination Findings**

As a result of the physical examinations of 19 people, medical staff detected 55 physical findings in 17 applicants. were detected by the staff. The musculoskeletal system and skin systems ranks first with 14 findings in this category. These findings are as follows: pain and tenderness in the muscles, painful trigger point in the muscles, pain from the trigger point, pain referred from trigger point, pain-limitation in neck movements, pain-limitation in the waist movements, the slump finding, pain-limitations in shoulder movements, pain-limitations in knee movements, instability in the knee, pain-limitations in the ankle and fingers, tenderness in the sole of the feet, bone deformity (Table 36).

**Table 36: Distribution of findings from applications for torture and ill-treatment practices took place out of Turkey in 2019**

<b>Systems</b>	<b>Numbers of applicants with findings</b>	<b>%</b>
Skin	14	73.7
Musculoskeletal	14	73.7
Eye	4	21.1
Cardiovascular system	2	10.5
Digestion	2	10.5
Ear-Nose-Throat	2	10.5
Nervous System	1	5.3
Urogenital	1	5.3
Oral and dental	1	5.3

### 3. Physical Examination Diagnoses

64 different physical diagnosis were made in the cases of 16 applicants, who applied to our offices for torture and other ill-treatment that took place out of Turkey in 2019. These diagnosis were made according to ICD-10 coding system. It was observed that 4 applicants had only one physical diagnosis while 12 applicants had 3 to physical diagnoses. Examining the relationship of diagnoses with torture and traumatic process shows that 14 applicants had at least one of the physical diagnoses related to torture processes; and 2 applicants had the diagnoses are not related to torture or prison processes.

When it is examined whether torture or prison experiences are an effective factor for diagnosis; it is determined that

- there are 18 diagnoses (28.1%) evaluated as “one etiological factor”,
- there are 9 diagnoses (14.1%) evaluated as “aggravated or revealed existing pathology”,
- there are 4 diagnoses (6.3%) evaluated as “one of the factors”.

The symptoms and findings of musculoskeletal system, digestive system, dermatological have higher percentages in this respect.

### 4. Mental Complaints

In this category, 8 out of 18 stated that they had mental complaints when they met with the physicians while 9 out of 18 told the psychiatric staff that they suffered mental problems. In the case of 1 applicant no mental assessment was made.

17 out of 19 applicants, who applied to our offices for cases outside Turkey in 2019, raised mental complaints to psychologists. Moreover, 1 applicant raised mental complaints to our physician. One applicant did not give consent to mental assessment. Two applicants applied to our offices for mental assessment and therapy only.

The most common psychological complaints are: “feeling uncomfortable, sleep disorder, crying spells, spills, nightmares, nervousness, startle response, feeling tense and being worried about the future.”

### 5. Mental Symptoms and Findings

As a result of assessments, our specialists detected 285 mental symptoms and findings in these applications. The following problems were commonly observed in the following categories, traumatic stress cluster: *“Emotions and behaviours as if experiencing flashback or traumatic process recurs again, severe feelings of restlessness, hopelessness, despair when faced with any incident that reminds*

*the trauma*"; "Severe fear, hopelessness or horror response related to traumatic event(s) experienced or witnessed, physiological responses significantly decreased in interest or participation in important activities when faced with reminder of trauma, physiological reactions, anger bursts and being always alert", depression cluster: "depressive mood, anhedonia; hopelessness, desperation", and anxiety cluster: "difficulty in falling asleep or having a smooth sleep, depressed mood, getting angry very fast, and agitation".

## 6. Mental Examination Diagnoses

In total, 14 out of the 15 applicants, who met with the specialists, received at least one mental diagnosis under DSM-V. 12 applicants received Post Traumatic Stress Disorder diagnose, 2 applicants received "Adjustment Disorder", 2 applicants received Depression Disorder. It was detected that all these diagnoses are related to torture processes that is to say causality.

## Treatment and Rehabilitation Process

### 1. Applied Treatment

Examining physical and mental treatments, which were applied to the applicants, it is observed that 16 applicants had a record of treatment while no information about treatment processes was available for 3 applicants. Drug treatment was applied to 8 applicants; 4 people received psychotherapy, 10 people received psycho-pharmacotherapy, and 2 people were supported with daily exercises and orthopaedic device, surgical intervention, physiotherapy, plaster/air splint, and eyeglasses. Treatment of 12 people was supported by daily life recommendations.

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

Treatment of 6 of the applicants with physical complaints was completed, 7 other applicants' treatment processes still continue. Four applicants did not give their consent to treatment processes or could not continue treatment for different reasons. No health problem related to torture, prison was detected in 2 applicants.

It was noticed that 3 out of 6 applicants, whose physical treatments were completed, were almost completely recovered; two of them partially recovered, and no change was observed in one.

It is observed that the treatment of 1 applicant was completed, 9 applicants still receive support for mental issues, and 5 applicants could not attend sessions for different reasons. 2 applicants did not give their consent to psychiatric treatment. As regards to applicants, whose treatment was completed, it is noted that they were "significantly recovered" under the clinical monitoring scale.

## APPLICANTS WHOSE RELATIVES WERE SUBJECTED TO TORTURE

There are 51 applications from people, whose relatives who were subjected to torture, to HRFT Treatment Centres in 2019. It is a fact that the torture and other ill-treatment practices are traumatic process also for the applicants' relatives (mother, father, spouse, child, etc.), and traumatic process' impact level on the these people is learned via the detailed story taken during the first interview with the applicants. The application method of people whose relatives are torture victims, and socio-demographic data and psychological evaluation processes of these people were evaluated by the team member.

26 relatives of torture survivors applied to our office in İstanbul, 13 people applied to İzmir, 6 people applied to Diyarbakır, 4 people applied to Ankara, and 2 people applied to Cizre.

