



HUMAN  
RIGHTS  
FOUNDATION  
OF TURKEY

HUMAN RIGHTS FOUNDATION of TURKEY  
**TREATMENT and REHABILITATION  
CENTRES REPORT  
2022**





HRFT  
Human Rights Foundation of Turkey

**TREATMENT AND REHABILITATION  
CENTERS REPORT  
2022**

Ankara, August 2023

---

---

Human Rights Foundation of Turkey - Publications 153

Editors

Aslı Davas, Aytül Uçar, Bilal Yıldız, Canan Korkmaz, Deniz Akyl,  
İlker Özyıldırım, Mümtaz Murat Kök, Ümit Biçer

Translated by  
Osman İşçi

Cover Photo by  
Erdem Şahin, (Taken from the account: twitter.com/@\_erdemsahin)

HUMAN RIGHTS FOUNDATION OF TURKEY  
Mithatpaşa Cad. 49/11 Kızılay 06420 Ankara, Türkiye  
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>

ISBN: 978-605-9880-42-8

The Human Rights Foundation of Turkey is a non-governmental and independent organization established under the Turkish Civil Code. Its statute entered into force upon being published in the *Official Gazette* dated 30 December 1990 and no. 20741.

BULUŞ Design and Printing Services Company, Ankara, Turkey  
Phone: +90(312) 222 44 06 • Fax: +90(312) 222 44 07  
[www.bulustasarim.com.tr](http://www.bulustasarim.com.tr)

---

---

This publication has been prepared and published with the financial support of the following organizations:

Embassy of Sweden  
Embassy of Norway  
Sigrid Rausing Trust

The content of this document is under the sole responsibility of the Human Rights Foundation of Turkey; in no way may it be considered as reflecting the stance of the organizations providing financial support.



**THE  
SIGRID  
RAUSING  
TRUST**

The Human Rights Foundation of Turkey is solely responsible for the views and opinions expressed in this document.

---



Thanks to the staff of HRFT Treatment Centres.

## TABLE OF CONTENTS

<b>INTRODUCTION and OVERVIEW</b> .....	9
<b>EVALUATION OF THE LAST ACTIVITY PERIOD (31 May 2022- 31 May 2023)</b> .....	15
<b>1. General Overview</b> .....	15
<b>2. Evaluation of Torture and Other Types of Ill-Treatment During the Period (1 January 2022- April 2023) Covered by the Report</b> .....	22
2.1. Torture and Other Ill-Treatment Practices .....	23
2.2. Prohibition of Torture and Other Ill-Treatment and Procedural Guarantees in Legislation .....	31
2.3. Human Rights and Equality Institution of Türkiye (HREIT), which is claimed to also fulfil the function of National Preventive Mechanism .....	35
2.4. Recommendations of the International Mechanisms .....	39
2.5. Impunity Culture .....	40
2.6. In conclusion .....	42
<b>RESULTS OF HRFT TREATMENT and REHABILITATION CENTRES EVALUATION FOR THE YEAR 2022</b> .....	45
<b>METHOD</b> .....	45
<b>APPLICATION DATA</b> .....	46
<b>APPLICATIONS DUE TO TORTURE and OTHER FORMS OF ILL-TREATMENT IN TURKEY</b> .....	48
Months of Application .....	51
Means of Application .....	52
<b>Socio-Demographical Information about applicants</b> .....	56
1. Gender and Age .....	56
2. Place and Region of Birth .....	58
3. Education, Job/Occupation and Employment Status .....	59
<b>Torture Process</b> .....	62
1. Reasons for Detention of Applicants .....	64
2. Duration of Detention and Torture under Detention .....	65
3. Places of Detention .....	67
4. Torture by Detention Time .....	70
5. Torture in Places of Detention .....	70
6. Units Where Torture Was Performed During the Last Detention Process .....	73
7. Distribution of Torture during the Last Detention by Region and Province .....	74
8. Torture Methods Used .....	77

<b>Legal Practices During and After Detention</b> .....	81
1. Access to a Lawyer .....	81
2. Arrest after Detention .....	82
3. Filing a Lawsuit after Detention.....	83
4. Health Examinations during the Detention Process .....	85
5. Criminal Complaints and Lawsuits Regarding Detention Processes.....	88
<b>Prison Process</b> .....	89
<b>Medical Evaluation Process of Torture Survivors</b> .....	97
<b>Medical Complaints of Applicants</b> .....	97
1. Physical Complaints of Applicants.....	98
2. Physical Examination Findings .....	101
3. Diagnoses in Physical Examinations.....	104
<b>Mental Health Evaluation Process of Torture Survivors</b> .....	108
1. Mental Health Complaints .....	108
2. Mental Health Findings and Symptoms.....	110
3. Diagnoses in Mental Health Examinations .....	113
<b>Treatment and Rehabilitation Processes</b> .....	115
1. Physical Diagnosis and Treatment Process of Applicants.....	116
2. Mental Health Treatment Process of Applicants.....	118
3. Treatment Results of Applicants.....	120
<b>APPLICATIONS MADE DUE TO TORTURE and OTHER FORMS OF ILL-APPLICATIONS DUE TO TORTURE AND ILL-TREATMENTS THAT HAVE TAKEN PLACE OUTSIDE TURKEY</b> .....	123
<b>Socio-Demographical Information</b> .....	123
1. Age, Gender, Marital Status.....	123
2. Education, Job/Occupation and Employment Status .....	123
<b>Torture Processes</b> .....	124
1. Torture While Being Detained .....	124
2. Legal Practices During and After Detention.....	125
3. Prison Process.....	125
<b>Medical Evaluation Process</b> .....	126
1. Medical Complaints of Applicants .....	126
2. Physical Examination Findings .....	126
3. Physical Examination Diagnoses.....	126
4. Mental Health Symptoms and Findings.....	127
5. Mental Health Examination Diagnoses.....	127

<b>Treatment and Rehabilitation Process</b> .....	127
1. Treatments Applied .....	127
2. Results of Treatment and Rehabilitation Practices.....	127
<b>RELATIVES OF THE TORTURE SURVIVORS</b> .....	129
1. Age and Gender .....	129
2. Place of Birth.....	130
3. Medical Evaluation Process .....	131
4. Mental Health Complaints .....	132
5. Mental Health Symptoms, Findings and Diagnoses .....	133
6. Treatment and Rehabilitation Process.....	135
<b>STUDIES CONDUCTED WITH CHILDREN WITHIN HRFT</b> .....	136
1. Principles Adopted in Studies Conducted with Children .....	136
2. Child Applicants who Filed Applications with HRFT in 2022.....	136
3. Torture Survivor Children.....	137
4. Medical Evaluation and Treatment Process in Children.....	139
<b>EVALUATION OF TORTURE AND ILL-TREATMENT PER SEXUAL ORIENTATION and GENDER IDENTITY (SO/GI)</b> .....	141
<b>HRFT 2022 Applications</b> .....	143
1. Socio-Demographical Features .....	145
2. Torture and Ill-Treatment.....	146
3. Torture during the Last Detention.....	147
4. Medical Examinations and Legal Process .....	151
5. Physical Complaints, Findings and Diagnoses per Gender Identity and Sexual Orientation .....	152
6. Mental Health Findings and Diagnoses by Sexual Orientation and. Gender Identity..	155
7. Treatment Processes .....	156
<b>SOCIAL EVALUATION OF TORTURE SURVIVORS</b> .....	159
HRFT Istanbul Representative Office.....	172
HRFT Diyarbakir Representative Office .....	172
HRFT Izmir Representative Office.....	172
HRFT Van Representative Office.....	173
HRFT Cizre Reference Centre .....	173
HRTF Ankara Representative Office.....	173
<b>Tables</b> .....	174
<b>Graphics</b> .....	176





## INTRODUCTION and OVERVIEW

Metin Bakkalcı<sup>1</sup>

As we did every year, also this year we share with you the treatment and rehabilitation services of the Human Rights Foundation of Turkey (TİHV) for the people subjected to torture and other cruel, inhuman treatment and punishments, under the title of “Report on Treatment and Rehabilitation Centres”.

As the first words of this report, we should express that this period, in which the still ongoing indescribable pain and heavy destruction caused by the earthquakes that took place in our lives on February 6, 2023, has undoubtedly taken its place in our individual and collective memories as an unforgettable period.

Both to contribute to the overcoming of the indescribable pain and heavy destruction caused by these earthquakes, and to fulfil the requirements of the preparatory processes at all levels to prevent the earthquakes that cannot be prevented “as of today” from causing such heavy pain and destruction once again, ‘earthquake’ must be the priority agenda of these lands.

As a result of the efforts of the Human Rights Association (İHD) and the Turkish Medical Association (TMA), HRTF was founded in 1990 by 32 human rights defenders and Human Rights Association (İHD).

Since its establishment in 1990, HRFT is a human rights organization taken as a reference by national and international circles with its scientific studies on detection, documentation and repair of torture and other ill-treatment, providing treatment and rehabilitation services to more than 21,000 people, who have been subjected to torture and other forms of ill-treatment. In addition, HRFT’s founding goals include periodic or non-periodical publications and documentation, scientific research and training aimed at the prevention of torture and other severe/serious human rights violations as defined in international human rights documents and domestic law.

This service HRFT provides for redressing the physical, mental, and social problems of the tortured individuals, is carried out with a multidisciplinary approach by professional and volunteer teams, whose numbers are expressed in hundreds, from many different fields of expertise, predominantly health workers.

---

<sup>1</sup> MD., President of HRFT

HRFT is still working on the treatment and rehabilitation of the tortured in five treatment and rehabilitation centres in Ankara, Diyarbakir, Istanbul, Izmir, and Van and a “reference centre” in Cizre.<sup>2</sup>

Although 530 new applications, the tortured or their relatives, were anticipated in 2022, 1201 people subjected to torture or their relatives applied to our centres. The fact that the number of applications has doubled our anticipations indicates not only the negative course of human rights, including torture, in the country, but also shows the meaning and effectiveness of our work across the country. The contribution of our Van centre, which we opened in 2018, to the efforts made over the years to reach more people subjected to torture in Van and its surroundings should be particularly mentioned.

Comprehensive data and evaluations regarding the treatment and rehabilitation processes of our applications are included in the further sections of our report.

As a requirement of the multidisciplinary and holistic approach to combating torture and human rights violations, HRFT has prepared numerous medical evaluation reports documenting the torture allegations upon the request of torture victims who have applied both from Turkey and from different countries of the world, that have been considered by international judicial bodies especially like European Court of Human Rights (ECtHR). In this context, only in 2022, medical evaluation reports/epicrisis were prepared for a total of 135 applications.

In this context, HRFT has become a school in terms of documenting and reporting torture cases and contributing to the treatment and rehabilitation processes of torture victims. We would like to point out once again that HRFT has been one of the essential constituents involved in all stages of the Istanbul Protocol, including its formation process, from the first meeting in 1996 when the idea of creating the Istanbul Protocol was put forward. Moreover, in the process of preparing a new edition of the Istanbul Protocol, initiated in 2016 and taking three years, HRFT has assumed a special function as one of the four civil institutions with special knowledge in this field in the international arena.

Updated with absolute care to preserve its basic approach, scope, and principles, the 2022 edition of the Istanbul Protocol was introduced in Geneva on 29 June 2022, with the participation of the United Nations High Commissioner for Human Rights and the HRFT representative. With the agreement signed between the UN and HRFT on 20 December 2022, the right to translate the 2022 edition of the protocol into Turkish, which does not constitute an official translation, was given to HRFT to be published in print and electronic format if it is not for commercial purposes. Just like in the first edition of the Istanbul Protocol 22 years ago, the Turkish translation and printing of the protocol in the 2022 edition was completed by HRFT. The Turkish translation of the 2022 edition of the Istanbul Protocol will be introduced to the

<sup>2</sup> Dr., HRFT President

relevant public in a short time. We would like to share that; training programs will then be launched based on the training modules to be updated based on the 2022 edition of the Istanbul Protocol.

Participation was realized in the 3rd International 19th National Forensic Sciences Congress on 3-6 November 2022 with three oral presentations and one poster. Three oral presentations were entitled, “An example of Torture, Degrading and Humiliating Treatment Practices: “Reverse Handcuffing” (Reverse Handcuffing in Applications Made to HRFT Due to Torture between 2018-2021)”; “Tolerating Torture through Detention Examinations (Detention Examinations in Applications Made to HRFT Due to Torture Between 2012-2021)” and “Evaluation of Strip Search Practice in Prisons and Detention Centres in the Light of the Decisions of the European Court of Human Rights between 2018-2022” ”, and the poster presentation was entitled, “Spatial Change in Torture: “Streets and Open Spaces: Applications Made to HRFT Due to Torture in Streets and Open Spaces Between 2012-2021”.

Among these studies, the oral presentation entitled “An example of Torture, Degrading and Humiliating Treatment Practices: “Reverse Handcuffing” (Reverse Handcuffing in Applications Made to HRFT Due to Torture between 2018-2021)” was awarded the second place for oral presentation by the Congress Scientific Board. We would like to express that this award is invaluable for the HRFT and the Forensic Medicine community.

Many tortured and ill-treated persons are also affected by other components of complex trauma. Being aware of the fact that more than medicine is needed to achieve as comprehensive a repair as possible, HRFT has been working since 2004 to develop a more holistic and multidisciplinary program that also addresses the problem of coping with complex and ongoing social trauma. In this context, since 2000, HRFT has been addressing the national and international training, panels, symposiums, the activities, and the program of coping with social trauma within the framework of three interrelated main headings (truth, justice, and repair).

HRFT publishes daily and annual human rights reports in two languages (Turkish and English) and reports directly concerning specific violations and incidents to regularly monitor and reveal the human rights violations in Turkey in an accurate, fast and continuous manner and thus prevent violations. In this context, it has developed an objective and reliable system for the documentation of severe/serious human rights violations, especially torture, and has created an accumulation of knowledge.

In a setting where the whole country is aimed to be transformed into a place of torture, where human rights violations are a rule and the use of rights is an exception, and values are destroyed by closing off the civil space, HRFT contributes to strengthen public life based on the founding role of human rights through new programs it has developed based on its experience. In this context, a comprehensive project/program has been carried out in cooperation with HRA, FIDH and OMCT since March 1, 2021. Expanding the base of human rights struggle in 6 regions of Turkey

(Çukurova, Eastern Anatolia, Aegean, Southeast, Central Anatolia and Marmara) with this project/program; HRTF aims to strengthen human rights actors at all levels, including bridging local and country-wide efforts and establishing preventive and protective mechanisms.

We would like to state that we continue all these efforts by trying to strengthen them both in quality and in quantity, in a setting where there is massive destruction in the field of human rights.

Undoubtedly, all this work is supported by the founding board members, board members and employees of HRTF, who have been working with great material and moral devotion for years, along with the joint efforts of hundreds of conscious individuals from different social segments and areas of expertise, especially healthcare professionals, lawyers, and human rights defenders and individuals, who have come together for the same cause all over the country.

On this occasion, we must also express our happiness that our Foundation has been honored with the “14<sup>th</sup> International Hrant Dink Award for 2022”.

Finally, we would like to express our gratitude once again to all our friends who have contributed to our work and stood by us, and to all relevant institutions, especially the Human Rights Association and the Turkish Medical Association, which have supported our work from the beginning.

Ankara, May 2023

---

# **HRFT Treatment and Rehabilitation Centres Report**

***2022  
Evaluation Results***

---





## EVALUATION OF THE LAST ACTIVITY PERIOD (31 May 2022- 31 May 2023)

### 1. General Overview

#### 1.1. Earthquake Process during which Unspeakable Suffering and Heavy Destruction was/is Experienced.

As mentioned in the introduction, we must once again state that this period, in which the indescribable pain and heavy destruction caused by the earthquakes that took place in our lives on February 6, 2023, and its aftermath, has undoubtedly taken its place in our individual and collective memory as an **unforgettable** period.

It is obvious that these recent earthquakes in Turkey and Syria cannot be described as mere 'natural disasters'. That is why, in all our statements and reports regarding the earthquakes that occurred on February 6 and subsequent ones, we included how a 'natural event' turned into a human-made disaster, both in terms of its causes and consequences.

Because, at the risk of repeating ourselves, we would like to emphasize that due to the failure to fulfil the scientific requirements of being ready for earthquakes, and the serious mistakes, choices, negligence, and abuses/corruption made before and after the earthquake, the role and responsibility of human-made factors in the severe suffering and massive destruction caused by the earthquake is extremely evident.

Despite the serious problems in the identification and registration system, the number of people who lost their lives due to earthquakes has exceeded 50 thousand according to official statements. These inexplicable and unacceptable deaths would have been preventable had it not been for the serious mistakes, negligence and inadequacies made before and after the earthquakes.

The survivors of earthquakes, on the other hand, are exposed to many violations of their rights, including the right to shelter, to obtain an adequate standard of living, health, education, work, and social security, because of the same mistakes and inadequacies, without even being able to mourn all the losses they have suffered. In addition, the aforementioned rights violations have forced millions of earthquake survivors to leave their places of residence. In a sense, these people, who can be regarded as "forcibly" displaced, face many violations and problems in places where they have to migrate.

When we evaluate all these adversities together with the obligation of states to protect and develop all rights and freedoms, especially the right to life, this process itself should be considered under the heading of gross human rights violation.

We should never forget that the people exposed to the violations in question are also unique people who have experienced an extraordinarily traumatic process as a result of both natural and human-made factors.

For this reason, although they are inherent in each other, it is necessary, on the one hand, to cope with this complex and mass trauma, the effects of which are expected to last for a long time, and on the other hand, to provide solutions to those who are subjected to human rights violations and to create an environment where similar suffering will not be experienced again. To this end, it is obvious that holistic and comprehensive programs must be developed and implemented effectively in order to fulfil the requirements of the rights to social reparation.

Provided that we never forget all the losses, we would like to remind you once again that an approach based on human rights principles and values, guiding not only the political power but also the society, should be taken as a basis while we struggle with all the problems caused by the earthquake,

However, unable to fulfil its emergency response and rescue duties in the face of this grave situation, the political power preferred to declare a state of emergency for three months on February 8, 2023, again choosing a security-oriented approach, as a remedy.

Of course, in proportion to the size of the destruction, some measures may need to be taken in order to use public power and facilities in the most effective and fastest way. However, declaring a state of emergency immediately is not the only way to do this. Because even the Law No. 7269 on “Aid with Measures to be Taken Due to Disasters Affecting Public Life”, which came into force by being published in the Official Gazette on May 25, 1959 (with many subsequent amendments), gives the political power important authorizations and provides sufficient tools and opportunities to be used against the destruction caused by the earthquake in the fight against disasters without the need for a State of Emergency declaration, although it has some problematic elements it.

Moreover, when we look at Turkey’s political history, it will be seen that during all periods when extraordinary administrative procedures were used, the guarantees in the 2nd paragraph of Article 15 of the Constitution were not complied with and the violations against fundamental rights and freedoms increased.

As we have frequently stated during the pandemic period, the human rights perspective should be the indispensable guide for all measures taken in such extraordinary situations that affect everyone across the country. Because having rights is the only thing that can make people strong in difficult times, and only when having rights can a person feel that he will be taken care of and protected. However, the political power, as usual, has resorted to cancelling human rights in a state of emergency. We watch with concern that the increased security measures and careless language of condemnation are rapidly turning into discrimination, hate speech, and violence that amounts to torture and other types of ill-treatment.

On the other hand, what happened in the earthquake region with the declaration of the state of emergency clearly has shown how the policy of governing the country

like a “joint stock company” by getting rid of rules and institutions destroyed the social nature of the state and remained only a bare coercive apparatus.

For example, with the “Presidential decree on settlement and construction within the scope of the state of emergency”, which was published in the Official Gazette dated February 24, 2023, the Ministry of Environment, Urbanization and Climate Change has been authorized “to determine ex officio the temporary or final settlement areas” in the disaster area, “in the final settlement areas and to transfer the immovable property or development rights in existing urban areas partially or completely to another area, and to take the decision of transfer or urgent expropriation for all other relocations subject to public and private ownership. It is inevitable that such regulations will lead to further deepening of economic and social inequalities and the violation of the housing and property rights of those living in the earthquake zone. With these regulations, the permanent earthquake housing process, initiated by the Mass Housing Administration (TOKİ) before the urgent problems in the earthquake area were resolved, any without any consultation with the concerned parties, especially those affected by the earthquake, professional chambers, and experts, and through non-transparent tender processes, has become a kind of new unearned income areas.

In this process, which is an indicator of how the social quality of the state is destroyed, using violence reaching the level of torture by the law enforcement officers, especially in Samandağ, against the earthquake victims who participated in the vigil against the spilling of debris near their living spaces, obviously harmful for living things and nature, shows the dimension of the coercive apparatus.

It is clear that we can overcome the indescribable pain and heavy destruction caused by the earthquake, not with the calculations of political interests and the State of Emergency, but by protecting the principles and values of human rights and by increasing social solidarity.

Undoubtedly, we all feel the value of the social solidarity experienced throughout the country. In addition to the extraordinary value of social solidarity for today, its founding role is also extremely valuable for our future in terms of rebuilding public life with a participatory and egalitarian approach based on human rights principles and values.

## **1.2. 2023 Election Process**

First of all, we would like to point out that, although it has not been brought specifically forward for understandable reasons to some extent in this election process, it is clear that the 2023 elections cannot be described as ‘fair, honest and reliable elections’ in the light of the criteria included in the “Human Rights Standards Guide for Elections”<sup>1</sup> published by the United Nations in 2021.

Both the relevant legal regulations, especially the Election Law and the Law on Political Parties, as well as the institutions related to the election administration,

mainly involve extremely important problems in terms of a democratic and fair election process.<sup>1</sup>

For example, these problems have been addressed in the joint report published on 17 December 2018 by the Venice Commission, the legal advisory body of the Council of Europe, and the Organization for Security and Cooperation in Europe (OSCE) Democratic Institutions and Human Rights Office concerning the amendments to the electoral laws that came into force after being published in the Official Gazette dated March 16, 2018, and April 25, 2018. These problems were also addressed in the opinions published on 20 June 2022 jointly by the Venice Commission and OSCE Office for Democratic Institutions and Human Rights, regarding the election law amendments published in the Official Gazette dated 6 April 2022, and in the opinions of the OSCE Office for Democratic Institutions and Human Rights Office published on 17 February 2023.

For the meaningful exercise of the right to vote and to be elected, a set of prerequisites such as the right to equality and non-discrimination, freedom of thought and expression, including equal access to participation, freedom of peaceful assembly and association, right to information, freedom of the press and media, the right to individual security, the right to a fair trial and the right to an effective remedy, and an environment, where human rights are respected and practiced by all, are vital.

However, and we would like to remind you that it is not possible to talk about real elections, in an environment where there is a massive destruction in the human rights environment and the idea of a rights-based regime is being abandoned, especially under the conditions of official and/or de facto state of emergency, in an environment where arbitrary detention practices are tried to be normalized.

In addition, the attempt to close a party (HDP) that won the votes of 6.5 million citizens in the last general elections, especially during the 2023 elections, considered to be extremely important by everyone, is itself an indication that a democratic, fair, and equal election process has not been experienced.

In Turkey, at least 14 million people were directly affected by and at least 50 thousand people lost their lives during the earthquake, and there are many problems preventing the completion of the mourning process of the relatives of tens of thousands of people who lost their lives. Millions of earthquake survivors still face many unsolved problems, each of which can be considered a violation of their human rights, and these millions had to leave the places where they live, in such a way to be considered as “forced” displacement. As far as is known, only 345 thousand 97 people out of these millions have been able to register in order to vote in their new settlements. Some people suggested that these large but unknown number of voters should go to their own electoral district in the earthquake area if they wanted to vote, despite

---

<sup>1</sup> [https://www.esithaklar.org/wp-content/uploads/2022/02/ESHID\\_BM\\_Secimler-ve-Insan-Haklari-TR\\_20220222.pdf](https://www.esithaklar.org/wp-content/uploads/2022/02/ESHID_BM_Secimler-ve-Insan-Haklari-TR_20220222.pdf)



the severely traumatic process they were going through. In such a setting, although there are understandable reasons to some extent, it should be very useful to think about the fact that even the room to discuss the meaning of an election agenda throughout the country is extremely limited.

On the other hand, the fact that there is no 'fair, honest and reliable election' environment under the current conditions does not undermine the importance of the Presidential and general elections for the future of Turkey.

Despite all the invaluable efforts in the election process, the general elections concluded on May 14, 2023, and the Presidential election held on May 28, 2023, carry the risk of deepening the atmosphere that moves away from the idea of a regime based on human rights.

Beyond the results of the elections, the othering and hate speeches that were tried to be made more dominant during the election process also led to the deepening of the ongoing process of losing the quality of being a society.

However, it should be especially worth emphasizing that the transformative power of the political sphere can become meaningful as long as the active participation of social segments that actively embrace a new vision of common life based on human rights values and principles can be achieved.

For this reason, considering the risk of further deepening the atmosphere moving away from the idea of a regime based on human rights with the impact of the election results, we believe that HRFT and those involved in it, in the light of our evaluations based on sincere confrontation at all levels, including ourselves, provided that we respect the value of the efforts being made, the need for the human rights movement to further strengthen itself at all levels has become much more important today. Naturally, HRFT strategy and action plans will be reviewed based on the election process and results.

### **1.3. Human Rights Environment**

In this section, it would be useful to give a brief assessment of the situation regarding the human rights environment once again.

#### **1.3.1. The Current Crisis of the Human Rights Regime**

We are in a period where, in addition to Turkey, states around the world are rapidly moving away from considering universal human rights norms as a binding framework. States are acting as structures that dissolve social partnerships rather than contributing to partnership building. States' gradual move away from their commitment to democracy and law leads to the weakening of human rights, one of the most important achievements of humanity, both as a reference system and as a control mechanism. This situation also indicates that the political will that sustained the global human rights regime as it was established after the World War II is disintegrating.

Besides states, and perhaps more importantly, there is also a change at the societal level. The rise of 'communitarianism' built on the basis of essentialist affiliations, the spread of xenophobia and refugee hostility, attacks on the vested rights of women and LGBTIQ+ people in many countries, and the step by step gaining ground of reactionary ideologies that feed all kinds of discrimination - all of these are causing societies to find themselves gradually moving away from seeing themselves as communities based on rights and the idea of community depreciates.

As a result of all these developments, we are faced with the fact that the institutional mechanisms that constitute the concrete existence of the global human rights regime are becoming bureaucratized, formalized, devoid of content and gradually dysfunctional. The inability of many international human rights mechanisms to effectively implement sanction processes, especially against the states that do not fulfil their obligations/are unwilling to fulfil their obligations, or to take effective and consequential steps to end serious human rights violations and their the deep silence on the issue, including the wars/conflicts that have occurred and are ongoing in our region, further deepens the constraints and limitations in the functions of these mechanisms in the field of human rights. Moreover, as of today, international mechanisms have ceased to be a focus of reference in the sense of a kind of confirmation of righteousness and can actually turn into tools used to strengthen oppressive regimes.

To conclude, we would like to express once again that there is a massive destruction in the human rights environment in Turkey as well as in the world, moreover, the idea of a rights-based regime is being abandoned, and the international human rights regime is in a deepening crisis on a global scale.

To ensure the development and strengthening of solidarity and cooperation at the national level and internationally in order to overcome this severe crisis, as the subjects of the human rights movement, it must be our primary duty to activate an approach that reasserts the 'founding role' of human rights in all areas of life.

### **1.3.2. Human Rights "Situation" in Turkey**

As we have mentioned in our previous reports, beyond the State of Emergency declared on February 8, 2023, for three months, citing the earthquake process, our country is already being governed by a *de facto* State of Emergency regime, which has been given permanence/continuity with many regulations. Uncertainty, irregularity, and arbitrariness have become the main elements of the regime's self-sustainability. The power to create uncertainty, which the regime uses as a governance technique, enables the power to be gathered in one hand in all respects, to be freed from all control mechanisms, and to increase its pressure and control only.

Turkey has recently been going through a very difficult period in which widespread and systematic human rights violations have been experienced and severe and serious human rights violations have escalated, especially since July 2015, when

the conflict atmosphere surged again. As of today, we live in an environment where the use of rights has become almost an exception and violation of rights has become a rule, a fact witnessed by the vast majority of Turkey, or many groups are directly subjected to.

The alarming picture of the human rights environment in Turkey has been further aggravated by the measures taken unilaterally and arbitrarily implemented by public authorities during the COVID-19 pandemic in recent years and most recently during the earthquake. While new human rights violations occur, the extraordinary situation caused by the earthquake and the pandemic is also used as an excuse for violations and oppressive practices.

We should also point out that the government's failure to take sincere and holistic steps towards a peaceful, democratic, and fair solution to the Kurdish issue has led to serious human rights violations, especially the right to life.

In this process, in parallel with the massive destruction in the human rights environment, we are witnessing an extraordinary increase in pressure, threats and harassment, including judicial action, against human rights defenders. Various investigations and lawsuits have been filed against many of our friends from HRFT circles, including TMA Central Council President and HRFT Board of Directors member, dear Şebnem Korur Fincancı, and Istanbul treatment centre social worker, dear Bilal Yıldız. Targeting human rights defenders has turned into an explicit policy that aims to make human rights violations invisible and to establish impunity. Freedom of expression, media, association, and assembly, which are necessary for effective human rights advocacy, have been almost completely abolished. There is a negative transformation in society's view of human rights advocacy as a result of public authorities and media discourses, and the activities of human rights defenders are criminalized in public's perception. In short, the room in which human rights actors can act has been greatly narrowed down recently. In addition, an extremely invaluable atmosphere of solidarity is within the country and in many parts of the world to overcome this oppressive setting.

On the other hand, Turkey is experiencing one of the most severe economic crises of the last forty-three years. Health, education, all living and non-living assets and all public spaces, especially nature, have been left to the market. In addition to the implementation of policies based on the violent human intervention in nature for years, the economic crisis and deep impoverishment caused by war and conflict expenditures create a tremendous restriction on the ability of citizens to continue both their biological and social lives, thus leading to serious human rights violations.

In particular, including the COVID-19 pandemic process, inequalities deepening at all levels, not only in our country but also all over the world, constitute the objective basis for ruining the chances of exercising all rights. The point that inequalities have reached is extremely striking. As stated in OXFAM's "Inequality Kills" report published in January 2022, the world's 10 richest people (all men) have six times

more wealth than the bottom 3.1 billion people combined, and due to COVID-19 pandemic the income of 99% of the world's population has decreased, while the wealth of the 10 richest people (all men) has doubled.

These heavy and structural problems facing the human rights environment in Turkey today are directly related to the authoritarian transformation of the political regime. It is possible to say that this transformation points at a trajectory moving from a “state practice that systematically violates rights” to the “total abandonment of the idea of a rights-based regime”.

Any possible improvement in the field of human rights, especially today, has a close relationship with the re-establishment of democracy and legal order based on human rights values and principles. Undoubtedly, it should be remembered that human rights are not only a “legal and regulatory” set of principles, but also a “constitutive” struggle for the fundamental values of the political community, a transformative and value-creating struggle.

To address the will of the society for democratic change in order to bring a concrete perspective in terms of human rights principles to the democratic restructuring process in question, it is extremely important to be able to appeal not only to the state but mainly to the society, and to be not only demanding but also involved and constructive in this process.

If we are talking about such a divided state of the society and the existence of a crisis environment in which serious human rights violations occur, as a human rights movement, we should focus on “the establishment of a sense of justice, including an effective legal remedy”, and it is an urgent need together with HRFT and all relevant individuals and institutions to develop comprehensive programs including the “recovery of rights, financial compensation, rehabilitation, for the right to reparation, consisting of the right to satisfaction and the right to know the truth, and the right to reparation, which includes guarantees of non-recurrence of violations, including the fight against impunity.

## **2. Evaluation of Torture and Other Types of Ill-Treatment during the Period (1 January 2022- April 2023) Covered by the Report**

Unfortunately, we have been stating for many years, based on concrete data, that torture, as defined by the United Nations Committee Against Torture<sup>2</sup>, which is one of the leading human rights problems in Turkey, is widely and systematically practiced.

Especially after the state of emergency declared after the resumption of the conflict in July 2015 and the military coup attempt, the use of torture and other ill-treatment practices in places of detention like official places of detention and confinement, including prisons, as well as during law enforcement officers' intervention in

<sup>2</sup> A/48/44/Add.1, parag. 39, and A/56/44, para. 163, ve A/72/44, para. 67,

peaceful gatherings and demonstrations, in streets and open areas or in homes and workplaces has increased dramatically.

Especially with the state of emergency declared after the February 6 earthquakes, the violent practices of law enforcement officers, reaching the level of torture and other forms of ill-treatment, reveal the gravity of the problem at all levels. So much so that, after the February 6 earthquakes, in which there were also deaths in custody, the violent practices of law enforcement officers, reaching the level of torture against the earthquake victims who participated in the life vigil initiated against the dumping of rubble near living spaces, obviously harmful to living things and nature, especially in Samandağ, indicate the unimaginable dimension that malevolence has reached.

In an environment where all issues have been very frequently and easily described as security problems/threats by the political power and tried to be turned into a security agenda, the entire country, including the earthquake region, has recently become almost a place of torture, as a result of the political power's governance style based on pressure and control.

As we have mentioned in our previous reports, although universal law, of which Turkey is a part, absolutely prohibits it, systematic torture and other ill-treatment practices are made highly **visible** in the sense of sending a message to the whole society, since they take place with the close witness of a very large segment of the society. On the other hand, torture and other ill-treatment practices are also tried to be made **invisible** by "normalizing" them.

As we have always stated, it is not appropriate to establish a linear and absolute relationship between the number of individuals applying to HRFT treatment centres in order to access the rehabilitation rights of torture victims and the total number of people exposed to torture throughout the country. In addition, there were 1201 new applications to HRFT treatment centres in 2022, 1079 of 1201 new applications were directly exposed to torture and other forms of ill-treatment in Turkey, and 756 (70.1 %) of the total new applications in 2022 themselves or their relatives were subjected to torture themselves in 2022, which is an important indicator of the prevalence and seriousness of torture practices.

## **2.1. Torture and Other Ill-Treatment Practices**

### **2.1.1. Torture and Other Ill-Treatment Practices in Official Places of Detention**

Violation of procedural safeguards due to reasons such as dodging the supervision of laws, rules and norms, arbitrariness, conscious negligence, which have become widespread at various levels of state power in proportion to political authoritarianism, length of detention periods, dysfunction of monitoring and prevention mechanisms or the absence of independent monitoring and prevention etc., torture and other ill-treatment practices in official detention centres continue to be systematic and widespread, to the extent required by practitioners.



During the last activity year, as seen in only some examples selected from Adana, Adiyaman, Dersim, Diyarbakır, Hakkari, İstanbul, İzmir, Mardin, Niğde or Şanlıurfa, statements of the people, subjected to torture and had their own, or the statements of their relatives or lawyers', some of which were also recorded in the court minutes, reveal how torture and other ill-treatment practices documented in the reports of relevant institutions, including our own institutions, are felt by everyone in daily life and how widespread they have become.

Moreover, as far as the HRFT documentation unit could detect, there were no deaths in custody in 2019, and one suspicious death occurred in 2020, 2021 and 2022, but four people lost their lives related to torture and other ill-treatment during the detention process only in the first three months of 2023, for which there are extremely serious and reliable allegations and evidence supporting the photographs and video footage and the statements of the witnesses, a fact showing the extent of the problem.

For example, there are serious and reliable allegations and proof, including the forensic medical report, that Ahmet Güreşçi and Sabri Güreşçi were subjected to torture and other ill-treatment at the Gendarmerie Station where they were taken after being detained by the gendarmerie in Hatay on February 11, 2023. In this process, after Ahmet Güreşçi's death in the hospital he was taken to, three gendarmes, who were investigated upon the complaint of Güreşçi's father and the diagnosis of Sabri Güreşçi, were suspended during the investigation. However, it was decided to restrict access to the file during the investigation.

On the other hand, according to the media reports on February 23, 2023, an investigation was launched by the Istanbul Chief Public Prosecutor's Office against journalist Seyhan Avşar because of the news she made about Ahmet Güreşçi, who died as a result of torture and other types of ill-treatment in detention in Hatay.

In another example, after two of the 8 Syrians who crossed the border and entered Hatay on March 11, 2023, died at the border post, an investigation was launched against the gendarmerie officers on charges of "killing people" and three gendarmerie officers were arrested. However, a confidentiality decision was made regarding the investigation for this file as well.

According to 2022 data of HRFT Treatment and Rehabilitation Centres, and taking into account that those who applied to centres were tortured in more than one unit, of the 1079 new applications who were directly exposed to torture and other ill-treatment in Turkey, applied for being subjected to torture in official detention centres such as police headquarters. 547 (50.7%) of such practices took place at police departments; 61 (%5,7) of them at police stations; 69 (6.4%) of at the gendarmerie stations, and gendarmerie command. In addition, it should also be taken into consideration that 331 (30.7%) people were also subjected to torture in the vehicles of security guards.

### **2.1.2. Torture or Other Ill-treatment Practices in Informal Places of Detention or Non-Detention<sup>3</sup>**

Torture and other ill-treatment practices that occur in unofficial places of detention or in environments outside detention (such as during the intervention of law enforcement officers in peaceful meetings and demonstrations, or in places such as streets and open spaces, homes, and workplaces), which have become increasingly common in recent years, have become ordinary and a part of daily life.

As the complaints, medical findings and diagnoses of those who applied to HRFT rehabilitation centres because they were subjected to torture show, the “intervention by use of force” of law enforcement officers in peaceful meetings and demonstrations, reaching the level of “torture and other ill-treatment”, has become widespread, and furthermore, the attempts to turn it into an “ordinary practice” has become a characteristic feature of the last period.

According to 2022 data of TIHV Treatment and Rehabilitation Centres those who applied to HRFT centres were tortured in more than one unit, and of the 1079 new applications directly exposed to torture and other forms of ill-treatment in Turkey, 546 (50.6%) faced such treatment in the street/open areas, including peaceful meetings and demonstrations, and 177 (16.4%) were treated similarly in places such as homes and workplaces, which indicates that the number of torture cases in unofficial places of detention or in environments other than detention has reached a very serious level.