It is observed that 19 of the relatives (37.3%) reached the HRFT through HRFT applicants, 10 of them (19.6%) used the channel of HRFT employees, 2 of them (3.9%) benefited from HRFT volunteers, and 4 of them (7.8%) directly applied to our office; it was learned that 16 relatives (31.4%) applied to the HRFT through other channels. It is observed that HRFT and its close network are the key element in referring people to our offices to get support. There is a need for sharing information that HRFT provides support to the relatives of tortured people through human rights, non-governmental organisations, trade associations, media and social media; and to increase efforts to inform the public about these issues.

### 1. Age and Gender

The ages of the applicants, who applied to HRFT offices for having relatives suffered from torture in 2019, vary between 1 and 65; and the average age is  $29.9 \pm 16.917$ . Applicants (17 applications) who are under 18 years old constitute 33.3% of all cases. Comparing to 2018, it was observed that the average rate of children increased and the rate of child application decreased.

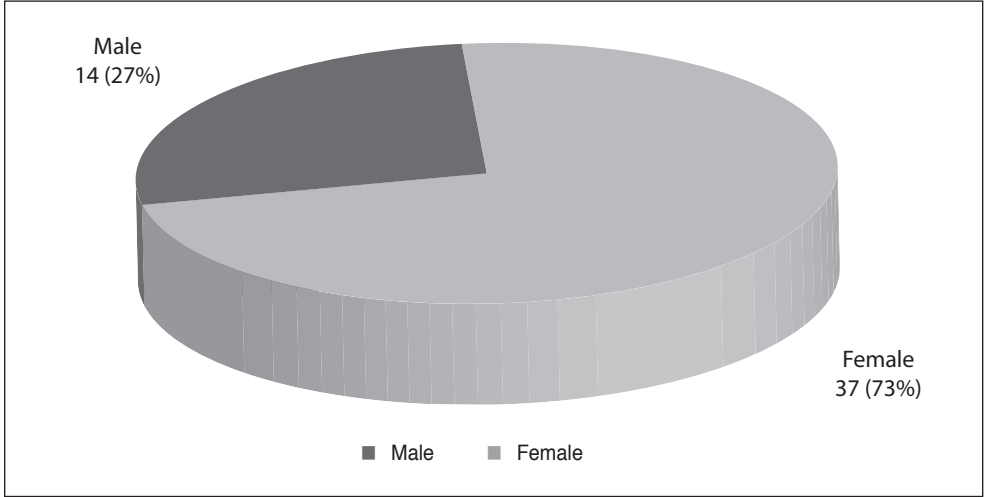
37 of these applicants are female and 14 are male. Graphic 16 shows the proportional distribution by gender identity. Evaluation of the ages, it is observed that although there are very close numbers applications from boys and girls (8 and 9 respectively), it was observed that there are significantly more applications from female applicants in other age groups. There is 1 female application who is over 65 years old.

As regards to the marital status of the applicants; 34 applicants were single (23 females, 11 males) and 17 applicants were married (14 females, 3 males).

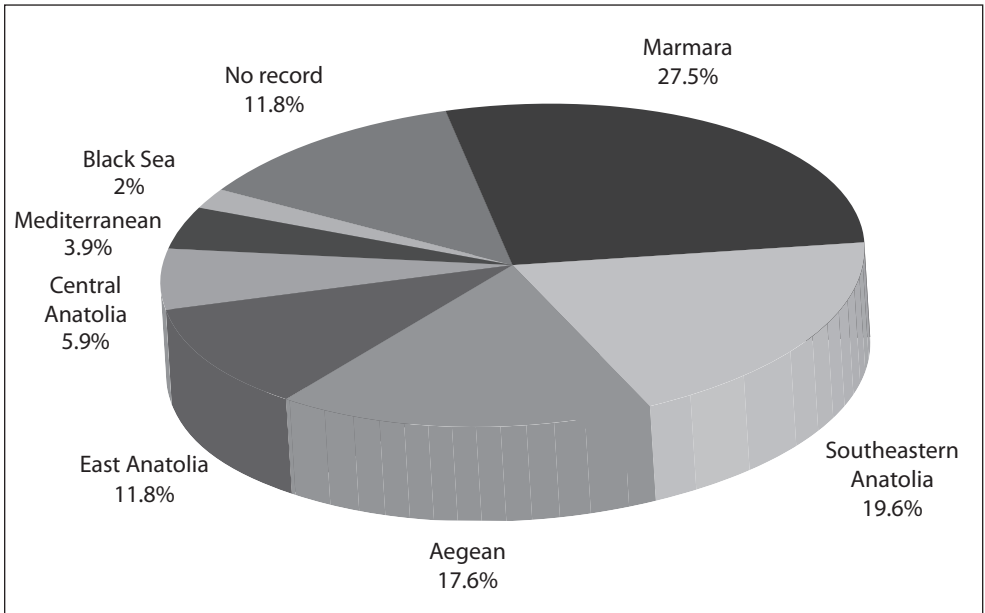
### 2. Place of Birth

Analysing the distribution of applications by the birth places in this category shows that Marmara Region has the highest number of cases; 14 applicants (27.5%).

Marmara Region is followed by Southeastern Anatolia (10 applications), and Aegean Region (9 applications). Regarding the birthplaces of the applicants, İstanbul, İzmir and Diyarbakır are the 3 main cities.



**Graphic 16: Distribution of age by the gender of applicants whose relatives were tortured**



**Graphic 17: Distribution of application by the birth place of applicants whose relatives were tortured**

In terms of the mother tongue, there is a difference between torture survivors and relatives of torture survivors in 2019. Turkish is the mother tongue of 58.8% the relatives of torture survivors (30 applicants) and Kurdish is the mother tongue of 33.3% of the applicants (17 applicants). Azerbaijani, Arabic and Persian were recorded as the mother tongue of 4 applicants.

As regards to educational status of the applicants; it is recorded that 17 of the applicants still continue their education (4 primary school, 3 secondary school, 6 high schools, 1 university and 1 MA students); 1 applicant did not complete the university education; 30 applicants completed their education at different degrees (4 primary schools, 2 secondary schools, 3 high schools, 14 universities and 7 MA degrees); 2 applicants are not at the school age; and 1 applicant was not sent to any educational institution.

It was learned that 23 of the applicants, who were relatives of the torture survivors, had no job at the time of application; 13 of them had full-time jobs, 4 of them worked part-time, 6 applicants were retired and 5 applicants were domestic workers.

## **Medical Assessment**

Medical assessments of these 51 applicants, whose relatives are subjected to torture, are mainly coordinated by psychiatric team; and information and findings obtained in these assessments are used to plan the treatment and rehabilitation process. Unless the applicants refer to specific complaints or medical needs, HRFT medical staff and specialists conduct a detailed psychological interviews and no systematic medical evaluation is made for them. The examination of the physical assessments of applicants indicates that 6 applicants referred to medical complaints belonging to other systems; finding medical symptoms belonging to other other systems resulted in recommendations specified to these applicants.

### **1. Mental Complaints**

First interviews of 36 people (69.2%), who applied to HRFT Treatment and Rehabilitation Centres for being relatives of torture survivors, were carried out by specialists; 5 people (11.5%) were interviewed by physicians; and 10 people (19.2%) were directly included in therapy process. The Mental complaints recorded in the applications are shown in Table 37.

**Table 37: Distribution of applications, whose relatives were subjected to torture, by mental complaints**

The most common mental complaints	Number of complaints (n=51)	%
Sleep disorders	30	58.8
Concentration disorder	25	49.0
Tension	24	47.1
Distress	20	39.2
Nervousness	16	31.4
Anxiety	14	27.5
Having no pleasure in life	13	25.5
Crying spells	12	23.5
Memory impairment	9	17.6
Worried about future	9	17.6
Moving away from people	8	15.7
Nightmares	7	13.7
Fear	7	13.7
Feeling uncomfortable with police officers	6	11.8
Startle response	6	11.8
Angry bursts	6	11.8

It is observed that the applicants referred to the following problems at the highest level “sleep disorders, concentration disorder, tension, distress and nervousness” that are similar to torture survivors. While “concentration disorder” is the most common complaint for the relatives of torture survivors, it is “feeling uncomfortable with police officers” for torture survivors. As regards to the complaint frequency, there is no substantial difference between these 2 groups.

## 2. Mental Symptoms, Findings, and Diagnoses

Following the specialists’ assessments of 41 applicants, within the context of being a relative of torture survivors, relative at least one mental symptom / symptom was found in 37 of them. Since therapy processes of 10 people, who applied to the HRFT Istanbul Office for being a relative of the torture survivor, they were not included in the statistical interpretation of the report. Similarly, 13 applicants were not included in the statistical interpretation of the report for not indicating any findings in the records of three applicants. The findings of child and adult applicants were shown separately, and the findings of a child evaluated by adult mental health professionals were discussed together with the adults (Table 38).

**Table 38: Distribution of applications by mental symptoms and findings among people whose relatives were subjected to torture**

<b>Mental Symptoms and Findings</b>	<b>Number of Symptoms and Findings (n=22)</b>	<b>%</b>
Learning that a family member or a friend suffered from incidents amount to trauma	16	72.7
Anxiety	15	68.2
Sleep disorders	13	59.1
Depressive mood	12	54.5
Difficulties in falling asleep or having a smooth sleep	11	50.0
Fatigue, exhaustion, lack of energy	11	50.0
Being always alert	10	45.5
Increase or decrease in sleeping time	10	45.5

In contrast to those who were subjected to torture, it was observed that the finding of the anxiety and depression symptom cluster in the relatives of the torture survivors was more visible than the post-traumatic stress cluster. A total of 310 findings, ranging from 3 to 32, were detected in 22 applications which our teams evaluated in the adult group.

No symptom was found the symptom cluster for 8 of 16 children, who were evaluated by the specialists. The findings recorded in children files are predominantly included in the symptom cluster related to post-traumatic stress. It was observed that the number of findings varied between 2-12 in 8 children. In total, 57 findings were recorded in this category.

It was observed that 19 of the adult applicants, who were relatives of 22 torture survivors, received a mental diagnosis on the basis of their assessments. It was noticed that there were similarities between the relatives of the tortured and those who were tortured in 2019. 7 applicants received 2 mental symptoms, and 12 applicants had 1 mental diagnosis. Frequency distribution of diagnoses received by adult relatives is shown in Table 39.



**Table 39: Distribution of applications by diagnosis among adult applications**

Mental symptoms	Number of applications (n=22)	%
Post-traumatic stress disorder acute	7	31.8
Major depressive disorder-one episode	6	27.3
Major depressive disorder-recurrent	2	9.1
Generalised anxiety disorder	3	13.6
Adjustment disorder	3	13.6

Examining the relationship between the diagnoses and the trauma process demonstrates that all diagnoses made by mental health specialists are found interconnected with trauma as *“the only etiological factor, one of the factors or the factor that aggravates / reveals the existing pathology”*. It was determined that 3 out of 7 people diagnosed with Post Traumatic Stress Disorder had one etiological factor; 2 out of 6 people diagnosed with Major Depressive Disorder and Recurrence had one etiological factor.

It was noted that 6 out of 8 children applicants had a mental diagnosis, 1 child did not have a diagnosis, and the therapy process was interrupted in case of 1 child. All these children were evaluated by specialists. The distribution of mental diagnoses in children is shown in Table 40.