Recently, practices in people’s homes during the detention process before the “official detention process” has yet taken place are another important topic in terms of torture and other ill-treatment practices.

As we have always stated in the last period, torture’s becoming a common practice in the streets, its continuation in more than one place, and the implementation of impunity practices at every stage is an important data that allows us to understand the changing face of torture.

### **2.1.3. Enforced Abduction/Disappearance Attempts**

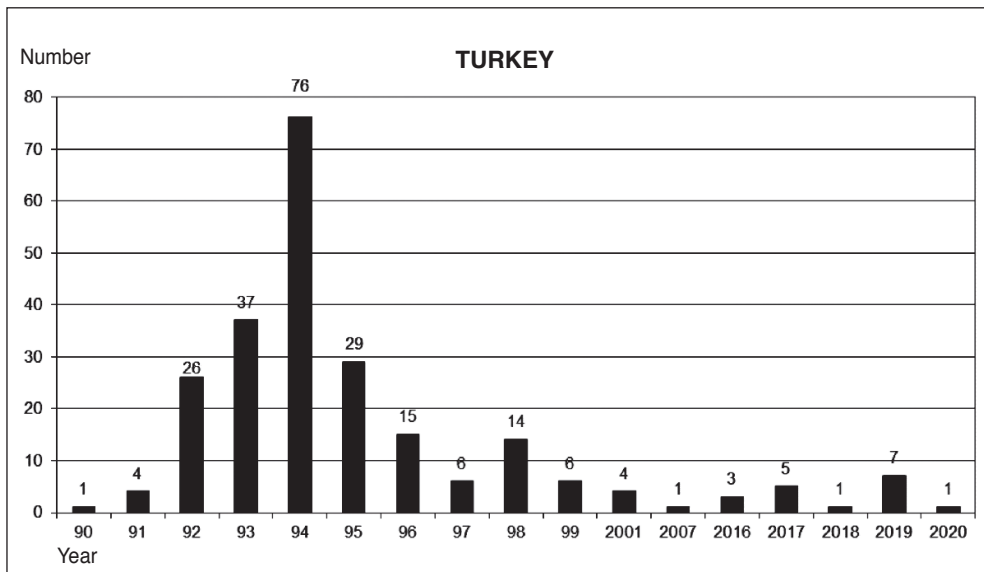
We should point out that enforced disappearance or disappearance attempts/abductions, which started to be experienced in an alarming way with the state of

<sup>3</sup> It was emphasized in the resolution of the UN General Assembly at its session dated 18 December 2013 that the prohibition of torture and other ill-treatment covers not only persons deprived of their freedom, but also violence by security forces, such as arrest and interventions against persons who want to exercise their right to assembly and demonstration. In the report of the UN Special Rapporteur on Torture to the UN General Assembly, dated 20 July 2017 and entitled “Prohibition of use of force and torture and other cruel, inhuman or degrading treatment or punishment (extra-custodial use of force) in places other than custodial/official places of detention,” it has been explained in an extremely comprehensive manner, and an important jurisprudence has been established on this subject in the decisions of the European Court of Human Rights, which ruled that the treatment of “protesters” by law enforcement officers reached the level of “torture”.

emergency declared in 2016 after the 1990s, have turned into another characteristic of recent years.

This alarming development was once again included in the latest report of the UN Working Group on Enforced or Involuntary Disappearances dated 12 August 2022. As can be seen from the table below in the said report, this process, which started again in the 2000s more specifically in 2016, has been monitored by the Working Group, keeping in mind that four people in 2001 and one person forcibly disappeared in 2007 are not overlooked.

Especially in 2019, seven cases of enforced abduction/disappearance were detected, six in February and one in August, and months later it was found out that six of them were in custody. Two of these six people told for the first time that they were subjected to severe threats, torture, and harassment during the hearings while they were not heard from.



**Graphic: Number of forcibly disappeared persons in Turkey by year**

The fate of one person is still unknown to the public since August 6, 2019 (even though 44 months have passed).

However, the number of enforced abduction/disappearance attempts, the prevalence of which we shared in our previous reports, were limited in 2022. According to the findings of the HRFT Documentation Centre, although 17 people were abducted or faced an abduction attempt in 2021, 4 people were abducted or faced an abduction attempt in 2022.

This issue, which also constitutes a violation of the prohibition of “torture and cruel, inhuman and degrading treatment” for the relatives of the “disappeared”, further increases the value of the efforts of “Combating Disappearances in Detention”, which have been carried out for many years by the Saturday Mothers. This issue is undoubtedly a priority issue for our institutions.

#### **2.1.4. Torture and ill-treatment in prisons**

As we have included in our previous reports, prisons in Turkey have always been places where torture and other ill-treatment practices were intensely experienced. In particular, there has been an extraordinary increase in torture and other ill-treatment practices against detainees and convicts in prisons, starting in July 2015 when Turkey entered a conflict environment again, and continuing with the suppression of the military coup attempt and the declaration of a state of emergency until today.

- i. Overcrowding in prisons, which has increased significantly every year since 2005, constitutes an important current problem in itself. The physical conditions of prisons, including overcrowding, location selection and architecture, constitute the objective basis for many human rights violations.

According to the data of the General Directorate of Prisons and Detention Houses of the Ministry of Justice, the number of detainees and convicts, which was 55,870 in 2005, increased to a total of 356,587 detainees and convicts in 400 penal institutions with a total capacity of 291,592 as of May 2, 2023. This number includes convicts who are on leave for COVID-19 pursuant to Law No. 7242. Of these, 41,390 are under arrest, and 315,197 are convicted or prisoners on remand. For a long time, the number of people whom we call prisoners on remand, that is, the number of people whose sentence has not been approved, is not given separately for a long time. There are 14,595 women and 2,592 children convicts and detainees in prisons.

According to this data, as of May 2, 2023, there are 64,995 detainees and convicts over the capacity. This shows that the physical conditions of prisons continue to worsen and the serious increase in deprivation of rights continues.

It should be noted once again that the more than six-fold increase in the number of detainees and convicts in just 18 years, which is unprecedented in the history of our country, is, in a sense, a summary of the developments experienced in our country in recent years.

This being the case, according to the data of the Ministry of Justice, the opening of 22 penal institutions of various types in 2022 and the target of opening 20 more penal institutions in 2023 according to the 2023 performance program of the Ministry of Justice reveal the risk that this problem will deepen further in the coming period.

According to the data of the Ministry of Justice, 22 penal institutions were opened in 2022. Again, according to its 2023 performance program, the Ministry of Justice aims open 20 more penal institutions in 2023.

Moreover, when these excessive increase in figures are considered together with the number of people registered in and out of prisons every year, as stated in the prison statistics for 2020, published as the latest data on the Turkish Statistical Institute (TUIK) website, the gravity of the situation becomes even more apparent. In 2020, 258,401 people were registered as convicts in penal institutions, while 361,870 people were recorded as convicts in the same period.

In addition, according to the data last updated by the Probation Department on August 31, 2022, there are 437,636 people on probation throughout Turkey. When we add up this number from eight months ago with the number of detainees and convicts in prisons, the number of citizens deprived of their freedom reaches approximately 791,004 people. This means that, leaving aside other indirect surveillance/control tools, approximately one in every hundred citizens is under direct and bare surveillance.

- ii. As stated in Article 59 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), within the scope of “Intercourse with the outside world”, “Prisoners shall, as far as practicable, be placed near their homes or places of social rehabilitation.” Despite the basic principle in this approach, sending prisoners to prisons far away from where they live in Turkey causes a violation of rights that can be considered under the heading of torture and other ill-treatment.
- iii. Rough beatings, all kinds of arbitrary treatment and arbitrary disciplinary punishments, solitary confinement, exile, and referrals, applied for various reasons since entering prisons (such as “strip search”, which turned into a torture method, handcuffed examination, objection to counting practices by standing tally), have reached unprecedented levels in recent history.
- iv. Restriction of access to health care, restriction of the right to visit the prison infirmary, ill-treatment practices including handcuffing while being taken to the Forensic Medicine Institute, courthouse and hospital, failure to solve the health problems of prisoners in a timely and effective manner are another long-standing problem area. Especially recently, the exile of the majority of prisoners who have difficulty continuing their treatment to other prisons has significantly damaged the right to access healthcare.
- v. Another important issue regarding prisons is sick prisoners. In addition to the problems faced by these people such as not being able to have adequate access to health services, not being able to obtain an independent and qualified medical evaluation report, including the lack of independence of the Forensic Medicine Institute, the phrase “public security” included in the amendment in the Law on

the Execution of Penal and Security Measures dated 28 June 2014, stating that “it is assessed that it will not pose a serious and tangible danger in terms of public security “ leads to complete arbitrariness regarding the release of prisoners, even if reports have been given that they “pose a definite life threat” for sick prisoners.

Although it is claimed that some adjustments were made on this issue with a circular published by the Ministry of Justice on January 2, 2023, it is not possible to contribute to the solution of the increasingly serious problems of sick prisoners, as stated in the “legislation” section.

According to IHD data last updated on April 29, 2022, there are a total of 1517 sick prisoners, 651 of whom are seriously ill, “as far as can be determined”.

- vi. Violations of the right to life are another important problem in prisons. We would like to remind you that, as stated in Paragraph 54 of the Guide<sup>4</sup> to Article 2 of the European Convention on Human Rights, which includes the Right to Life, last updated on 31 August 2022, “The Court [European Court of Human Rights] ensures that every detainee [anyone who is under detention] is subject to the measures taken against him” has declared that he has the right to conditions of detention worthy of human dignity, which ensure that the methods of application do not cause the person concerned any distress or distress of an intensity exceeding the unavoidable level of suffering associated with detention; the Court has added that the health as well as the well-being of a detainee must be ensured in accordance with the requirements of imprisonment (*Dzieciak v. Poland*, § 91).” In other words, this issue is a direct positive obligation of states.

This being the case, as far as the HRFT documentation unit can determine, at least 48 prisoners lost their lives for various reasons such as illness, suicide, violence, neglect, etc. in 2022.

As far as IHD could ascertain, at least 78 prisoners lost their lives for various reasons, 25 of them being suspicious deaths, including illness, suicide, violence, neglect, etc. in various prisons in 2022.

Despite the existence of suspicious death allegations, effective investigation processes are not carried out, to the best of our knowledge, for a significant portion of these deaths.

For example, regarding Garibe Gezer, who lost her life suspiciously in Kandira Closed Prison on December 9, 2021, although she had some petitions before her death and some images about her were shared, it was found out on 24 November 2022 that it was decided that “there was no need for prosecution” on the grounds that “sufficient evidence could not be obtained to file a public” since “there is no evidence of any intent or fault of anyone in her death.”

4 [https://www.echr.coe.int/Documents/Guide\\_Art\\_2\\_ENG.pdf](https://www.echr.coe.int/Documents/Guide_Art_2_ENG.pdf)

In another example, Yılmaz Ekinci died suspiciously in Aydın E Type Prison on January 13, 2022. Following the emergence of images supporting serious and reliable allegations of torture and other types of ill-treatment regarding Yılmaz Ekinci, who was alleged to have “committed suicide”, a lawsuit could be filed against 5 correctional officers, demanding punishment for “abuse of office”. In the last hearing held on March 28, 2023, the Ekinci family’s lawyer’s requests for hearing witnesses, crime scene discovery, ATK (Forensic Medicine Institute) and rejection of the judge were completely rejected by the court and the hearing was postponed to June 6, 2023.

In the last hearing held on March 28, 2023, the Ekinci family’s lawyer’s requests for hearing witnesses, crime scene discovery, ATK (Forensic Medicine Institute) and rejection of the judge were completely rejected by the court and the hearing was postponed to June 6, 2023.

- vii. Single-person or small-group isolation/isolation practices, which have been implemented for many years (since 2000) and caused serious damage to the physical and mental integrity of detainees and convicts, have turned into an insolvable chronic problem and, moreover, a routine practice. Moreover, this heavy isolation/isolation policy is being tried to be turned into a special practice, especially in newly opened High Security and Type S Prisons.

Once again, it would be useful to remind the standard principle of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), expressed as: *“Prisoners in detention centres should aim to spend a reasonable part of the day (eight hours or more) outside their cells, performing activities that are various and have a specific purpose. Naturally, programs in institutions housing convicted prisoners should be even more appropriate.”* On the other hand, even the circular (45/1) of the Ministry of Justice dated January 22, 2007, which stipulates that 10 detainees and convicts should come together and socialize for 10 hours a week, is in force but not implemented.

A special form of isolation practice is experienced in İmralı Prison. Bans on family and lawyer visits, which have been in place uninterrupted since 2011, still continue despite family meetings held three times in 2019, once in 2020 (on March 3, 2020) and lawyers meetings held five times in 2019. It is understood that the recommendations in the reports announced by the European Committee for the Prevention of Torture as a result of its visits to Turkish prisons in 2017 and 2019 were not observed. On the other hand, although it was stated by the European Committee for the Prevention of Torture on 3 October 2022 that they made an irregular visit to Turkey on 21-29 September 2022 and that they also visited İmralı F-Type High Security Prison in this context, no information regarding this visit has been shared with the public yet.

- viii. Although they have completed the required period under the name of conditional release for the execution of their final sentences, the fact that many prisoners,



the majority of whom were sentenced for political reasons, they have not been released based on the decisions of the management and observation boards within the scope of the “Regulation on Observation and Classification Centres and Evaluation of Convicts” published in the Official Gazette on December 29, 2020. This constitutes another important problem that has been experienced with increasing intensity recently.

All these findings and data clearly show that it is necessary to find solutions immediately and that imprisonment has become an essential management technique for the political power. In addition, in an environment where there are no effective monitoring mechanisms for prisons, including civilian institutions, efforts to “normalize” human rights violations in prisons and attempts to make these violations **invisible** have become another characteristic feature of the recent period.

On the other hand, judicial control measures, including house arrest, which have been used arbitrarily in recent times, have become ordinary and routine practices. In fact, such measures are designed as an alternative to arrest in order to apply a lighter measure to the suspect/defendant in the presence of conditions that require arrest. However, since June 1, 2005, when it came into force, these measures have become complementary and continuation measures of detention, especially as a result of various changes recently made in the Criminal Procedure Code No. 5271.

## **2.2. Prohibition of Torture and Other III-Treatment and Procedural Guarantees in Legislation:**

(Some parts of the previous study report also appear in this one, as time spans of two overlap to some extent)

- i. Regulations regarding the official and/or de facto state of emergency process:
  - a) The negative regulations on torture and legislation observed since 2005, as stated in our previous reports, have become systematically evident at all levels, especially in the conflict environment that resurged in July 2015 and during the state of emergency declared after the suppression of the military coup attempt.

Procedural safeguards, which play an important role in preventing torture but largely neglected in practice for years, have been significantly destroyed as a result of the legal regulations made by decrees during the state of emergency. It is possible to say that based on these legal regulations, procedural safeguards, which can be grouped under the headings of informing the person about the detention, providing information to third parties, having access to a lawyer, to a physician, carrying out appropriate examinations in appropriate settings and preparing proper reports, quickly applying to the judicial authority



for legality control, accessing detention records, keeping the data properly and ensuring independent monitoring, have been largely eliminated recently and a completely arbitrary environment has been created in this regard.

- b) Since the validity period of the law, which was enacted after the State of Emergency declared with the coup attempt on July 15, 2016, was ended in July 2018, and whose validity period was extended for another year on July 28, 2021, and which is described as “permanent State of Emergency”, ended as of July 31, 2022 Some articles of the relevant law were repealed. For example, with the repeal of the law, the detention period, which could be extended up to 12 days for “mass-committed crimes”, was reduced to four days, and “normal” disciplinary procedures for public dismissals returned.
- c) In addition, with the decision of the Constitutional Court published in the Official Gazette on January 12, 2023, some articles of the omnibus law, which was declared after the July 15 coup attempt and entered into force by being published in the Official Gazette dated July 31, 2018, which ensured the continuation of the State of Emergency measures, were annulled. It happened. For example, the provision of the law stating that objections to detention and requests for release can be decided on a file within 30 days has been annulled. It was also decided that the regulation allowing the cancellation of the passports of public officials who have been dismissed from their profession, those who are under criminal investigation or prosecution, and of their spouses be revoked.
- d) By the Presidential Decree published in the Official Gazette on February 8, 2023, a state of emergency has been declared for three months starting from February 2023, limited to 10 provinces in the earthquake zone (Adana, Adıyaman, Diyarbakır, Gaziantep, Hatay, Maraş, Kilis, Malatya, Osmaniye and Urfa).

Of course, in proportion to the magnitude of the destruction caused by the earthquake, necessary precautions should be taken to ensure that public power and resources can be used in the most effective and rapid way. However, when we look at Turkey’s political history and considering that the guarantees in the 2<sup>nd</sup> paragraph of Article 15 of the Constitution were not complied with each time when extraordinary administrative procedures were used and that the violations against fundamental rights and freedoms intensified, It is obvious that the only way to achieve this is not declaring a state of emergency immediately, and it may be possible to take all necessary measures within the scope of legal regulations.

Based on the State of Emergency declared on February 8, 2023, with the Presidential Decree published in the Official Gazette dated February 11, 2023, the detention periods for looting and theft crimes were extended from four days to seven days in places where a state of emergency was declared.

Undoubtedly, the seven-day detention period, which poses a great risk in terms of violations of the prohibition of torture, is unacceptable regardless of the nature of the crime.

- ii. On April 27, 2021, a Circular was published by the General Directorate of Security (EGM) and it was prohibited to record audio and video recordings of law enforcement officers who intervened in meetings and demonstrations on the grounds that it “violates the right to privacy”.

Thus, it became possible to cover up the crimes of torture and other types of ill-treatment, injury and even murder committed during the legal/illegal interventions of law enforcement officers against the freedom of peaceful assembly and demonstration guaranteed in the Constitution, and to make the crime invisible.

However, the 10<sup>th</sup> Chamber of the Council of State, which evaluated the applications made by some institutions, including HRFT, regarding the cancellation of the circular, ruled on 11 November 2021 that, despite all the objections of the EGM (General Directorate of Security), the circular was trying to impose rules and limitations instead of the legislature (TBMM) restricting the freedom of the press, and declared that it was unconstitutional. Later, the objection made by the Ministry of Internal Affairs and the EGM against the “stay of execution decision” of the Council of State on September 15, 2021 regarding the circular was rejected by the Board of Administrative Case Chambers of the Council of State on March 14, 2022, and the execution of the circular was definitely suspended.

- iii. As we have stated in our previous statements and reports, recent changes have been made repeatedly in most of the regulations that determine the working order and method of prisons and the rules to be followed by employees in these institutions, and with these changes, prison administrations have been given unlawfully broad powers.
- iv. On January 2, 2023, the Ministry of Justice published a circular entitled “Proceedings Regarding the Reduction or Removal of Sentences of Persons Due to Permanent Illness, Disability and Aging” within the scope of the President’s special amnesty authority. This circular in question essentially includes additions on two issues to the circular titled “Proceedings to be taken in special amnesty requests” again published by the Ministry of Justice on January 1, 2006. The first of these regulates that this process can be initiated ex officio by the Chief Public Prosecutor’s Office, without the request of the people in this situation, in addition to the request of the convicts, according to this updated circular. The second one includes the fact that if the convict or his legal representative gives up his request or rejects the procedures initiated ex officio by the Chief Public Prosecutor’s Office, the procedures for mitigating or abolishing the sentences can be continued. Both additions can be considered as a relatively positive change, albeit very limited. However, it is necessary to make fundamental changes, especially the Law on the Execution of Sentences and Security Measures and

the Anti-Terrorism Law, together with a radical change in mentality towards the solution of the increasingly intense problems of sick prisoners, who have reached the level of violation of their right to life.

Because, international and regional human rights bodies have set out very clear rules and jurisprudence regarding the “individuals who are not suitable for permanent imprisonment, such as those with a short-term fatal prognosis, those with a serious illness that cannot be well-treated in prison conditions, those with a severe disability, and those with serious mental illness”. The continued detention of people, especially those who are terminally ill or whose health condition has become permanently incompatible with prison conditions, is also considered within the scope of the prohibition of torture.

- v. Some amendments were made to the “Regulation on Amendments to the Regulation on Items and Substances That May Be Kept in Penal Institutions” published in the Official Gazette on January 31, 2023, and the “Regulation on Items and Substances that May Be Kept in Penal Institutions” published in the Official Gazette on June 17, 2005. One of these amendments is the provision in Article 9 of the Regulation, which came into force for the first time on June 17, 2005, although there is no law on the subject, and it says: “Electricity expenses other than lighting shall be covered by the convict.”

In the new Regulation dated January 31, 2023, it is stated that the ‘electricity expenses other than lighting’, which must be covered by the convicts, will be determined based on the residential tariff, and all electricity expenses of child and female convicts will be paid from the institution budget.

This regulation, which at first glance can be considered as a relatively positive change, is actually a special indicator of the dominant mentality in power.

While it is the obligation of the state to protect and develop all the rights of prisoners, other than the inevitable consequences of confinement, and to protect the dignity of prisoners, especially in an environment where the vast majority of prisoners and their families are most affected by the severe economic crisis and deep impoverishment, thinking of charging the prisoners since 2005 for electricity expenses other than lighting reveals the level of inhumane approaches.

On the other hand, although it has been regulated that all electricity expenses of child and female convicts<sup>5</sup>, who constitute 4 % of the total convicts in prisons, will be paid from the institutional budget, considering that 96% of the convicts are men, this regulation essentially constitutes a violation of rights for the vast majority of convicts.

<sup>5</sup> According to the data of the General Directorate of Prisons and Detention Houses of the Ministry of Justice, 315,197 of the total 356,587 detainees and convicts in prisons as of May 2, 2023 are convicts. 301,846 (96%) of the convicts are men, 12,397 are women and 954 are children.

### **2.3. Human Rights and Equality Institution of Türkiye (HREIT), which is claimed to also undertake the function of the National Preventive Mechanism**

- i. We would like to insistently reiterate that the Law on the Human Rights and Equality Institution of Türkiye, which is obviously in no way compatible with the principles contained in the Optional Protocol to the United Nations Convention against Torture (OPCAT) and the Paris Principles, was published in the Official Gazette dated 20 April 2016 and entered into force. With this law, the Turkish Human Rights and Equality Institution (TİHEK) was established, and moreover, it was authorized to fulfil the functions of the ‘National Prevention Mechanism’ (NPM), which is an effective and important tool in preventing torture, as required by OPCAT. During the “Official State of Emergency” period, even more negative changes were made in the TİHEK law with the Decree Law published in the Official Gazette dated July 9, 2018. With these amendments, all board members of TİHEK, the chairman of the board and the vice chairman were appointed by the President, the Institution was associated with the ministry to be assigned by the President, and the President exercises his powers through this minister wherever he deemed necessary. In addition, the requirement to have at least 10 years of experience in the institution’s field of duty, the requirement for pluralistic representation, and the condition of not being able to become a board member after two terms, which were required to become a board member, were abolished.

As a matter of fact, with the decision of the President published in the Official Gazette dated July 14, 2021, for the first time since the legal change in 2018, the president of the Human Rights and Equality Board of Türkiye, the vice president and all nine other board members, only two of whom were women, were appointed by the President, completely contrary to the OPCAT principles. With this appointment decision, the fact that the gender balance of the board members, the representation of various groups of the public, the representation of ethnic, cultural, and religious minorities is not given importance, and the fact that the national prevention mechanism does not have this sensitivity has once again become apparent.

Thus, despite all the suggestions in the reports of the human rights institutions in our country as well as the reports of many international human rights mechanisms, no steps have been taken to make TİHEK, which does not have independence in structural, functional, and financial terms, compatible with the principles of OPCAT and the Paris Principles. With the changes made in the law in previous years, it has become even more dependent on the executive power.

- ii. In accordance with the TİHEK law, on the grounds that it is among the duties of TİHEK to serve as the National Prevention Mechanism within the framework of OPCAT provisions, visits were made by TİHEK to the places where people detained from their freedom were located in 2022. When 69 published reports of these visits and 6 reports published in 2023 as of April 30, 2023, are evaluated,

it is understood that the preventive visits to places of detention are carried out mainly in a formal way, although there is a positive image in the reports such as references to many international documents regarding prisons.

- iii. First of all, we would like to reiterate that the aim is to develop a system to prevent torture and other forms of ill-treatment through regular visits to places where people deprived of their liberty are or may be, through National Preventive Mechanisms. Thus, it is aimed to provide the opportunity to intervene in violations before they occur.

In line with such an objective, the National Preventive Mechanisms defined in OPCAT, which is a non-judicial tool, are not an investigative body or a judgment-making body.

However, on the grounds that among the duties of TİHEK in the law is “to examine, investigate, decide on and follow up the results of the applications of persons deprived of their freedom or under protection within the scope of the national prevention mechanism”, TİHEK receives applications and makes decisions within the scope of the National Preventive Mechanism, which is completely contrary to the principles of OPCAT.

Although it is stated in the 17th article of its Law that transactions related to the exercise of judicial and legislative powers cannot be the subject of application, TİHEK consequently carries out a kind of investigation process regarding allegations of torture and other types of ill-treatment and determines whether there has been a violation of the prohibition of ill-treatment or not. Thus, it is attempting to assume a judicial function in an unacceptable way by ruling that ‘it has not been done’.

First of all, while the annual reports published by TİHEK under the title “National Prevention Mechanism Report against Torture and Ill-Treatment” for the years 2018, 2019 and 2020 include a special section regarding their decisions regarding applications made to TİHEK regarding allegations of torture and other ill-treatment, TİHEK report published on 14 April 2023 under the title “National Preventive Mechanism Visit Reports 2021” included only the reports of the visits organized within the scope of the NPM mission in 2021 but not a special section on the decisions regarding the applications made by TİHEK regarding allegations of torture and other ill-treatment. However, as stated in the decision numbered 2023/245 dated March 15, 2023, the applications were examined, and the decision processes were carried out by the National Preventive Mechanism Unit.

No report has yet been published by TİHEK in the context of the National Prevention Mechanism for 2022.

For this reason, the ‘Board Decisions’ on the ‘Board Decisions’ page on the TİHEK website regarding the years 2022 and 2023 were scanned by us.

First of all, considering the decisions published in previous years, although the applications submitted to TIHEK appear in the 'National Preventive Mechanism' as one of the application subjects in the TIHEK e-application tab, there are no criteria regarding which applications are handled within the scope of the National Preventive Mechanism or not. We should point out that there are differences in the criteria and that there is no systematic classification for the decisions it makes regarding the applications it handles.

As a result of the screening carried out by us, taking into consideration such non-systematic approaches of TIHEK, as far as we can determine, out of 219 decisions that can be assumed to be within the scope of the National Prevention Mechanism, among the total of 799<sup>6</sup> decisions published by TIHEK in 2022, only three decisions<sup>7</sup> stated that "there has been a violation of "the prohibition of ill-treatment"<sup>8</sup>. In 2023, among the 210 decisions published as of April 30, 2023, among the 93 decisions that can be assumed to be within the scope of the National Preventive Mechanism, there is no decision regarding "violation of the prohibition of ill-treatment".

In a period where extremely serious and credible allegations and evidence regarding the increasing practices of torture and other forms of ill-treatment in prisons are increasing, it is extremely striking that only three of the total 312 decisions was found to be and announced as 'violation of the prohibition of ill-treatment' by TIHEK, which can be assumed to be within the scope of the National Preventive Mechanism, during the period between January 1, 2022 and April 30, 2023.

It is seen that the process regarding these applications is generally carried out through correspondence and by reviewing the file. Explicitly entitled "Manual for Effective Investigation and Documentation of Torture and Other Cruel, Inhuman

---

6 Although it seems that 801 decisions were made in 2022, one decision (2022/138) is among the decisions of 2022, but it is a decision of 2023. Another decision (2022/897) appears repeatedly in 2022.

7 Although the statement "there has been a violation of the prohibition of ill-treatment" appears in five decisions in 2022 on the 'Board Decisions' page of the TIHEK website, for two decisions in the main decision texts (Decision Numbers: 2022/717 and 2022/718), it is stated in the application that "there was no violation of the prohibition of ill-treatment in the first application"

8 The first of these decisions, numbered 2022/697, is about "the allegation that he was not given a bed for 75 days and was made to sleep on the floor"; secondly, in the decision numbered 2022/66, "While he was being held in the L Type Closed Penal Institution, he was sold items that he did not request from the canteen, he was threatened with not being provided with the canteen needs if he did not buy them, he was insulted and physically abused on another day when he had problems with the canteen, and he was subjected to torture and ill-treatment, regarding the allegations that he was exposed to and the request to send a delegation to the Institution within the framework of the duty of the national prevention mechanism to examine his application" and on the grounds of "the non-transparent, negligent attitude of the Institution administration and its failure to assist the judicial authorities as required to clarify the incident"; thirdly, in the decision numbered 2022/795 regarding the "alleged violation of the right to education of the applicant held in the penal institution", a decision of violation was given on the grounds that "the decision within the scope of discretion could not be justified".

or Degrading Treatment or Punishment,” Istanbul Protocol is the first and only guide that sets forth the principles and standards on how the investigation and documentation processes regarding allegations of torture and other ill-treatment should be carried out in the processes related to these applications, but the principles of the Istanbul Protocol were not only disrespected but also completely violated.

To put it more clearly, TİHEK with its decisions as such, which should not have an investigation function regarding allegations of torture and other types of ill-treatment, has unfortunately undertaken the function of effectively preventing relevant investigation processes and thus damaging the fight against impunity by paving the way for impunity, instead of paving the way for an effective investigation regarding allegations of torture and other forms of ill-treatment.

- iv. Hereby, once again we must state that, the fact that TİHEK has not carried out effective monitoring against the widespread and intense human rights violations, especially during the conflict-ridden atmosphere in Turkey after 2015 and after the state of emergency declared following the military coup attempt, is an important indicator of its dysfunctionality.
- v. As a result, the Human Rights and Equality Institution of Türkiye, which is authorized to fulfil the functions of the ‘National Preventive Mechanism’, which is obviously not compatible with the principles of OPCAT and the Paris Principles, has not only failed to contribute to the prevention of torture since its establishment (20 April 2016), but moreover, it harms the efforts to prevent torture.
- vi. In such an environment, the UN Subcommittee for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) made its second visit to Turkey on 4-15 September 2022, after its first visit to Turkey on 6-9 October 2015. The report of this visit, in which we, as HRFT, participated in the meetings and shared our thoughts and evaluations, has not been published yet.
- vii. I. Immediately after this visit, on October 10, 2022, the recommendation of the Accreditation Subcommittee (SCA) within the Global Network of National Human Rights Institutions (GANHRI) to accredit TİHEK in B status was announced. In accordance with the GANHRI statute, as of November 8, 2022, the Global Network of National Human Rights Institutions (GANHRI) has accepted the proposal to accredit TİHEK in B status, which is obviously not compatible with the principles of OPCAT and Paris Principles. Considering the fact that it is inevitable that being accredited with B status, which means “partially meeting the Paris Principles”, will have negative consequences for the prevention of torture in Turkey, this process also shows once again the necessity of discussing the functionality of international human rights mechanisms. On the other hand, it is obvious that the fact that TİHEK is accredited with B status does not mean anything in terms of the validity of the National Prevention mechanism within TİHEK, which does not meet the OPCAT principles in any way.



## 2.4. Recommendations of International Mechanisms

Although the limitations and constraints of international human rights mechanisms in their functions in the field of human rights are getting deeper, as we have always included in our previous reports, the reality of torture in Turkey is starkly expressed in the reports prepared by international mechanisms and bodies. However, the political power, which does not want to limit itself with any laws, rules and norms, especially the Constitution, essentially ignores the criticisms and suggestions made by international prevention and control mechanisms.

- i. The story of the “Bati ve diğçerleri v. Turkey” file, to which we made a Rule 9.2 notification together with Memory Centre and HRA to the Committee of Ministers of the Council of Europe for its meeting held on 20-22 September 2022, constitutes a special example of the fact that the suggestions of international mechanisms are not sincerely addressed by the political power.

As it is known, we made a Rule 9.2 notification for the same file for the meeting of the Committee of Ministers of the Council of Europe held on 14-16 September 2021.

Within the scope of this group, statements regarding the ineffectiveness of investigations, prosecutions and disciplinary processes regarding killings, torture and ill-treatment and disproportionate use of force committed by security forces between 1993 and 2011 (including those committed during capture, detention, statement taking and intervention in peaceful demonstrations). The domestic law enforcement process of ECHR decisions (decisions ruling that Articles 2 and 3 of the ECHR have been procedurally violated) is supervised by the Committee of Ministers. Considering that the first decision was given by the ECHR in 2004, the length of the monitoring process, which lasted for 19 years, shows the negative approach of the political power to the proposals of such monitoring mechanisms. On the other hand, it also shows how effective it is for civil human rights institutions to regularly make Rule 9.2 notifications to the Committee of Ministers.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has recently visited Turkey on three separate “special purpose/ad hoc visits” on 29 August - 6 September 2016, 4-13 April 2018 and 6-17 May 2019” and made two separate periodic/regular visits on 10-23 May 2017 and 11-25 January 2021.

On the other hand, although the CPT stated in its statement on 3 October 2022 that they made an irregular visit to Turkey on 21-29 September 2022 and that they also visited the İmralı F-Type High Security Prison, no information about this visit has yet been shared with the public.

Among the completed reports on the observations and findings made by CPT members during these visits, the reports of the periodic visit of 10-23 May 2017



and the “ad-hoc” visit of 6-17 May 2019 were published on 5 August 2020, with the permission of the government. It is understood that the recommendations in both published CPT reports were not substantially followed.

The fact that the government still does not allow the publication of the other three reports (it can be assumed that the visit report on 21-29 September 2022 has not been prepared yet) is another indicator of the extent of the torture problem in our country. This situation has also shown once again the necessity of discussing the functionality of international human rights mechanisms.

In addition, as an indication of the seriousness and determination of the states towards the prevention of torture, 12 countries within the Council of Europe have so far approved the automatic publication of reports prepared based on the visits carried out by the CPT (publishing the reports after the CPT visits without waiting for the permission of the relevant state). Considering the fact that the Turkish state still does not even put the issue of approval for the automatic publication of reports based on CPT visits on its agenda, and that it still does not allow the publication of reports on three separate visits carried out by the CPT since 2016, this is another indicator of the political power’s negative/insincere attitude towards the prevention of torture.

- iii. Similar evaluations on the prevention of torture were included in the Turkey report prepared by the European Parliament for 2021, which was accepted as a recommendation on June 7, 2022.
- iv. Despite all the suggestions in the third round review of Turkey’s human rights report card prepared based on the visit of the UN Subcommittee against Torture on the National Preventive Mechanism to Turkey on 5-9 October 2015 and published on 2 December 2019, and within the framework of the UN Universal Periodic Review Mechanism, which took place on 28 - 30 January 2020, no steps have been taken to make it compatible with the principles of OPCAT and the Paris Principles, and it has become more dependent on the executive with the changes made in the law in previous years.

## **2.5. Impunity Culture**

As we constantly reiterate, impunity is the most important obstacle in the fight against torture.

Although torture is absolutely prohibited under all circumstances, the Minister of Internal Affairs, who should be responsible for the security of everyone living in that country, could give instructions to law enforcement officers by saying, “I say again, our policeman, who sees a drug dealer in front of the schools should do what is necessary. Let him break his feet. It’s that clear and obvious.”

Again, in his own words, the spokesperson of the ruling party can say, “I say it openly and clearly, we will be extremely ruthless in the face of looting.”

To put it mildly, the entire public is watching how this kind of careless accusatory language quickly turns into discrimination, hate speech, violence leading to torture and other types of ill-treatment.

Recently, such statements, attitudes, and approaches of public officials regarding the absolute prohibition of torture and other forms of ill-treatment have become even more serious with legal regulations aimed at “securing” impunity. The political power tends to legitimize torture under the name of “fight against terrorism”, “state of emergency”, “national security” and “public order”.

As we have always stated, the root cause behind impunity is that all allegations of torture are not subject to immediate, complete, impartial, independent, and effective investigation.

No investigation is initiated against the perpetrators, and applications for a criminal complaint for the crime of torture are either resulted in non-prosecution for various reasons.

Regarding Maside Ocak’s individual application alleging that she was subjected to torture and other ill-treatment, and the evaluations thereof that are not compatible with universal principles and standards regarding effective investigation and documentation of ‘Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in light of the Istanbul Protocol in the Constitutional Court decision published in the Official Gazette dated February 23, 2023,’ constitute a special example in terms of showing the level reached by problematic areas in the investigation processes regarding torture allegations.

Provided that we also discuss the basis of the decision given by the Constitutional Court, as HRFT, we shared our comprehensive opinion regarding the issue with the public on March 20, 2023, stating that these evaluations are not compatible with the universal principles and standards included in the decision and unfortunately result in preventing effective investigation processes regarding allegations of torture and ill-treatment and therefore harming the fight against impunity<sup>9</sup>.

Investigation processes that do not result in non-prosecution are often carried out for crimes such as ‘simple injury’, ‘exceeding the limit of use of force’, ‘torture’ or ‘abuse of office’, which are subject to a statute of limitations and require lesser punishment.

In cases that have reached the prosecution stage, the phenomenon of impunity still stands out as one of the most fundamental factors that make torture possible, as the defendants are generally given no punishment, or the sentences are postponed.

Additionally, there remains ambiguity in the law regarding the prosecution of the crime of torture.

<sup>9</sup> <https://tihv.org.tr/basin-aciklamalari/aym-maside-ocak-karari/>

On the other hand, in order to prevent the investigation of the crime of torture, countersuits are immediately filed against the tortured for reasons such as “insulting the officer, resisting, injuring, damaging public property” in order to intimidate the tortured. While cases filed against torturers go unpunished, cases filed against torture victims can result in heavy penalties in a short time.

In this context, as just one specific example from many examples, we would like to point out that, although the “Saturday Mothers/People” were exposed to violence reaching the level of torture at their 700th meeting on August 25, 2018, and the files were closed with the decisions without effective investigation processes based on criminal complaints regarding this issue generally with the lack of prosecution, the case filed against them on the charge of “demonstrating without permission” is still ongoing. The next hearing has been postponed to July 7, 2023.