**Table 40: Distribution of diagnoses for children**

Mental Symptoms	Number (n=8)	%
Anxiety disorders	4	50.0
Trauma and Triggering factor related to disorders	2	25.0
Disruptive behaviours, impulse control, and behaviour disorders	2	25.0
Depressive disorders	1	12.5
Nutrition and food disorder	1	12.5

In all applications under this category, it is thought that all diagnoses are related to trauma causing *“one etiological factor, a factor that aggravates/revealed one of the factors or an existing pathology.”*

### Treatment and Rehabilitation Process

Following the specialists evaluated 51 applicants, who applied to our offices for being a relative of torture survivors, the therapy processes were planned for 39 applicants who would be administrated by psychologists and psychiatrists. Evaluation of methods followed in mental treatments indicates that psychiatry and psychotherapy were applied together to 6 children. As regards to adult applicants, it is understood that psychiatry and psychotherapy were applied together to 9 of them, and psychotherapy was applied to 10 of them. It was observed that the therapy process was completed in 3 children and 3 adults; the process was active for 3 children and 12 adults applicants. It was concluded that there was no health problem for an adult applicant. The therapy process was interrupted for different reasons in 8 of the applicants (2 children, 6 adults).

**Table 41: Distribution of applications by therapy processes**

Therapy process	Number	%
Treatment completed	6	20.7
Treatment is going on	15	51.7
Applicant did not want to be treated	1	3.4
Adjustment problems resulting from personal reasons	6	6.9
No health problem is detected within the scope of application	1	3.4

It was recored that there was 1 application of which treatment was completed and no health problem was detected for 1 application; according to the he clinical monitoring scale, 4 applicant were *“almost completely recovered”*, 1 applicant was *“significantly recovered”*, and 2 applicants were *“minimally recovered.”*

## ACTIVITIES FOR CHILDREN WITHIN HRFT

We decided to have a separate part on children to determine torture, which is under an absolute prohibition, and other serious human rights violations faced by children; to find out the practices of torture against children; to focus on the physical / mental health problems and damage caused by torture; to formulate recommendations in terms of protection / rehabilitation programs.

### 1. Principles of Activities for Children

Torture is not only a violation against the person who is subjected to torture but also a form of a form of violation that deeply affects the immediate family of the tortured person as well as the society at large. Since its establishment, the HRFT has been carrying out its activities not only for torture survivors but also for the relatives of torture survivors because right to health has a social aspect.

Children are in a state of mental and physical development and they are more vulnerable to mental sufferings than adults as the defence mechanisms of children are not yet settled/protective. Moreover, their relatively “passive” state compared to adults makes them more “vulnerable” to traumatic impacts. These injuries may obstruct children’s development and have long-lasting effects for the future. Children are indirectly and passively subjected to the violence that their relatives suffer their tortured relatives. In this respect, children live in an environment of sufferings, tense and depressive emotions that are dominant over the family. Additionally, the loss of relatives (death, imprisonment, being far away from home for various reasons etc.) are important to children or the depressive state of their relatives have multidimensional impacts on them.

Therefore, the HRFT aims to develop special programmes not only tortured person himself/herself, the state of children that are related to them should be taken into account.

### 2. Children who applied to the HRFT in 2019

49 children applied to the Human Rights Foundation of Turkey in 2019. When we looked at the age and gender profile of these applicants, we observed that the number of girls was 20 (*the age average  $10.6 \pm 5.24$  years, ages 1-17*), and 29 boys (*the age average  $12.1 \pm 5.08$  years and ages 1-17*). 25 of these children applied for being subjected to torture (8 female, 17 male), 7 of them (4 female, 3 male) applied to our offices for being subjected to serious human rights violations; 17 of them (8 female, 9 male) applied as relatives of the torture survivors. There was no significant difference between the genders and reasons for their applications ( $\chi^2 = 1.851$ ,  $p > 0.05$ ).

As regards to the date of torture incident, 14 of the 25 children stated that they had been tortured in 2019 and 9 of them indicated that they were subjected to torture in the last three years.

Kurdish was the mother tongue of 41 children (83.7%), Turkish was the mother tongue of 7 children (14.3%), Arabic was the mother tongue for 1 child (2%). 34 of these applicants were born in South East and Eastern Anatolia, 12 in Marmara, Aegean and Mediterranean Regions, and 3 were born abroad.

35 of the children applied to Diyarbakır, Van and Cizre, and 14 of them applied to Istanbul and Izmir representative offices and reference centres. It was determined that the persons who applied to HRFT in the past and through the democratic society organisations / parties are equal (30.6%) in terms of application methods to the HRFT. While the main purpose of application is treatment and documentation, 1 child application applied for documentation purposes only.

### 3. Children Who were Subjected to Torture

The applications made for torture and for grave human rights violations other than torture were evaluated together. The average age of 32 applicants (12 female, 20 male) for torture and other grave human rights violations is  $11.6 \pm 5.291$  (*average 10.8  $\pm$  5.75 for women and 12.1  $\pm$  5.094 for men*). Two of the applicants were born abroad.

It was stated that they decided to apply to the HRFT for an incident (torture and ill-treatment, displacement, curfews, etc.) occurred for political and ethnic reasons mainly in 2019 and during the last three years.

- 16 of the 29 children who gave information about the detention processes stated that they were subjected to torture in their own place, 7 of them in streets / open space, 3 of them were subjected to torture in the vehicle, 2 of them were tortured in the prison.
- While 7 children stated that they were detained between the hours of 18.00-24.00, it is striking that the time of detention for 12 children was between 24.00 and 08.00 at night.

Analysing the torture practices indicates:

- 23 of them were subjected to insults and degrading words, 5 of them received death threats, 12 of them were threatened while these threats target the relatives of 12;
- 9 of them were forced to witness the interventions targeting their relatives, 4 of them were subjected to coercive acts;
- 10 of them were beaten, 9 of them were subjected to other physical interventions, 2 of them were beating by constantly hitting a single point of the body, 4 out of 5 were subjected to physical interventions such as hitting and reverse handcuff;

- 11 children suffered from verbal sexual harassment (sexual abuse, insults, etc.), 2 children were subjected to physical types of sexual harassment such as sexual harassment, 1 child was sexually assaulted;
- 1 child was isolated in a cell, 7 of them faced restrictions on food and drinks, 5 children were not allowed to sleep, 4 children were subjected to restriction on access to health, 4 children prevented from access to a toilet.