Hereby, we must emphasize that the following decisions of the Constitutional Court are important in terms of the right to assembly and demonstration.

- Dated 16 November 2022, regarding the individual application of Maside Ocak, in which it ruled that “the right to organize meetings and demonstrations was violated” based on its evaluation, that “on the other hand, the fact that the group, including the applicant, wants to hold a sit-in protest and make a press statement for the purpose of finding their missing relatives and raising public awareness should be respected in a democratic society.”
- Dated 7 December 2022, regarding the individual application of Dilan Alp, in which it included its evaluation that “in a democratic society, those who defend their ideas through peaceful means should be given the opportunity to express themselves through freedom of assembly and other legal means” and ruled that ‘the right to organize meetings and demonstrations was violated.’

However, despite such decisions of the Constitutional Court, the attitudes of public authorities, administrative officials such as governors and district governors, and law enforcement officers, which still persistently lead to unacceptable human rights violations against those who want to exercise their right to peaceful demonstration and assembly, are an indication how far our country has moved away from the notion of a human rights regime.

## **2.6. In conclusion**

In an environment where all types of violence have become systematic and ordinary, the rule of law, which has been questioned for many years, has become completely inoperable with the developments in the official and/or de facto state of emergency processes, constitutional principles, legal rules and guarantees that do not even exist on paper have lost all their functions, responsible public officials enjoy every guarantee of impunity, torture is felt by everyone in daily life and has become a widespread practice.

Moreover, the mentality that has made torture ordinary in the recent period, the practices and legal regulations based on this mentality, and the long-term destructive effects of the instructing torture to the law enforcement at all levels in this process have turned into an important problem in the coming period.

For this reason, it is has become much more meaningful and necessary today to make the work of HRFT more effective both qualitatively and quantitatively, whose main reason for existence is the treatment and rehabilitation of torture victims, medical documentation of torture, prevention of torture for a torture-free world and efforts to “cope with ongoing social trauma.”

Finally, we would like to express once again that we will make more efforts to end this evil process in Turkey and the world, which is preventable because it is caused by human hands, and to develop the ideal of a common life based on human rights.



## RESULTS OF HRFT TREATMENT and REHABILITATION CENTRES EVALUATION FOR THE YEAR 2022

### METHOD

HRFT Treatment and Rehabilitation Centres Reports are prepared based on the records in the files of the applications made to HRFT Treatment and Rehabilitation Centres and Reference Centre<sup>1</sup> (HRFT TRC) during the year. People who are subjected to torture and other forms of ill-treatment and serious human rights violations within or outside the borders of Turkey, as well as the relatives of tortured people, apply to HRFT -TRCs in order to receive medical support and document the torture. Applicants are informed within the scope of the Personal Data Protection Law, and their consent is obtained for the anonymization and publication of the data for the Treatment and Rehabilitation Centres Reports.

Information on torture and other ill-treatment incidents that each applicant has been exposed to/witnessed and given to HRFT, medical and social evaluations of the applicants, follow-up and support processes and socio-demographic data are recorded in the HRFT application file. Records are created as a result of interviews, examinations and other diagnostic examinations conducted by medical secretaries, physicians, social workers and specialist physicians working in these centres. The headings in the HRFT application file are updated from time to time, taking into account events, developments in the evaluation and follow-up processes. HRFT application file has been updated again in 2022.

The data in the HRFT application files are entered into the database prepared by the medical secretaries in the Excel program at the end of the year, and then the data of all centres are brought together in a common data table for analysis and evaluation in the SPSS program.

2022 TİHV Treatment and Rehabilitation Centres Report was prepared based on the records in the application files of 1201 people who applied to the Treatment and Rehabilitation Centres and Reference Centre between January 1 and December 31, 2022. In order to separate the torture and other ill-treatment practices the applicants were subjected to within and outside the borders of Turkey during the year, the serious human rights violations and the violations suffered by the relatives of the tortured, and to analyze the traumas and repair processes caused by these, the applications with different reasons in the 2022 data of the Treatment and Rehabilitation Centres were separated into three databases categories and then evaluated.

Among the 1201 applications made to HRFT Treatment Centres in 2022, 1079 of the 1117 applications were subjected to torture and other ill-treatment practices in Turkey, 38 of them were exposed to torture and other ill-treatment practices outside the borders of Turkey, the number of applications for the relatives of the tortured

<sup>1</sup> HRFT Treatment and Rehabilitation Centres and Reference Centre (Istanbul, Diyarbakır, Ankara, İzmir, Van Representative Offices and Cizre Reference Centre)

was 84. In 2022, 7 applicants who applied “due to grave and serious human rights violations” were included in those who were subjected to torture and other ill-treatment practices within the borders of Turkey.

Apart from all the applications made to the representative offices, the data of 1079 applications “exposed to torture and other ill-treatment practices in Turkey”, 38 applications “exposed to torture and other ill-treatment practices outside Turkey” and 84 applications “relatives of those tortured” were classified into three categories for evaluation and analysis. Statistical analysis of each group was carried out separately in SPSS and Excel programs, and distribution tables and graphs were prepared.

In the 2022 HRFT Treatment and Rehabilitation Centres Report, “*Violations the applications were exposed to based on their gender identity and sexual orientation and interventions against them*”, “*child applications*” and “*data related to the field of social services*” were classified separately, and data on the studies carried out were prepared as additional sections on all applications and presented in the report.

## APPLICATION DATA

Although HRFT continues to fight for days when human rights violations and torture will be eliminated, there will be no need to fight against torture, and for a world without torture, the intensity and prevalence of torture has increased in 2022.

When the information provided by the reports and applications regarding human rights violations in Turkey in 2022 is evaluated, it is understood that torture places are not limited to four walls, the most basic demands for democratic rights and freedom of expression and peaceful demonstrations are targeted, and the political power uses torture not only to obtain information and confessions, but also to punish and intimidate all social groups and people of all ages that it marginalizes and defines as enemies.

HRFT has been an important reference centre for torture victims and their relatives since 1990, when it was established to support the therapy and rehabilitation processes of those exposed to torture and serious human rights violations, and with its existing 5 treatment and 1 reference centre, it continues to provide therapy and rehabilitation support to those exposed to violations with a holistic approach.

Although the existence of TİHV Representatives and Reference Centre creates opportunities for the therapy and rehabilitation processes of some of those exposed to human rights violations and torture, a significant portion of those tortured cannot be reached, and most of the applications are made in the provinces where the treatment and reference centres are located and in nearby provinces. Before the reference centre was opened in Van in 2018, the rate of applicants from Van and surrounding provinces was 7.7%, and this rate increased to 25.9% in 2022. Considering that one in four applications was made to the Van Representative Office in 2022, it can

be evaluated that HRFT's representatives in different regions make it easier for the tortured to access therapy and rehabilitation processes.

1201 applications were made to HRFT Representative Offices and Cizre Reference Centre in 2022. Among the applications made due to torture and other forms of ill-treatment since 1990, when HRFT was established, unfortunately, the applications made in 2022 increased by 22% compared to the previous year and reached the second highest number of applications in 32 years, after the highest number of applications in 2001.

During this period, the number of people applying to HRFT for support due to torture and ill-treatment practices they experienced or witnessed was 321 (26.7%) in Istanbul Representative Office, 311 (25.9%) in Van Representative Office, 191 (15.9%) in Diyarbakır Representative Office, 191 (15.9%), 174 (14.5%) in Izmir Representative Office, 85 (7.1%) in Ankara Representative Office, and 119 (9.9%) in Cizre Reference Centre.

Treatment and rehabilitation studies at HRFT representative offices are mainly carried out with the coordination of two representative offices (Istanbul and Diyarbakır). In order to evaluate the regional differences in torture and other ill-treatment practices, the data of the centres where applications were made in the South-eastern and Eastern Anatolia Region (Diyarbakır, Cizre, Van) and where the Kurdish population is dense, are Diyarbakır, and the data of the applications made to Istanbul, Ankara and Izmir Representative Offices are separated, and Diyarbakır and Istanbul are the main centres for these data respectively.

In 2022, the rate of applications made to HRFT representative offices in the provinces with a dense Kurdish population and the Cizre Reference Centre (Diyarbakır, Van, Cizre) increased compared to the years (2020: 46.1%, 2021: 48.5%, 2022: 51%, 7), It was observed that the application rate in 2022 in regions with a dense Kurdish population increased above 50%, but there was no statistical significance. In 2022, indefinite bans and obstructions on all actions, including meetings and demonstrations, including those held for democratic rights demands and freedom of expression, continued in provinces with a large Kurdish population. As stated in the previous year's Treatment and Rehabilitation Centres Report, statistical comparisons in application rates should be considered together with these prohibitions and obstacles. This issue was evaluated in detailed analyses regarding the tortured.

In the evaluation made according to the reasons for application, 1117 people (93%) applied to HRFT with a request for treatment, rehabilitation, and documentation due to torture and other ill-treatment, whereas 84 people (7%) applied as relatives of the tortured. In 38 of the applications (3.2%), the torture process took place outside Turkey.

The distribution of all applications according to application reasons is given in Table 1.



**Table 1: Distribution of applications according to HRFT Treatment and Rehabilitation Centres**

TRC	Tortured in Turkey		Relative of the Tortured		Tortured Abroad		Total	
	Number	%*	Number	%*	Number	%*	Number	%**
Diyarbakır	173	90,6	16	8,4	2	1,0	191	15,9
Cizre	97	81,5	18	15,1	4	3,4	119	9,9
Van	285	91,6	8	2,6	18	5,8	311	25,9
Ankara	79	92,9	5	5,9	1	1,2	85	7,1
İstanbul	293	91,3	22	6,9	6	1,9	321	26,7
İzmir	152	87,4	15	8,6	7	4,0	174	14,5
<b>Total</b>	<b>1079</b>	<b>89,8</b>	<b>84</b>	<b>7,0</b>	<b>38</b>	<b>3,2</b>	<b>1201</b>	<b>100,0</b>

\* Row percentage

\*\* Column percentage

## APPLICATIONS RELATED TO TORTURE AND OTHER FORMS OF ILL-TREATMENT IN TURKEY

1079 applications who were subjected to torture in Turkey, 38 applications who were tortured abroad and 84 applications from relatives the tortured were discussed in separate sections in order to evaluate the changes in torture practices. The application numbers referenced in the sections are the number of applications made within the scope of the relevant title and do not include all applications made to HRFT.

In the statement made by the Human Rights Association and the Human Rights Foundation of Turkey on December 9, 2022<sup>2</sup>, on the occasion of December 10 Human Rights Day, they made the following assessment regarding the violations experienced in 2022:

- *Since 2016, the country has been governed by a state of emergency regime, which was first directly and officially abolished as of July 19, 2018, but has gained permanence/continuity with many regulations. This situation/process led to the abandonment of the principle of constitutionalism, which limits the power of political power, thus turning both law and institutions into “tools” of the oppressive regime, and arbitrariness, and especially uncertainty, to dominate the public sphere. The power of creating uncertainty, which it uses especially as a management technique, provides the political power with the opportunity to further centralize its power and increase its pressure and control over society.*

2 <https://tihv.org.tr/basin-aciklamalari/ihd-tihv-10-aralik-insan-haklari-gunu-aciklamasi> (Date of access, 21.05.2023)

- *As a result of the policies of the political power that turn all the country's issues from the economy to public health into security problems, polarize the society, base violence inside and outside the country, and make conflict and war the only method, especially in solving the Kurdish problem and international problems, there have been many violations of the right to life in the country in 2022. People from many different social segments lost their lives either as a result of direct violence by law enforcement forces, or as a result of the state's failure to fulfil its "prevention and protection" obligation, as a result of structural violence and/or violence committed by third parties.*
- *Despite the absolute prohibition by the Constitution and the universal law of which Turkey is a part, and the fact that it is a crime against humanity, the phenomenon of torture has become Turkey's most prominent human rights problem in 2022. In addition to official detention centres, during the intervention of law enforcement forces to peaceful gatherings and demonstrations, torture and other ill-treatment practices in streets and open areas, or in places such as homes and workplaces, that is, in unofficial detention places and in environments outside detention, have gained a new dimension and intensity. . Especially recently, the authorities' statements against the prohibition of torture and their exposé methods aimed at legitimizing torture are noteworthy. It can be said that, as a result of the political power's management style based on oppression and control, the entire country has become a place of torture.*
- *It is extremely worrying that cases of forced abduction/disappearance, which constitute a crime against humanity, one of the most shameful human rights violations of our recent history, have started to occur again since 2016, when the State of Emergency was declared.*
- *Prisons, which are a direct indicator of the state's respect for human rights, are overcrowded today as a result of the political power in Turkey using the law as a tool of pressure and intimidation. They are places where severe and serious violations occur, from the violation of the right to life to torture to the right to access to health. Single person or small group isolation/lockdown practices, especially in İmralı Prison, have turned into an unsolvable chronic problem. With the measures taken on the grounds of the COVID-19 epidemic, a new "normal" has been created by further restricting the already restricted rights of prisoners.*
- *The protection and effective use of freedom of expression constitutes one of the lifeblood of a democratic society. Free circulation of different ideas and opinions in the public sphere, the existence of an atmosphere of free debate, independent media and a vibrant civil society, which are the essence of political pluralism, creating public opinion around social demands, voicing criticisms against political decision-makers and monitoring the authorities exercising public power by citizens are only possible under conditions where freedom of expression is protected and used effectively. However, with the declaration of the State of Emergency, the*

*political power's restrictions on freedom of thought and expression, especially the alarmingly increasing pressure and control on the press and human rights defenders, continued in 2022.*

- The unlawful arrest of Dr. Şebnem Korur Fincancı, our dear friend in struggle, president of the Central Council of the Turkish Medical Association (TMA) and member of the Board of Directors of HRFT due to a statement she made constitutes the most concrete example of the pressure on rights defenders. According to the universal principles that define human rights advocacy, rights defenders are only in favour of human rights principles and values and are obliged to examine allegations of rights violations with equal care and diligence, regardless of whom they come from. Regardless of who claimed the use of chemical weapons, Prof. Dr. Şebnem Korur Fincancı, as a rights defender, acted in accordance with the universal principle and exercised her freedom of expression by saying that these allegations should be examined by independent committees, with scientific methods and meticulously, in order to reveal the truth.*
- Like the previous year, 2022 has been a year in which restrictions and violations in terms of freedom of assembly and demonstration were the rule, and the use of freedoms was the exception. During the year, individuals and groups from all social segments could not exercise their freedom of assembly and demonstration due to the prohibitions of local authorities and/or the actual interventions of law enforcement forces. The ban on Saturday Mothers from sitting in Galatasaray Square continued. Women, LGBTI+ people, Saturday Mothers, peace and human rights defenders, students, environmentalists, workers and HDP members who have wanted to exercise their freedom of assembly and demonstration, which is guaranteed by the Constitution on various occasions, have been exposed to cruel and shameful violence by law enforcement forces.*
- We have understood what the decision to withdraw from the Istanbul Convention means for women and LGBTI+ people in 2022, from hundreds of women being killed by men, LGBTI+ people losing their lives as a result of hate attacks, the peaceful meetings and demonstrations for women's and LGBTI+ rights being banned by local authorities or being obstructed with violent intervention by law enforcement forces, the detention of hundreds of women and LGBTI+ people with torture and other forms of ill-treatment, the holding of anti-LGBTI+ hate rallies supported by the authorities, and the deepening discrimination in every respect.*
- Asylum seekers/refugees/migrants, who have now become a part and essential element of society in Turkey, are still intensely exposed to all forms of discrimination and abuse, hate speech and economic exploitation. In 2022, asylum seekers and refugees who were exposed to racist and hate-related violence lost their lives. They were dragged to their deaths by human traffickers. Asylum seekers and refugees, who are most deeply affected by all the physical, spiritual, social, and*

*economic consequences of the severe crisis in the country, have unfortunately become ignored and even discarded by our society...”*

Consequently, with similar practices of the political powers the responsibility for global issues such as inequalities and the epidemic fell on the working, workers, unemployed, poor and minorities. Violations of the right to life, torture and other ill-treatment practices, obstacles to freedom of thought, expression, and association, attempts to abolish freedoms, interventions against human rights organizations and defenders, interventions by the law enforcement using excessive and disproportionate force in meetings and demonstrations and reaching the level of “torture” continued to increase in 2022.

With the political power’s management style based on oppression and control, which eliminates rights, establishes hegemony over information and manipulates facts, the entire country has been transformed into a place of torture, and torture has become the leading human rights problem in 2022.

In 2022, when these violations took place, 1079<sup>3</sup> people exposed to torture and other serious human rights violations in Turkey applied to the Human Rights Foundation of Turkey Representative Offices.

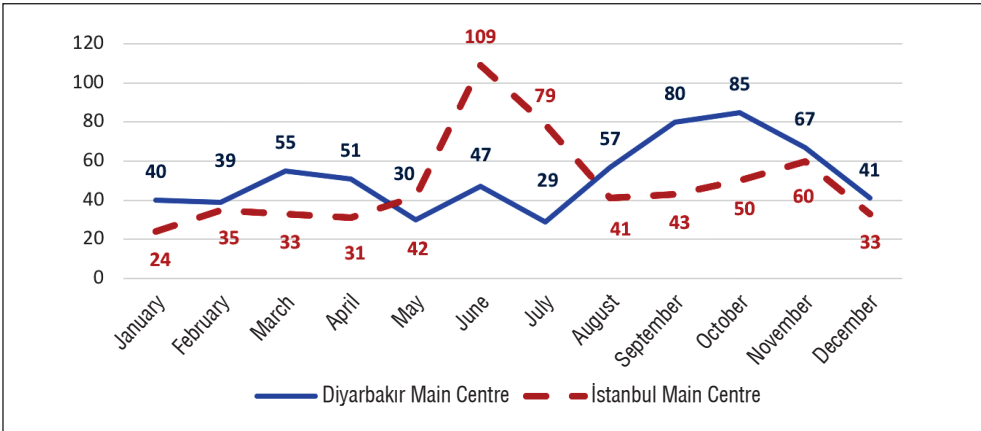
In order to evaluate and intervene in the extent of torture and violations, the people and groups they target, and the resulting findings, the information provided by the applicants and the findings determined after the evaluations were classified according to the time of the crimes of torture and detention, region of the representative offices, and gender under “application at HRFT, socio-demographic information about the applicants, detention, forensic medicine and legal counselling, torture, deprivation of liberty and medical processes”, and evaluated comparatively.

### **Months of Application**

It was observed that as the COVID-19 pandemic and pandemic-related restrictions, applicants’ concerns and precautions regarding the pandemic decreased significantly as of mid-2021, and as a result of the arrangements made in the COVID-19-related restrictions in the foundation representative offices, the pandemic-related decrease in the number of applications disappeared with a return to the pre-pandemic attitude and rates.

The monthly distribution of the number of applications made by main centres is presented in Chart 1.

<sup>3</sup> In this section, data regarding 1079 applications stating that they were subjected to torture and other ill-treatment in Turkey are evaluated and not all applications made to HRFT in 2022 are included.



**Graphic 1: Distribution of applications to HRFT Treatment and Rehabilitation Centres by months**

When the distribution of applications according to months is evaluated, it was determined that the applications made to the İstanbul, İzmir and Ankara representative offices increased in June and July, and that this increase was due to bans on Pride Week events, press releases, violations and acts of torture against those who wanted to march. It is understood that the density of applications at the Van representative office in September and October was due to the interventions and intensified operations against violence against women and anti-drug actions that HDP members wanted to carry out in Van and surrounding provinces.

There is no difference or the effect of a significant event in terms of the application rates made to the representative offices in other months during the year.

### Means of Application

When the ways of applying to HRFT Treatment Centres by those exposed to torture and other ill-treatment practices and the sources from which they obtain information/suggestions for applying are evaluated, it is seen that in 2022, *the first place was taken by those who applied with the recommendation of people who previously applied to HRFT (319 people; 29.6%), followed by the former applicants (241 people; 22.3%), followed by those who applied directly to HRFT without receiving information or advice from any source (123 people; 11.4%), those who applied through democratic non-governmental organizations and/or parties (119 people; 11%), those who applied on the advice/information of HRFT employees (107 people; 9.9%) and those who applied on the advice of lawyers (93 people, 8.6%).* Application methods to HRFT are listed in Table 2.

**Table 2: Distribution of applications according to information sources**

Means of Application	Numbers of Application	%*
On the suggestion of HRFT applications	319	29,6
Former Application	241	22,3
Direct Application	123	11,4
Through Democratic organizations and/or parties	119	11,0
On the suggestion of HRFT employees	107	9,9
Through Lawyers	93	8,6
On the suggestion of HRFT volunteers	41	3,8
Through HRA	29	2,7
Other	10	0,9
Through Media	3	0,3

\*Column percentage

51.9% of the applicants stated that they had either applied before (former applicants) or were referred to HRFT by people who had previously applied to HRFT. One of every two applications being is due to support previously received from HRFT provides make us think that HRFT's holistic approach, evaluations, and the support it provides is meaningful in terms of former applications.

The rate of applications made through lawyers, democratic mass organizations and/or parties, other means and the press was 19.9%. It is observed that applications made through lawyers decreased proportionally in 2022 (2021, 12.4%; 2022, 8.6%). It is important for lawyers, who have been with the tortured from the beginning of the detention process and who could have direct contact with people in detention centres, to know about the existence of HRFT regarding application methods and treatment support. The rate of those who stated that they applied after being informed by lawyers is 15.9% in Izmir, Istanbul, and Ankara in total, while it is 1.8% in Van, Diyarbakır and Cizre applications. It would be meaningful to evaluate whether the regional difference is significant and why this difference arises. It has been evaluated that the trainings carried out by the lawyers of the Izmir Bar Association, especially the Contemporary Lawyers Association and the Libertarian Lawyers Association, who focus on human rights violations and Istanbul Protocol training, have been effective. It is thought that the Istanbul Protocol trainings, the number of lawyers involved in the training processes and the increase in awareness, as well as taking an active stance towards documenting torture during detention processes and informing those who are subjected to torture, have been effective. On the other hand, it can be considered that HRFT's contribution to judicial processes, with its scientific opinions and expert evaluations to prove torture allegations, as well as its treatment and rehabilitation support, has also been effective in this increase.

After the completion of the Turkish translation of the 2022 edition of the Istanbul Protocol, the rapid review of training modules and training materials with the participation of the Turkish Medical Association, the Turkish Bar Association and relevant expert associations, and the resumption of Istanbul Protocol training in 2023, the applications to be made as a result of the informing of lawyers in other provinces. It is aimed to reach similar rates.

Lawyers should be able to communicate with a person who has been deprived of their liberty from the first moment; There is a need to continue and expand the work carried out with the bar association, law organizations and lawyers to ensure that people who are tortured receive appropriate medical support, to perform standard, proper medical evaluations, and to make early interventions regarding bad practices and deficiencies encountered. This will also contribute to the development and effective results of HRFT in the treatment, rehabilitation, and documentation issues it carries out. In addition, in applications made to HRFT due to torture, lawyers should make joint evaluations with HRFT regarding the problems experienced in the legal processes, judicial decisions and the steps to be taken afterwards; Since it is necessary to combat torture and prevent impunity, it is beneficial to strengthen communication channels and review ways of active participation.

Following the completion of the Turkish translation of the 2022 edition of the Istanbul Protocol, the rapid review of training modules and training materials with the participation of the Turkish Medical Association, the Turkish Bar Association and relevant expert associations, and the resumption of Istanbul Protocol training in 2023, we aim to reach the similar rates of applications to be made under the guidance of lawyers in other provinces.

There is a need to continue and expand the work carried out with the bar association, law organizations and lawyers to ensure that lawyers should be able to communicate immediately with a person deprived of his liberty, that the tortured receive appropriate medical support, and to perform standard, proper medical evaluations, and to make early interventions regarding bad practices and deficiencies encountered. This will also contribute to the development and effective results of HRFT in the treatment, rehabilitation, and documentation issues it carries out. In addition, since it is necessary that lawyers should make joint evaluations with HRFT regarding the problems experienced in the legal processes, judicial decisions, and the steps to be taken afterwards in applications made to HRFT due to torture to combat torture and prevent impunity, it is beneficial to strengthen communication channels and review ways of active participation.

“It is noteworthy that the applications made through democratic mass organizations and/or parties are 17.1% in the region where the Kurdish population is concentrated, and 5.1% in the region containing the western provinces. Since the application method is not detailed, it cannot be determined which of the democratic mass organization or party options is dominant. However, considering that the HRA option, which is classified as a separate heading, is 0.6% (4.6% in the western provinces), it can be thought that there is more information provided through parties in the region. Since



democratic mass organizations and/or parties are also institutions that can provide information to those who have been subjected to torture about the work of HRFT, it is understood that there is a need to develop information activities for democratic mass organizations.

In addition to the informational activities, it carries out through its representative offices, HRFT increases its visibility through its work on the internet and social media and increases the ways for those who have been tortured to obtain information. In the TIHV Treatment and Rehabilitation Centres Reports of previous years, it was emphasized that social media and new communication tools are an effective way to reach applications, and that it is useful to support and sustain the ongoing efforts, and these efforts were also emphasized.

Applications stating that they directly contacted HRFT to get support on treatment, rehabilitation and documentation issues, and that they did not receive information from another person or institution, do not receive sufficient information on how they obtained information about HRFT and why they applied to HRFT; It is understood that HRFT's use of social media and new communication tools more effectively in order to reach those who have been subjected to torture and to increase its visibility and influence has been effective in the applications of those who have been subjected to torture.

"It is noteworthy that the applications made through democratic mass organizations and/or parties are 17.1% in the region where the Kurdish population is concentrated, and 5.1% in the region containing the western provinces. Since the application method is not detailed in itself, it cannot be established which of the democratic non-governmental organizations or party options is dominant. However, considering that the HRA option, which is classified as a separate heading, is 0.6% (4.6% in the western provinces), it can be thought that there is more information provided through parties in the region. Since democratic NGOs and/or parties are institutions that can provide information to those subjected to torture about the work of HRFT, it is understood that there is a need to develop information activities for democratic NGOs.

In addition to the information activities through the representative offices, HRFT increases its visibility through its work on the internet and social media and increases the ways for the tortured to obtain information. In the HRFT Treatment and Rehabilitation Centres Reports of the previous years, it was emphasized that social media and new communication tools are an effective way to reach applications, and that it is useful to support and sustain the ongoing efforts, and these efforts were also emphasized.

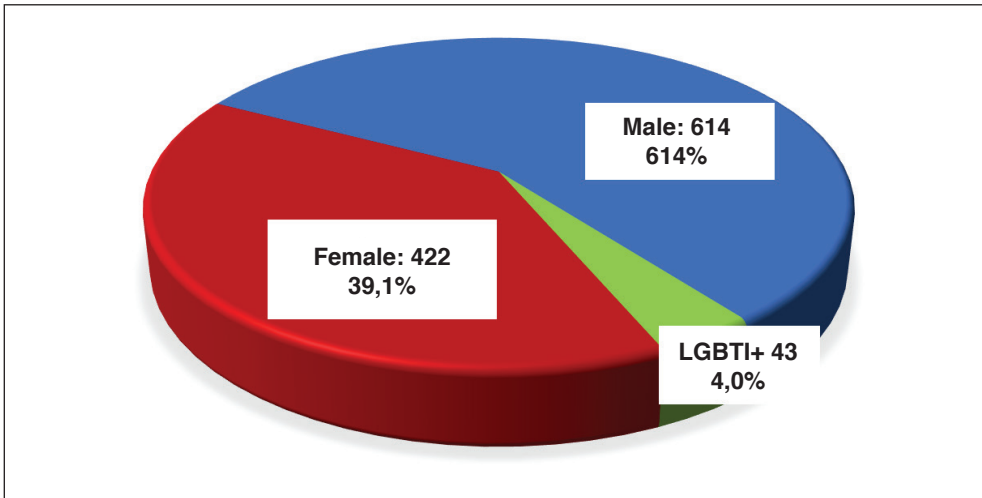
Although there is no sufficient information on how the applicants, stating that they directly contacted HRFT to get support on treatment, rehabilitation and documentation issues, and that they did not receive information from another person or institution, obtained information about HRFT and why they applied to HRFT, it is understood that HRFT's use of social media and new communication tools more effectively in order to reach those subjected to torture and to increase its visibility and influence has been effective in the applications of the tortured.



**Socio-Demographical Information on Applicants**

**1. Gender and Age**

When the distribution of 1079 applicants due to torture in 2022 according to their gender identities is examined (Graphic 2), it is seen that 422 applications (39.1%) are women, 614 (56.9%) are men, and 43 (4%) are LGBTI+<sup>4</sup> and outside this classification. When compared with the data of 2021, it was evaluated that the rate of LGBTI+ applications was similar. The fact that the political power’s hate speech against gender diverse people, especially LGBTI+ people, and violent acts against meetings and demonstrations where gender identities were visible continued to increase in 2022 is also reflected in the application rates. At the same time, it can be considered that the work carried out by HRFT to represent gender identities and gender orientations and to make all those exposed to torture visible is effective in this increase.



**Graphic 2: Distribution of applications according to gender identities**

When the gender identity rates of applications made in 2022 alleging torture and other forms of ill-treatment were evaluated by region, it was determined that there was a significant difference. The difference observed in Diyarbakir, Van, and Cizre applications due to LGBTI+ application rates in the previous year has turned into a statistically significant difference between male and female gender identities due to the increase in male application rates to the relevant centres in 2022. It was thought that interventions against LGBTI+, women’s struggles, Saturday Mothers/People, and Justice Mothers, who are also relatives of prisoners coming together to draw attention to the rights violations in prisons, also known as the “Justice Watch”, and

<sup>4</sup> In the report, the term LGBTI+ was used to define “gender diverse applicants” that are outside the binary gender system regime of men and women.

that the beginning of the release of those who were imprisoned for a long time in the provinces of the region caused this difference.

While the age groups of those exposed to torture are classified in 2022, children (under 18 years of age), those of educational age (18-25 years of age) and people over 65 years of age are grouped separately, and other ages are divided into 5-year groups starting from the age of 25. Such a classification was made to evaluate whether torture practices, their effects, the people, and groups they target, the damage they cause, diagnoses and recommended treatments differ according to age groups.

Among people applying to treatment centres due to torture in 2022, the minimum age was 3, the maximum age 76, and the average age was  $36.7 \pm 13.3$  (average age of female applicants was  $35.6 \pm 13.1$ ; average age of male applicants  $38, 1 \pm 13.5$ ; the average age of LGBTI+ applicants was  $28.3 \pm 6.5$ ). It was observed that the average age of the applications was higher than in 2020 and 2021 and was similar to previous years (2019: 36.1; 2020:33.1; 2021:33.6). According to the centres applied to, the average age in Diyarbakır main centre was  $39.28 \pm 13$ , while it was  $34 \pm 13$  in Istanbul main centre. It was determined that there was a significant difference between age groups per region ( $\chi^2=92.368$   $p<0.001$ ), and that the difference was due to the fact that applications in the 18-25 age group applied mainly to Istanbul, İzmir and Ankara Representative offices in 2022. The comparative distribution of 2021 applications according to age groups and regions to which they applied is shown in Table 3.

**Table 3: Distribution of 2022 applications per age groups and regions to which they applied**

Age Group	Diyarbakır, Van, Cizre		İstanbul, Ankara, İzmir		Total	
	Number	%*	Number	%*	Number	%
Below 18	17	3,1	6	1,1	23	2,1
Age 18-25	70	12,6	180	34,4	250	23,2
Age 26-30	67	12,1	81	15,5	148	13,7
Age 31-35	63	11,4	55	10,5	118	10,9
Age 36-40	81	14,6	51	9,7	132	12,2
Age 41-45	76	13,7	35	6,7	111	10,3
Age 46-50	67	12,1	49	9,4	116	10,8
Age 51-55	42	7,6	21	4,0	63	5,8
Age 56-60	45	8,1	27	5,2	72	6,7
Age 61-64	16	2,9	11	2,1	27	2,5
Age 65 and above	11	2,0	8	1,5	19	1,8
<b>Total</b>	<b>555</b>	<b>100</b>	<b>524</b>	<b>100</b>	<b>1079</b>	<b>100</b>

\*Row percentage

The rate of children applying due to torture in Turkey is 2.1% (23 applications). Compared to the previous year's data, while the rates of applications for children under the age of 35, as well as children who applied because they were subjected to torture in custody, decreased, it was observed that the application rate increased for all groups over the age of 35. Considering that torture is absolutely prohibited, it is understood that even the acts to which children are subjected have not been prevented.

While the rate of applications made to the provinces of Istanbul, Izmir, and Ankara in the age groups under 35 was 60%, it was determined that 63% of the 338 applications over the age of 35 was higher in the provinces with a dense Kurdish population and that they applied to HRFT due to the torture and human rights violations they frequently experienced in prisons.

The number of applications from people over the age of 65 is 19 (1.8%). It was found that 4 of the applications were women and 15 were men, 13 of the 19 applications had a prison history, and the last torture date was 2022 in 6 applications.

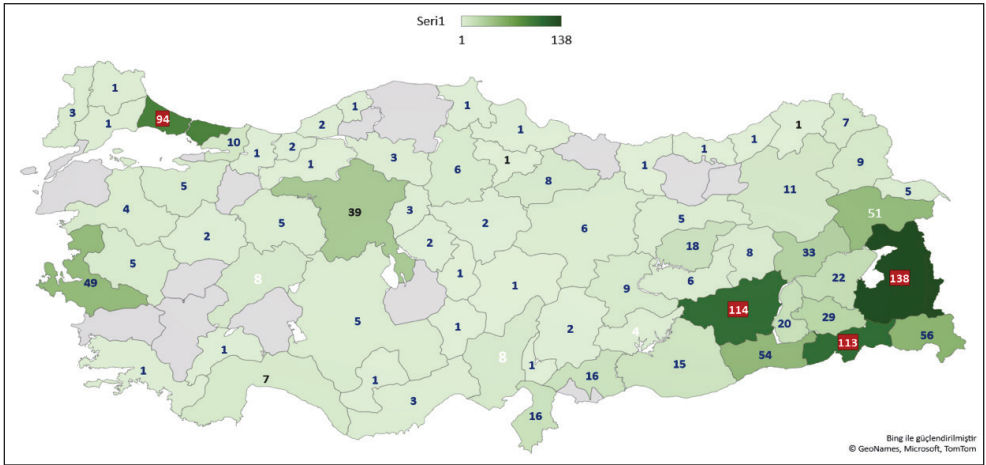
While people of all ages, from the age of 3 to 76, were tortured in 2022, it was observed that there was no difference between the age groups in terms of the types of torture the applicants were subjected to.

## 2. Place and Region of Birth

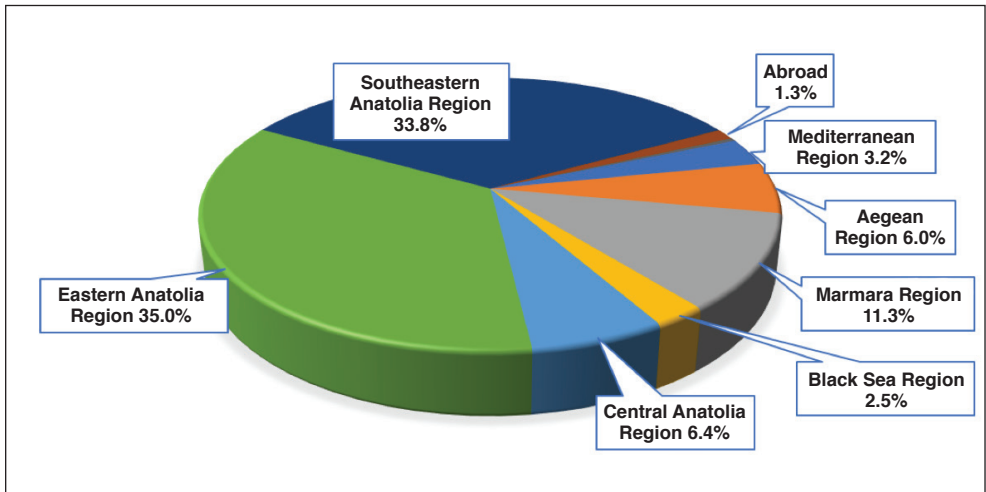
When the cities where the applicants were born were examined, 138 (12.8%) of the applications were in Van, 114 (10.6%) in Diyarbakır, 113 (10.5%) in Şırnak, 94 (8.7%) in Istanbul, 56 (5.2%) from Hakkari, 54 from Mardin (5%), 51 (4.7%) from Ağrı, 49 (4.5%) from İzmir; When we look at the regions, it was determined that 68.8% of the applications were born in the South-eastern Anatolia and Eastern Anatolia Regions. Compared to 2021, there was a 5% increase in those born in the South-eastern Anatolia and Eastern Anatolia Regions. The distribution of applications according to birth provinces and regions is shown in Graphic 3 and Graphic 4.

According to 2022 Turkish Statistical Institute (TUIK) "Population by place of birth and gender, 2014-2022"<sup>5</sup> data, while those born in the South-eastern Anatolia and Eastern Anatolia Regions constitute 24.5% of the population of Turkey, the proportion of those born in the region among those exposed to torture is 2.6 times higher than this amount (63.7%). In the reports of treatment and rehabilitation centres from previous years, it was determined that the rate of exposure to torture was higher for those born in the region, unlike the Turkish average. While 71.9% of the applications state that their mother tongue is Kurdish and its dialects, application rate for those whose mother tongue is Turkish is 26.5%. When the applications made to HRFT were evaluated together with their place of birth and mother tongue, it is understood that those with Kurdish ethnic identity were exposed to torture more than other ethnic identities, and this situation did not change in 2022.

5 <https://data.tuik.gov.tr/Kategori/GetKategori?p=Nufus-ve-Demografi-109>, Access Date: 22.05.2023



Graphic 3: Distribution of Applicants per Place of Birth



Graphic 4: Distribution of Applicants per Region of Birth

### 3. Education, Job/Profession and Employment Status

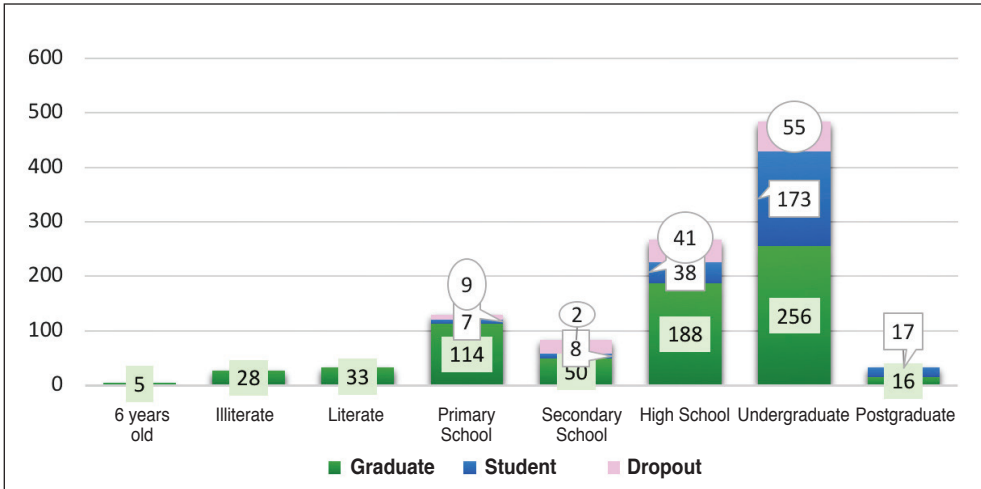
When the educational background of the applications is evaluated:

- 66 applicants (6.2%) were not educated (33 literates, 28 illiterates, 5 not of educational age).
- 624 applications (57.8%) completed their education (primary school 114, secondary school 50, high school 188, college-university 256, master’s-doctoral degree 16)

- 243 applicants (22.4%) are currently students (primary school 7, secondary school 8, high school 38, college-university 173, master's-doctoral 17)
- 131 applicants (12.1%) dropped out of their education (primary school 9, secondary school 26, high school 41, and high school-university 55).
- It was observed that the records of 15 applications (1.4%) were incomplete.

The distribution of applications according to their education level is shown in Chart 5.

When the last educational institution completed by the applications is evaluated, it was observed that 784 of them (72.7%) completed secondary school or an equivalent educational institution and were in high school or higher education. When compared to TÜİK's "Last educational institution completed by gender, 2010-2021"<sup>6</sup> data, this rate was 54.4% in 2021. When comparing Turkey's averages in terms of the last educational institutions completed with those who applied to HRFT because they were subjected to torture, the difference was 1.33 times higher at the secondary school level, while it was more than two times higher for those who graduated from university.



**Graphic 5: Distribution of Applicants per Educational Status**

The employment status of the applicants according to the last educational institution they graduated from is shown in Table 4. In addition to applicants whose last educational institution and employment status could not be determined, a total of 277 applications from current students and those below working age were not taken into consideration. In addition, it was found out that 71 of the 130 students who gave

<sup>6</sup> <https://data.tuik.gov.tr/Search/Search?text=öğrenim>, Access date: 22.05.2023

information about their employment status were working (33 were full-time, 28 were part-time, 6 were unregistered, and 4 were home workers). It was found that 3 of the 19 applicants over the age of 65 were domestic workers, 7 were retired and 9 did not have a job.

It is noteworthy that 486 of the 802 applicants (60.6%) about whom there was information about the educational institution they graduated from, and their employment status were unemployed. It was recorded that of the applications, 122 (15.2%) were full-time, 61 (7.6%) were part-time, 34 (4.2%) were unregistered and 62 (7.7%) were unpaid as family workers/household workers, and 31 people (3.9%) were retired.

**Table 4: Distribution of applicants per the educational institution they graduated from and their employment status**

	Full time	Half time	Unregistered	Household worker	Unemployed with income	Retired	Unemployed	Total
<b>No Diploma</b>	2	3	3	16	0	4	41	69
<b>Primary School</b>	12	6	4	21	0	10	85	138
<b>Middle School</b>	9	6	3	2	1	2	68	91
<b>High School</b>	28	15	8	10	2	8	169	240
<b>University</b>	71	31	16	13	3	7	123	264
<b>Total</b>	<b>122</b>	<b>61</b>	<b>34</b>	<b>62</b>	<b>6</b>	<b>31</b>	<b>486</b>	<b>802</b>

The year 2022 has been a year in which labor incomes decreased, the number of young unemployed people increased, and the most severe economic crisis of the last 24 years occurred. According to TUIK, while the share of labor incomes in 2016 (2<sup>nd</sup> Quarter) in GDP was 37.8 percent, it decreased to 25.4 percent in 2022 (2<sup>nd</sup> Quarter). According to research conducted by the Central Bank, the rate of workers working at minimum wage or below rose to 43 percent in non-agricultural sectors and 50 percent in industry. The rate of workers earning minimum wage in Turkey has reached incredible levels. Impoverishment, insecurity, and disorganization caused by debt-based neoliberal economic policies implemented for years have deepened and become more permanent with the state of emergency practices. The failure to eliminate the effects of the COVID-19 epidemic and the failure to create new employment opportunities to replace closed workplaces has further reduced the employment opportunities of unregistered, seasonal workers, young people, low-education workers, long-term contractors, and those working in small businesses.

On the other hand, people who did not obey the political power were not employed in the public sector, employees were forced into insecurity and disorganization, they were excluded from working life, the struggle to seek rights and demands for the return of rights were the reasons for torture and ill-treatment practices; all these continued in 2022.

### **Torture Process**

In order to address torture and other ill-treatment practices as a whole and to determine the changing aspects of the torture process over the years, 1079 applications stating that they were subjected to torture and other ill-treatment were divided into two separate groups under the headings of last detention and torture, and each heading has been evaluated according to the date the act took place.

Of the 1079 people who applied because they were subjected to torture in Turkey, 573 (53.5%) stated that the date of their last detention was 2022, and 499 applicants (46.5%) stated that the date was before 2022. However, 756 applications (70.5%) stated that they were tortured in official and unregistered detentions, prisons, etc. in 2022, whereas 316 applications (29.3%) said they had the same experience before 2022. Since the date of last detention and torture dates were not clearly stated in 7 of the applications, the records of these applications were evaluated among those who were subjected to torture and those who were detained in previous years.

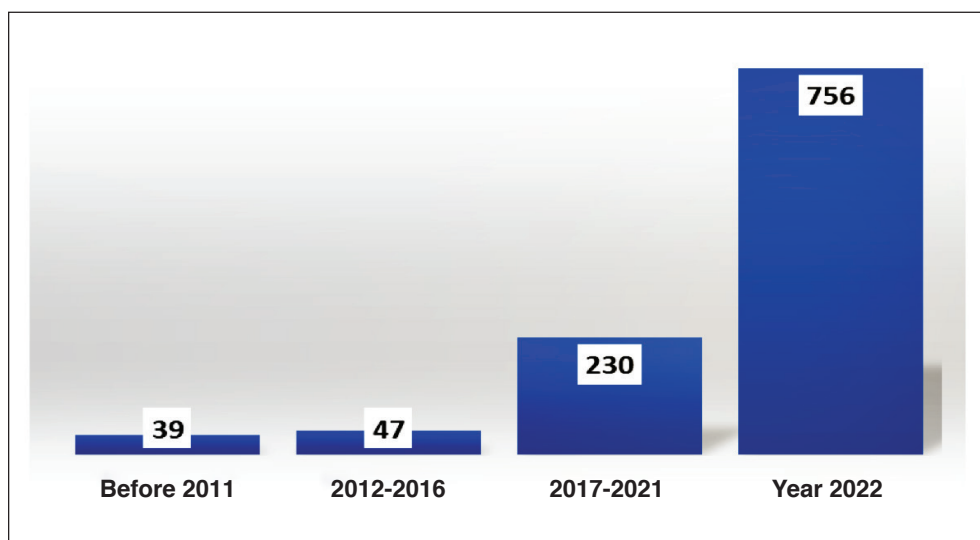
Only five applications (0.9%) from those who were detained during the year, and 35 applicants (7%) from those who stated that they were detained before 2022, stated that they were not subjected to any torture during the detention period. We found out that 33 of the applicants stating that they were not subjected to torture during the last detention processes were detained for political reasons (82.5%), 4 for judicial reasons (10%) and 3 for other reasons.

When the torture methods said to be used were questioned, of the applicants detained in 2022, 551 (96.2%) stated that torture methods involving physical violence and non-physical violence were applied together, and 16 applications (2.8%) stated that they were exposed to torture methods that did not include physical violence. For applicants whose date of detention was before 2022, while the rate of those stating that physical violence and non-physically violent torture methods were used together was 78.2%, the rate of those stating that only non-physically violent torture methods were used rose to 12.8%. In HRFT's treatment and rehabilitation centres reports from previous years, the applicants stated that torture methods involving physical violence and non-physical violence were used together at a higher rate in recent acts of torture, while this rate decreased in acts of torture over a year ago, and the proportion of those stating that torture methods that did not involve physical violence were used increased. This does not suggest that less physical torture methods were used in previous years, but that traumas that do not cause severe physical damage are remembered more as psychological violence by those who were tortured, and that the psychological effects of the trauma are longer-lasting.

The applications were divided into four groups: 2022, 2017-2021, 2012-2016 and before 2011, taking into account the dates on which the applicants were exposed to torture. The number of applications made to HRFT due to torture during the year has been increasing in recent years. The rate of people tortured in 2022 is 70.5%, the rate of those who stated that they were tortured between 2017 and 2021 was 21.5%. When the application time is evaluated together with the application methods; it was determined that 9 out of 10 of those who had previously applied to HRFT and those who were informed by their lawyers applied in the same year, while those who received information about HRFT through different channels applied later. It can be thought that having experienced legal processes previously is effective in not delaying the application time.

One applicant stated that the date he was subjected to torture was 1981. The applicant, who did not request support due to the torture he was previously subjected to, noted that after a traumatic event that was not caused by torture, the traumatic process related to the torture he was exposed to 41 years ago was re-experienced, causing the psychological symptoms to worsen and differentiate. The distribution according to the years of torture stated in the applications is shown in Graphic 6.

One of the reasons why applications for torture are made at a later date is that people are deprived of their freedom. Of the 323 applications stating that the last date of torture was before 2022, 167 (53.6%) applied to HRFT after release because they were in prison. Of the applications made in prison, 44 (26.3%) applied to the HRFT in 2022, and 123 (73.7%) applied to the HRFT one year or more after the date of torture or release.



**Graphic 6: Distribution of torture by years (n=1072)\***

\*7 applications that were not registered were left out.



Attention is drawn to the importance of early and holistic intervention in support and treatment approaches for those exposed to trauma due to the physical and psychological damage caused by trauma. However, it is known that those exposed to human-induced trauma delay or avoid applying for many reasons, including seeking medical support. Although this is also valid for legal processes, judicial bodies claim that the causal link cannot be established on the grounds that the applications are “filed late”, leave the burden of proof to the tortured, and pave the way for impunity by not fulfilling the obligation to investigate.

On the other hand, in all documents based on the fight against torture, especially the Istanbul Protocol, it is recommended that an immediate and effective investigation be initiated in the presence of an allegation of torture. Judicial bodies are expected to make decisions in accordance with the spirit of the European Convention on Human Rights and the fact that torture is absolutely prohibited.

### 1. Reasons for Detention of Applicants

Since the date of the last detention of the applications and the date of the last torture may be different, the evaluations in the topics related to detention were made based on the dates of detention. The distribution of applications according to the reasons for detention is given in Table 5.

**Table 5: Distribution of applicants according to the reasons for detention**

	Detained in 2022 (n=573)		Detained before 2022 (n=506)		Total (n=1079)	
	Number	%**	Number	%**	Number	%**
Political	529	92,3	459	90,7	988	91,6
Criminal	13	2,3	8	1,6	21	1,9
Gender identity and orientation	38	6,6	1	0,2	39	3,6
Refuge	2	0,3	3	0,6	5	0,5
Ethnic reasons	6	1,0	1	0,2	7	0,6
Religious reasons	0	0,0	1	0,2	1	0,1
Due to relatives	8	1,4	17	3,4	25	2,3
Other	8	1,4	10	2,0	18	1,7

\*\*Column percentage

As in previous years, 988 (91.6%) of the 1079 people who applied to HRFT in 2022 stated that they were detained due to their political opinions, identity, or actions. Compared to the previous year's data, the rate of those who stated that they were detained for ethnic reasons increased from 0.6% to 1.6% in 2022, while the rate of those reporting that they were detained for legal reasons decreased from 3.3%

to 1.9%, and the rate of those stating that they were detained due to their sexual identity/orientation increased from 2.6% to 3.6% (39 applicants). The largest proportional increase was experienced among those detained due to their sexual identity/orientation.

Although it is not distinguished which opposition groups are targeted in applications made for political reasons in the applications made to HRFT, based on the statements of the applicants themselves, it is stated that Kurds and left opposition groups are dominant, while the application numbers and the rates for LGBTI+, religious/conservative groups etc. are known to be lower.

## 2. Duration of Detention and Torture in Detention

The common feature of periods of repression and intensification of violence in Turkey is the extension of detention periods and the violation of procedural safeguards, thus creating grounds for torture. These situations have become almost permanent with the implementation of martial law and state of emergency. The detention period, which was extended to one month by decree no. 667 during the state of emergency, was reduced to 14 days (7+7) with decree no. 684 dated January 23, 2017. Following the “Proposal on Amendments to Certain Laws and Decree Laws” in the Turkish Grand National Assembly on July 25, 2018, the detention period was enacted as 12 days (4+4+4) for collective crimes. Since the regulation regarding the State of Emergency expired on August 1, 2022, the detention periods determined in accordance with the Code of Criminal Procedure became valid again and decreased to a maximum of 4 days in collective crimes. On the other hand, restriction of fundamental rights, authoritarianism, violence, and security policies continued to dominate in the three-year period.

With the repeal of the law defined as the “permanent state of emergency law” on July 31, 2022, detention periods have been regulated as of August 1 as 24 hours with a 24-hour extension for individual crimes and 4 days for collective crimes, but it can be understood from the statements of the applicants that this situation has not caused a serious difference in terms of torture practices and procedural violations. However, when the torture practices to which the applicants were exposed and the duration of detention were evaluated together, it was determined that the torture methods they were exposed to increase as the duration of detention increased.

Applications made to HRFT centres in 2022, including the processes related to the violations mentioned in the ‘Human Rights Violations in Turkey in 2022 with Data’ report prepared by HRFT and HRA, which contains detailed information on acts of torture and other forms of ill-treatment experienced in the first 11 months of 2022 were classified and examined based on detention periods for four days each. In the light of this information, it was seen that in 461 of the 573 applicants (80.7%) stating that the last detention date was 2022, the detention period was less than 24 hours, while in 3 applicants the detention period was extended up to 12 days, and there were no applicants that was detained for more than 12 days.

In 506 applications whose last detention date was before 2022, the rate of those whose detention period was less than 24 hours was 35%, while the rate of those whose detention period was over 12 days was 14.6%. From the information provided, about the applicants before 2022, it was found out that between 1984 and 2021, they were detained by the police, gendarmerie command and in their places of residence for periods of up to 60 days during the curfew period. The applicants stated that the dates when legal detention periods were exceeded were the 12 September military coup and the 1990s, when martial law and state of emergency practices dominated, unregistered detentions, torture and ill-treatment, pressure and intimidation were used as effective tools, and village evacuations became widespread.

Refugees are detained in repatriation centres due to their legal status or problems with legal processes. In these centres, refugees are detained deprived of their freedom for a long time, they experience difficulties in accessing and using supports due to communication barriers, especially language, and the lack/inability to use adequate advocacy mechanisms, and the problems are not visible and the deportation of some of them prevents this problem from being revealed. Although there were no refugees stating that the date of detention was 2022, two out of three applicants before 2022 mentioned a 90-day detention. The last detention periods of the applicants are given in Table 6.

**Table 6: Distribution of applicants according to last detention period**

	Detained in 2022 (n=573)		Detained before 2022 (n=506)		Total (n=1079)	
	Number	%**	Number	%**	Number	%**
Less than 24 hrs.	461	80,5	177	35,0	638	59,1
2-4 days	98	17,1	143	28,3	241	22,3
5-8 days	6	1,0	63	12,5	69	6,4
9-12 days	3	0,5	29	5,7	32	3,0
13 days and more	0	0,0	74	14,6	74	6,9
No record	5	0,9	20	4,0	25	2,3

\*\*Column percentage

According to the duration of detention, when the detention periods of those whose last detention date was 2022 and those before 2022 were compared, it was determined that the average duration was 1.44 days for those detained in 2022 and 6 days for those detained before 2022, and it was statistically different. Although it is observed that the torture methods used increase as the duration of detention increases, it is necessary to consider other factors such as the reasons for detention, places of detention, and the identity of the detainee, as well as the duration of detention, in order to evaluate the violations and whether procedural safeguards have been violated.

In 2022, social demonstrations demanding rights within the scope of freedom of thought and expression, press releases were prevented by arbitrary bans, disproportionate use of force, violence, and coercion by official law enforcement officers as well as private security forces, and torture became widespread, and its nature as a systematic and routine behavior was preserved. The change observed in torture practices, venues and purposes in recent years has continued in 2022. Disproportionate use of force, arbitrary violence, and coercive practices for the purpose of punishment and intimidation have been tried to be legitimized by turning them into de facto situations, the practices have been made public by turning streets and open spaces into places of torture, and this situation has been reinforced with unjust detention and freedom of control decisions, as well as the denial of legal guarantees.

### 3. Places of Detention

One of the headings used to evaluate the changing face of torture is the place of detention. While the rate of those who stated that they were detained on the street or in an open area was one in every two people in previous years, this rate turned into 3 out of 4 people in 2021, and 4 out of 5 people in 2022.

The 'Human Rights Violations in Turkey in 2022 with Data' report prepared by HRFT and HRA reveals in detail this situation, which has become the defining characteristic of the recent period:

- *According to the data of HRFT Documentation Centre, 482 peaceful meetings and demonstrations held within the scope of the freedom of assembly and demonstration by law enforcement forces were intervened by law enforcement forces, and 54 events were blocked. As a result of the intervention of law enforcement forces in peaceful protests and events, at least 5,148 people, including 143 children, were detained through practices that amounted to torture and ill-treatment, and at least 42 people were injured. 24 of those detained were arrested, 111 people were released on the condition of judicial control, and 2 people were released on the condition of house arrest.*
- *According to the data of the HRA Documentation Unit, at least 5323 people were subjected to torture and other types of ill-treatment as a result of the intervention of law enforcement forces in peaceful protests and events held within the scope of freedom of assembly and demonstration.*
- *According to the data of TIHV Documentation Centre, at least 225 people were subjected to torture and other ill-treatment on the streets and in the open in 2022, and 28 people were subjected to torture and other forms of ill-treatment during home raids.*
- *62 peaceful meetings and demonstrations related to prisons were intervened and 17 meetings and demonstrations were prevented. At least 268 people were*

*detained, 16 people were released on condition of judicial control, and at least 10 people were injured.*

- Those who wanted to participate in the “Gemlik March” to be held to end the isolation imposed on PKK leader Abdullah Öcalan were intervened 3 times, at least 104 people were detained, 23 people were released on condition of judicial control, 2 people were arrested.*
- Peaceful meetings and demonstrations held by workers and laborers were intervened 132 times. 3 meetings and demonstrations were prevented, at least 663 people were detained, 9 people were injured.*
- At least 220 people were detained during the interventions against peaceful events held within the scope of May 1<sup>st</sup> Labor Day, and 7 people were released under judicial control. At least 2 people were injured.*
- 8 peaceful meetings and demonstrations regarding the economic crisis were intervened, 3 meetings and demonstrations were prevented, and at least 66 people were detained.*
- In 14 interventions against Newroz celebrations, at least 524 people, 97 of whom were children, were detained and 6 people were arrested. During the house raids carried out in various provinces after Newroz, 231 people, including 9 children, were detained and 4 of them were arrested.*
- 3 peaceful meetings and demonstrations held within the scope of September 1 World Peace Day were intervened. At least 108 people were detained and at least 1 person was injured.*
- Peaceful meetings and demonstrations regarding the environment and the right to the city were intervened 15 times, and at least 92 people were detained.*
- 8 peaceful meetings and demonstrations planned to be held by political parties were intervened, 5 peaceful meetings and demonstrations were prevented, at least 73 people were detained, and at least 3 people were injured.*
- 10 peaceful meetings and demonstrations held by students for various reasons were intervened. At least 192 people were detained.*
- Law enforcement forces intervened in at least 30 peaceful meetings and demonstrations for women’s and LGBTI+ rights, at least 1032 people, including 35 children, were detained and subjected to torture and ill-treatment, and at least 6 people were injured.*
- As a result of 7 interventions by law enforcement forces during pride marches, at least 526 people, including 34 children, were detained under torture and ill-treatment.*

- *Law enforcement forces intervened in 4 peaceful meetings and demonstrations held within the scope of March 8 International Women’s Day. 83 people, including 1 child, were detained.*
- *5 events to be held for the 25 November International Day for the Elimination of Violence Against Women were banned and blocked. In this context, law enforcement forces intervened in 9 peaceful meetings and demonstrations, at least 388 people were detained, 7 people were released on condition of judicial control, and at least 3 people were injured.*
- *15 journalists covering mostly peaceful demonstrations and marches were subjected to physical violence by law enforcement officers while covering news.*
- *As a result of the intervention of law enforcement forces in peaceful meetings and demonstrations held for various reasons, at least 143 children were detained with practices that amounted to torture and ill-treatment.”*

The difference between years according to the place of detention is also statistically significant ( $\chi^2= 247.537, p <0.001$ ). The distribution of the places where the applicants were last detained according to the year of detention is given in Table 7.

**Table 7: Distribution of applicants by place of last detention**

Place of Last Detention	Detained in 2022 (n=573)		Detained before 2022 (n=506)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
From street/open area	453	79,1	171	33,8	624	57,8
From home	70	12,2	253	50,0	323	29,9
From an official institution (airport etc.)	10	1,7	33	6,5	43	4,0
Other	22	3,8	18	3,6	40	3,7
From institution (magazine, association)	13	2,3	7	1,4	20	1,9
From workplace	5	0,9	14	2,8	19	1,8
No information	0	0,0	10	2,0	10	0,9

\*Column percentage

While 57.8% (624 applications) of 1079 people who applied due to torture stated their last place of detention as a street or an open area, this rate is 79.1% (453 applications) in 573 applications detained in 2022. When the places where the applications were last detained are listed; home 29.9% (323 applications), official institution 4% (43 applications), other 3.7% (40 applications), institution 1.9% (20 applications) and workplace 1.8% (19 applications).

#### 4. Torture by Detention Time

When the hours at which the applicants were detained during the day were questioned, 612 of all applications (56.7%) stated that they were detained during daylight hours. Of the 573 people detained in 2022, 363 (63.4%) were detained between 08:00 and 18:00 during the day, 149 (26%) were between 18:00 and 24:00 in the evening, and 58 (10.1%) were at night between 24:00 and 08:00. Table 8 shows the distribution of detention time periods comparatively according to the detention dates of the applicants.

**Table 8: Distribution of applicants according to the time intervals during which they were detained during the day**

Last Detention Time	Detained in 2022 (n=573)		Detained before 2022 (n=506)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
08:00-18:00	363	63,4	249	49,2	612	56,7
18:00-24:00	149	26,0	45	8,9	194	18,0
24:00-08:00	58	10,1	199	39,3	257	23,8
Do not know or remember	3	0,5	13	2,6	16	1,5

\*Column percentage

When the data of recent years are examined, while the rate of detention increases during the daytime, the rate of detention at midnight (24:00-08:00) decreases. The rate, which was 15.1% in 2021, decreased to 10.1% in 2022. Before 2022 this rate is 39.3%. House raids, which create the perception that there is no place or time where the person can feel safe as well as cause the person to be labeled and isolated as a dangerous person to be avoided, with the exaggerated security measures taken, also pose a serious threat to those living in the surrounding area.

#### 5. Torture in Places of Detention

When the information provided by a total of 1079 people who applied to HRFT Representative Offices in 2022 about the places where they were tortured was examined, it was determined that torture was not limited to a single location, as in previous years. It was found that the number of places where the applicants stated that they were subjected to torture during the detention period varied between 2 and 6. 44 of the applicants (4.1%) stated that they were not subjected to any acts of torture during their last detention period. The rate of those who stated that they were not tortured was 0.9% among those detained in 2022, while it was 7.8% before 2022. However, it was found out that 39 of the 44 applications stating that they were not tortured were exposed to torture in the prison where they were detained after the last detention, 3 of them were exposed to torture in the previous detention periods, and only two (0.2%) applications were not exposed to torture.



When evaluated according to the date of detention and place of detention, 5 of the 573 applicants stating that they were detained in 2022 were not subjected to torture during the detention process, 245 (42.8%) were tortured in a single unit, and 323 applications (56.4%) in more than one unit. 269 applicants (53.2%) with their detention date -before 2022 stated that they were subjected to torture in a single unit, and 188 applications (37.2%) stated that they were subjected to torture in more than one unit. Those detained in 2022 were subjected to torture in more than one unit at a higher rate than those detained in previous years, and this difference for 2022 was found to be statistically significant ( $X^2 = 45.627$ ,  $p < 0.001$ ). The information provided by the detainees indicates that torture was not limited to a single unit, but continued in the other units to which they were taken, starting from inside the vehicle.

The number of units where the applicants were tortured during their detention and the fact that they were tortured in another unit to which they were taken indicate that the act of torture is continuous, widely practiced, and systematic. The distribution of applications according to the number of units where they were tortured in custody is shown in Table 9.

**Table 9: Distribution of applicants according to the number of units where they were tortured during their last detention**

Number of Units of Last Detention	Detained in 2022 (n=573)		Detained Before 2022 (n=506)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
One unit	245	42,8	269	53,2	514	47,6
Two units	158	27,6	130	25,7	288	26,7
Three units	138	24,1	51	10,1	189	17,5
Four units	24	4,2	5	1,0	29	2,7
Five and more units	3	0,5	2	0,4	5	0,5
No information	0	0,0	10	2,0	10	0,9
No torture	5	0,9	39	7,7	44	4,1

\*Column percentage

It was determined that the rate of being tortured in more than one unit during the last detention was higher and statistically significant in applications made to Istanbul, Ankara and Izmir representative offices ( $X^2 = 60.481$ ,  $p < 0.001$  for 2022).

When the places where all applicants were tortured are evaluated, “Units belonging to Police Departments” are at the top with a rate of 50.7%, and “street, open area or social demonstration area” is at the top with a rate of 50.6%. In recent years, applications indicate that the place where torture is most intense is the streets, open areas, or social demonstration areas. This rate is 76.8% for applications whose



last detention date is in 2022. The fact that three out of every four applicants were tortured on the street shows that torture was made public, social demonstrations, press releases and meetings regarding democratic demands were prevented, and constitutional rights were rendered unusable.

The places where the applicants were tortured during their last detention are listed in Table 10.

**Table 10: Distribution of applicants according to places where they were tortured during their last detention**

Unit of Last Detention*	Detained in 2022 (n=573)		Detained Before 2022 (n=506)		Total (n=1079)	
	Number	%**	Number	%**	Number	%**
Police Headquarters	250	43,6	297	58,7	547	50,7
Police	43	7,5	18	3,6	61	5,7
Commander of the gendarmerie Jandarmkomutanlığı	1	0,2	31	6,1	32	3,0
Gendarmerie station	10	1,7	27	5,3	37	3,4
Vehicle interior	253	44,2	78	15,4	331	30,7
Street/open space	440	76,8	106	20,9	546	50,6
Detainee's own place	49	8,6	128	25,3	177	16,4
Uncertain indoor location	2	0,3	2	0,4	4	0,4
Prison	1	0,2	2	0,4	3	0,3
Courthouse	2	0,3	1	0,2	3	0,3

\*In cases where torture was applied in more than one unit, the data was recorded separately for each unit and the rates were calculated according to the number of applications.

\*\*Column percentage

After 2019, it has begun to be observed that torture practices have increased in the streets, open areas, or social demonstration areas, as well as in detention vehicles. Nearly half (44.2%) of the applications with a detention date of 2022 stated that they were tortured in the vehicle.

It was determined that those who were subjected to torture “in the vehicle”, “in the street / in the open” and “at home / at work” during the detention process were also subjected to torture in another unit to a significant extent. It has been emphasized in treatment and rehabilitation centres reports in recent years that the transformation of social spaces such as streets/open spaces, people’s living spaces, and detention vehicles used for transportation into places of torture continued to increase in 2022. Torture and ill-treatment practices, which begin with the detention process, continue sequentially in the places where people are taken. On the other hand, acts of torture

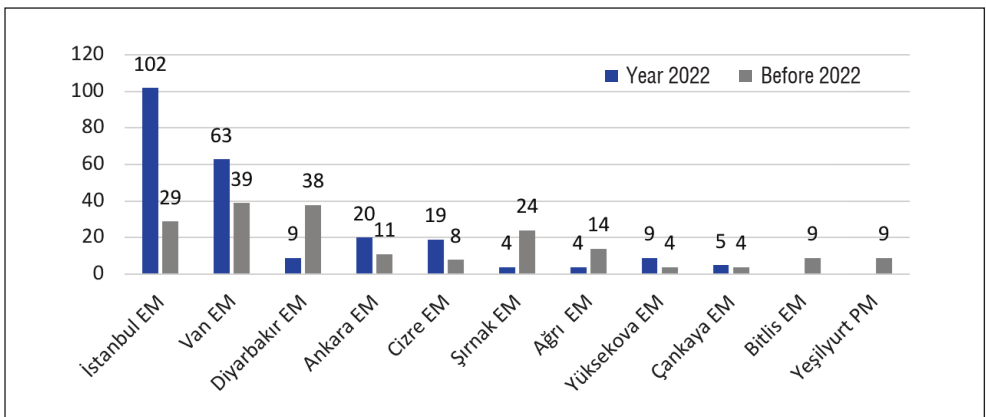
carried out by law enforcement in the street/open area or in a detention vehicle are tried to be legitimized with claims that “*proportionate force was applied*”, “*he tried to escape*”, “*he harmed himself*”, and no action is taken against those responsible, or they are subjected to torture are prevented from receiving legal results through counter-suits filed.

While the process that started with the declaration of curfews in 2015, violation of international agreements, law and suspension of fundamental rights led to the spread of torture and its being carried out openly in front of the eyes of the society, arrangements were made to ensure that the perpetrators benefit from the armour of impunity. The information provided by the applicants detained during the year suggests that there has been no change in the process and that violations have become widespread and increased.

## 6. Units Where Torture Was Performed During the Last Detention Process

When asked about the centres where the applicants were tortured, it was determined that torture was used in more than 100 units, especially the Police Departments (EM) and the Anti-Terror Branch Directorates (TEM). The distribution of the centres where the applicants stated that their last torture occurred is shown in Chart 7.

In 2022, as in previous years, among the places where detainees were subjected to torture, Istanbul Police Department ranked first with 136 applications (12.6%), Van Police Department ranked second with 102 applications (9.5%), and Ankara Police Department ranked fourth with 31 applications (2.9%). It has been observed that allegations of torture regarding Van, Diyarbakır and Ankara Police Department have increased in 2022. Although the names of the same institutions are included in the reports of treatment and rehabilitation centres every year, allegations of torture and ill-treatment regarding these centres continue, and different centres are involved in the process. The stories conveyed by the applicants indicate that, contrary to



**Graphic 7: Distribution of applications according to the centres where they were detained**

the rhetoric of the political power, torture and ill-treatment continue as a systematic practice in all places of detention/custody, that no steps are taken to prevent torture, and that the practice of impunity continues to provide assurance for violations.

In recent years, hospitals where evaluations are made in the field of health have begun to be mentioned among the units where torture is practiced. 32 of the applicants stated that they were subjected to torture in the hospital during detention. When the dates and places of detention are evaluated, 24 of the 25 detainees in 2022 gave hospital names in Istanbul, one applicant mentioned one hospital in Kocaeli, of the 7 applications detained in previous dates, 5 gave hospital names in Istanbul and two applicants mentioned hospital names in Urfa, thus a total of 8 hospitals were mentioned. As in the previous year, applicants identified Bayrampaşa State Hospital, Haseki Training and Research Hospital and Eyüpsultan State Hospital as places of torture. The fact that the applicants mention torture in the health institutions where they were taken for detention examinations or to receive health care suggests that health workers also witnessed the crimes of torture or that they turned a blind eye to/attempted to be complicit in the crimes of torture. In order to prevent this situation from becoming widespread, it would be useful to meet with the Medical Chambers and inform and warn the relevant institutions.

## 7. Distribution of Torture by Regions and Provinces during the Last Detention

The regional distribution of the places where torture and other ill-treatment practices were carried out to which 1079 people who applied to HRFT centres were subjected are presented in Table 11.

**Table 11: Distribution of the torture experienced by the applicants during their last detention by region**

Region of Last Detention	Detained in 2022 (n=573)		Detained Before 2022 (n=506)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
Marmara	205	35,8	76	15,0	281	26,0
Eastern Anatolia	134	23,4	138	27,3	272	25,2
South-eastern Anatolia	65	11,3	152	30,0	217	20,1
Aegean	93	16,2	42	8,3	135	12,5
Central Anatolia	61	10,6	20	4,0	81	7,5
Mediterranean	4	0,7	12	2,4	16	1,5
Black Sea	1	0,2	2	0,4	3	0,3
No record of region	7	1,2	31	6,1	38	3,5
No torture during last detention	5	0,9	39	7,7	44	4,1

\*Column percentage

In the applications made to HRFT, when the regions where 573 people were detained in 2022 were examined, 205 applications (35.8%) were in the Marmara Region, 134 applications (23.4%) were in the Eastern Anatolia Region and 93 applications (16.2%) were in the Aegean Region. Then came the South-eastern Anatolia Region and the Central Anatolia Region. Unlike the previous year, the rate of people who stated that they were subjected to torture in the South-eastern Anatolia Region in 2022 was higher than the Central Anatolia Region. The first three regions in total applications were Marmara, Eastern Anatolia, and South-eastern Anatolia Regions. The number of applicants stating that they were detained in the Black Sea and Mediterranean Regions, where HRFT does not have representation, in 2022 was 19 (1.8%).

The number of applicants stating that the detention and torture process took place in two different regions was 10. One of the applicants stated that the detention and torture process continued not only in the Marmara Region but also abroad in 2022, while another applicant said the same for before 2022. Of the other 8 applications, 2 stated that the detention and torture process continued in a second region in 2022 and 6 before 2022. 44 of the applicants did not mention torture during the last detention, and in 37 applications, the province and region of last detention were missing.

The distribution of 1079 people who applied due to torture according to the date of their last detention and provinces is given in Chart 8. Of the applicants with a last detention date of 2022, 199 (34.7%) were detained in İstanbul, 102 (17.8%) in Van, 93 in İzmir (16.2%) and 58 (10.1%) in Ankara.

**Table 12: Distribution of the provinces where the applications were last detained per years**

Province of Last Detention	Detained in 2022 (n=573)		Detained before 2022 (n=506)		Total (n=1079)	
	Number	%**	Number	%**	Number	%**
İstanbul	199	34,7	62	12,3	261	24,2
Van	102	17,8	67	13,2	169	15,7
İzmir	93	16,2	40	7,9	133	12,3
Şırnak	39	6,8	54	10,7	93	8,6
Diyarbakır	22	3,8	61	12,1	83	7,7
Ankara	58	10,1	17	3,4	75	7,0
Ağrı	16	2,8	18	3,6	34	3,2
Hakkâri	15	2,6	12	2,4	27	2,5
Muş	2	0,3	12	2,4	14	1,3
Siirt	1	0,2	12	2,4	13	1,2
Bitlis	0	0,0	13	2,6	13	1,2
Şanlıurfa	0	0,0	11	2,2	11	1,0

\*The table shows the provinces with a total of 10 or more.

\*\*Column percentage



lack of sufficient information about the work of HRFT and the scope of the support it provides, and obstacles related to transportation, etc. cause applications to be very limited. The number of applications in the provinces where HRFT centres are located and in the surrounding provinces indicate that these problems have been overcome to some extent.

## 8. Torture Methods Used

Of the 1079 people who applied to HRFT in 2022 because they were tortured in the country, 756 (70.1%) stated that they were tortured in 2022, 316 (29.3%) stated that they were tortured before 2022, while information on 7 applications (0.6%) was missing. Although 53% of the applications stated the last date of detention as 2022, approximately three out of four applications stated that the last date of torture was 2022. This data shows that torture continues after detention and that it is a systematic and widespread practice.

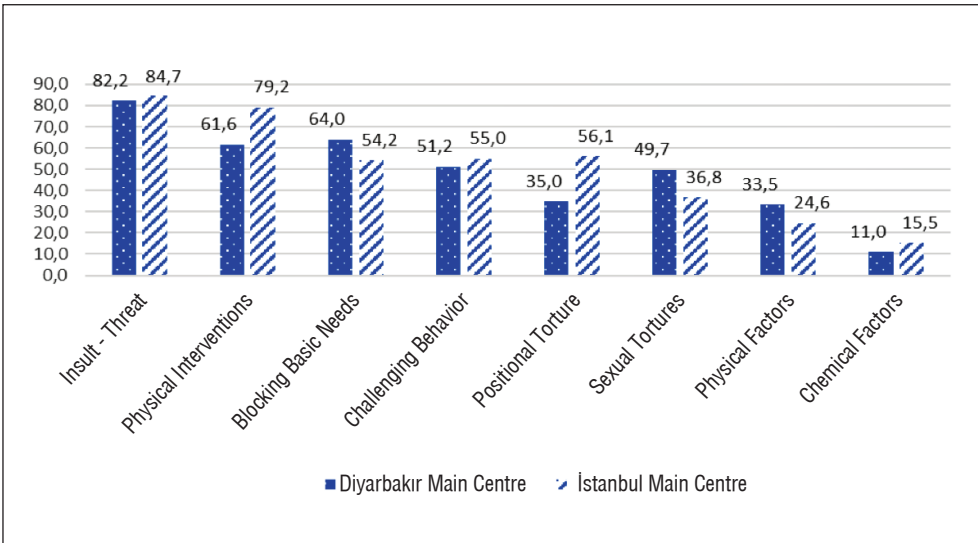
While 947 of the applicants (87.8%) stated that the torture methods they were subjected to were physical and psychological, and 81 applicants (7.5%) said that their psychological integrity only was targeted without any physical intervention, the records of 11 applications (1%) were missing.