When the legal processes faced by the children in custody are evaluated:

- 7 children have a lawyer in this process,
- 3 children were arrested after detention, 19 children were released without being brought to the prosecutor's office, 7 children were released by the prosecutor's office or the court. The number of children who face a court case was 3; and it was learned that 8 children had no information whether there was any court case against them or not.
- Children stated that forensic reports were issued while they were under detention; only 1 pediatrician listened to the complaints; all of them underlined that the police officers were **not removed from the room where they were being examined by doctors; their medical story was not asked by doctors; no examination was made by doctors; and an objective report was not prepared to reflect their accurate situation.**
- Only one of the children filed a criminal complaint about the torture processes they faced.
- While two children stated that they were held in prison for 5 months after being detained, 1 child (age 5) was held in prison with his mother for 2 years and 10 months.

In physical evaluations carried out in coordination of applicant physicians, it is observed:

- The children had complaints about the general, musculoskeletal, nervous and skin systems. After evaluations, 41 diagnoses in 13 children were made under the ICD-10 classification system. In 27 diagnoses, torture was the only etiological factor while torture was one of the factors in 4 applications. **It was determined that all 13 children had a diagnosis related to torture processes.**

Complaints were recorded also by physicians and the therapy processes were coordinated by the specialists.

- The mental evaluations of 8 children were carried out by the psychiatrist; 24 children were provided with pharmacotherapy and psychotherapy support by psychiatrists and psychologists; 6 children were provided with pharmacotherapy and 18 were provided with psychotherapy support.

- While no psychiatric treatment was completed, the number of children who completed the psychotherapy process is 3. Psychological therapy and psychotherapy process was still going on for four children; mental therapy was active for 1 child; and psychotherapy in 3 children continue. No health problem related to torture and other serious human rights violations was detected in 1 child.
- It was noted that 10 children did not approve mental therapy and psychotherapy; 3 children did not approve of mental therapy and 2 children did not approve of psychotherapy. One of the children left the mental therapy and psychotherapy, and 3 children left the psychotherapy process unfinished.
- 25 of the 31 children who applied for torture and other serious human rights violations have one or more mental complaints. The most common mental complaints were “anxiety, disturbance from the police, tension, fear, distress, sleep disturbance, irritability, startle response, being always alert, nightmares, and worried about future”.
- Evaluating psychiatric diagnoses, which were made according to DSM-V diagnostic criteria, in the applications of children who have been tortured; it was determined that 3 of the 6 children Acute PTSD, 1 child had Major Depressive Disorder, 1 child had Major Depressive Disorder, 2 children had Trauma and Triggering factor-Related Disorder, and torture processes were found to be the only factor in the emergence of the disease in all of 6 children aged 16-18 years.
- Trauma and Triggering factor-Related Disorder were found in 11 of 13 children under the age of 16. Anxiety Disorder was also found in 1 child, and Depression was found in 1 child. In all diagnoses, it was evaluated that torture was the only factor in revealing the disease or it caused the emergence of the disease.
- Since the therapy processes still continue, the records regarding the recovery status of the children are not completed by the team.

It was understood that two of the applicants who were subjected to grave human rights violations continued their psychotherapy process, and the other five children did not accept the interview or the therapy process was interrupted.

#### 4. Children Who are the Relatives of Torture Survivors

In 2019, there are 17 children who applied to the HRFT for being the relatives of torture survivors. Reasons for making applications to the HRFT include having a relative of torture survivor (such as a mother, father, a relative living in the same house) and having one of the parents being in prison and having a relative who was a victim of enforced disappearances.

- The of age and gender profile of children who are the relatives of torture survivor shows that there are 8 girls (the average of age  $10.4 \pm 4.749$ , ages 1-17) and 9 boys (the average of age  $12.2 \pm 5.357$  and ages 1-17)

- The rehabilitation team members (specialist psychiatrist and psychologist) made diagnoses in their evaluation of 1 of 13 children under DSM-V diagnoses criteria. 4 children had Anxiety Disorder, 2 children had Depression, 2 children had Disruptive Disorders Associated with Impulse Control and Conduct Disorders, and Trauma and Triggering Factor-Related Disorder, Acute Stress Disorder, and Nutritional Disorder. It was determined that all these diagnoses are related to the trauma in question.
- The psychological treatment process was completed for 1 child; the therapy process continues in three children. It was observed that the therapy process could not be completed in two children. There are 6 children who did not allow psychological treatment or their families did not give their consent.

It is determined that similar psychological symptoms were observed in children who were subjected torture and have relatives of suffering from torture in 2019. This fact suggest that individuals who live close to torture victims may have traumatic symptoms as much as victims. As known, the effects of torture continue for many years and leave permanent marks that have an impact on individual also in the future. Having specific HRFT programs for children and increasing the capacity of these programs are highly important.

### **Activities within the Scope of Social Services**

The Human Rights Foundation of Turkey has adopted a holistic treatment approach to support applicants suffering from torture and ill-treatment or their relatives in order to to accomplish a full state of well-being since 1990s. In the main treatment centres, where a social worker is available, individuals suffered from torture and ill-treatment and their relatives are examined in a detailed manner; applicants' problems, which are observed in their social support system and might have caused from torture, prison and immigration processes, are identified; contributions are made to solution process through intervention in interaction points for positive change in the applicant and his/her surroundings.

Following the preliminary assessment by the physicians, these people are referred to social workers by any member of the team in charge of process. In the case that an applicant needs to be referred to a social worker, orphans, children who are abandoned and in need of care, disabled people, citizens with no social security for medical services, poor people, those who suffer from domestic violence, children who were subjected to negligence/abuse, refugees and asylum-seekers, elderly people and people from other provinces and in need of accommodation are prioritised by the teams. After an interview, the necessary information are shared with the treatment team, and actions to be taken both in the long and short term in the field of social services are decided with the applicants.