The information provided by the applicants was evaluated by separating the year in which they were tortured and the torture methods they were subjected to. The prevalence of torture methods classified under eight main headings is shown in Table 13, and their regional distribution according to HRFT treatment centres is shown in Graphic 9.

**Table 13: Distribution of the torture methods to which the applicants were exposed by years**

Torture Methods Applied	Tortured in 2022 (n=756)		Tortured Before 2022 (n=323)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
Insult-Threat	647	85,6	253	78,3	900	83,4
Physical Interventions	591	78,2	166	51,4	757	70,2
Prevention of basic needs	450	59,5	189	58,5	639	59,2
Coercive behaviour	415	54,9	157	48,6	572	53,0
Positional torture	384	50,8	104	32,2	488	45,2
Sexual torture	341	45,1	128	39,6	469	43,5
Physical factors	227	30,0	88	27,2	315	29,2
Chemical factors	128	16,9	14	4,3	142	13,2

\*Column percentage



**Graphic 9: Proportional distribution of the torture methods to which the applicants were exposed by region**

When the torture methods that the applicants state that they were subjected to are examined separately, it is seen that acts of torture classified as “insult and threat” come first in 2022, as in previous years. Compared to the treatment and rehabilitation centres reports of previous years, it is seen that the applications were exposed to more physical interventions, positional torture practices and physical factors in 2022, and the most significant increase was in violations of basic needs. More than half of the applications stated that methods other than sexual torture and exposure to physical and chemical factors were used during the period when they were deprived of their freedom. The most common method that applications were exposed to was insult and threat, with a rate of 85.6% in 2022.

While 1059 of 1079 people (98.1%) who applied for torture in 2022 stated that they were subjected to more than one act of torture, 12 applicants (1.1%) stated that only a single torture method was applied. The records of the five child applicants are incomplete because the interviews were carried out by the psychological team and the application was not evaluated by the physicians. Three applicants (0.2%) did not mention any act of torture. As for multiple tortures during previous detentions and prison processes, the numbers were as follows: 298 of the applicants (27.6%) were tortured during the last detention, previous detentions, and prison processes, 374 applications (34.7%) were tortured during the last detention and previous detentions, 148 applications (13.7%) were tortured during the last detention and prison processes, and 27 (2.5%) were tortured during previous detentions and prison processes. Among the information provided by the applications, 847 (78.5%) of them experienced torture again on different dates and in different places, and

it is understood that although the methods and dates differ, torture is a common and systematic practice and the efforts made to prevent torture remain only at the rhetorical level.

When the torture methods used were evaluated according to years and regions, higher rates were detected in all torture methods reported to have been used in 2022 compared to previous years. It was found that the applicants stating that they were exposed to more than one torture method were higher in the Istanbul, Ankara and Izmir Representative Offices, and the difference between the Diyarbakir main centre in terms of “physical interventions and positional torture practices” was statistically significant. On the other hand, it was determined that the rates related to interventions regarding “*coercive behaviour, sexual torture and prevention of basic needs*” were higher and statistically significant in applications from Diyarbakir, Van and Cizre. While the applications made to HRFT in 2022 due to torture reached the highest number after 2001, another noteworthy issue in the 2022 applications is the increase in the number of applications for freedom after long-term detention and the increase in quantity and quality of the rates of torture and violations reported to have occurred in prison.

The distribution of torture methods applied among the applications is presented under 8 subheadings in Table 14.

**Table 14: Distribution of torture methods to which the applicants were exposed**

Torture Methods Applied	Torture in 2022 (n=756)		Torture Before 2022 (n=323)	
	Number	%*	Number	%*
<b>Insult-Threat</b>				
Insult-humiliation	613	81,1	222	68,7
Threatening	265	35,1	112	34,7
Threat to kill	118	15,6	80	24,8
Threat to relatives	82	10,8	58	18,0
Mock execution	30	4,0	26	8,0
<b>Coercive Behaviors</b>				
Making visual/audio witness to torture	321	42,5	91	28,2
Torture in front of one’s relatives	237	31,3	58	18,0
Forcing one to Spying	79	10,4	55	17,0
Forcing compliance to meaningless demands	62	8,2	47	14,6
Playing loud music and national anthem	49	6,5	43	13,3
Blindfold	53	7,0	29	9,0



Table 14 continued

Torture Methods Applied	Torture in 2022 (n=756)		Torture Before 2022 (n=323)	
	Number	%*	Number	%*
<b>Physical Interventions</b>				
Rough beating	553	73,1	139	43,0
Physical interventions except rough beating	483	63,9	88	27,2
Tight handcuffing	235	31,1	66	20,4
Pulling one's hair and beard	32	4,2	15	4,6
Strangulation attempt	37	4,9	7	2,2
Continuous hitting the same part	22	2,9	20	6,2
Twisting one's testicles	20	2,6	12	3,7
Bastinade	18	2,4	13	4,0
Excessive physical exertion	11	1,5	15	4,6
Whip-hose	7	0,9	14	4,3
ASMC	4	0,5	4	1,2
Forced medical intervention	6	0,8	1	0,3
Plastic bullet	3	0,4	1	0,3
Cutting and penetrating with sharp objects	1	0,1	1	0,3
Firearm	1	0,1	1	0,3
Pepper gas	1	0,1	1	0,3
<b>Positional Tortures</b>				
Reverse handcuffing	314	41,5	83	25,7
Forced standing for long periods of time	58	7,7	30	9,3
Straight hanging	34	4,5	11	3,4
Hanging	32	4,2	7	2,2
Palestinian hanging	24	3,2	5	1,5
Hanging upside down	7	0,9	3	0,9
Hanging in incomplete form	6	0,8	0	0,0
Reverse hand and feet cuffing	2	0,3	3	0,9
Hogtie	0	0,0	1	0,3
<b>Physical Factors</b>				
Leaving the person in cold or hot environment	136	18,0	74	22,9
Suffocating the person	100	13,2	12	3,7
Pressurized cold water	56	7,4	22	6,8
Electric torture	37	4,9	13	4,0
Burning	5	0,7	0	0,0
Cigarettes	3	0,4	1	0,3

Table 14 continued

Torture Methods Applied	Torture in 2022 (n=756)		Torture Before 2022 (n=323)	
	Number	%*	Number	%*
<b>Chemical Factors</b>				
Tear gas	127	16,8	14	4,3
<b>Sexual Tortures</b>				
Cursing	301	39,8	103	31,9
Verbal sexual harassment	262	34,7	50	15,5
Strip search	72	9,5	31	9,6
Physical sexual harassment	80	10,6	18	5,6
Threat of sexual assault	45	6,0	34	10,5
Rubbing against the person	43	5,7	10	3,1
Anal/vaginal search	1	0,1	5	1,5
Rape	3	0,4	0	0,0
<b>Basic needs</b>				
Restriction of eating and drinking	352	46,6	136	42,1
Depriving the person of a clean environment/hygiene conditions	267	35,3	126	39,0
Prevention of access to healthcare facilities	275	36,4	116	35,9
Prevention of use of toilet	218	28,8	109	33,7
Depriving the person of sleep	104	13,8	76	23,5
Limited shelter space	91	12,0	73	22,6
Solitary confinement	80	10,6	61	18,9

\*Column percentage

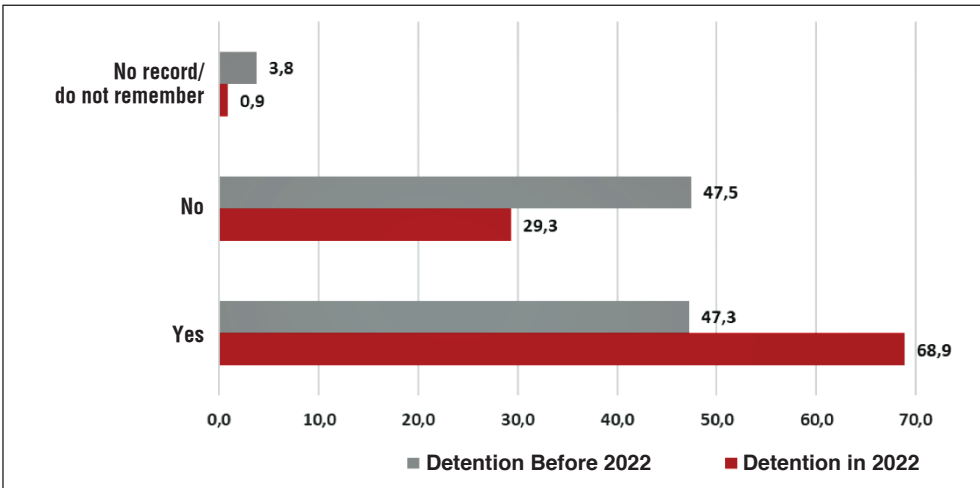
## Legal Practices During and After Detention

### 1. Access to a Lawyer

Procedural safeguards, which play an important role in preventing torture but have been largely neglected in practice for years, have been significantly damaged as a result of the legal regulations made through decrees during the state of emergency. Based on these legal regulations, it is possible to say that the procedural safeguards that can be grouped under the headings of informing the person about the detention, providing information to third parties, having access to a lawyer, to a physician, carrying out appropriate examinations in appropriate environments and preparing proper reports, quickly applying to the judicial authority for legality control, keeping proper detention records, and enabling independent monitoring have been largely

eliminated in recent years and a completely arbitrary environment has been created in this regard.

In the analyses carried out to evaluate the legal process and procedural safeguards during detention, of the 1072 applicants for which information was available, 631 (58.9%) stated that they met with a lawyer during the last detention period. It was determined that this rate was 68.9% for those detained in 2022 and 47.3% for those detained before 2022. It is understood that the rate of applicants accessing a lawyer during the detention process in 2022 has increased compared to 2021. The fact that torture occurs during arbitrary and forcible detention processes, without official detention, during social demonstrations, interventions against statements made on the street or in open spaces not only suspends procedural safeguards but also prevents access to lawyers. The applicants underlined that despite all this, effective legal support was provided during mass detentions with the rapid organizing of legal organizations. The percentages of being able to meet with a lawyer are presented in Graph10.



**Graphic 10: Percentage of applicants being able to meet with a lawyer during their last detention**

## 2. Arrest after Detention

Of the 573 applicants stating that the last detention date was 2022, 22 (3.8%) stated that they were arrested, 443 (77.3%) were released without being presented to the prosecutor’s office, and 96 (16.8%) were released by the prosecutor’s office or the court. In 2022, the rates of being “released without being brought before the prosecutor’s office” and “released from the prosecutor’s office or the court” increased even more compared to 2021 and reached 94.1%. This situation is important data in terms of evaluating the arbitrariness and illegality of detentions.

When all the information provided by the applicants regarding the torture processes they experienced is evaluated, it is understood that interventions against actions against freedom of thought and expression are prevented by the use of force, torture is widely and systematically applied, and arbitrary and unlawful practices continue.

Data on arrest warrants after detention are presented in Table 15.

**Table 15: Distribution of applicants and arrest warrants after the last detention**

	Detained in 2022 (n=573)		Detained Before 2022 (n=506)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
Released without being brought before the prosecutor's office	443	77,3	87	17,2	530	49,1
Released by the prosecutor's office/court	96	16,8	59	11,7	155	14,4
Arrested	22	3,8	331	65,4	353	32,7
No record/Do not remember	6	1,0	16	3,2	22	2,0

\*Column percentage

### 3. Filing a Lawsuit after Detention

One of the headings that may show the arbitrariness and exceeding of legal norms in the detention/detention processes are the lawsuits filed regarding the incident claimed as the reason for detention/detention. Table 16 shows the number and distribution of applications according to the trial process after the last detention.

**Table 16: Distribution of applications according to the status of the case process after the last detention**

	Detained in 2022 (n=573 )		Detained Before 2022 (n=506)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
No lawsuit filed	98	17,1	75	14,8	173	16,0
Lawsuit filed, ongoing	63	11,0	119	23,5	182	16,9
Case filed, acquitted	0	0,0	18	3,6	18	1,7
Case filed, convicted	4	0,7	237	46,8	241	22,3
Nonsuit	0	0,0	2	0,4	2	0,2
Lawsuit filed, the outcome unknown	3	0,5	4	0,8	7	0,7
Unknown if lawsuit opened or not	405	70,7	44	8,8	449	41,9

\*Column percentage

While 98 people (17.1%) detained at HRFT Treatment and Rehabilitation Centres in 2022 stated that no lawsuit was filed against them regarding the reasons for their detention, the number of applicants against whom a lawsuit was filed is 70 (12.2%). 405 applications (70.7%) stated that they did not know whether a lawsuit was filed or not.

Of those detained before 2022, 14.8% stated that no lawsuit was filed against them, and 75.1% stated that a lawsuit was filed against them. 119 of the applicants (23.5%) stated that the cases filed were continuing, 20 applicants (4%) stated that a decision of acquittal or non-prosecution was given, and 237 applicants (46.8%) stated that a decision of conviction was given. Based on the decided cases, it is understood that 9 out of 10 people (90.8%) were convicted. The increase in convictions in recent years continues to suggest that there has been a serious change in judicial decisions and that the impact of legal norms on decision-making processes has decreased.

The evaluation made in “Human Rights Violations in Turkey in 2021”<sup>7</sup> report of the Turkish Human Rights Foundation says summarizes the current situation and is still valid:

*“...Impunity is still the most important obstacle in the fight against torture. For reasons such as not opening any investigations against the perpetrators, not turning the investigations into prosecutions, issuing indictments for crimes that require less punishment instead of torture in cases where lawsuits are filed, not giving any punishment to the defendants, or imposing penalties and deferment of sentences within the scope of torture and individual crimes by considering them as crimes of torture outside of public duty, the phenomenon of impunity still stands before us as one of the most basic elements that make torture possible.*

*There remains ambiguity in the law regarding the prosecution of the crime of torture. Applications for criminal complaints filed for the crime of torture either result in non-prosecution for various reasons or are investigated for the crimes of ‘simple wounding’, ‘exceeding the limit of use of force’ or ‘abuse of office’, which carry lesser penalties and are subject to statute of limitations.*

*On the other hand, if a complaint, investigation or lawsuit is filed against the law enforcement officers who committed torture, countersuits are immediately filed against the tortured on grounds such as “insulting the officer, resisting, injuring the officer in the process, damaging public property”. While cases filed against torturers go unpunished, cases filed against torture victims can result in heavy penalties in a short time. As a matter of fact, in 2020, Public Prosecutors’ Offices launched an investigation against 34,972 people under Article 265 of the Turkish Penal Code, which constitutes the crime of ‘resisting a public officer’, and a public case was filed against 26,628 of them. On the other hand, in the same year, while 887 people were investigated under Article 94 of the Turkish Penal Code, which regulates the crime of torture, a public lawsuit was filed against only 102*

<sup>7</sup> <https://tihv.org.tr/ozel-raporlar-ve-degerlendirmeler/verilerle-2021-yilinda-turkiyede-insan-haklari-ihalleri/>

*people. Such a high difference between the cases filed for torture and resisting a public officer clearly shows the extent of impunity pursued as a systematic policy.*

*The reality of torture in Turkey is expressed in all its obviousness in the reports prepared by international mechanisms and bodies. However, the political power, which does not want to limit itself by any law, rule and norm, especially the Constitution, does not take into account the criticisms and warnings made by international prevention and control mechanisms.”*

#### **4. Health Examinations during the Detention Process**

In order to prevent torture and protect fundamental human rights, it is necessary to ensure that allegations of torture are clarified through a rapid and effective investigation, that those responsible are brought to justice, and that it is repaired and that it does not happen again, as well as not resorting to acts of torture and ill-treatment. States are obliged not to torture the people detained from their freedom, to protect their health, determine their health status of them regularly from the beginning of the detention process, lest they are subjected to torture, to detect this situation. Although international agreements, national legislation and ECtHR decisions are quite clear on this issue and the obligation must be fulfilled in accordance with the principles and standards of the UN Istanbul Protocol, it has been reported for years that applications made to HRFT have violated agreements, laws, ethical rules, and professional standards. Unfortunately, this situation, which is included in HRFT's annual treatment reports, does not change, and violation practices do not decrease and are almost transformed into permanent routine practices.

In order to determine whether health examinations were carried out regularly and at what stages the violations occur, for the applications as of 2022, HRFT began to evaluate the health examinations separately that must be carried out when people are taken into custody, when it exceeds 24 hours or if their location is changed, and when they are taken from the place of detention to judicial bodies or released.

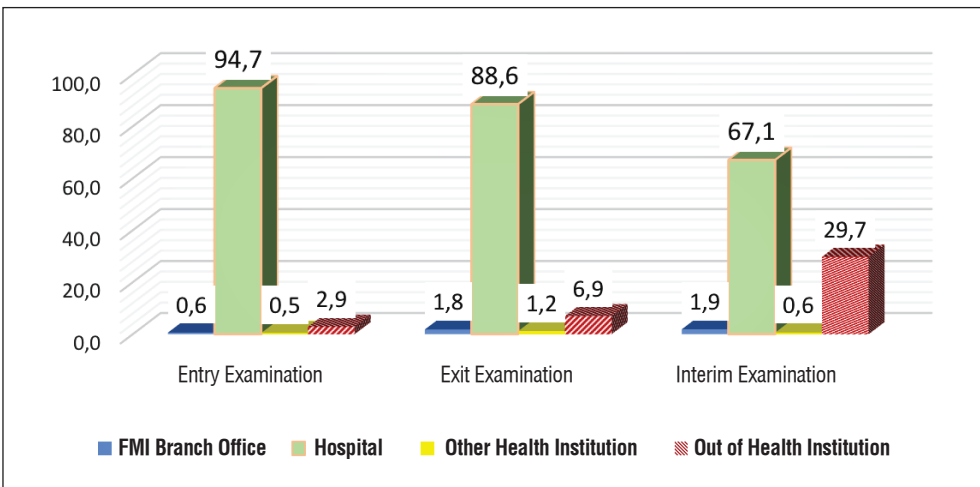
In the evaluations of the health examinations carried out during the detention period of the applicants, when unregistered detentions are excluded, the number of applications was calculated to be 863 (*year 2022: 434; before 2022: 429*), and the number of applicants for interim health examinations that must be carried out over 24 hours during the detention period was 407 (*year 2022: 106; before 2022: 301*) On the other hand, it was observed that there were records of 664 (76.9%) applications regarding health examinations in the detention entry examination, 665 (77.1%) in the exit examination and 158 (38.8%) in the interim examination.

Information regarding the health examinations required at entry and exit is included in 8 out of 10 applications, indicating that 2 out of 10 people detained from liberty were not subjected to a health examination at any stage of the detention process. Applicants stating that there was an examination said that they were not informed about the result of the examination, that they did not know whether a document was issued, and that they did not see the health documents issued.

For the applicants whose last detention period is over 24 hours, the rate of health examinations required after 24 hours drops to 39%. This situation suggests that when the period of detention is prolonged, obligations to protect the health of people detained from their freedom are not fulfilled, procedural safeguards are violated and an environment open to torture is created in practice.

It was determined that the rate of health examinations was higher in applications with the last detention date of 2022, however, the rates of health examinations were lower in applications from Diyarbakır, Cizre, and Van.

The distribution of the applicants according to the health institutions to which they were taken for the purpose of preparing a forensic report is shown in Graphic 11.



**Graphic 11: Institutions where health checks are conducted**

It is understood that the health examinations of the applicants stating that the health examinations are carried out are mostly carried out at the hospitals. However, the rate of health examinations performed in non-health environments such as vehicle interiors, police stations, etc. was reported as 2.9% in entry examinations and 6.9% in exit examinations, while the rate of examinations performed while under detention was reported as 29.7%. It is stated in the international documents that the medical examinations of persons deprived of their liberty will be carried out at the same standards as free persons, in an environment where they will feel free, their privacy will be protected and there will be no restrictions on the examination. Although it is stated in the Istanbul Protocol that the examination of persons deprived of their liberty outside of health settings means violating ethical principles and condoning torture, performing medical evaluations in places under the control of law enforcement officers and without health units also prevents healthcare workers from fulfilling their professional responsibilities independently and freely. Under

all circumstances, medical evaluations should be carried out in accordance with human rights, professional ethical principles of medicine and medical standards, as emphasized in the principles of the Istanbul Protocol accepted by the UN. Conducting assessments outside of health institutions creates an environment that destroys the privacy and autonomy of detainees, undermines their sense of confidence, and creates grounds for human rights violations, and makes the environment vulnerable to torture. Under no circumstances is it acceptable to conduct medical evaluations of persons deprived of their liberty in places where the person will feel under pressure and where their privacy cannot be protected.

The information provided by the applicants regarding the health examination process during the detention process is presented in Table 17.

**Table 17: Evaluations related to the forensic examinations after the last detention of the applicant**

	<b>Entry Examination (n=664)</b>	<b>%</b>	<b>Exit Examination (n=665)</b>	<b>%</b>	<b>Interim Examination (n=158)</b>	<b>%</b>
<b>Was the law enforcement removed?</b>						
Yes	235	35,4	205	30,8	21	13,3
Partly	52	7,8	47	7,1	5	3,2
No	371	<b>55,9</b>	406	<b>61,1</b>	130	<b>82,3</b>
<b>Was the informed consent taken?</b>						
Yes	45	6,8	37	5,6	2	1,3
Partly	55	8,3	43	6,5	5	3,2
No	549	<b>82,7</b>	568	<b>85,4</b>	147	<b>93,0</b>
<b>Were the complaints listened to?</b>						
Yes	169	25,5	129	19,4	13	8,2
Partly	125	18,8	102	15,3	9	5,7
No	361	<b>54,4</b>	430	<b>64,7</b>	134	<b>84,8</b>
<b>Was the history taken?</b>						
Yes	68	10,2	52	7,8	4	2,5
Partly	133	20,0	98	14,7	10	6,3
No	454	<b>68,4</b>	511	<b>76,8</b>	142	<b>89,9</b>
<b>Has a systematic examination been conducted?</b>						
Yes	55	8,3	50	7,5	1	0,6
Partly	111	16,7	78	11,7	8	5,1
No	489	<b>73,6</b>	534	<b>80,3</b>	148	<b>93,7</b>



The information presented in the table shows that informed consent was not obtained, and systematic examination was not performed in 9 out of 10 applicants.

While the values detected in health examinations performed during detention entry and exit are close to each other, almost none of those detained for more than 24 hours speak of any positivity related to the medical evaluation process. When the information related to medical evaluations is evaluated according to years and regions, it has been determined that the rates have increased significantly in those detained before 2022 and in applications from Diyarbakir, Van, and Cizre.

All these results suggest that basic international regulations, Istanbul Protocol principles, national regulations as well as ethical and professional standards of the medical profession are not taken into account in the medical evaluation process and this situation has become a permanent problem in the field of health.

If the medical evaluations are incomplete or incorrect, it would be appropriate to intervene in legal processes with reports to be obtained as a result of independent medical evaluations in accordance with the Istanbul Protocol. After the last detention process, 23 applicants (2.7%) attempted to document this process medically, while 773 applicants (89.6%) stated that they did not attempt to obtain any report before applying to HRFT. Since HRFT data is insufficient in explaining the rate of secondary opinions and the reasons for taking/not taking them, qualitative studies are needed to understand this issue.

## **5. Criminal Complaints and Lawsuits Filed Regarding the Detention Process**

It was reported that 167 people (38.5%) who were officially detained in 2022 and 29 people (6.8%) who were detained in previous years filed a complaint due to torture during interrogation at the court or prosecutor's office, while 34 people (7.9%) went to the prosecutor's office and filed a complaint due to torture. The applicants do not have any information about whether an investigation or lawsuit has been opened regarding their torture allegations and those responsible. However, 11 applicants stated that a "counter-case" was filed against them, 1 applicant stated that the case resulted in acquittal, and 10 applicants stated that the process has not completed.

It is understood that 4 out of 10 people detained in 2022 and one out of 10 people detained in previous years filed a complaint. When undocumented detentions are included, 341 people (59.5%) detained in 2022 and 702 people (65.5%) of total applicants did not file any complaints. Although it is thought that the decrease in trust in the judiciary and law in recent years has an effect on the filing of complaints, it is useful to focus on this issue and to talk to legal professional organizations as well as applicants to increase complaints. Applications can also be made for the operation of the legal process, bringing those responsible to justice and making torture visible, and concrete information can be obtained about the functioning of the legal mechanism and the approach of impunity.

## Prison Process

Prisons in Turkey have always been places where torture and other ill-treatment practices are intensively experienced. Starting especially with the abandonment of peaceful solutions in the Kurdish Issue and the return of Turkey to the conflict environment in July 2015, which continued with the quell of military coup attempt in July 2016 followed by the declaration of a state of emergency, extraordinary increases have begun to be experienced in torture and other ill-treatment practices against detainees and convicts in prisons in the process up to the present day. In 2022, prisons have maintained this quality, and according to the data of the HRFT Documentation Unit, 310 prisoners complained of torture and ill-treatment in the first 11 months of 2022<sup>8</sup>.

It was learned that 512 (47.4%) out of 1079 people who applied to HRFT due to torture were previously held in prison. Of the applicants with a prison history, 251 (49%) stated that their release dates were in 2022 and 261 applicants (51%) stated that they were released before 2022. Although the application rates with a prison history have decreased over the years, it has been observed that the rate of applicants (65.5%) with a prison history in Diyarbakir, Van, and Cizre is about twice as high as the applicants (34.5%) from Istanbul, Izmir, and Ankara.

207 (40.4%) of the applicants that were subjected to torture in prison stated that they were subjected to torture in 2022, while 303 applicants (59.2%) stated that they were subjected to torture in previous years, and two applications do not contain any information about torture in prison.

It has been determined that of the applicants with a prison history, 130 (25.4%) were women, 379 (74%) were men and three (0.6%) were LGBTI+. The average age was  $38.5 \pm 10.439$  for women and  $42.3 \pm 12.11$  for men. No applications were found in the child age range, while 12 out of 13 applicants (2 women, 11 men) over the age of 65 were detained in high-security prisons. When the duration of their imprisonment was evaluated, it was determined that male applicants were detained twice as long as female applicants and this period increased to six times for those detained for 20 years or more.

The duration of imprisonment of the applicants with a prison history is included in Table 18. There is no information about the applicants' total time spent in prison in 11 applications. When compared with the previous year in terms of duration of imprisonment, it is seen that the rate of applicants whose duration of imprisonment is less than 3 years decreased from %52.6 in 2021 to %39.5 in 2022, while the rate of applicants with a prison history of twenty years or more increased from %2.6 to %14.1.

8 [https://tihv.org.tr/wp-content/uploads/2022/12/10\\_Aralik\\_2022\\_IHD\\_TIHV\\_Veriler.pdf](https://tihv.org.tr/wp-content/uploads/2022/12/10_Aralik_2022_IHD_TIHV_Veriler.pdf)

**Table 18: The distribution of applicants with prison histories according to the duration they stayed in prison**

Duration	2022 applicants (n=512)		2021 applicants (n=420)	
	Number	%*	Number	%*
0-2 months	16	3,1	23	5,5
3-12 months	106	20,7	114	27,1
1-3 years	80	15,6	84	20,0
3-5 years	73	14,3	61	14,5
5-10 years	119	23,2	91	21,7
11-20 years	35	6,8	34	8,1
Longer than 20 years	72	14,1	11	2,6
No record	11	2,1	2	0,5

\*Column percentage

The practice of seclusion and isolation in prisons, which aims to cut off prisoners' human contacts, communication, limit environmental stimuli, and prevent personal development, has started to be implemented as a separate form of violation by disciplinary penalties and arbitrary decisions of administration and observation boards by deciding that prisoners who have reached the conditional release date are not well-behaved and preventing their release for certain periods. Especially in those who have been imprisoned for a long time, chronic diseases that arise/worsen due to prison conditions result in fatal consequences by preventing access to health rights, and their situations are further aggravated with this form of violation. In those who applied to HRFT after being held for 20 years or more, it was observed that chronic diseases, diagnostic and treatment needs were higher and longer. A separate study is planned on this subject.

When the times of applications to HRFT after release were evaluated; it was learned that 130 (25.4%) of applicants applied within the first month after release, 193 (37.7%) within the first year, and 187 (36.5%) applied after at least one year. It is understood that applications are made later compared to the previous year.

The data of the 2022 applications and 2021 applications regarding the ways of release from prison are shown comparatively on Table 19. The most noticeable difference in the ways of release observed in 2021 is that the rate of those released due to the completion of the sentence has increased to 44.9%.

**Table 19: The forms of release of applicants with prison histories**

	2022 applicants (n=512)		2021 applicants (n=420)	
	Number	%*	Number	%*
Trial without arrest	205	40,0	21	51,9
End of punishment	230	44,9	15	35,7
Acquittal	8	1,6	6	1,4
Postponement due to health reasons	5	1,0	3	0,7
Amnesty/Conditional release	49	9,6	23	5,5
Other	10	2,0	14	3,3
No record	5	1,0	6	1,4

Out of the 512 applicants with a prison story, 352 (68.8%) stated that they were held in F-type or high-security prisons, while the number of applicants with recorded detention periods is 228. It was determined that the detention periods in F-type or high-security prisons varied between 15 days and 276 months, that the detention periods were over 1 year in 166 applications, and that the average detention period in high-security prisons was 43.5 months.

According to the “United Nations (UN) Minimum Standard Rules for the Treatment of Prisoners - Nelson Mandela Rules” and the European Prison Rules of the Council of Europe Committee of Ministers, “solitary confinement” is defined as a prisoner being held for more than 22 hours or more than one day without meaningful human contact. A person being held in solitary confinement for an uninterrupted period exceeding 15 days is referred to as “prolonged solitary confinement”. The Nelson Mandela Rules state that “Restrictions or disciplinary sanctions must never amount to torture or cruel, inhuman or degrading treatment or punishment, and indefinite/indeterminate solitary confinement and prolonged solitary confinement are specifically prohibited.” It is emphasized that “Solitary confinement should only be used in exceptional cases as a last resort, for as short a time as possible and subject to independent review, and only with the permission of the competent authority, and cannot be applied based on the sentence received by the prisoner.”

However, 85 (16.6%) of the applicants stated that they were subjected to solitary confinement (isolation) as a disciplinary penalty and that these periods varied between 1 day and 140 days in total, while the number of applicants who stated that they received solitary confinement for 15 days or more is 32 (6.3%).

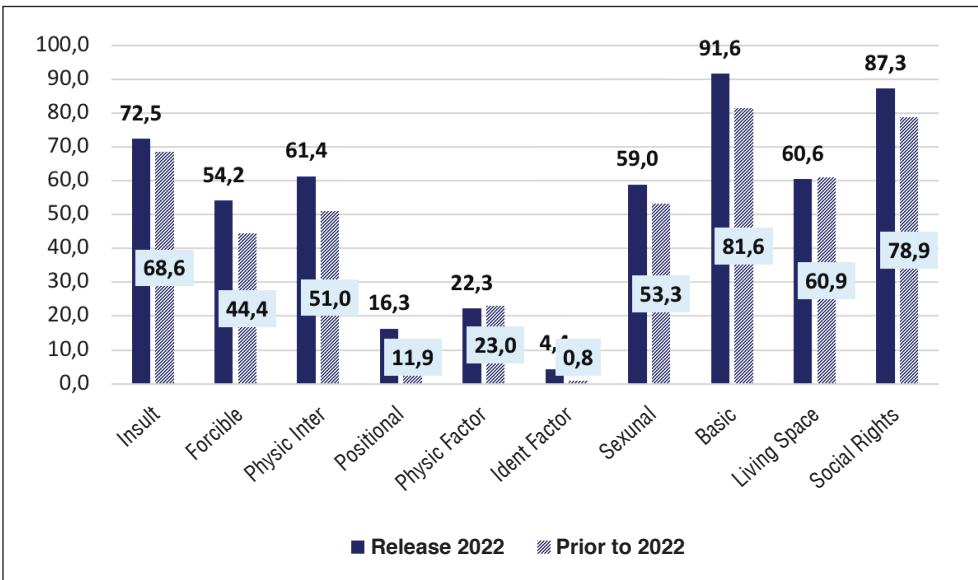
The number of applicants who stated that they were held in solitary cells is 146 (28.5%). Considering that 29 of the 85 applicants who were subjected to solitary confinement as a disciplinary penalty interpreted this sanction as a penalty rather

than being held in a solitary cell, it is understood that the number of prisoners held alone in prison is 175 (34.2%). It was learned that the solitary confinement periods of the applicants extended from 2 days to over 3 years, and it was determined that the average duration of solitary confinement was 74 days.

Since the number of times and the dates of solitary confinement were not separated and the recorded periods were total periods, it could not be determined to what extent this practice exceeded the limits defined in the UN Mandela Rules. However, the applicants have reported that solitary confinement is often arbitrarily applied as a torture method for the purpose of isolation and keeping prisoners away from other inmates *viz* alienation.

Out of the 512 people with a prison story, 481 (93.9%) stated that they were tortured in prison. There is no information about the torture processes they experienced in prison in the files of 31 of the applicants (6.1%).

The proportional comparison of the torture methods they were subjected to according to the release dates of the applicants who stated that they were subjected to torture in prison is shown in Graphic 12, while the detailed distribution of the torture methods they were subjected to is shown in Table 20.



**Graphic 12: The distribution of torture methods experienced in prison according to the years of release**

When the information shared by the applicants is evaluated; it is understood that “prevention of basic needs” and “violations related to social rights” are at the top of the list in terms of the torture and other ill-treatment behaviors they were subjected to in prison, followed by actions classified under the headings of “insult-threat”, “interventions in living space”, “physical interventions” and “sexual tortures”. In 2022, pandemic conditions continued to be shown as one of the reasons for the violations related to the basic needs and the restriction/removal of prisoners’ social rights in prisons.

**Table 20: The distribution of torture methods experienced in prison according to the years of release**

	2022 Releases (n=251)		Releases Prior to 2022 (n=261)	
	Number	%*	Number	%*
<b>Insult-Threat</b>				
Insult-Threat	167	66,5	172	65,9
Threat of death	47	18,7	24	9,2
False execution	6	2,4	3	1,1
Other threats directed to person	2	0,8	1	0,4
Threats directed at those close to person	52	20,7	45	17,2
<b>Coercive Interventions</b>				
Blindfolding	1	0,4	3	1,1
Forcing obedience to meaningless demands	96	38,2	71	27,2
Visual/auditory witnessing to torture	86	34,3	66	25,3
Torturing in the presence of their relatives/others	29	11,6	30	11,5
Playing loud music and marches	30	12,0	23	8,8
Proposal of espionage	3	1,2	7	2,7
<b>Physical Interventions</b>				
Physical intervention	111	44,2	108	41,4
Rough beating	142	56,6	126	48,3
Constantly hitting a single point on the body	7	2,8	4	1,5
Striking with whip, hose etc.	4	1,6	3	1,1
Falanga	2	0,8	5	1,9
Twisting one’s testicles	0	0,0	2	0,8
Tight handcuff application	38	15,1	31	11,9
Plucking of hair, beard, moustache	6	2,4	4	1,5
Attempt of strangulation	5	2,0	5	1,9
Injury with a cutting tool	0	0,0	1	0,4

Table 20 continued

	2022 Releases (n=251)		Releases Prior to 2022 (n=261)	
	Number	%*	Number	%*
Forced medical intervention	4	1,6	2	0,8
Forcing excessive physical activity	3	1,2	4	1,5
Other physical	2	0,8	1	0,4
<b>Positional Tortures</b>				
Reverse handcuffing	25	10,0	15	5,7
Reverse handcuffing to wrist and foot	2	0,8	6	2,3
Hanging	0	0,0	3	1,1
Palestinian hanging	0	0,0	3	1,1
Hogtie	2	0,8	1	0,4
Forcing the person to stay in the same position for a long time	19	7,6	11	4,2
Other positional tortures	7	2,8	8	3,1
<b>Physical Factors</b>				
Keeping the person in cold/hot environment	54	21,5	54	20,7
Pressured/cold water	2	0,8	5	1,9
Suffocating	2	0,8	3	1,1
Electricity	0	0,0	3	1,1
Other	2	0,8	2	0,8
<b>Chemical Factors</b>				
Lachrymatory chemicals (pepper gas, CN, CS, etc.)	11	4,4	2	0,8
<b>Sexual Tortures</b>				
Verbal sexual harassment	53	21,1	38	14,6
Sexually explicit insult or swear word	65	25,9	48	18,4
Threat of sexual assault/rape	10	4,0	13	5,0
Other harassment	1	0,4	1	0,4
Physical sexual harassment	92	36,7	90	34,5
Anal search/strip search	3	1,2	4	1,5
Strip search	122	48,6	109	41,8
Rubbing touching	23	9,2	23	8,8
Other sexual tortures	1	0,4	0	0,0

\*Column percentage

After the changes made in the application file and classification system, violations of rights and interventions related to the social environment experienced by prisoners began to be classified after 2019. The distribution of the information shared by the applicants about the interventions made on basic needs, interventions on living spaces, and social rights during their prison processes is shown in Table 21.