## **Activities that are carried out within the scope of the HRFT Social Support Project**

The HRFT allocates a limited budget for strengthening the ongoing treatment and rehabilitation activities and also and to eliminate the possible effects of the trauma experienced/witnessed by applicants in their future lives by means of social support programs. Considering the needs of applications, social support programs, which are thought to contribute to the treatment process, are formed by the HRFT. In case that torture survivors' health is deteriorated, s/he is prevented from access to health, and if they cannot benefit from education / employment opportunities, HRFT support programme "will enable the person to maintain their social functions and independence, prevent permanent damage and social support is provided within a framework that will strengthen the repair." This support is decided together with the treatment team considering the subjective conditions of the applicant such as contributing to the treatment process; It is carried out as a repair process carried out by social workers within the budget limits of the project. Considering the subjective conditions of the application, such as contributing to the treatment process of the person, the decision is made by the treatment team; social work activities can be understood as a repair process.

In 2019, a total of 22 people were supported by the budget in question. These people were selected among the applications made to the HRFT's Istanbul, Ankara, Diyarbakır Representatives. The distribution of socially supported applications by representative offices is as follows:

### **a) HRFT İstanbul Office**

In 2019, 16 applications were supported by the Istanbul Representative Office as part of the HRFT's social support project. It is observed that 4 of the applicants were girls and 2 of them were boys, 2 women and 7 men benefited from this support. It should be noted the support was provided to the applicants to cover their needs in sport courses, professional development courses, procurement of professional tools and equipment, payment of kindergarten and school fees, school service fees, stationery costs and language courses (Turkish, English). Contact with the institutions, with which people are related, has been maintained; the effects of the support provided were investigated; follow-up activities were conducted, when needed household/workplace/school visits were carried out, and the processes of these visits were reported.

### **b) HRFT Diyarbakır Office**

In 2019, 5 applications were supported by the Diyarbakır Representative Office as part of the HRFT's social support project. It is observed that 3 of the applicants were children, 1 of them was a woman and 1 of them was a man. Support was provided to the applicants to cover their needs in sport courses, professional development



courses, procurement of professional tools and equipment, payment of kindergarten and school fees, school service fees, stationery costs and language courses (Turkish, English). Contact with the institutions, with which people are related, has been maintained; the effects of the support provided were investigated; follow-up activities were conducted, when needed household/workplace/school visits were carried out, and the processes of these visits were reported.

### **c) HRFT Ankara Office**

In 2019, 1 application was supported by the Ankara Representative Office as part of the HRFT's social support project. Due to the absence of a social worker at the Ankara Representative Office, the applications that were planned to be given social support by the other members of the treatment team were determined and the social workers working at the Istanbul Representative Office examined these applications so that the decision was made by the relevant teams.

The support was provided to a 7-year-old girl. Support was provided to the applicants to cover her needs procurement of professional tools and equipment, school service fees, and stationery costs. Contact with the institutions, with which people are related, has been maintained; the effects of the support provided were investigated; follow-up activities were conducted, when needed household/workplace/school visits were carried out, and the processes of these visits were reported.

### **Social Service Activities within HRFT**

In 2019, social workers both had regular meetings with the applicants at the HRFT office and visited their home, school and workplaces in order to improve the functioning and to make positive contributions to the bio-psychosocial well-being of applicants who applied to HRFT Offices. These activities are related to advocacy mission under the torture and ill-treatment related problems and violations. These activities aim to eliminate unfavourable situations that may occur in professional life (e.g. dismissal, stigmatization, discrimination) for torture and other forms of ill-treatment. Furthermore, there were activities to prevent violations of rights resulting from dismissals on the ground that people are unable to fulfil requirements of their positions. In cases of the loss of income and inability to provide care to those under the applicants' responsibility, mediation works were carried out so as to ensure the applicants' access to public resources and the applicants' access to such funds were achieved through our efforts. When the applicants were in need of vocational courses for being away from the professional life and for having criminal records, they were referred to relevant courses.

It is possible that applicants suffer from the interruption of their education for torture and ill-treatment that they are subjected to. For the applications whose education life was interrupted, awareness about the right to education was created and training was given by the team so as to access to legal support for joining the education and training services again, and also to reach courses and activities that would facilitate the education and training within the scope of the HRFT's Social Support Project.

In 2019, the social service activities were developed within the HRFT to respond to the problems of refugees. In this context, the following activities were carried to support refugees who were in need of socio-economic support; visiting home, school and workplace; establishing relationships with institutions and organizations; providing aid in-kind and cash. Activities were carried out to ensure that they benefit from these services. Moreover, some of the refugee applicants were directly referred to the HRFT's Social Support Project budget.

#### a) Data on Applications received by the HRFT Istanbul Office

In 2019, following the social evaluation of the applicants, 46 (18.2%) of the 253 people who applied to the HRFT Istanbul Representative were supported within the scope of social support. In addition to, 46 new applicants in 2019, the total number of social support applications became 112, because there were already 66 people from previous years who continued to provide social support.

As regards to the age profile of these people, 4 of the 46 applicants, who received social service support in 2019, were children, 42 were adults; and 4 of the 66 applicants from the previous years were children and 62 were adults. Although LGBTI+ individuals are quite low in terms of their gender identity, it is thought that this fact is related to law number of applications from LGBTI+ individuals to the HRFT. The distribution of social support applications by HRFT Istanbul Representative Office is shown in Table 42.

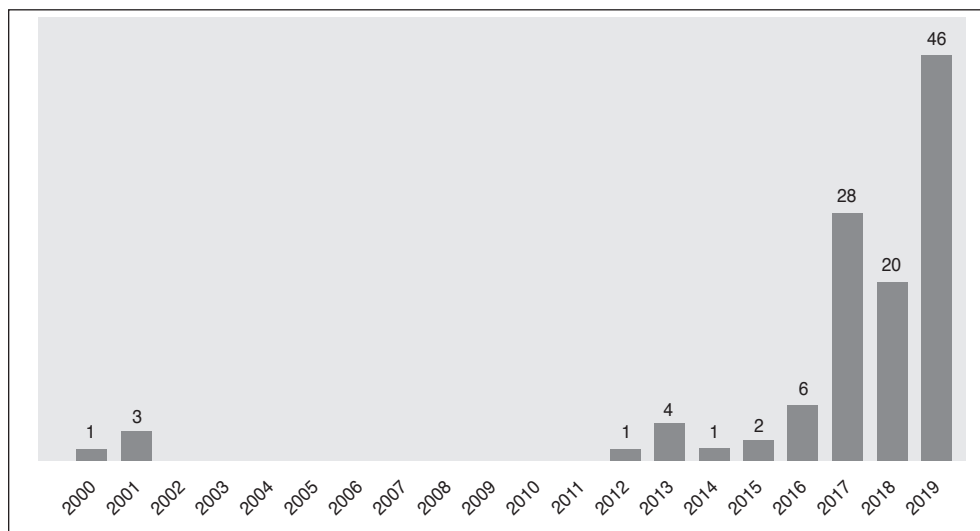
**Table 42: Distribution of applications, which were supported within the framework of social service activities) by gender and application period (HRFT İstanbul Representative Office)**

		Applications before 2019	Applications in 2019	Total
Women	Under 18 years old	5	0	5
	Adult	20	19	39
Men	Under 18 years old	4	4	8
	Adult	36	23	59
LGBTI+		1	0	1

It is observed that the rate of applications, which were made to the HRFT Istanbul Representative, for social evaluations is very close (18.3%) to each other in 2019 and previous years. Social evaluation and social supports become an option in the later stages of the process; or social support requests might be submitted at the time of application or may continue for several. In addition to treatment and rehabilitation activities, HRFT emphasises health should be evaluated in a wholistic approach by

paying attention to the physical, mental and social integrity. It is important to notice that results from the applications points out that there is need for an effort to increase the rates of mental and social assessment for a comprehensive assessment, treatment and rehabilitation activities.

On the other hand, there are 66 applicants whom our office continues to provide social support for torture and human rights violations occurred several years ago. The distribution of the applications followed by years is shown in Graphic 18.



**Graphic 18: Distribution of applications to the HRFT İstanbul Office in years**

Four applicants, who were diagnosed with Wernicke Korsakoff Syndrome (WKS) after forced medical interventions while they were on death fasts in prisons in 2000, have been followed up by social workers since 2000 and 2001 by the HRFT social workers. In 2019, interviews were made with the applications by the social workers to renew the disabled pension, the renewal of the disability reports, to direct them to the existing public resources due to their disabilities and to improve their social well-being.

In total, 303 interviews were conducted in 2018. The average period of these interviews is one hour. Analysing the monthly distribution of the interviews made with the applications, which received these services from the institution, demonstrates that there was an increase in February, March, April and May. The significance of these months is related to the increase in problems that refugees face. These problems are related to the satellite city where they were living, in other words; an increase in housing and asylum-seeking problems. The social workers made the needs analysis for the solution of the current problems. The analysis was made in cooperation with the UNHCR, Directorate General of Migration Management

and relevant Provincial Directorates of the DGMM, Refugee Rights Center, SGDD (Association for Solidarity with Asylum Seekers and Immigrants). Similarly, activities were carried out in cooperation with İHD, TOHAV for case advocacy, mediation, consultancy, and case management. In addition, the increase in the number of cases under the social support in this period is a result of regular follow-up of these people and the number of interviews.

8 applicants, who are refugees and applied to our office between 2012-and 2015, have been followed up also in 2019. Their situation is being monitor in terms physical, mental and social aspects.

40 of the 54 applicants, who reached our offices, between 2016 and 2019 are the citizens of Turkey. Accordingly, 14 of them are refugees.

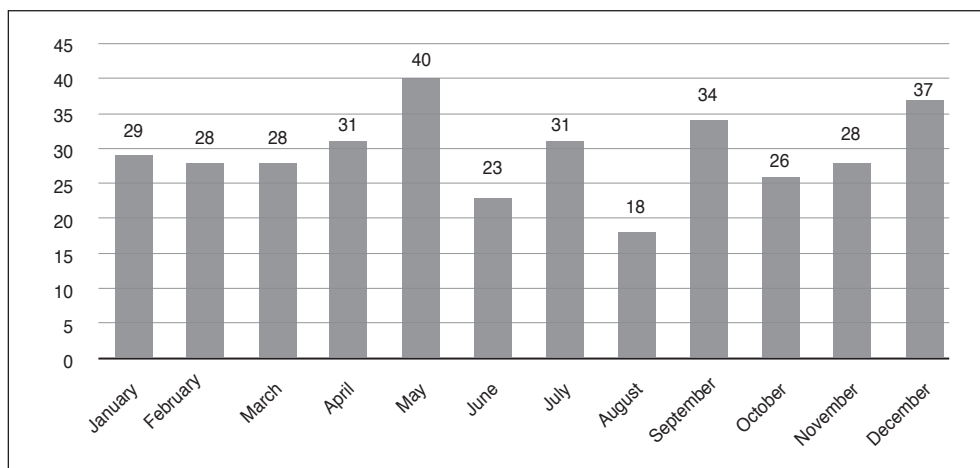
It is known that refugees have very limited rights in Turkey due to the relevant legislation in force. As a result of the fact that it is very common that these rights are violated by public institutions. Thus, having a sustainable and permanent life becomes very difficult for them. Although several have years passed since they made their applications to our office, we continued to follow these people every year. Social service interventions were made to meet their basic needs, to solve legal problems they experienced, to challenge decision of changing satellite cities and deportation. Needless to state that all social work activities for refugees were carried out together with human rights and non-governmental organizations that work with refugees.