**Table 21: Violations of basic rights and social rights faced by the applicants in the last prison they stayed**

	2022 Releases (n=251)		Releases Prior to 2022 (n=261)	
	Number	%*	Number	%*
<b>Basic Rights</b>				
Solitary confinement in a cell	82	32,7	68	26,1
Restriction of eating and drinking	195	77,7	183	70,1
Prevention of urination and defecation	36	14,3	39	14,9
Depriving the person of sleep	36	14,3	31	11,9
Prevention of access to healthcare facilities	186	74,1	165	63,2
Failure to provide hygiene conditions	151	60,2	135	51,7
Limited living space	109	43,4	87	33,3
Prevention of other basic rights	6	2,4	0	0,0
<b>Social Rights</b>				
Ward/cell raid	145	57,8	155	59,4
Damaging/confiscating personal belongings	121	48,2	125	47,9
Camera monitoring in private areas	44	17,5	21	8,0
Other violations of space	2	0,8	1	0,4
Letter ban	78	31,1	76	29,1
Visitation ban/restriction	151	60,2	120	46,0
Forcing people to wear a uniform	17	6,8	15	5,7
Ban on shopping from the canteen	53	21,1	49	18,8
Restriction on yard and sports times	178	70,9	157	60,2
Preventing/restricting access to printed publications	181	72,1	169	64,8
Preventing/restricting the right to communicate with other inmates	174	69,3	143	54,8
Violations of other social rights	14	5,6	6	2,3

\*Column percentage

476 applicants (93.0%) stated that they were subjected to multiple torture acts and violation of rights, while in two applicants released in 2022, this number is 38, and in 5 applicant’s records, only one violation is stated. In the evaluation made



according to the release years, it was determined that the situations where different torture methods were applied together, and the torture practices increased in the applicants released in recent years. It is observed that only the act of raiding the ward/cell is higher in those released before 2022, while the violation rates stated by those released in 2022 are higher in all other headings. The average of the torture methods that the applicants stated that they were subjected to in prison is 15 for those released in 2022, while it is 13 for those released before 2022.

From the moment of entry into prisons, rough beatings applied for various reasons (such as naked search, handcuffed examination, counting by standing at attention), all kinds of arbitrary treatment and arbitrary disciplinary penalties, cell penalties, exile and transfers have reached unprecedented levels in recent history.

The failure to resolve prisoners' health problems in a timely and effective manner, the failure to carry out referrals for diagnosis and treatment in a timely manner, the inadequacy of health services provided in prisons, the denial of the right to visit prison infirmaries, the handcuffing of prisoners while being taken to the Forensic Medicine Institute, courthouses and hospitals, the transportation of sick prisoners in inappropriate detention vehicles, and the exile of prisoners to other prisons from the places where they are treated and followed up are examples of ill-treatment practices that restrict/impede prisoners' access to health services. According to the limited information and complaints obtained from prisons, it is understood that the violations experienced by prisoners in accessing health, food and water, and hygiene materials during the pandemic conditions are of the nature of torture and other ill-treatment, and that the inadequacy of the measures taken against the COVID-19 outbreak, along with the restrictions experienced in accessing health, has further aggravated the situation of sick prisoners, which is a major problem in prisons.

It has become almost impossible to obtain information and make evaluations about the violations that occur in prisons in recent years. Accordingly, applications and requests made to perform independent evaluations and observations in prisons are not being responded. The 'National Prevention Mechanism', which is defined as an effective and important tool in preventing torture by conducting independent inspections in enclosed spaces in OPCAT and the Paris Principles, has been rendered ineffective by the Human Rights and Equality Institution of Türkiye (HREIT), which lacks independence in terms of structure, function, and finance by the political power. While HREIT does not provide concrete, transparent information and evaluation on situations where serious violations occur, the number of visits and evaluations made by the institution are insufficient, and the visit reports published also contain errors in principles and methods. Despite all the criticisms, no steps have been taken in 2022 to make HREIT compatible with OPCAT and Paris Principles.

### **Medical Evaluation Process in Torture Survivors**

Applicants are evaluated by application physicians and mental health teams (psychiatry specialists, psychologists, social service specialists) at treatment and rehabilitation centres, and expert opinions are obtained by consulting in the fields required by their health status (orthopedics, dermatology, neurology, physical therapy and rehabilitation, ophthalmology, ENT, cardiology, general surgery, etc.) and the medical evaluations and treatment processes are coordinated by the medical team. The medical evaluations and treatment processes are coordinated by the medical team.

The health status of the evaluated applicants was examined by separating them into 12 subheadings (skin, musculoskeletal, nervous, cardiovascular, respiratory, digestive, endocrine, urogenital systems, eye, ENT, oral-dental, mental) in addition to their general medical condition, based on the complaints they mentioned in their history, the findings detected during examinations, diagnoses, and treatment processes.

### **Medical Complaints of Applicants**

Out of the 1079 people who applied in 2022, 1004 (93.7%) reported at least one physical or mental complaint belonging to different systems during their first application, while no physical or mental complaint was recorded in 68 applicants. There are often multiple complaints belonging to different systems in the applicants. The average number of complaints in one applicant was calculated as 7.5.

When mental complaints are evaluated separately, it is seen that the number of applicants with at least one physical complaint has decreased to 933 (86.5%) and the average complaint has decreased to 6.1. The number of applicants with mental complaints recorded by application physicians during the first interview is 787 (73.4%), and the average mental complaint is 4.1. The number of applicants with no physical complaints and only mental complaints is 109 (10.1%). It has been observed that musculoskeletal system and skin complaints are prominent in the early period, and as the time passed over torture increases, general system complaints and mental complaints increase.

Providing a suitable interview environment during the first interview, allocating sufficient time for the medical evaluation process, and systematically questioning all system complaints are guiding in the examination process and help to establish the link between the findings and the history. When evaluations are not made in accordance with the Istanbul Protocol, if all systems are not questioned to include mental complaints, and if only a limited evaluation is made with complaints, findings belonging to systems that do not indicate complaints may be overlooked and the diagnosis and treatment process will be disrupted.

As the applicants reported that their complaints were not listened to, their complaints were not taken into account and investigated, and incomplete examinations were performed at the health institutions they were taken to during their detention processes, conducting medical evaluations in accordance with the Istanbul Protocol later will prevent the loss of rights that applicants will experience in legal processes.

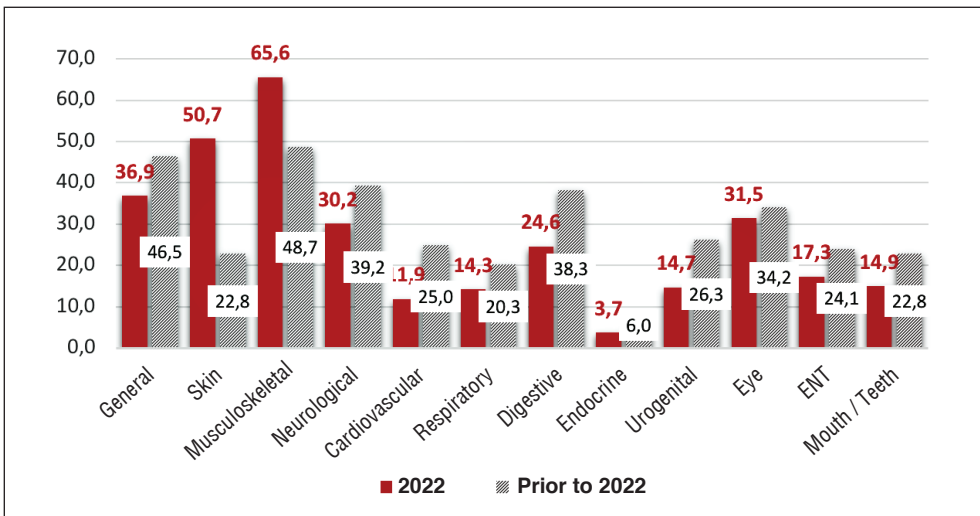
While it is stated in the decisions of the ECtHR and the Constitutional Court of Turkey (AYM) that the medical evaluation should be carried out in accordance with the Istanbul Protocol and CPT standards, reference is made to the necessity of medical documents containing the Istanbul Protocol standards, starting from the examination environment, including the history of the event, complaints and physical and mental findings detected in the medical evaluation.

### Physical Assessment Process of Torture Survivors

#### 1. Physical Complaints

After an update to the application file, 153 complaints related to the “*general medical condition, skin, musculoskeletal, nervous, cardiovascular, respiratory, digestive, endocrine, urogenital, eye, ear, nose, throat, mouth and teeth*” systems were defined under the heading of “*physical complaints*” while the number of complaints defined under the heading of “*mental complaints*” is 26.

The proportional distribution of physical complaints mentioned in the applications, according to the history of torture and systems, is included in Graphic 13.



Graphic 13: Distribution according to physical complaint percentages

While the number of physical complaints identified in the applicants is 6531, the average number of physical complaints in those who were tortured in 2022 is 5.9, and it is calculated as 6.4 in those who were tortured before 2022. In those who were tortured in 2022, complaints related to the musculoskeletal and skin systems were higher, while the complaint rates related to other systems were found to be higher in those who were tortured before 2022 and it has been observed that the date of torture is more effective than age and gender identity in the proportional differences that emerge.

When complaints are classified “by systems”, it was found to be statistically significant that the musculoskeletal and skin complaints are high in the applicants stating that they were tortured in 2022, while complaints related to other systems are mentioned at higher rates in those who were tortured before 2022 and these differences were found to be statistically significant in terms of “general, neurology, digestion, urology, eye and ENT” complaints.

In Table 22, the three most frequently mentioned complaints by systems and the number and percentages of people with these complaints are listed.

**Table 22: The physical complaints most-frequently reported by applicants, listed by system**

Physical Complaints*	Tortured in 2022 (n=756)		Tortured Prior to 2022 (n=323)	
	Number	%**	Number	%**
<b>General Complaints</b>	279	36,9	147	45,5
Fatigue, weakness	249	32,9	136	42,1
Lack of appetite	47	6,2	41	12,7
Getting tired quickly	36	4,8	50	15,5
<b>Skin Complaints</b>	383	50,7	72	22,3
Contusions, bruises	282	37,3	2	0,6
Grazing	161	21,3	1	0,3
Swelling	54	7,1	6	1,9
<b>Musculoskeletal System Complaints</b>	496	65,6	154	47,7
Shoulder pain	203	26,9	36	11,1
Neck pain	161	21,3	56	17,3
Knee pain	107	14,2	50	15,5
<b>Neurological Complaints</b>	228	30,2	124	38,4
Headache	138	18,3	105	32,5
Numbness, tingling	55	7,3	31	9,6
Dizziness	31	4,1	20	6,2

Table 22 continued

Physical Complaints*	Tortured in 2022 (n=756)		Tortured Prior to 2022 (n=323)	
	Number	%**	Number	%**
<b>Cardiovascular System Complaints</b>	90	11,9	79	24,5
Palpitation	44	5,8	50	15,5
Hypertension	18	2,4	20	6,2
Chest pain	19	2,5	13	4,0
<b>Respiratory System Complaints</b>	108	14,3	64	19,8
Cough	66	8,7	52	16,1
Shortness of breath	52	6,9	27	8,4
Expectoration	13	1,7	12	3,7
<b>Digestive System Complaints</b>	186	24,6	121	37,5
Stomach, abdominal pain	117	15,5	71	22,0
Heartburn (Regurgitation)	76	10,1	65	20,1
Bloating, indigestion	64	8,5	39	12,1
<b>Endocrine System Complaints</b>	28	3,7	19	5,9
Irregular menstruation	12	1,6	11	3,4
Swelling in the throat/goiter	5	0,7	6	1,9
Breast complaints	6	0,8	4	1,2
<b>Urogenital System Complaints</b>	111	14,7	83	25,7
Frequent urination	46	6,1	59	18,3
Pain, burning in urination	23	3,0	12	3,7
Flank pain	28	3,7	7	2,2
<b>Eye Complaints</b>	238	31,5	108	33,4
Visual impairment	183	24,2	91	28,2
Tearing, watering in the eye	43	5,7	20	6,2
Eye redness, itching	47	6,2	5	1,5
<b>ENT Complaints</b>	113	14,9	72	22,3
Decreased hearing	38	5,0	18	5,6
Throat pain and irritation	24	3,2	31	9,6
Ringing in the ears	27	3,6	23	7,1
<b>Mouth-Teeth Complaints</b>	113	14,9	72	22,3
Decay, missing tooth	63	8,3	42	13,0
Toothache	42	5,6	33	10,2
Receding gums	13	1,7	9	2,8

\*The three most common physical complaints according to the systems are listed.

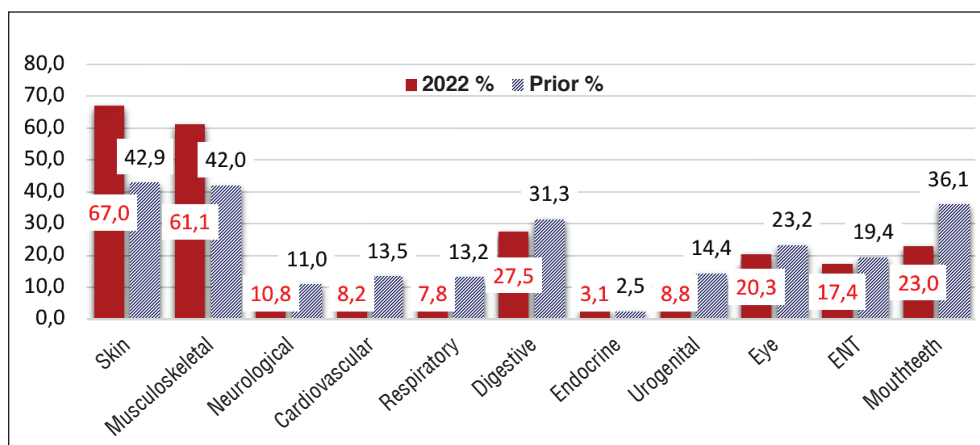
\*\*Column percentage

Among the physical complaints indicated in the applications, unlike previous years, the most common are ‘fatigue and weakness, bruises and contusions, vision disorders, head, shoulder, neck, stomach/abdominal pain’ and other musculoskeletal, skin, eye, digestive system, and general physiological complaints.

## 2. Physical Examination Findings

After the update made in the application file, under the heading of ‘physical examination findings’, 189 findings related to ‘skin, musculoskeletal, nerve, cardiovascular, respiratory, digestive, endocrine, urogenital, eye, ear, nose, throat, mouth and tooth’ systems have been defined. The findings detected in the evaluations made by the application physicians have been recorded in the medical files of the individuals.

In 2022, out of the 1079 people who applied due to torture in Turkey, an initial evaluation was made on 1067 of them, while no physical evaluation was made on 12 applicants. At least one physical finding was detected in 897 (84.1%) of the 1067 applicants that underwent physical evaluation. While the rate of finding detection in 748 applicants stating that they were tortured during the year increased to 87.7%, the rate decreased to 75.5% (241 applications) in those who stated that they were tortured before 2022. The average number of findings detected in one applicant is 4.8. The highest number of findings detected in a physical evaluation in one applicant was 33. In Graphic 14, the percentages of finding detection by systems are given for the 897 applicants where physical findings were detected.



**Graphic 14: Percentages of physical findings detected in applicants according to systems**

In 2022, within the framework of the coordination and standardization of treatment centres, the number of findings in the application files has been reduced from 202 to 189. Due to these changes, the total number of findings and the average number of findings detected in one application have not been compared with the data from the

previous year. When looking at the rates of physical findings detected in applicants according to treatment centres, it is seen that the rates of Diyarbakir, Istanbul, and Cizre are close to each other, while the rate of physical finding detection is lower in İzmir, Ankara, and Van.

19.1% of the findings detected during the physical evaluations of the applicants are related to a single system. The rate of finding detection in more than one system is 65.8%. Findings related to 5 and more different systems were detected in 171 applicants, while different findings related to 10 systems were detected in six applicants (3 in 2022, 3 who were subjected to torture before 2022). When the rate of physical finding detection is evaluated according to the years of torture, as in the complaints, skin and musculoskeletal system complaints are at the top among those who were tortured in 2022 which is statistically significant. It has been determined that the findings related to other systems are higher in those who were tortured before 2022 and this difference is statistically significant in terms of neurological, cardiovascular, respiratory, digestive, urogenital, and eye-related findings.

When looking at the frequency of the findings detected in the applicants; as in previous years, it has been determined that the findings related to the “skin, musculoskeletal” systems, such as “*muscle pain and sensitivity, scar tissue, ecchymosis and abrasion, shoulder pain in movements, epigastric sensitivity, neck pain in movements, sensitivity*” are at the top. The most common findings within the systems, the number of applicants where findings were detected and the rates according to all applications are included in Table 23. Since medical evaluations are made in detail to include all systems, it is seen that non-trauma-related physical examination findings are also among the first findings related to some systems in the shared table.

**Table 23: The most common physical findings, listed by system**

Physical Findings*	Tortured in 2022 (n=748)		Tortured Prior to 2022 (n=319)	
	Number	%**	Number	%**
<b>Skin</b>	501	67,0	137	42,9
Scar tissue	263	35,2	103	32,3
Scraping (contusion, bruises)	302	40,4	4	1,3
Abrasion	276	36,9	5	1,6
<b>Musculoskeletal</b>	457	61,1	134	42,0
Pain and tenderness in muscles	259	34,6	48	15,0
Pain and restriction in shoulder movements	186	24,9	36	11,3
Pain and restriction in neck movements	138	18,4	43	13,5
<b>Neurology</b>	81	10,8	35	11,0
Superficial sensory impairment	38	5,1	4	1,3

Table 23 continued

Physical Findings*	Tortured in 2022 (n=748)		Tortured Prior to 2022 (n=319)	
	Number	%**	Number	%**
Impaired consciousness	12	1,6	22	6,9
Loss of muscle strength	17	2,3	5	1,6
<b>Cardiovascular</b>	61	8,2	43	13,5
Hypertension	27	3,6	21	6,6
Tachycardia	11	1,5	12	3,8
Varicose	14	1,9	2	0,6
<b>Respiratory</b>	58	7,8	42	13,2
Rale	28	3,7	31	9,7
Prolonged expiration	21	2,8	10	3,1
Rhonchus	8	1,1	9	2,8
<b>Digestive</b>	206	27,5	100	31,3
Epigastric tenderness	108	14,4	75	23,5
Increase or decrease in bowel sounds	92	12,3	29	9,1
Abdominal tenderness	54	7,2	17	5,3
<b>Endocrine</b>	23	3,1	8	2,5
Goiter	5	0,7	4	1,3
Hirsutism	4	0,5	2	0,6
Mass in breast	2	0,3	1	0,3
<b>Urology</b>	66	8,8	46	14,4
Costovertebral angle tenderness	43	5,7	41	12,9
Pelvic tenderness	12	1,6	2	0,6
Swelling and tenderness in scrotum	4	0,5	1	0,3
<b>Eye</b>	152	20,3	74	23,2
Visual impairment	80	10,7	30	9,4
Conjunctival hyperemia	49	6,6	37	11,6
Burning, stinging sensation in the eye	19	2,5	8	2,5
<b>ENT</b>	130	17,4	62	19,4
Hyperemia in throat	50	6,7	38	11,9
Ear wax	30	4,0	12	3,8
Deviation in the nose	30	4,0	12	3,8
<b>Mouth-Teeth</b>	172	23,0	115	36,1
Missing tooth	89	11,9	49	15,4
Decayed tooth	58	7,8	44	13,8
Tooth with filling	61	8,2	31	9,7

\*The three physical complaints most-frequently reported are listed by system

\*\*Column percentage



When the relationship between the complaints stated by the systems of those who were subjected to torture and the findings detected in medical evaluations is evaluated; it is seen that the rates of findings detected in applicants in skin and mouth-teeth headings are higher than the complaint rates stated, while the complaint rates stated by the applicants in other systems are lower than the findings detected in medical evaluations. When looking at the relationship between the findings detected in physical examinations according to systems and age, the rate of finding detection in skin and musculoskeletal systems in physical examination is higher in those under 35 years of age, while the findings related to other systems are at higher rates in applicants over 50 years of age. However, the data shows that the rate of physical finding detection is mainly related to the torture experienced and that other differences are not very indicative. However, the fact that the rates of findings detected in physical examinations in torture methods vary according to treatment centres indicates the importance of efforts to make minimum standards adopted and standardized.

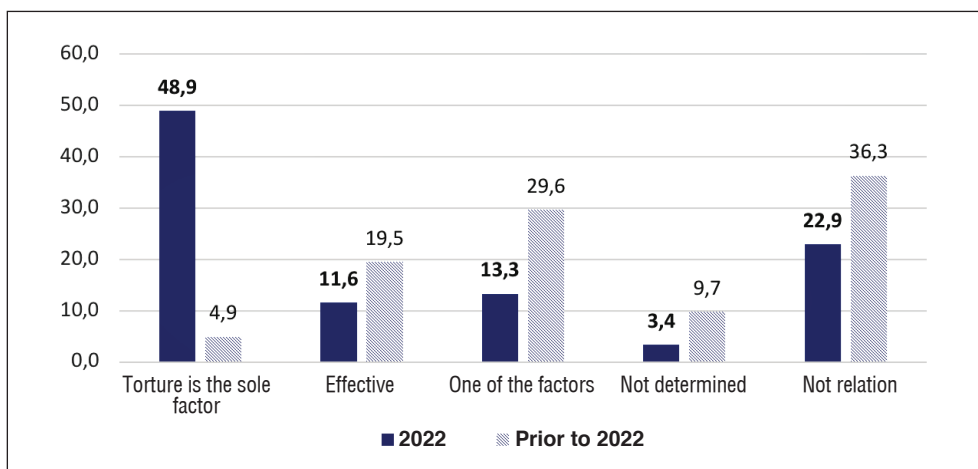
### 3. Diagnoses Detected in Physical Examinations

The complaints, stories, and detailed examinations covering all systems of the applications made to the Human Rights Foundation of Turkey Treatment and Rehabilitation Centres and Cizre Reference Centre for treatment, rehabilitation, and documentation purposes are carried out by the application physicians. After the necessary laboratory examinations, imaging, and referral to specialist opinion, the ICD-10 (International Statistical Classification of Diseases and Related Health Problems) coding system is used for medical diagnoses related to health conditions and detected diseases.

Out of the 1067 applicants that gave consent to the physical evaluation process at the HRFT's representative offices, it has been determined that the number of applicants receiving at least one diagnosis according to the ICD classification is 870 (81.5%), and the number of applicants whose evaluation processes are ongoing or whose evaluation processes could not be completed due to different reasons is 357 (33.8%).

The total number of diagnoses made according to the ICD-10 classification for the 1067 applicants that underwent physical evaluation in the medical evaluation process is 4187 (3272 for those tortured in 2022, 915 for those before 2022), and the average number of diagnoses is 3.9 (4.4 for 2022, 2.9 for before 2022). Out of the applicants tortured in 2022, 640 (85.6%) received at least one physical diagnosis, and of those tortured before 2022, 230 (72.1%) received at least one physical diagnosis. Out of the diagnosed applicants, 170 (15.9%) received a single diagnosis, while 700 received multiple physical diagnoses. It is understood that as the time since the torture increases, the rate of receiving multiple diagnoses decreases (72.1% for 2022, 50.5% for before 2022). Among the applicants with multiple diagnoses, it has been recorded that the highest number of diagnoses is 17 in a single applicant tortured in 2022 and 16 in an applicant tortured in previous years.

When the relationship between physical diagnoses and the torture process is evaluated, three quarters of the physical diagnoses made in those who were subjected to torture in 2022 are found to be related to torture, while the rate drops to 54% in those who were subjected to torture before 2022. There is a tenfold difference between the rates of diagnoses where torture is defined as the only factor (48.9% for 2022, 4.9% for before 2022). The distributions according to the relationship between the diagnoses made to the applicants and the last torture they were subjected to are shown in Graphic 15.



**Graphic 15: Distribution according to the causal link between the diagnosis and the act of torture**

In delayed medical evaluations, the absence of a detailed history, the failure to record the characteristics of injuries (location, shape, healing time, etc.), and the lack of positive findings detected by examination methods can result in the causality relationship established by citing injuries that may occur later not being taken into account by the judiciary, and grounds for impunity is laid by not bringing the responsible parties to justice. In physical traumas that occur after torture, the body’s repair mechanisms are activated, healing begins, and physical findings can disappear over time. For this reason, in cases where there is an allegation of torture; it is important to take a detailed history in accordance with the Istanbul Protocol, to make evaluations covering all systems that will also include mental evaluations, to resort to imaging and laboratory methods that will reveal the applied torture methods, and to establish a causality relationship by investigating the relationship between the detected findings and the story. Even though the evaluations made by HRFT are carried out in accordance with the Istanbul Protocol and examination methods are used, the rates detected in terms of causality indicate the importance of early period examinations in diagnosing physical diagnoses and establishing a causality bond.

In the 1067 applicants included in the treatment process, 640 different ICD diagnoses were made. The most common diagnoses related to traumatic history are listed in Table 24.

**Table 24: Distribution of physical diagnoses associated with traumatic history in applicants, by year of torture**

ICD CODE	Diagnosis	Tortured in 2022 (n=748)		Tortured Prior to 2022 (n=319)	
		Number	%*	Number	%*
M79.1	Myalgia	159	21,3	24	7,5
S40.7	Multiple superficial injuries to the shoulder and upper arm	147	19,7	1	0,3
S60.7	Multiple superficial injuries to the wrist and hand	143	19,1	0	0,0
S50.7	Multiple superficial injuries to the forearm	131	17,5	0	0,0
S80.7	Multiple superficial injuries to the calf	111	14,8	0	0,0
K58	Irritable bowel syndrome	40	5,3	36	11,3
S40	Shoulder and upper arm contusion	62	8,3	0	0,0
S46	Shoulder rotator cuff tendon injury	56	7,5	0	0,0
K21.9	Gastroesophageal reflux disease, without esophagitis	27	3,6	21	6,6
M51.1	Lumbar and other intervertebral disc disorders with radiculopathy	31	4,1	19	6,0
S20.7	Multiple superficial injuries of the thorax	46	6,1	0	0,0
G44.2	Tension type headache	29	3,9	15	4,7
K21	Gastro-esophageal reflux disease	21	2,8	20	6,3
E55.9	Vitamin D deficiency, undefined	31	4,1	13	4,1
S80	Knee contusion	37	4,9	0	0,0
D51	Vitamin B12 deficiency anemia	22	2,9	19	6,0
M75.1	Rotator cuff syndrome	25	3,3	14	4,4
S70.8	Other superficial injuries to the hip and thigh	36	4,8	0	0,0
S00.7	Multiple superficial injuries to the head	32	4,3	0	0,0

Table 24 continued

ICD CODE	Diagnosis	Tortured in 2022 (n=748)		Tortured Prior to 2022 (n=319)	
		Number	%*	Number	%*
M54.2	Neck pain	29	3,9	3	0,9
S10.7	Multiple superficial injuries of the neck	29	3,9	0	0,0
S70.2	Multiple superficial injuries to the hip and thigh	30	4,0	0	0,0
E55	Vitamin D deficiency	23	3,1	11	3,4
S20.3	Other superficial injuries to the anterior thoracic wall	28	3,7	0	0,0
S40.8	Other superficial injuries of shoulder and upper arm	28	3,7	0	0,0
H52.1	Myopia	47	6,3	18	5,6
S50.8	Other superficial injuries of the forearm	29	3,9	0	0,0
S20.2	Thorax contusion	24	3,2	0	0,0
S63.5	Wrist sprain and strain	24	3,2	1	0,3
S60.8	Other superficial injuries of the wrist and hand	23	3,1	0	0,0
S80.8	Other superficial injuries of the calf	24	3,2	0	0,0
D50.9	Iron deficiency anemia, undefined	13	1,7	12	3,8
S64	Ulnar nerve injury at the level of the wrist and hand	21	2,8	0	0,0

\*Column percentage

It is noteworthy that the average number of diagnoses made in the applications made to HRFT in 2022 varies according to the treatment centres (96.9% for Istanbul applications, 60.7% for Van applications). Although it cannot be determined why this difference arises, it is thought that it may be due to factors such as the torture and ill-treatment that the applicants are subjected to, age, gender identity, and history of torture.

It has been understood that the applicants were also subjected to traumas causing fractures and dislocations in the bones during their last torture processes. It has been evaluated that there is a causality relation with the last torture in 25 applications where bone fractures, including nose, maxilla, rib, humerus, radius, and tibia fractures were detected. It has been stated that 22 of the fractures originated from the torture processes in 2022 and 4 from before 2022.

**Table 25: Distribution of diagnosis groups by year of torture**

Diagnosis Groups	2022 (n=748)		Prior to 2022 (n=319)		Total (n=1067)
	Number	%*	Number	%*	Number
Musculoskeletal system diseases associated with trauma	445	59,5	156	48,9	601
Digestive system diseases	211	28,2	158	49,5	369
Eye diseases	236	31,6	110	34,5	346
Shoulder and upper arm injuries	312	41,7	4	1,3	316
Sequelae of injury, poisoning and other consequences of external causes	244	32,6	71	22,3	315
Wrist and hand injuries	291	38,9	2	0,6	293
Elbow and forearm injuries	208	27,8	1	0,3	209
Knee and calf injuries	193	25,8	8	2,5	201
Head injuries	131	17,5	7	2,2	138
ENT diseases	98	13,1	32	10,0	130
Chest injuries	129	17,2	0	0,0	129
Neurological system diseases	68	9,1	37	11,6	105
Cardiovascular system	53	7,1	44	13,8	97
Hip and thigh injuries	86	11,5	3	0,9	89

\*Column percentage

All diagnoses have also been grouped in accordance with the classification made in ICD codes. As the time since the torture increases, “musculoskeletal system diseases associated with trauma” and “diagnoses related to musculoskeletal system injuries and sequels” give way to chronic, system complaints. While the diagnosis groups of “musculoskeletal system diseases associated with trauma” and “musculoskeletal system injuries and sequels” are in the first place in those who were tortured in 2022, the increase in the rate of complaints related to general systems is noteworthy those who were tortured before 2022.

## Mental Health Evaluation Process of Torture Survivors

### 1. Mental Health Complaints

In the applications made to HRFT, the initial evaluations are made by the application physicians. In the first meeting with the applicants, it is stated that HRFT’s treatment, rehabilitation and documentation studies are carried out in a comprehensive manner, including mental health and social evaluations, and it is suggested to get opinions from related experts and make evaluations. During the initial evaluation, complaints

related to all systems are asked and recorded under 26 subheadings defined by the application physicians under the title of mental health complaints.

The psychological complaints recorded during the interview by the application physicians are listed in Table 26.

**Table 26: Distribution of mental health complaints recorded in applications, listed by time of torture**

Mental Complaints	2022 (n=748)		Prior to 2022 (n=319)		Total (n=1067)	
	Number	%*	Number	%*	Number	%*
Anxiety	298	39,8	173	54,2	471	44,1
Sleep disorders	229	30,6	178	55,8	407	38,1
Boredom	220	29,4	150	47,0	370	34,7
Irritability	204	27,3	105	32,9	309	29,0
Nervousness	184	24,6	101	31,7	285	26,7
Fear	178	23,8	101	31,7	279	26,1
Sense of feeling trapped about the future	160	21,4	97	30,4	257	24,1
Forgetfulness	98	13,1	104	32,6	202	18,9
Difficulty to adapt	120	16,0	68	21,3	188	17,6
Flashback	104	13,9	74	23,2	178	16,7
Feeling uncomfortable with police officers	102	13,6	68	21,3	170	15,9
Inability to enjoy life	78	10,4	91	28,5	169	15,8
Being alert	84	11,2	51	16,0	135	12,7
Concentration impairment	60	8,0	64	20,1	124	11,6
Having nightmares	68	9,1	54	16,9	122	11,4
Sense of alienation	66	8,8	46	14,4	112	10,5
Outbursts of anger	52	7,0	60	18,8	112	10,5
Withdrawing from people	52	7,0	53	16,6	105	9,8
Other	62	8,3	37	11,6	99	9,3
Desire to cry	50	6,7	46	14,4	96	9,0
Intrusive recall	52	7,0	26	8,2	78	7,3
Startle response	45	6,0	32	10,0	77	7,2
Loss of sexual desire	16	2,1	24	7,5	40	3,7
Thoughts of suicide	14	1,9	24	7,5	38	3,6
Emotional numbness	17	2,3	9	2,8	26	2,4
Hypervigilance	13	1,7	10	3,1	23	2,2

\*Column percentage

It has been observed that some of the applicants do not accept evaluation by mental health professionals, do not mention their mental health complaints during their interviews with the application physicians, or mention them less. However, it has been determined that there has been an increase in the number of applicants reporting at least one mental health complaint to the application physicians in 2022 compared to the previous year (787 applicants; 73.8%).

While the rate of mental health complaints in applicants stating that they were tortured during the year is 69% (516 applicants), the rate increases to 85% (271 applicants) in those who stated that they were tortured before 2022. Although the rates of complaints stated in the 2022 applications have increased, it has been determined that 4 out of every 5 applicants who were subjected to torture in previous years reported mental health complaints, as documented in the 2021 Treatment and Rehabilitation Centres Report. Also in 2022, it was determined that as the time since the torture increased, the increase in the number and rates of applicants reporting mental health complaints was also statistically significant ( $\chi^2=229,933$   $p<0,001$ )

Applicants often report more than one mental health complaint, and the total number of complaints reported is 4472. The rate of applicants reporting one or two mental health complaints is 21.7% for those tortured in 2022 and 8.8% for those tortured before 2022, while the rate of those reporting three or more mental health complaints increases to 47.3% for those tortured in 2022 and 76.2% for those tortured before 2022. The highest number of complaints recorded in one application was 22. The average number of mental health complaints reported is 4.2 for all applications, while it is 3.5 for those who were subjected to torture in 2022 and 5.8 for those who were subjected to torture before 2022. The findings indicate that the number of mental health complaints reported increases over time since the torture. This suggests that the psychological effects of trauma and mental well-being may persist longer than physical healing after trauma, that traumatic memories and mental complaints may continue even after physical injuries have healed, and that in some cases they may be permanent.

## 2. Mental Health Findings and Symptoms

In human-induced traumas, psychological evaluation plays a critical role in proving torture, as well as having a restorative function for the individual's targeted psychological integrity. On the other hand, when psychological evaluation is incomplete, a comprehensive approach to those exposed to trauma is also hampered. In 2022 applications, it was determined that nearly half (46%) of the applicants who mentioned their mental health complaints did not give consent to psychological evaluation or did not participate in the therapy process. Although the participation of applicants in psychological evaluation processes shows an increase compared to the rates in previous years' treatment and rehabilitation centre reports, it is still quite low (39.7%). The rate of those who gave consent to psychiatric evaluation in 787 applications where mental health complaints were recorded rises to 53.9% (424 applicants).

When the characteristics of 424 applicants that accepted psychiatric evaluation were examined; the approval rate according to age groups varies between 34.8% and

43.6%. Although the rate of those who give consent among those without a diploma was 30% and the rate increased to 50% for applicants with a university degree, it is noted that one of the two applicants did not approve the evaluation. It was thought that age and education status did not make a significant difference.

However, it has been observed that there are significant differences in the rates of approval for psychiatric evaluation according to treatment centres. While the rate of those who approve psychiatric evaluation in İzmir applications is 75%, it decreases to 20% in Van and 15.2% in Ankara. During the interview with the application physicians, this rate increases to 82% in İzmir, 29.8% in Van, and 46.2% in Ankara among those who have at least one mental complaint recorded.

In 2022, evaluations of mental health symptoms, findings, and diagnoses of those who applied to HRFT in Turkey for being tortured were carried out with 424 (39.3%) applicants interviewed by a mental health specialist, and 655 applicants (60.7%) who “did not accept psychiatric interview” (those who did not accept their interviews, did not come to the interviews and/or had incomplete records) were excluded. The rate of applicants evaluated by mental health specialists increased by 2.1% compared to the previous year (2021: 37.2%).

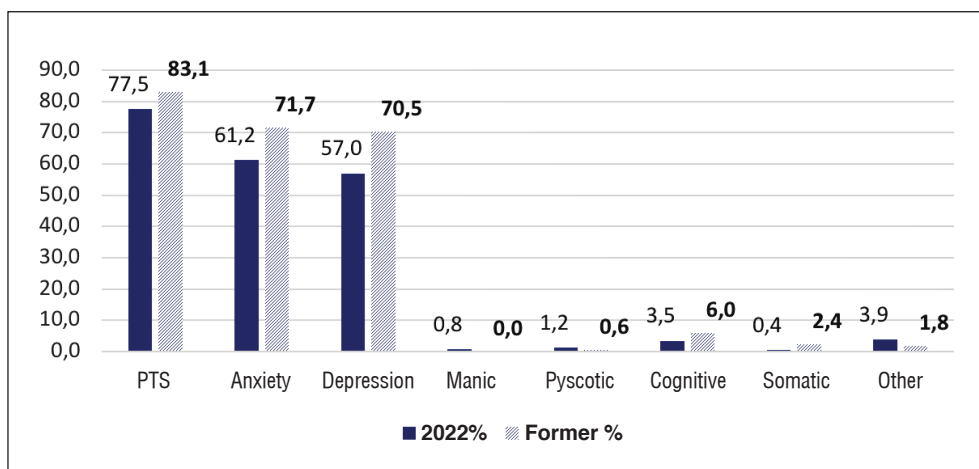
Although no study has been conducted on the reasons for not approving psychiatric evaluation of applicants that do not approve psychiatric evaluation at HRFT, it is understood that it is necessary to strengthen its efforts to convey the critical role of mental evaluation in documenting and repairing torture-related processes, the path to be followed within the framework of ethical principles, and the methods of determining and evaluating mental complaints and findings.

There is a linear relationship between the time elapsed since torture and the request for a mental health evaluation and support. 34.1% (258 applicants) of 756 people who were subjected to torture in 2022 and 51.4% (166 applicants) of 323 people who were tortured before 2022 approved the evaluation of mental health specialists.

At least one mental health finding was recorded in 365 (86.1%) of the 424 applicants evaluated by mental health specialists. While the rate of finding detection in applicants stating that they were tortured in 2022 is 81%, the rate has been 94% in those who were tortured before 2022. The findings show that if a mental health evaluation is made, mental symptoms can be detected at a very high rate, and although the recent evaluation is relatively more decisive in detecting physical and mental health findings can also be detected over time. Considering that some of the physical findings and discomforts disappear as the time elapsed since torture increases, the importance and necessity of renewing mental evaluation in post-torture periods is also understood.

75 mental health findings which were questioned during the mental evaluations were classified and analyzed in the main clusters of ‘post-traumatic stress, anxiety, depressive, manic, psychotic, cognitive, somatization, eating disorder, alcohol/substance use disorder and obsessive-compulsive disorder symptoms’. The percentage distribution of applicants with mental symptoms according to the main symptom clusters is shown in Graphic 16, and the distribution of the number of detected symptoms is shown in Table 27.