Considering the following circumstances of the applicants, whom we have been following for several years, social service activities became essential for us: they were held in prisons for many, suffering from chronic physical and mental health problems resulting from the torture, losing family members and disruption in their lives, having no economic income sources, and prevention of learning and education. In order for them to recover or at at least to make contributions to their well being which is full of deteriorated social functions, there is need for comprehensive analyses every year; social support activities are planned for their current needs within that year.

It is possible to say that the process of restoring social impacts after torture and ill treatment is a long-term process and requires regular follow-up.

### **Distribution of Interviews by Months**

Graphic 19 shows the distribution of interviews with applicants, who receive social service support, by months.



**Graphic 19: The distribution of interviews with applicants, who receive social service support, by months in Istanbul Representative Office**

For 112 applicants, who were in need of social work intervention in 2019; plans were made to reduce the psychosocial effects of torture and to regain the functionality of the applicants; problems and needs caused by torture were determined by the teams. Interviews specific to the social work intervention were conducted with the applicants and their families. These interviews were structured by focusing on the “empowerment-based approach and strengths perspective” to overcome the crisis that the applicant and his family faced for ill-treatment and torture.

In total, 353 interviews were conducted in 2019. The average of these interviews is 1 hour. Analysing the distribution of the interviews made with the applicants, who have been receiving support from the our office, shows that the number of interviews increased in September, December, April and May. Similarly, there was an increase also in applications from refugees and refugee related issues in these months. The social worker carried out a needs analysis for the solution of existing problems; conducted advocacy, mediation, counselling, case management activities before UNHCR, Directorate General of Migration Management and affiliated Provincial Directorates. These activities were carried out in cooperation with Refugee Rights Center, SGDD (Association for Solidarity with Asylum Seekers and Immigrants), İHD, and TOHAV. Moreover, there was an increase in these activities since each application requires regular interviews and meetings.

### Documentation Activities

In 2019, social investigation reports were prepared for referrals to the Directorate General of Migration Management, Provincial Directorates of Migration Management, Social Assistance and Solidarity Foundation, Istanbul Provincial Directorates of the Ministry of Family, Labor and Social Services, Municipalities, law organisa-

tions and other non-governmental organizations; and the applicants access to necessary services was facilitated.

### b) Data on Applications received by the HRFT Diyarbakır Office

In 2019, following the social evaluation of the applicants, 88 (35.0%) of the 251 people who applied to the HRFT Diyarbakır Representative were supported within the scope of social support. In addition to, 88 new applicants in 2019, the total number of social support applications became 94, because there were already 6 people from previous years who continued to provide social support.

As regards to the age profile of these people, 6 of the 88 applicants, who received social service support in 2019, were children, 82 were adults; and 4 of the 6 applicants from the previous years were children and 2 were adults. There is no application to this programme from LGBTI+ individuals. It is thought that this fact is related to law number of applications from LGBTI+ individuals to the HRFT. The distribution of social support applications by HRFT İstanbul Representative Office is shown in Table 43.

**Table 43: Distribution of applications, which were supported within the framework of social service activities) by gender and application period (HRFT Diyarbakır Representative Office)**

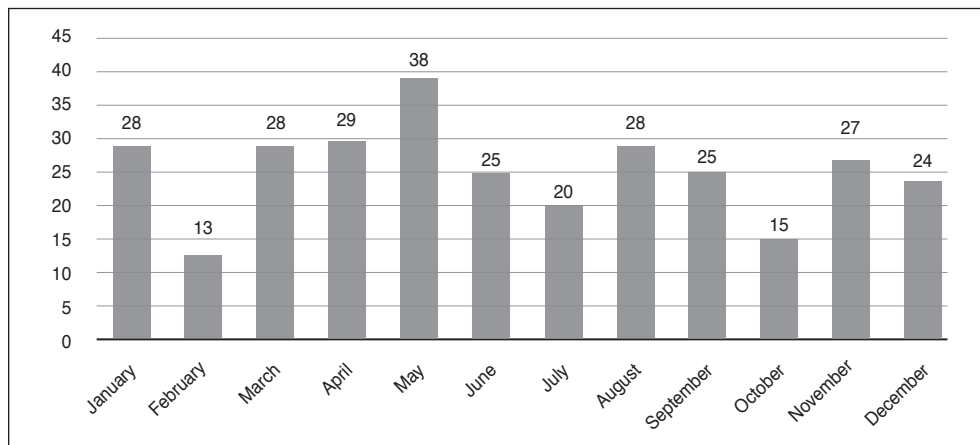
		Applications before 2019	Applications in 2019	Total
Women	Under 18 years old	1	3	4
	Adult	0	31	31
Men	Under 18 years old	3	3	6
	Adult	2	51	53
LGBTI+		0	0	0

It is observed that the rate of applications, which were made to the HRFT Diyarbakır Representative, for social evaluations and mental evaluation is very close to each other in 2019. Social evaluation and social supports become an option in the later stages of the process; or social support requests might be submitted at the time of application or may continue for several. In addition to treatment and rehabilitation activities, HRFT emphasises health should be evaluated in a wholistic approach by paying attention to the physical, mental and social integrity. As it is observed by our office in İstanbul, there is need for an integrated evaluation, treatment and rehabilitation activities. It is important to notice that results from the applications points out that there is need for an effort to increase the rates of mental and social assessment for a comprehensive assessment, treatment and rehabilitation activities.

It can be said that there recovery from social affects, which people are subjected to, following torture and ill-treatment is a long term process. Thus, it should be regularly monitored.

### Distribution of Interviews by Months

For 94 applicants, who were in need of social work intervention in 2019; plans were made to reduce the psychosocial effects of torture and to regain the functionality of the applicants; problems and needs caused by torture were determined by the teams. Interviews specific to the social work intervention were conducted with the applicants and their families. Table 20 shows the distribution of interviews by months.



**Graphic 20: Distribution of interviews with applicants, who receive social service support, by months in Diyarbakır Representative Office**

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