**Graphic 16: Distribution of mental health symptoms in applicants by main symptom cluster**

**Table 27: Distribution of torture findings by mental health symptom cluster**

Mental Symptoms	2022 (n=258)		Previous years (n=166)		Total (n=424)	
	Number	%*	Number	%*	Number	%*
Post-Traumatic Stress Symptoms	200	77,5	138	83,1	338	79,7
• Traumatic incident	185	71,7	115	69,3	300	70,8
• Symptoms of reliving the incident	110	42,6	71	42,8	181	42,7
• Avoidance symptoms	51	19,8	43	25,9	94	22,2
• Negative cognition and mood	83	32,2	76	45,8	159	37,5
• Symptoms of excessive stimulation	158	61,2	114	68,7	272	64,2
• Dissociative symptoms	11	4,3	0	0,0	11	2,6
Anxiety	158	61,2	119	71,7	277	65,3
Depression	147	57,0	117	70,5	264	62,3
Manic	2	0,8	0	0,0	2	0,5
Psychotic	9	3,5	10	6,0	19	4,5
Cognitive	3	1,2	1	0,6	4	0,9
Somatic	1	0,4	4	2,4	5	1,2
Other	10	3,9	3	1,8	13	3,1

\*Column percentage

In 365 (86.1%) of the applicants evaluated by mental health specialists, at least one and up to 43 mental health findings or symptoms were recorded, while in 19% (49 applicants) of those who applied due to torture they were subjected to in 2022 and in 6% (10 applicants) of those who were tortured before 2022, no findings or symptoms were recorded. The total number of mental findings in the applications is 4185 and the average number of mental findings is 11.5.

Similar to results detected in previous years, it has been observed that the most common symptoms detected in the period of shortly after the torture are symptoms related to “*post-traumatic stress*”, followed by symptoms related to anxiety and depression. As the time elapsed since torture increases, “*anxiety, depressive, cognitive*” symptoms stand out as chronic symptoms.

### 3. Diagnoses in Mental Health Examinations

Out of the 424 applicants evaluated by mental health specialists, 327 (77.1%) received a mental diagnosis according to the DSM-V classification system. When the 97 applicants that did not receive a mental health diagnosis were evaluated, it was found that the diagnostic process continued in 31 applicants (7.3%), no mental health diagnosis was considered in 53 (12.5%) applicants related to the last torture process, the diagnosis-treatment process was interrupted in 9 applicants (2.1%), and in 4 (0.9%) applicants, although the treatment process was completed, there was no mental health diagnosis.

It is observed that the diagnoses received by the applicants are concentrated in the “*post-traumatic stress*”, “*depression*” and “*anxiety*” diagnostic groups, as in previous years. It is seen that the mental health diagnoses which are stated to be most common after traumatic experiences in the medical literature are similar to the results stated in the previous treatment and rehabilitation centre reports of HRFT.

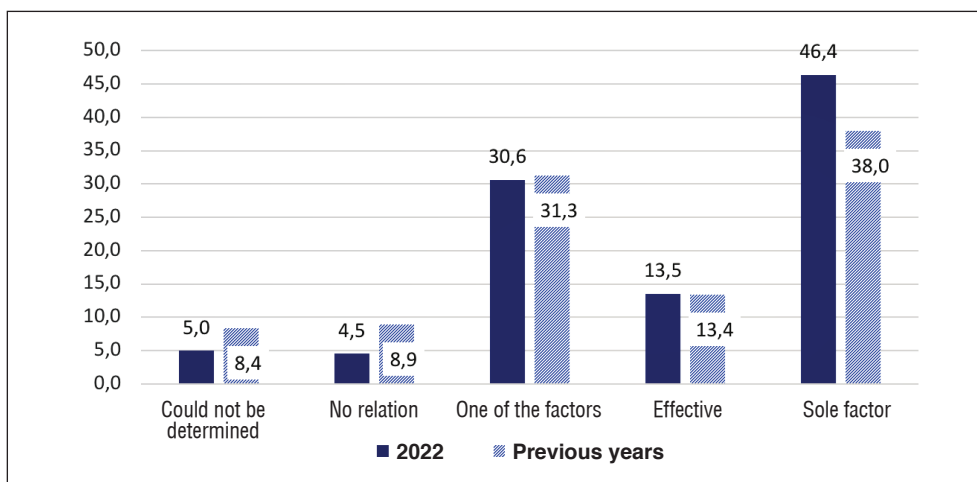
The detailed breakdown of mental health diagnoses according to the time when the torture took place is given in Table 27. Out of the 327 applicants where mental health findings and symptoms were detected, 181 (55.4%) stated that they were tortured in 2022, and 147 (45%) stated that they were tortured before 2022. 24 different mental health diagnoses were made in the applicants, and the total number of diagnoses made was 403. It was observed that 263 of the applicants received a single mental health diagnosis, and 64 applicants received multiple mental health diagnoses (maximum four diagnoses). The most common mental health diagnoses seen in terms of co-occurrence are “*PTSD*” and “*major depressive disorder*”. The results related to accompanying diagnoses in the applications are also consistent with literature knowledge. The distribution of diagnoses made by mental health specialists is shown in Table 28.

**Table 28: Distribution of torture survivor applicants, listed by mental health diagnosis**

	2022 (n=258)		Prior to 2022 (n=166)		Total (n=424)	
	Number	%*	Number	%*	Number	%*
Acute PTSD	63	24,4	47	28,3	110	25,9
Major Depressive Disorder, Single Episode	39	15,1	39	23,5	78	18,4
Adjustment Problems	41	15,9	12	7,2	53	12,5
Generalized Anxiety Disorder	12	4,7	23	13,9	35	8,3
Major Depressive Disorder, Repetitive	11	4,3	23	13,9	34	8,0
Acute Stress Disorder	16	6,2	0	0,0	16	3,8
Undefined Anxiety Disorder	9	3,5	6	3,6	15	3,5
Other	9	3,5	4	2,4	13	3,1
Delayed Onset PTSD	1	0,4	5	3,0	6	1,4
Obsessive Compulsive Disorder	4	1,6	2	1,2	6	1,4
Undefined Depressive Disorder	2	0,8	4	2,4	6	1,4
Panic Disorder	2	0,8	3	1,8	5	1,2
Somatic Symptom Disorder	0	0,0	5	3,0	5	1,2
Sleep Disorders	4	1,6	1	0,6	5	1,2

\*Column percentage

When the causality between mental health diagnoses and torture processes is questioned, it is seen that there is a strong causal link between mental health diagnoses and torture acts (349 diagnoses; 86.6%). Unlike the results of the previous year, there is a higher rate of causal link in those who were subjected to torture during the year (90.5% in those who were subjected to torture in 2022, 82.7% in those who were subjected to torture before 2022). Different life events, different traumas experienced, social support and inclusion of repair mechanisms in the process make the relationship between mental health symptoms and torture more complicated and partially difficult to establish a causal link, but mental health specialists have found a strong causal link between mental health complaints and findings and the torture experienced in those who were tortured before 2022 in their evaluations. In the mental health evaluations carried out at HRFT, mental health specialists described torture as “*the only factor*” in 42.4%, “*aggravating the discomfort*” in 13.4%, and “*one of the factors*” in 30.8% of mental health diagnoses. The proportional distribution of the causal link between mental health diagnoses and the year of torture in applications is shown in Graphic 17.



**Graphic 17: The causal link between mental health diagnoses and the year of torture**

Mental health evaluations in child applicants are carried out by a mental health team specialized for children, and diagnostic criteria related to children are used for mental health findings, symptoms, and diagnoses. In 2022, mental health symptoms and findings were recorded in 6 of the 23 children who applied due to torture. 3 of the children were evaluated by psychiatrists and their treatments are ongoing with disorder diagnoses associated with trauma and triggering factors. In 16 children evaluated by psychologists in the mental health team, symptoms were detected from the child mental health finding cluster (such as forgetfulness, outbursts of anger, inability to be alone, carrying excessive anxiety fear about separation from attached people, fear of losing these people). However, since no interview was conducted with psychiatrists, no diagnosis could be made according to DSM-V criteria.

### Treatment and Rehabilitation Processes

The diagnosis and treatment process in those who apply to HRFT treatment and rehabilitation centres due to torture and other severe human rights violations outside of torture is carried out with a holistic approach that includes evaluations in physical, mental, and social areas. In the cases where the applicants do not approve or participate in any of the physical, mental, or social evaluations, the coordination of the treatment is continued through the approved areas.

It has been determined that the physical treatment process of 827 (76.6%) out of 1079 applicants who were subjected to torture and ill-treatment in Turkey has been completed, 122 (11.3%) of them are ongoing, the mental health treatment process of 90 (21.2%) out of 424 applicants who accepted mental health evaluation has been completed, and 247 (58.3%) of them are still ongoing. Information on the

physical and mental health treatment processes of the 1079 people who applied due to torture has been evaluated under two separate headings.

### 1. Physical Diagnosis and Treatment Process of Applicants

Records related to physical treatment processes are included in 1075 of the application files, while records are missing in 4 applications. The data according to the year of torture of the applicants included in the physical diagnosis and treatment process are given in Table 29.

**Table 29: Course of physical diagnosis and treatment process of applicants**

Treatment Process	2022 (n=756)		Prior to 2022 (n=323)		Total (n=1079)	
	Number	%*	Number	%*	Number	%*
Treatment completed	438	57,9	107	33,1	545	50,5
No link could be established with the last act of torture	140	18,5	142	44,0	282	26,1
Diagnostic procedures in progress	18	2,4	5	1,5	23	2,1
Treatment in progress	62	8,2	37	11,5	99	9,2
Diagnostic process interrupted	51	6,8	12	3,8	63	5,9
Treatment process interrupted	33	4,4	10	3,1	43	4,0

\*Column percentage

After the physical examinations, it was evaluated that the diagnoses of 545 (50.5%) of the 827 applicants whose diagnosis and treatment process were completed were related to the last torture processes, while in 282 (26.1%) applicants, their physical discomforts were not causally related to the last torture processes. In 122 (11.3%) of the applicants, the diagnosis or treatment processes are ongoing, while the treatment processes of 106 (9.9%) applicants have been interrupted for different reasons. When these processes were evaluated according to the year of torture; it was thought that the higher rate of those who were subjected to torture in 2022 among those whose treatment was completed was due to the fact that the diagnoses related to skin and musculoskeletal system were in this group, while the diagnoses belonging to other chronic systems were higher in those who were subjected to torture before 2022.

It is understood that the majority of the applicants whose diagnosis and treatment process were completed after physical examinations and whose causal link with the last torture could not be established were those who were subjected to torture before 2022. The results of the completed treatments show that as the time elapsed since torture increases, it becomes more difficult to establish a causal link with torture in physical treatments, and this situation is statistically significant ( $\chi^2= 83,351$ ;  $p<0,001$ ). The results related to physical treatment also point to the relationship

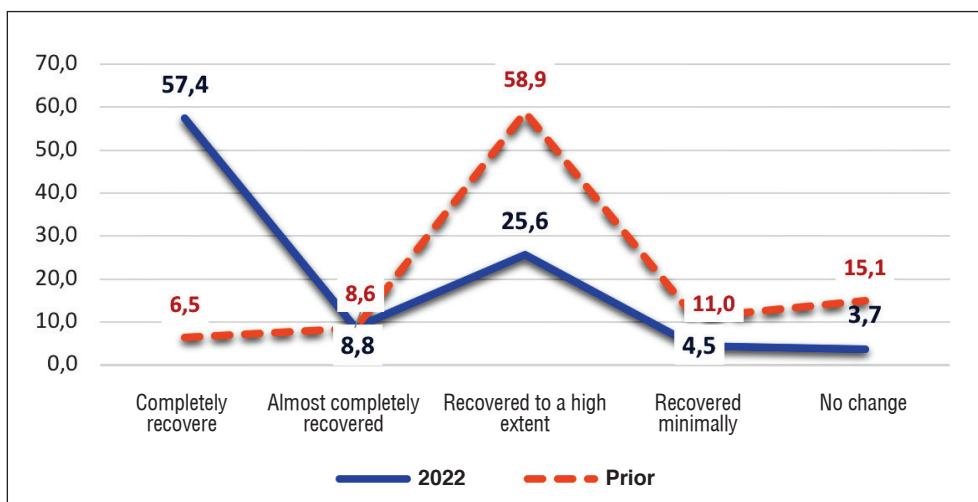
between early period examinations and the causal link, as discussed in the process related to physical diagnoses.

In the records of the 106 applicants whose diagnosis and treatment process were interrupted, it is stated that 56 applicants (5.6%) could not complete the process due to subjective reasons (detention, arrest, change of city, unwillingness, etc.), and 14 applicants (1.3%) could not complete the process due to reasons related to HRFT (communication, appointment, etc.).

In previous years, while the application physicians evaluated the causality and temporality relationship between the last torture processes and the diagnoses separately for each diagnosis, and the level of recovery was evaluated together over all the discomforts of the applicants, with the regulation made in the application files in 2022, the recovery levels for each applicant were also interpreted with an 8-step Likert-type scale (“full recovery” to “significantly worsened”).

Of the 744 applicants with records related to treatment processes, 24 were excluded from the evaluation because their treatment process was interrupted, and analyses related to treatment processes were made by considering 2682 diagnoses detected in 720 applicants, as an evaluation was made for at least one of the existing diagnoses in 78 applicants whose treatment processes are ongoing.

No evaluation has been made that any diagnosis’s treatment process has worsened in any of the applicants, and in 147 applicants with diagnoses marked as unchanged, it has been recorded that the treatments applied resulted in improvement (minimal, considerable, close to full, full) in at least one of the other diagnoses. Physical treatment results according to the year of torture are shown in Graphic 18.



**Graphic 18: Distribution of physical therapy results among applicants whose treatment was completed**

It is observed that there is a difference according to the treatment centres in the scales related to treatment processes. The options “Full and close to full recovery” were marked at a rate of 0.3 and 2.7% in Van and Diyarbakir representative offices, while they were marked over 80% in Istanbul, Ankara, and İzmir. It is understood that there is a need for a study on the reasons for the differences in evaluation.

The results related to treatment in all representative offices show that the recovery rates in those subjected to torture in 2022 are higher than those subjected to torture before 2022. While physical injuries and diagnoses were predominant in the early period, it was thought that as the time passed since the torture the diagnoses related to chronic diseases have increased which led to a decrease in the level of recovery.

## 2. Mental Health Treatment Process of the Applicants

Out of the 424 applicants that underwent mental health evaluation, it was completed in 90 applicants (21.2%), the process is ongoing in 247 applicants (58.3%), and in 87 applicants (20.5%), mental health treatments could not be completed due to various reasons and early terminations. In 87 applicants (20.5%), it was observed that mental health treatments could not be completed due to early terminations and various reasons. The data according to the torture year of the applicants included in the mental health diagnosis and treatment process are included in Table 30.

**Table 30: Course of mental health diagnosis and treatment process of applicants by year of torture**

Treatment Process	2022 (n=258)		Prior to 2022 (n=166)		Total (n=424)	
	Number	%*	Number	%*	Number	%*
Treatment completed	11	4,3	15	9,0	26	6,1
No disease related to the last act of torture	18	7,0	12	7,2	30	7,1
No diagnoses	29	11,2	5	3,0	34	8,0
Treatment in progress	149	57,8	98	59,0	247	58,3
Does not want to receive treatment	15	5,8	9	5,4	24	5,7
Treatment process interrupted	32	12,4	20	12,0	52	12,3
Other	4	1,6	7	4,2	11	2,6

\*Column percentage

In 90 applications where the treatment process was evaluated as completed by psychiatry specialists, it was seen that the treatment process of the diagnoses related to the last torture process was completed in 26 applicants, mental health findings did not meet the diagnostic criteria in 34 applicants, and the mental health diagnoses detected in 30 applicants were not related to the last torture process. There is a difference according to treatment centres in evaluations related to mental

health treatment. The completion rate of mental treatment is 45.6% in applications made to Izmir, 7.2% in Diyarbakir, and 6.3% in Istanbul.

Although it is not clear, the rate of those subjected to torture in 2022 is high in applicants that did not want to receive mental health treatment and whose mental health treatment could not be completed. The rate of applicants whose mental health treatment could not be completed in terms of representative offices is 4.4% in İzmir, 29% in Diyarbakir and 14.3% in Istanbul. The difference between the completion and termination rates of treatment among the representative offices is noteworthy. It was thought that focus should also be given to the reasons for this difference. The findings suggest that a long-term and careful effort is needed for compliance with therapy processes.

After the COVID-19 pandemic, psychiatry specialists have started to conduct their interviews via the internet in addition to face-to-face interviews. This practice has made it possible for applicants to receive mental health support from different representative offices through telemedicine applications. Although the interviews are mostly conducted face-to-face, the rates and the effect of this practice on therapy processes are unknown.

Unlike physical treatment, it shows that the time elapsed since the torture does not have a negative effect on the completion of mental health treatments, but it is seen that it becomes difficult to establish a causality link with torture in mental health treatments over time.

Although the time elapsed since the torture highlights the need for mental health treatment, it also increases the difficulties related to maintaining and completing the therapy. The traumatic effects caused by torture in the individual do not disappear quickly, they can change, worsen, or reappear when faced with a different trauma in the absence of mental health therapies and support mechanisms. This situation also affects the desire to participate in and maintain therapy processes. In addition, reasons such as being detained again and being arrested cause interruptions in the treatment processes in some applications. Clarifying the reasons that cause mental health treatment processes to be interrupted will not only increase the effect of mental health support given to applicants, but also enable the prediction of factors that lead to the termination of treatment processes and the development of different solutions.”

After the evaluations, it was determined that pharmacotherapy and psychotherapy support were given together in 90 applicants, while pharmacotherapy was given to 155 applicants and psychotherapy support to 61 applicants. In psychotherapy practices, it is seen that different psychotherapy approaches stand out in different representative offices; although cognitive-behavioral, integrative, psychoeducational and play therapies are generally applied more frequently, for example, it can be observed that psychoanalytic psychotherapies are applied more intensively in the Istanbul Representative Office. It was observed that the psychotherapy support extended between 1-31 sessions throughout the year and up to 11 months in duration. As the time elapsed since the torture increases, the demand for psychotherapy support also increases.



Following the evaluations of mental health professionals, psychotherapy has been recommended to 144 applicants. The course of the therapy process in applicants receiving psychotherapy is shown in Table 31.

**Table 31: The course of psychotherapy processes of applicants by year of torture**

Psychotherapy Process	2022 (n=66)		Prior to 2022 (n=78)		Total (n=144)	
	Number	%*	Number	%*	Number	%*
Therapy completed	3	4,5	8	10,3	11	7,6
Therapy in progress	53	80,3	52	66,7	105	72,9
Therapy process interrupted	10	15,2	18	23,1	28	19,4

\*Column percentage

The rate of applicants where the psychotherapy process is completed is 7.6%, the rate of applicants continuing therapy is 72.9%, and the rate of applicants where the psychotherapy process is interrupted is 19.4%. When compared with the data of the previous year, a decrease is observed in the rates of applications where the therapy process is completed, while the rate of those undergoing treatment has increased. As the time elapsed since the torture increases, it negatively affects the completion rate of psychotherapy, and the termination rate of the therapy process increases as the duration and number of sessions increase. Data related to psychotherapy processes also show that treatments for mental effects of torture are spread over a long time, and it becomes more difficult to reduce the effects of trauma as the elapsed time increases. It is necessary to draw attention to the importance of early mental support in combating problems caused/will be caused by trauma in the mental field in those subjected to torture.

Mental health professionals strive to use the “Clinical Global Impression - Severity of Illness Scale” (CGI-S) and the ‘Clinical Global Impression - Improvement of Illness Scale’ (CGI-I) to compare the severity of mental disorders at the time of application with the degree of improvement in those who have completed the therapy process and to evaluate therapy processes. Records related to the disease severity scale are included in the application files in 224 (52.8%) of the 424 applicants that applied to HRFT in 2021 and underwent mental evaluation. The number of applications with records of the improvement scale among 90 applicants where therapy processes were completed was seen as 9. It is understood that the records related to the scales recommended for use in interpreting therapy processes are not sufficient.

### 3. Treatment Results of Applicants

The treatment processes of those subjected to torture are carried out with a holistic approach in HRFT, just like the process of detecting torture. In order to evaluate the effect of this approach during the treatment process, data related to 424 applications where mental and physical treatments are carried out together are shown in Table 32.

**Table 32: Physical and mental treatment results of applicants**

<b>MENTAL/ PHYSICAL</b>	<b>Treatment completed</b>	<b>No disease related to torture</b>	<b>Treatment in progress</b>	<b>Diagnosis process interrupted</b>	<b>Treatment process interrupted</b>	<b>Refused physical examination</b>
Treatment completed	17	9	0	0	0	0
No disease related to torture	41	13	4	4	2	0
Treatment in progress	106	72	49	6	9	4
Interrupted before diagnosing	0	1	0	1	0	0
Treatment interrupted	42	29	4	2	5	2
<b>Total*</b>	<b>206</b>	<b>124</b>	<b>57</b>	<b>13</b>	<b>16</b>	<b>6</b>

\*The totals of the physical therapy columns are in the total line

In the table where physical treatment data and mental treatments are compared, it is seen that in 9 of the 124 applicants where a physical diagnosis related to the last torture process is not considered, at least one mental diagnosis was detected and the treatment was completed, the treatment of 72 applicants is ongoing, the treatment process of 29 applicants has been interrupted, and only in 13 applicants no disease related to the last torture process was detected. Similarly, it is understood that a physical diagnosis related to torture was made in 41 of the 64 applicants evaluated as not related to torture after mental evaluation, physical treatments continue in 4 applicants, and the treatment process has been interrupted in 6 applicants.

When the physical and mental treatment processes of the applicants are evaluated together, it is seen that there is a significant decrease in the rates of applicants where a connection with the last torture process cannot be established in physical evaluations. As seen in the table, the presence of mental evaluation has made it possible to establish a causality link with torture and contribute to well-being in 9 out of 10 applicants that were not associated with torture after physical examination.

This situation observed in the applications made to HRFT describes the lack of trying to establish a causality link between torture and ill-treatment acts and the medical conditions encountered in cases where a holistic medical evaluation, including mental evaluation, is not performed as recommended by the Istanbul Protocol. Considering that only insufficient and superficial physical evaluations are made during detention entry and exit examinations, mental health evaluations are not considered necessary at all, and even when mental evaluation is requested by

mentioning discomforts, mental evaluation requests are rejected, it would not be wrong to say that torture acts cannot be proven, and the perpetrators will acquire impunity shield.

When the treatments applied in applications due to physical and mental disorders are evaluated.

Excluding applicants who do not consent to examination and recommended treatment, whose diagnosis process is not completed, or where no disease related to torture is detected, the physical treatment methods applied in 1067 applicants included in the treatment process are shown in Table 33.”

**Table 33: Distribution of treatment methods applied for applicants by year of torture**

Treatment Process	2022 (n=748)		Prior to 2022 (n=319)		Total (n=1067)	
	Number	%*	Number	%*	Number	%*
Medical treatment	439	58,7	135	42,3	574	53,8
Daily life advice	397	53,1	76	23,8	473	44,3
Psycho-pharmacotherapy	133	17,8	112	35,1	245	23,0
Psychotherapy	74	9,9	77	24,1	151	14,2
Eyeglasses	68	9,1	34	10,7	102	9,6
Exercise	60	8,0	16	5,0	76	7,1
Social support	39	5,2	32	10,0	71	6,7
Dental treatment	23	3,1	18	5,6	41	3,8
Physiotherapy	20	2,7	17	5,3	37	3,5
Surgical intervention	8	1,1	6	1,9	14	1,3
Other	5	0,7	8	2,5	13	1,2
Orthopedic device	5	0,7	0	0,0	5	0,5

\*Column percentage

The treatments recommended and applied to the applicants in 2022 differ according to the time when the torture was experienced. In tortures experienced in 2022, drug treatment, daily life suggestion, and psychopharmacotherapy take the first place, while in tortures experienced before 2022, the first three places are drug treatment, psychopharmacotherapy, and psychotherapy. When a comparison is made in terms of the most recommended drug treatment, psychotherapy, and pharmacotherapy, it is understood that as the time elapsed since the torture increases, the need for treatment and treatment support increases significantly, especially in terms of psychotherapy and psychopharmacotherapy ( $\chi^2=61.993$ ;  $p<=0.001$ ).

## **APPLICATIONS MADE DUE TO TORTURE and OTHER FORMS OF ILL-TREATMENT THAT TOOK PLACE OUTSIDE TURKEY**

Legal regulations and torture practices vary by states. In the annual reports of HRFT Treatment Centres; The data of the applicants who were tortured outside the borders of Turkey are evaluated separately in order to distinguish the processes of torture and ill-treatment experienced in Turkey.

In 2022, a total of 38 applications were made to HRFT treatment centres by those who were subjected to torture and other ill-treatment outside the borders of Turkey, including 1 in Ankara, 2 in Diyarbakir, 7 in Izmir, 6 in Istanbul, 18 in Van, and 4 in Cizre.

16 of the applicants who were tortured outside Turkey stated that they were referred to HRFT by democratic organizations and/or parties, 9 by HRFT applicants, 4 by HRFT employees, 3 by lawyers, while the other 6 applied directly or after the suggestions of others and HRFT volunteers.

13 of the applicants stated that they were subjected to torture within the borders of Iran, 10 in Greece, 6 in Syria, 4 in Morocco, 3 in Afghanistan, 1 in Belgium, and 1 in Sudan.

### **Socio - Demographical Information**

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

6 of the applicants are under the age of 18 and their ages vary between 2 and 72. The average age is  $34.24 \pm 16.893$ . In terms of gender identities, 13 of the applicants are women and 25 are men. Their marital status has been recorded as 19 single, 19 married.

The mother tongue of 12 of the applicants is Persian, 11 is Kurdish, 10 is Arabic, and 5 are Azerbaijani, Afghan, Uzbek and Turkish.

#### **2. Education, Job/Occupation and Employment Status**

information about the educational status is as follows: 22 of the applicants have graduated from an educational institution (3 primary school, 3 middle school, 6 high school, 9 university and 1 master's/doctorate), the education process of 8 applicants has been interrupted (5 middle school, 2 high school, 1 university), it is understood that 2 applicants have never been to school, 4 are still students (2 middle school, 1 high school, 1 university) and two applicants are not of educational age.

When looking at the employment status of the applicants, it is learned that 1 of them works full-time, 1 part-time, 7 are informal or unregistered job, 4 are unpaid family workers and 24 applicants do not have any job.

## Torture Processes

### 1. Torture Process While in Detention

10 of the applicants stated that they were subjected to torture in 2022, while 28 applicants stated that they were subjected to torture between the years 1992-2021.

The detention periods of the applicants vary between 1-450 days (it has been recorded that 23 of them were detained for one day, 5 for 2-10 days, 3 for 11-30 days, and 6 applicants were detained for a month or more). 23 of the applicants stated that the detention was unofficial, while 15 stated that an official detention procedure was carried out.

From the records in the application files, it is seen that 24 people stated the street/open area as the detention place, 8 people their home, 1 person their workplace, 3 people a public institution, and 2 people other places. It is understood that the hours they were detained are between 08:00-18:00 for 23 people, between 24:00-08:00 for 11 people, between 18:00-24:00 for 2 people, and not specified for 2 people.

The reasons for detention are stated as political in 15 applications, asylum in 11 applications, religious in 5 applications, ethnic in 2 applications, sexual orientation in 2 applications, and other in 4 applications (there is more than one reason for detention in one application).

In the 2022 applications; it is recorded that those who were tortured outside the borders of Turkey were also most often subjected to torture in the “street/open area” (15 applications). The “street/open area” is followed by “undefined closed area” with 8 applications. Other applicants stated that they were subjected to torture and ill-treatment in official detention places, their own places, and other places.

During the torture and ill-treatment, 6 of the applicants stated that non-physical violence methods were used, while 32 stated that physical violence and non-physical violence torture methods were applied together.

**Table 34: Group-based distribution of torture methods applicants are exposed to during their last detention**

Torture Methods Applied	Number
Insult and threat	35
Physical intervention	27
Coercive actions	26
Prevention of basic needs	20
Sexual torture	19
Exposure to physical factors	10
Positional torture	9

All of the applicants stated that they were subjected to multiple torture methods during detention; they most frequently mentioned insults, physical interventions, prevention of basic needs, and sexual tortures. Among the tortures, practices such as “rape, hanging, physical intervention with whip/hose, falanga, killing, threat of sexual assault, blindfolding, reverse handcuffing, tight handcuffing, stripping naked” were also included.

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

When the records related to the legal proceedings carried out during detention are evaluated; it was determined that only one of the applicants who experienced the detention process met with a lawyer during detention, and 34 applicants could not access to their lawyers. After detentions, 7 of the applicants were arrested, 24 were released without being referred to the prosecutor’s office, and 3 were released after the prosecutor/court.

It has been learned that lawsuits were filed against 9 of the applicants, 7 of these lawsuits resulted in conviction, 1 resulted in acquittal, and 1 lawsuit is still ongoing. 18 of the applicants stated that they did not know whether a lawsuit was filed, and 11 did not know whether a lawsuit was filed against them after detention.

It has been learned that only one applicant was taken to a hospital for a health examination during the detention process, the police force was not removed from the medical office during the examination, the medical history and complaints were not listened to, and a systematic examination was not performed.

None of the applicants have filed a criminal complaint due to the torture they were subjected to.

25 of the applicants stated that they experienced only one detention, while 13 applicants stated that they were detained multiple times (up to 5 detentions) due to political, sexual orientation, and other reasons. It has been evaluated that the applicants were subjected to similar torture methods during their previous detention processes.

## **3. Prison Process**

11 of the applicants have a prison history. It has been observed that the duration of imprisonment varies between 2-152 months. One applicant was released in 2022, 5 applicants were released between 2016-2021, and the release date is not included in 5 applications.

All of the applicants with a prison history stated that they were subjected to torture/ill-treatment in prison. Among the torture methods experienced in prison are physical intervention with whip/hose, hanging, falanga, beating, hitting a single point on the body, reverse handcuffing, tight handcuffing, blindfolding, insult, humiliation, killing,

threat of sexual assault, other threats against person, blindfolding, stripping naked, forcing to obey meaningless demands, isolation in cell, prevention of eating-drinking and urination-defecation, restricting basic needs, preventing visits, letter ban, canteen ban and similar practices.

## Medical Evaluation Process

### 1. Medical Complaints of Applicants

Out of 38 people who applied to our treatment and rehabilitation centres in 2022 because they were subjected to torture and other ill-treatment outside of Turkey, 35 of them mentioned a total of 77 mental complaints in their first evaluations, with “anxiety, fear, and the feeling of restriction of their future” being at the top, while 32 applicants reported a total of 177 physical complaints, mainly related to the musculoskeletal system and general complaints. Out of the 32 applicants who reported physical complaints, physical evaluations were made in 22 (%57.9), and of the 35 applicants who reported mental complaints, 21 (%55.3) were evaluated by mental health professionals. It is thought that there is a need to focus on the reasons why the acceptance rates for mental evaluation are low among those who have been tortured.

### 2. Physical Examination Findings

A total of 125 physical findings were detected in the 22 applicants who underwent physical examinations. As with the complaints, findings related to the musculoskeletal, skin, and nervous systems were at the forefront. The most common findings are “pain and sensitivity in muscles, scar tissue, pain-restriction in neck, shoulder, waist movements, superficial sensory disorder”.

### 3. Physical Examination Diagnosis

After the physical examinations, a total of 83 physical diagnoses concerning different systems were made in 21 applicants according to the ICD-10 disease classification system. It was observed that 7 of the applicants had only one physical diagnosis, while 14 applicants received between 2-10 physical diagnoses.

When the relationship between the diagnoses and the experienced torture and traumatic process is questioned; it was thought that there was a causality relationship between the diagnoses and the last torture processes in 18 applications, and it was thought that there was no causality between the diagnoses and the last torture processes in 3 applications. It has been evaluated that the torture process is the “only etiological factor” in 20 diagnoses, “aggravated or revealed an existing pathology” in 15 diagnoses, and “one of the factors” in 19 diagnoses.

It has been observed that the rate of associating diagnoses related to musculoskeletal system injuries with the experienced process is higher.

The physical diagnoses of applicants who were tortured in Turkey and those who were tortured outside of Turkey show similarities in terms of complaints that emerged after torture.

#### **4. Mental Health Symptoms and Findings**

The number of mental symptoms and findings detected in the evaluation made by mental health professionals of the applicants is 271. In the applications; from the traumatic stress cluster, “feeling of severe discomfort when encountering stimuli reminding trauma, being on alert at all times, seeing the trauma in a recurring or disturbing way in the form of nightmares, persistent negative emotional state, exaggerated startle responses, difficulties in focusing, flashback experience or feelings and behaviors as if re-experiencing the traumatic process”, from the depression cluster “anhedonia, depressive mood, hopelessness, helplessness” and from the anxiety cluster “easy fatigue, difficulty in falling asleep or maintaining sleep, easy irritability, agitation” symptoms have been observed more frequently.

#### **5. Mental Health Examination Diagnoses**

The mental health evaluations of those who were tortured outside of Turkey, it was determined that 16 applicants who continued their interviews with a mental health professional received at least one mental health diagnosis according to the DSM-V classification system. It was determined that 11 of the applicants had “*PTSD*”, 8 had “*depression disorder*”, one had “*anxiety*” and one had “*somatic symptom disorder*”, and all the diagnoses had a causal link with the experienced torture process.

### **Treatment and Rehabilitation Process**

#### **1. Treatments Applied**

When the physical and mental health treatments applied in the applicants are examined; medication has been recommended for mental diagnoses in 18 of the applicants and for physical diagnoses in 16, psychotherapy support has been provided to 12, 7 applicants have been supported with daily life suggestions, and 3 applicants have been supported with exercise suggestions.

#### **2. Results of Treatment and Rehabilitation Practices**

Considering that 8 out of the 15 applicants, who were not diagnosed with any disease related to the torture and prison processes after the physical evaluations, had been diagnosed with a mental health disorder related to the torture processes after the mental health evaluation, and that the treatment process continued in two applications; the importance of psychological evaluation for holistic evaluation and healing processes is understood.



In addition to language barriers, new interview methods that emerge in pandemic conditions can affect the approval and continuation of mental health evaluations by the applicants. While 10 of the applicants refused to be evaluated by a psychiatry specialist, the diagnosis and treatment process remained incomplete in 7 applications.

While 17 of the applicants continue with their mental health treatment, psychotherapy support is being provided to 11 applicants. Since there are no applicants who have completed their mental treatment, clinical recovery process scales have not been evaluated.

The physical treatment process of 24 applicants has been completed, and the diagnosis and treatment process of 5 is ongoing. It is understood that the treatment process of 5 applicants has been interrupted.

## RELATIVES of TORTURE SURVIVORS

In 2022, 84 applications were made to the HRFT Treatment Centres as relatives of those who were tortured. It has been determined that the applications made by the relatives of those tortured have increased by 1.5 times compared to the previous year.

The process of torture and other ill-treatment is also a traumatic process for the relatives of the applicants (mother, father, spouse, child, etc.). During the detailed story taken in the first interview with the applicants, the levels of impact of the traumatic process experienced are learned. In the records of the applicant relatives, the application path, socio-demographic data, and the mental evaluation processes of the relatives of the applicants have been examined.

Considering the applications made as relatives of those who were tortured, 22 were made to Istanbul, 18 to Cizre, 16 to Diyarbakir, 15 to Izmir, 8 to Van, and 5 to Ankara treatment centres.

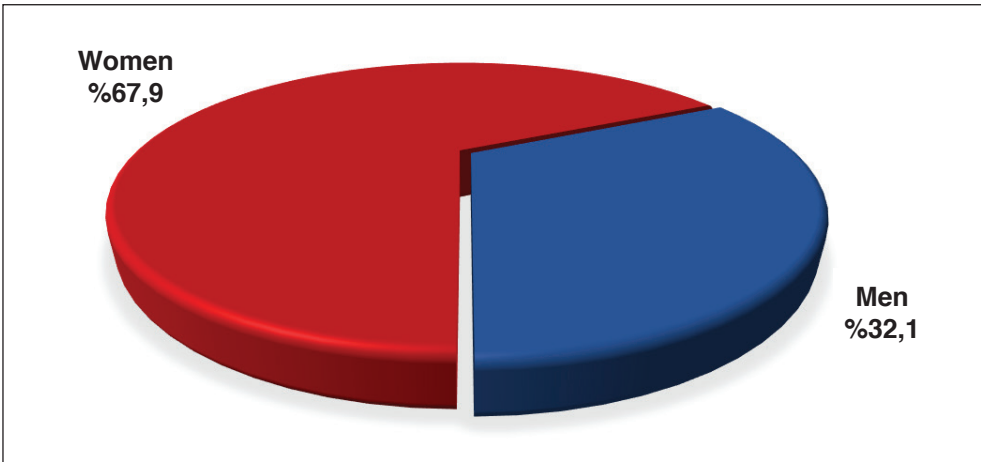
It has been learned that 47 (%56) of the applications were made by HRFT applicants, 21 (%25) by HRFT employees, 3 (%5.3) by the recommendation of HRFT volunteers, 6 (%7.1) applied directly, and 12 were old applications or reached HRFT after being informed by democratic organizations, political parties or HRA. It is observed that the referrals in the applications made by the relatives of the torture survivors to get support from HRFT are mainly concentrated in and around HRFT. It is valuable to share the information stated in the previous treatment and rehabilitation centre reports that "HRFT also supports the relatives of the tortured" through human rights and non-governmental organizations, professional chambers, media, and social media and to continue its efforts to inform in this direction.

### 1. Age and Gender

The ages of the relatives of those who were tortured and applied to the Treatment and Rehabilitation and Reference Centres in 2022 vary between 2 and 58, and the average age is  $24.9 \pm 16.361$ .

Applicants under the age of 18 constitute 44% of all applications made by relatives of those who were tortured (37 applications). The average age has decreased compared to 2020 (*while the rate of child applicants has increased, the highest application age is 58*).

Out of the relatives of applicants, 57 have women, 27 have men gender identity and there are no LGBTI+ applicants. The proportional distribution by gender identity is shown in Graphic 19. When the distribution by age groups is evaluated; although the gender identities in child applications are very close in numbers (10 women, 11 men), it is seen that the applications with female gender identity are significantly higher in other age groups.



**Graphic 19: Distribution of relatives of torture survivors by gender identity**

In terms of marital status, it has been recorded that 64 of the applicants are single (41 women, 23 men), and 19 of the applicants are married (15 women, 4 men).

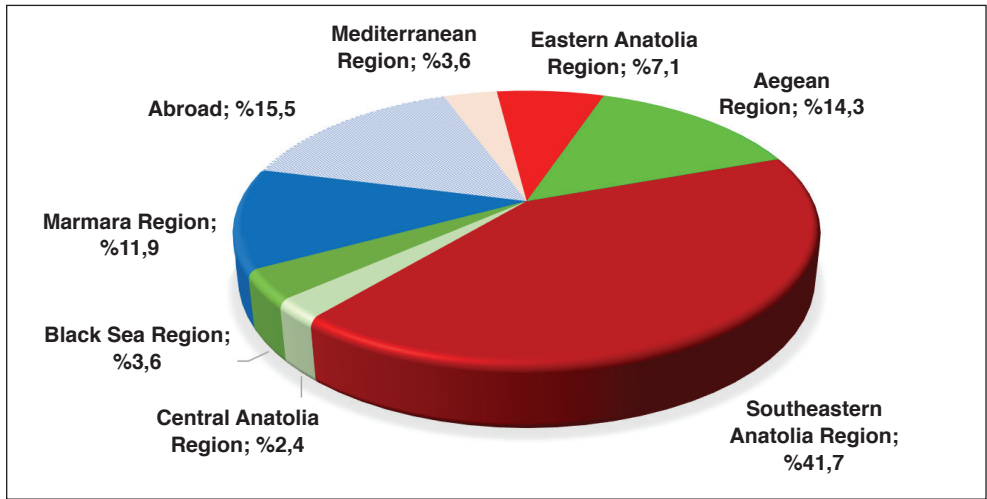
## 2. Place of Birth

When the distribution of the birthplaces of the applicant relatives is examined; In 2022, the region in the first place was the Southeastern Anatolia Region with 35 applications (%41.7). After the Southeastern Anatolia Region, there are those born abroad with 13 applications. Other regions are as follows: Aegean with 12 applications, Marmara with 10 applications, Eastern Anatolia with 6 applications, Mediterranean and Black Sea with 3 applications each, and Central Anatolia Region with 2 applications (Graphic 20). When examining the provinces where the relatives of torture survivors were born, Şırnak, Izmir, Diyarbakir, and Istanbul provinces are at the top.

In 2022, the mother tongue of 54.8% (46 applications) of the relatives of torture survivors is Kurdish. Those whose mother tongue is Turkish are 32.1% (27 applications). Although there is no difference in the mother tongues of the applicants compared to previous years, it is noteworthy that the applicants who were subjected to torture and whose mother tongue is Kurdish are higher.

There is a difference in terms of ranking and proportion between the mother tongues of the applicants who were tortured and the relatives of those who were tortured. The mother tongues of twelve applicants have been recorded as Persian, Arabic, and Turkmen.

In terms of educational status, it has been recorded that 32 of the applicants are continuing their education (10 primary school, 5 middle school, 11 high school,



**Graphic 20: Distribution of relatives of torture survivors by place of birth**

6 university), 7 applicants have not completed their education (3 primary school, 1 middle school, 1 high school, 2 university), 23 applicants have completed their education at different levels (1 primary school, 3 middle school, 7 high school, 12 university), 8 applicants are not of school age, and 11 applicants have not attended any educational institution.

It has been learned that 44 of the applicants who are relatives of torture survivors do not work in any job, 9 work full-time, 1 works part-time, 1 works in a seasonal job, 4 applicants have informal or unregistered job, and 7 applicants are house workers. 16 applicants were not evaluated because they were either out of working age or students.

### 3. Medical Evaluation Process

In the 84 applications made by relatives of torture survivors, medical evaluations are mainly carried out under the coordination of the mental team, and treatment and rehabilitation processes are planned by evaluating the information and findings reached in the medical evaluations made by application physicians and mental health specialists. In applications made within the scope of relatives of torture survivors, unless they mention a specific complaint or medical need, a systematic medical evaluation is not made, a detailed mental interview is conducted. Physical evaluations are also made when the applicants mention their physical complaints. When the records are examined, it is seen that complaints and physical diagnoses related to other systems have been recorded in 18 applications.

#### 4. Mental Health Complaints

In 2022, in the 84 applications evaluated as relatives of tortured survivors at the HRFT Treatment and Rehabilitation Centres, the number of applications with recorded mental health complaints was 56. It has been determined that the first evaluations of the applicants with recorded complaints were made by mental health specialists in 29 applications (%68.4), child mental health specialists in 5 applications, and application physicians in 22 applications. It is understood that the applicants without a complaint recorded in the application files were evaluated by mental health specialists in 6 applications, child mental health specialists in 5 applications, and application physicians and psychologists in 17 applications.

The mental complaints determined by mental health specialists and application physicians are shown in Table 35.

**Table 35: Distribution of mental health complaints of relatives of the torture survivors**

Most Common Mental Health Complaints	Number (n=84)	%*
Sleep disorders	43	51,2
Nervousness	32	38,1
Fear	31	36,9
Anxiety	28	33,3
Boredom	25	29,8
Desire to cry	24	28,6
Outbursts of anger	24	28,6
Anger	21	25,0
Having nightmares	20	23,8
Inability to enjoy life	20	23,8
Agitation	20	23,8
Feeling uncomfortable with police officers	17	20,2
Concentration impairment	13	15,5
Forgetfulness	11	13,1
Flashback	11	13,1
Sense of feeling trapped about the future	8	9,5
Startle response	8	9,5
Adjustment problems	8	9,5
Being alert	7	8,3
Avoiding people	6	7,1
Sense of alienation	6	7,1
Thoughts of suicide	5	6,0

\*Column percentage

The most common mental health complaints that applicants report after general psychological complaints are *sleep disorders, irritability, fear, anxiety, distress, desire to cry, anger outbursts, nightmares, inability to enjoy life, and tension*. It has been observed that these complaints are similar to the complaints of those who applied because they were tortured in Turkey, and the most reported complaints in both groups are *sleep disorders, irritability, fear, and anxiety*.

## 5. Mental Health Symptoms, Findings and Diagnoses

In the scope of relatives of torture survivors, at least one mental health finding/symptom has been recorded in 51 applications (34 adult and 17 child applicants) evaluated by mental health specialists. The findings of child and adult applicants were examined separately, and the findings and symptoms identified are shown in Tables 36 and 37.

**Table 36: Distribution of mental health symptoms and findings among adults who are relatives of the torture survivors**

Mental health symptoms and diagnoses	Number (n=34)	%*
Depressive mood	20	58,8
Sleep disorders	19	55,9
Anxiety (Distress)	19	55,9
Anhedonia, Indifference	18	52,9
Fatigue, weakness, lack of energy	18	52,9
Learning that a family member or a close friend has suffered traumatizing events	17	50,0
Concentration difficulties	15	44,1
Hopelessness, despair	15	44,1
Difficulty falling or staying asleep	14	41,2
Increase or decrease in sleep	14	41,2
Directly experiencing traumatizing events	13	38,2
Directly witnessing events that happened to others	13	38,2
Difficulty focusing or mind going blank	13	38,2
Muscle tension	13	38,2
Changes in appetite/weight (Increase or decrease)	13	38,2
Recurrent or intrusive recollection of the trauma	12	35,3
Recurrent or disturbing nightmares of the trauma	11	32,4
Getting angry easily	11	32,4
Continual lack of positive emotions	10	29,4

\*Column percentage

In the evaluation of 35 applicants by psychiatry specialists, a total of 448 mental symptoms and findings were identified in 34 applicants. When the findings and symptoms identified are classified, it has been determined that findings and symptoms related to the post-traumatic stress cluster were observed in 33 applicants, findings related to the depression cluster in 30 applicants, and findings related to the anxiety cluster in 27 applicants.

**Table 37: Distribution of mental symptoms and findings observed in children who are relatives of torture survivors**

Mental Health Findings and Diagnosis	Number (n=17)	%*
Witnessing events happening to others	9	52,9
Learning about distressing events happening to a family member or friend	9	52,9
Getting angry easily	9	52,9
Directly experiencing distressing events	8	47,1
Facing unpleasant details of distressing events	7	41,2
Having an excessive level of anxiety and fear about separation from the people they are attached to	7	41,2
Excessive anxiety and worry about certain events or activities, restlessness, difficulty in focusing, easily getting angry	6	35,3
Fear of losing these people	5	29,4

\*Column percentage

In the evaluation of 10 applicants by child mental health specialists, a total of 110 symptoms and findings were recorded in 9 applicants and in 7 applicants followed by application physicians and psychologists in the child age group. It is noted that the findings related to post-traumatic stress, depression, and anxiety clusters are also high in applications of child age group.

When the mental health diagnoses given to the applicants according to the DSM-V diagnostic system are examined, it is seen that 30 of the adult applicants have received a mental health diagnosis. Among the diagnoses, disorders related to the post-traumatic stress and depressive cluster stand out. While 7 of the applicants received more than one mental health diagnosis, there is a single mental health diagnosis record in 23 applications. The frequency distributions of the diagnoses received by the relatives of adult applications are shown in Table 38.

**Table 38: Distribution of mental health diagnoses of the adult group consisting of relatives of the torture survivors**

Mental Health Diagnosis	Number (n=30)	%
Major Depressive Disorder	13	43,3
PTSD	12	40,0
Generalized Anxiety Disorder	6	20,0
Social Anxiety Disorder	3	10,0
Adjustment Disorder	2	6,7
Panic Disorder	1	3,3
Other	4	13,3

When the relationship between the diagnoses and the trauma process is examined, it is understood that 35 of the 40 diagnoses made by mental health specialists are related to the process witnessed, whereas this relationship could not be established in five diagnoses.

In child applicants, “anxiety disorder” was diagnosed in 6 applicants, “depression disorder” in 2, “disorder associated with trauma and triggering factor” and “impulse disorder” in 1, and “other disorders” in 2 applications. It has been evaluated that 10 diagnoses in child applicants are related to the process witnessed.

## 6. Treatment and Rehabilitation Process

When the mental health treatments of the applicants are evaluated; it has been determined that the treatment of discomfort related to the process has been completed in two applications, no mental health diagnosis related to complaints linked to the process has been detected in 10 applications, the treatment process continues in 28 applications, 10 applicants do not want to be examined, and the treatment process has been discontinued in 16 applications.

When the recommended mental health treatment methods are evaluated; psychopharmacotherapy has been provided in 29 applications, psychotherapy in 30 applications, and social support in 12 applications.

It has been recorded that out of the 12 applications evaluated within the clinical improvement scale, 7 have “significantly” and 3 have “minimally” improved, while “no change was observed” in 2 applicants. The results on the improvement scale show that the therapy process is effective in reducing the severity of the disease and in its treatment.



## STUDIES CONDUCTED WITH CHILDREN WITHIN HRFT

Despite the absolute prohibition of torture, even children are subjected to torture and other severe human rights violations, including practices of torture against children. At HRFT, studies related to children are evaluated under a separate heading in order to determine the physical/mental health problems caused by torture in children and the destruction it causes; and to develop forward-looking proposals in terms of protection/rehabilitation programs.

### 1. Principles Adopted in Studies Conducted with Children

The effects of torture not only deeply affect the person who is tortured, but also the relatives of the person who is tortured, and it turns into a negative experience that is transmitted across generations. For this reason, the HRFT continues its efforts to make visible the transmission of the effects of trauma to subsequent generations and to prevent torture that negatively affects children's life experiences.

In addition to being subjected to torture, children also face problems that affect their physical, mental, and social integrity due to the torture and other severe human rights violations their relatives are subjected to. Children, who are relatives of the tortured person and who continue their spiritual and physical development, and who's defenses are not established/protective enough at the same time, may suffer more severe psychological injuries when they are subjected to torture and other serious human rights violations, when they witness torture, or when they grow up in a traumatic environment as the relative of a tortured person. Also, their relatively "passive" states compared to adults make them more 'susceptible' to traumatic effects. These injuries can negatively affect the development of children and can have lifelong permanent effects. Children are both indirectly and passively exposed to the violence experienced by their relatives who have been directly tortured, and they breathe the painful, tense, and depressive emotional atmosphere that has descended on the family. They are also affected in many ways due to the absolute loss of their loved ones (death, being a prisoner, distancing for various reasons, etc.) or the emotional collapses of their loved ones.

For this purpose, the HRFT aims not only to reach children who have directly experienced torture, but also children who are relatives of the torture survivors, to make the violations visible, and to develop special programs for their treatment and rehabilitation.

### 2. Child Applicants who Filed Applications with HRFT in 2022

In 2022, 66 children under the age of 18 applied to the Human Rights Foundation of Turkey Centres (36 women, 30 men). When the ages were evaluated, it was found that the average age was  $10.4 \pm 4.948$  in girls,  $10.6 \pm 3.682$  in boys, and  $10.5 \pm 4.386$  in total children. It has been determined that the lowest age of children is 2 in

females and 4 in males, and there is no statistical difference in terms of distribution ( $p>0.05$ ).

Out of the applications made, 29 were for torture (14 women, 15 men), and 37 (22 women, 15 men) have applied as relatives of the person who was tortured. No significant difference was found between genders according to the reasons for application ( $p>0.05$ ).

It has been recorded that 23 of the 29 children who applied because they were tortured were tortured in Turkey, while 6 were tortured abroad. The dates of torture are stated as 2016-2022 in Turkey and 2019-2022 abroad.

The mother tongue of 41 of the children (62.1%) is Kurdish, 17 (25.8%) Turkish, 5 (7.6%) Persian, 2 (3%) Arabic, and 1 (1.5%) Turkmen. Out of the child applications, 29 are from Southeastern Anatolia, 14 from Eastern Anatolia, 10 from abroad, 6 from Aegean, 5 from Marmara, and the other two are from Central Anatolia and Black Sea.

The number of children's applications according to treatment centres were as follows: Van 17, Diyarbakir and Cizre 14, İzmir 10, İstanbul 7, Ankara 4. It is noteworthy that two-thirds of the child applications were made to three centres where the Kurdish population is dense.

During the application process to the HRFT, it has been recorded that in 34 cases people who had previously applied to HRFT, in 14 cases HRFT employees, in 3 cases HRFT volunteers, in four applications each, information from civil society organizations/parties and lawyers were effective, 3 applications were former applications and 2 applicants reached HRFT directly. The relationship established with HRFT before and the employees of HRFT were effective in the information and guidance process of child applications, while it shows that other channels had less effect in the 2022 applications.

It has been learned that the purpose of the application is treatment and documentation for 29 children, treatment for 36 children, and only documentation for 1 child.

### **3. Torture Survivor Children**

The average age of the 23 children who stated that they were tortured in Turkey is  $10.5 \pm 4.401$ , and the youngest age is 2. It has been observed that the average age is higher in male children (10.4 in female children; 11.2 in male children).

The event that led to torture in children was recorded as "political" in 6 children, "due to their relatives" in 8 children, and "other" in 4 children. In the 4 applications where it was recorded that the torture was done for political reasons, it was done in 2022, while in the 8 children where it was stated that the torture was done for other reasons, it was seen that the date of torture was before 2022.

The mother tongue of 17 of the 21 children who were stated to have been tortured in Turkey is Kurdish. As previous treatment centres reports emphasized, these data indicate that having a Kurdish identity continues to create a great risk in terms of being subjected to torture in children as well, and that children are not exempt from being “the other” and the target.

Five of the children stated that they experienced official detention, while 13 experienced unofficial detention; eleven were tortured at home, four at the police station, three on the street/open area, two inside a vehicle, and one in an unspecified closed area.

Eleven of the children stated that the time of detention/torture was midnight (24.00-08.00), and three stated that it was in the evening hours. The fact that house raids and detentions, where arbitrariness and illegality prevail, are carried out at midnight and in the evening hours, indicates that the purpose of intimidation and punishment stands out in torture practices and that children are not exempt from these practices.

When the last torture practices that 21 children were subjected to are evaluated:

- 17 of them were subjected to insults, 8 to threats directed at themselves, and 11 to threats directed at their relatives.
- 9 of them were subjected to coercive behaviors such as witnessing torture and meaningless demands.
- 7 of them were subjected to physical interventions such as rough beating and tight handcuffing, and 1 to reverse handcuffing.
- 4 of them were subjected to sexual torture such as verbal, physical sexual harassment, and strip search/undressing.
- 1 of them was exposed to tear gas.
- 3 of them stated that they were subjected to restrictions such as access to health, basic needs food-drink restrictions, sleep deprivation, and isolation.

When the situations of the 5 children who were officially detained are evaluated in terms of procedural guarantees it was stated that:

- Only 1 child was accompanied by a lawyer during the detention process.
- All 5 children were released without being taken to the prosecutor after detention.
- They do not know whether a lawsuit has been filed against them.
- During the detention processes, 1 child had a medical examination in the hospital and that the police were not removed during the examinations, that the doctors partially listened to the complaints but did not take a detailed history related

to the incident and medical history, and that all system examinations were not performed.

- After the torture, 2 children reported that they filed a criminal complaint.

The information regarding legal processes indicates that the principle of “the best interest of the child” was not adhered to during the children’s detention processes, that they were subjected to arbitrary and unlawful practices, that procedural guarantees were violated, and that they were also subjected to decisions restricting their freedom.

Four children stated that they were subjected to torture due to their relatives while in the asylum process in Greece, and two children in Morocco. Four children reported that they were subjected to physical and psychological torture methods, while two children reported that they were subjected to torture methods that did not involve physical violence. It has been observed that the records related to tortures experienced abroad are incomplete.

#### **4. Medical Evaluation and Treatment Process in Children**

As a result of physical and mental evaluations made on children:

- For the 29 children who applied because they were subjected to torture and severe human rights violations in Turkey and abroad:
  - physical treatments: completed in 24 cases, and the treatment process continues in 1 case.
  - mental health treatments: completed in 2 cases, continue in 5 cases, and 5 treatment processes were interrupted.
- For the 37 children who are relatives of the person who was tortured:
  - physical treatments: completed in 1 case, continues in 2 cases, and the treatment process was interrupted in 2 cases.
  - mental treatments: completed in 6 cases, continue in 7 cases, and the treatment process was interrupted in 7 cases.
- Two of the children who were subjected to torture and severe human rights violations did not approve of physical evaluation, and three did not approve of mental evaluation.
- After the COVID-19 epidemic, mental interviews over the internet rather than face to face have started to come into the agenda. However, there are difficulties in conducting and maintaining these interviews with children. It is becoming even more difficult due to reasons such as online interviews not being suitable for every age group in children, requiring active support from the relatives of the

applicant in adapting to and maintaining mental therapy processes. Nevertheless, the rate of children continuing to therapy process is significant. Considering the contributions provided by human resources specialized in the field of children, it has been thought that it would be valuable to carry out studies to support the field of child mental health.

- Following physical examinations, 34 physical diagnoses related to the musculoskeletal, skin, and eye systems were made in 11 children. It has been determined that there is a causal link with the traumatic processes experienced as the “single etiological factor”, “triggering/aggravating factor” or “one of the factors” in 25 of the diagnoses detected in children.
- Following the mental evaluations, according to the DSM-V adult diagnostic criteria, “PTSD” and generalized anxiety disorder were found in 1 child, and “major depressive disorder” in another child. According to the child diagnostic criteria, “anxiety disorder” was found in 7 out of 15 children, “trauma and stressor-related disorder” in 6, “depression disorder” in 3, and other mental health disorders in four. It was evaluated that there was a causal link with the traumatic processes experienced in 13 children, and there was no causal link between the diagnoses and the traumas experienced in 2 children. The mental health findings and diagnoses seen in children who witnessed torture processes were found similar to those in children who were subjected to torture. Mental health findings and disorders observed when witnessing mental traumas can also last for many years, can emerge years later, and can leave permanent marks that will affect future life.
- As in adult applications, interventions and supports for traumatic processes may remain incomplete in situations where a comprehensive evaluation including a mental health evaluation is not made in children. It is important to consider the physical, mental health, and social well-being of children who have witnessed torture and severe human rights violations. The data related to the children whose first evaluation was made at HRFT shows that this approach is taken as a basis. Treatment support was provided to 45 children; 32 children received psychotherapy, 10 children received psychopharmacotherapy, 5 children received medication, 3 children were given social support, and daily life suggestions were made for 3 children.
- It is clear how important it is to continue and expand the specific studies for children who have been tortured and who are relatives of the torture survivors within the scope of the HRFT in order to cope with the long-term effects of trauma. The similarity in mental health diagnoses of children who have been tortured and who are relatives of the torture survivor is significant. In other words, the hardships experienced by the person who directly experiences the traumatic effect are passed on to their children and grandchildren, who are their heirs.

## **EVALUATION OF TORTURE AND ILL-TREATMENT PER SEXUAL ORIENTATION and GENDER IDENTITY (SO/GI)**

As in all health and health service use studies, SO/GI is an important factor that negatively affects the level of diagnosis and service utilization of women and LGBTI+ people, as it is not evaluated independently.

The process of obtaining information about SO/GI in examinations is often neglected due to reasons such as the potential to generate reactions due to societal and individual values, concerns about privacy, and the threat of discrimination.

Yet, it is known that the likelihood of being subjected to torture and harm varies according to gender identities and that the methods of torture applied can vary according to sexual orientation and gender identities. All of these can lead to certain forms of gender-based torture not being documented, reported/taken into account.

It is suggested to consider the effects of torture and ill-treatment in terms of gender, in terms of “vulnerability/sensitivity caused by being harmed by torture, prevalence and effects of sexual torture/violence, developing/reporting mental disorders in those tortured, and positive/negative coping mechanisms.”

Therefore, since 2020, HRFT has been analyzing and presenting the findings related to applications made to HRTF representative offices according to sexual orientation and gender identities.

The year 2022 was a year of increased torture and ill-treatment as well as legal rights losses for women and LGBTI+ people.

The Istanbul Convention, signed in 2011 by the Council of Europe, was unilaterally abrogated by Recep Tayyip Erdogan on March 20, 2021, and Turkey withdrew from the convention. The struggle against the withdrawal decision by women’s and LGBTI+ movements continued unabated in 2022, lawsuits were filed for its annulment, and protests were held in many parts of the country. Almost all protests experienced bans, detentions, and physical violence.

However, violations, especially those defined by the UN, intensified on March 8th, International Women’s Day, and during Pride Week, which is considered one of the turning points in the LGBTI+ struggle and is celebrated all over the world.

For example, law enforcement intervened in four peaceful meetings and demonstrations held on March 8, International Women’s Day, and 83 people, including one child, were detained.

Due to the serious increase in pressure on LGBTI+ people both in terms of discourse and action, the HRFT Documentation Centre prepared a briefing paper on human rights violations related to Pride Month events. According to the information note, between May 20, 2022, and June 26, 2022, at least 526 people were detained with

torture and ill-treatment in seven police interventions against Pride Marches. This was one of the actions in the history of Turkey where the most protesters were detained. All actions and events were banned in three provinces and districts, and activities at universities were prevented.

Investigations were launched against the administrations of Ankara, Diyarbakir, Istanbul, Izmir, Urfa, and Van Bars for condemning the hate speech of the President of Religious Affairs, who defined LGBTI+ as “perverted”. Students who protested this discourse at Bogazici University also underwent similar investigations and the university’s LGBTI+ Student Club was shut down. A lawsuit was filed to close the We Will Stop Femicide Platform Association, which defends women’s rights, on charges of ‘conducting activities contrary to law and morality’.

Due to these and similar incidents, in the Shadow Report submitted to the UN Committee on the Elimination of All Forms of Discrimination Against Women by the CEDAW Civil Society Executive Board in June 2022, it was emphasized that LGBTI+ organizations were declared deviant and targeted by high-level public authorities. The same report stated that threats against women’s rights and advocacy organizations increased in 2022.

According to the 2022 Human Rights Report by KAOS GL, violations occurred mainly in Istanbul, Ankara, and Izmir. In this report, it was stated that throughout 2022, 571 people were detained, 557 people were subjected to police intervention in peaceful protests, 225 people were subjected to physical violence, 91 people were subjected to judicial harassment, 22 people were insulted, 29 people were fined administratively, while 107 people faced other rights violations. In addition, the right to work of 37 people and the right to protect the reputation of 24 people were violated.

All these violations and issues were reflected in the applications to HRFT for torture and ill-treatment. While 307 women and 38 LGBTI+ applied in 2021, 492 women and 43 LGBTI+ applied for torture and ill-treatment in 2022.

However, applications to the HRFT Treatment and Rehabilitation Centre by LGBTI+ people are still far below expectations. The thought that the application will not work, the relatively less seen arrests, and the concern that confidentiality cannot be ensured affect the application behavior. For this purpose, in the second half of 2021 and in 2022, studies with LGBTI+ organizations have been increased, both communication and training principles have been discussed and developed within the Foundation, attitude guidelines have been prepared and shared with the public. In this context, it has been decided to plan according to gender and gender identities while determining both educators and participants in meetings, trainings, and courses to be organized to increase cooperation and benefit from HRFT services.

### HRFT 2022 applications

Out of the 1201 applications made to HRFT in 2022, 41.0% were women, 55.5% were men, and 3.6% were LGBTI+.

While women most frequently applied in November (13.2%), June (12.2%), and October (10.2%); men applied in June (12.0%), October (12.0%), and November (9.2%); LGBTI+ people in June (37.2%), July (34.9%), and May (11.6%).

Women (32.7%) and LGBTI+ people (51.2%) most frequently applied to our Istanbul representative office, while men applied to our Van representative office (32.6%). While no LGBTI+ applications were made to Ankara and Diyarbakir in the previous year, the application of 6 people this year is a positive development in terms of increasing the use of services. The contribution of the Regional Solidarity Groups, which HRFT established in six regions in 2022 and which many human rights individuals and institutions participate in regular meetings and actions, may have been effective in these applications by making HRFT activities better known in these provinces.

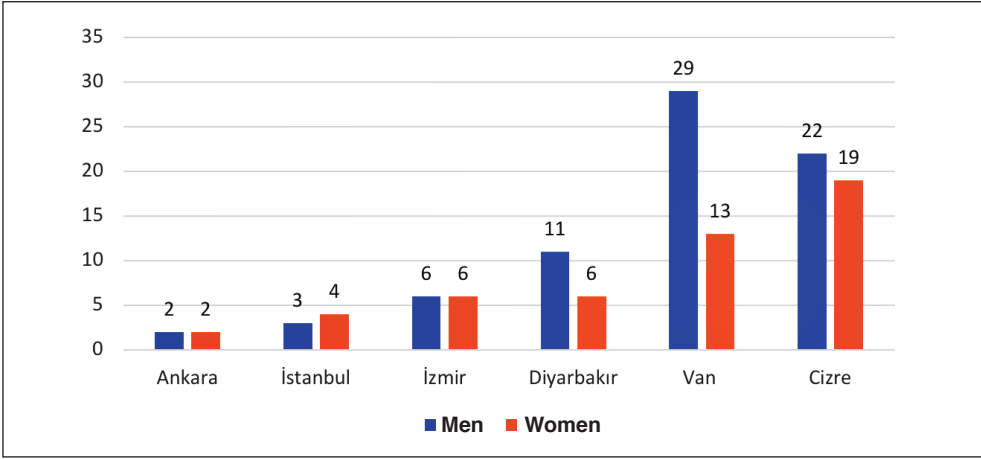
Applications to HRFT representative offices are generally made by those living in that province and to some extent those living in surrounding provinces. Frequency rates obtained by dividing the applications into the female and male populations of each province where the centre is located are available in Graphic 21. LGBTI+ applications have not been included as their places in the total population are unknown. When both women's and men's applications are evaluated according to frequency rates, torture and ill-treatment are still seen more frequently in provinces where Kurds live densely.

The rates of women and men applications are equal in Ankara and Izmir, more in favor of women in Istanbul, and more in favour of men in Diyarbakir, Van, and Cizre. There is a need for a study on why the frequency rates of women's applications are low in Diyarbakir and Van. However, the frequency rate of women's applications is three times higher in Ankara than in Izmir and Diyarbakir, six times higher in Van, and 9.5 times higher in Cizre.

Out of the applicants, 85.8% of women, 92.2% of men, and 100% of LGBTI+ people applied directly due to torture. 2.6% of women and 3.8% of men were tortured abroad.

The inability of HRFT activities to be featured in mainstream media makes it almost impossible to apply thorough this way. Recommendations from those who have previously benefited from the service are the most frequently used method for both women and men. LGBTI+ people still apply most frequently through lawyers. Efforts to announce HRFT services through studies and trainings carried out in cooperation with the Bar Associations and other NGOs should be continued by increasing efforts.





**Graphic 21: Distribution of gender frequency rates according to provincial populations (per hundred thousand)**

**Table 39: Ways to apply to HRFT according to sexual orientation and gender identities**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%
With the recommendation of HRFT applications	162	33,0	199	29,9	10	23,3
Former applicant	112	22,8	124	18,6	10	23,3
Direct	55	11,2	69	10,4	3	7,0
With the recommendation of HRFT staff	51	10,4	78	11,7	3	7,0
Through democratic organizations and/or parties	41	8,4	93	14,0	1	2,3
Through lawyers	33	6,7	46	6,9	13	30,2
With the recommendation of HRFT volunteers	18	3,7	23	3,5	1	2,3
Through İHD	6	1,2	24	3,6	1	2,3
Through press	1	0,2	0	0,0	1	2,3
Other	12	2,4	8	1,2	0	0,0
<b>Total</b>	<b>491</b>	<b>100,0</b>	<b>664</b>	<b>99,7</b>	<b>43</b>	<b>100,0</b>

\*Column percentages have been taken

72.8% of women, 75.3% of men, and 97.7% of LGBTI+ people applied for both treatment and documentation.

## 1. Socio-Demographical Features

Out of the women who applied, 7.3% are under the age of 18, as are 4.5% of men. 56.1% of those under 18 are relatives of torture survivors. 12 women under the age of 18 have been directly subjected to torture. There has been a slight increase in the number of women applicants under the age of 18 compared to the previous year. There were no LGBTI+ applicants under the age of 18. 36.4% of women, 32.7% of men, and 76.7% of LGBTI+ are between the ages of 18-30.

The birthplace of 58.3% of women is the Eastern and Southeastern Anatolia Region, while 53.5% of LGBTI+ are from the Marmara and Aegean Region. It should be considered that LGBTI+ may have been hesitant to report SO/GI in applications due to the pressure of the traditional structure.

**Table 40: Sociodemographic characteristics of applicants according to sexual orientation and gender identities**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%
<b>Age groups</b>						
Below age 18	36	7,3	30	4,5	0	0,0
Age 18-25	115	23,4	136	20,4	17	39,5
Age 26-44	218	44,3	288	43,2	24	55,8
Age 45-64	117	23,8	190	28,5	2	4,7
Over age 65	6	1,2	22	3,3	0	0,0
Total	492	100	666	100	43	100
<b>Region of Birth</b>						
Southeast Anatolian Region	176	35,8	225	33,8	5	11,6
East Anatolian Region	109	22,2	272	40,8	3	7,0
Marmara Region	67	13,6	52	7,8	13	30,2
Aegean Region	43	8,7	25	3,8	10	23,3
Mediterranean Region	20	4,1	13	2,0	5	11,6
Black Sea Region	16	3,3	14	2,1	0	0,0
Central Anatolian Region	35	7,1	29	4,4	7	16,3
Abroad	23	4,7	35	5,3	0	0,0
Total	489	99,4	665	99,8	43	100,0

Table 40 continued

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%
<b>Mother Tongue</b>						
Turkish	161	32,7	125	18,8	28	65,1
Kurdish, Kurmanji and Zazaki	311	63,2	508	76,3	14	32,6
Arabic	6	1,2	17	2,6	1	2,3
Farsi	11	2,2	13	2,0	0	0,0
Pashto	1	0,2	0	0,0	0	0,0
Azeri	2	0,4	1	0,2	0	0,0
Turcoman	0	0,0	1	0,2	0	0,0
Uzbek	0	0,0	1	0,2	0	0,0
<b>Total</b>	<b>492</b>	<b>100,0</b>	<b>666</b>	<b>100,0</b>	<b>43</b>	<b>100,0</b>
<b>Education</b>						
No diploma	70	14,2	48	7,2	0	0,0
Primary School	60	12,2	105	15,8	0	0,0
Middle School	38	7,7	106	15,9	6	14,0
High School	166	33,7	252	37,8	19	44,2
University	142	28,9	131	19,7	18	41,9
Doctorate	9	1,8	13	2,0	0	0,0
<b>Total</b>	<b>485</b>	<b>98,6</b>	<b>655</b>	<b>98,3</b>	<b>43</b>	<b>100,0</b>

\*Column percentages have been taken.

The mother tongue of 63.2% of women and 35.5% of LGBTI+ is Kurdish, Kurmanji and Zazaki. One in every seven women applicants does not have a diploma. 86.1% of LGBTI+ applicants have a high school education or higher.

## 2. Torture and Ill-Treatment

In 2022, there were 1079 applications to HRFT (422 women, 616 men, 41 LGBTI+) related to torture and severe human rights violations in Turkey. The last torture date for 71.8% of women, 67.2% of men, and 95.1% of LGBTI+ was in 2022.

Women and LGBTI+ applicants have reported that torture predominantly occurred in official and unofficial detentions, while for men it occurred in official detentions and prisons. With the changing face of torture, the arbitrary application of torture in

non-enclosed places such as streets/open spaces for the purpose of punishment, intimidation, and deterrence, without even needing to be brought to justice, is leading to an increase in detentions that are defined as off-the-record.

**Table 41: The most common situations of torture according to sexual orientation and gender identities**

Situation	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%
Official detention	246	58,3	273	44,3	30	73,2
Unofficial detention	115	27,3	83	13,5	10	24,4
Prison	57	13,5	256	41,6	0	0,0
Asylum Processes	0	0,0	1	0,2	0	0,0
<b>Total</b>	<b>418</b>	<b>99,1</b>	<b>613</b>	<b>99,5</b>	<b>40</b>	<b>97,6</b>
<b>Unofficial Detentions</b>						
Public protests	65	15,4	45	7,3	4	9,8
Abduction/Disappearance	0	0,0	1	0,2	0	0,0
Imprisonment in home/living space	7	1,7	10	1,6	4	9,8
House/Area raid	30	7,1	14	2,3	0	0,0
Other	16**	3,8	12	1,9	2	4,9
<b>Total</b>	<b>118</b>	<b>28,0</b>	<b>82</b>	<b>13,3</b>	<b>10</b>	<b>24,4</b>

\*Column percentages have been taken.

\*\*Three applicants have stated that they were taken into unofficial custody in addition to official custody and prison.

### 3. Torture during the Last Detention

48.9% of women applicants and 77.5% of LGBTI+ applicants applied to HRFT within 1-7 days after being detained. 13% of women applied to HRFT after more than a year, and 9.8% applied after more than five years.

17.9% of women, 16.2% of men, and 50% of LGBTI+ people stated that they were detained between the hours of 18:00-24:00. Only one LGBTI+ applicant was detained after midnight, while 20.3% of women were detained after midnight. The rate of women being detained from home is 11 times higher than LGBTI+, and 14 times higher in men. Most LGBTI+ detentions (92.5%) occurred as a result of being taken from the street/open area. 73.2% were predominantly detained in street actions during Pride Week and subsequent protests in June and July.

**Table 42: Last detention conditions according to sexual orientation and gender identities**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%
<b>Place of last detention</b>						
Home	113	27,0	209	34,2	1	2,5
Street/open space	270	64,6	317	51,8	37	92,5
Institution (magazine, association)	6	1,4	13	2,1	1	2,5
Workplace	4	1,0	15	2,5	0	0,0
Public institution (airport)	15	3,6	28	4,6	0	0,0
Other	10	2,4	29	4,7	1	2,5
Unknown	0	0,0	1	0,2	0	0,0
<b>Total</b>	<b>418</b>	<b>100,0</b>	<b>612</b>	<b>100,0</b>	<b>40</b>	<b>100,0</b>
<b>Torture in the last detention</b>						
Yes	407	97,4	580	94,6	40	100,0
No	11	2,6	33	5,4	0	0,0
<b>Total</b>	<b>418</b>	<b>100,0</b>	<b>613</b>	<b>100,0</b>	<b>40</b>	<b>100,0</b>
<b>Reason for last detention</b>						
Political	379	90,7	581	94,8	29	72,5
Judicial	8	1,9	13	2,1	1	2,5
Due to gender identity/sexual orientation	8	1,9	1	0,2	27	67,5
Asylum	1	0,2	4	0,7	0	0,0
Ethnical reasons	4	1,0	3	0,5	0	0,0
Due to relatives	21	5,0	5	0,8	0	0,0
Other	9	2,2	9	1,5	0	0,0
<b>Total</b>	<b>418</b>	<b>100,0</b>	<b>613</b>	<b>100,0</b>	<b>40</b>	<b>100,0</b>

\*Column percentages have been taken

The reason for the last detention is political in 90.7% of women and 72.5% of LGBTI+. 67.5% of LGBTI+ people stated their reasons for detention as political and 42.5% as SO/GI related. 67.5% of LGBTI+ people were detained due to SO/GI reasons. 21 women reported being detained due to “relatives”, eight women due to “judicial” reasons, and one woman due to “asylum” reasons.

The most common place where women (58.6%) and LGBTI+ (92.5%) are subjected to torture during the detention process is the street/open area. For women, this is followed by the police station (49.8%) and inside vehicles (33.8%), while for LGBTI+,

it is inside vehicles (52.5%) and the police station (25%). As in the previous two years, torture is taking place in public view. Furthermore, it is observed that torture inside detention vehicles continues. Despite the legal requirement for cameras to be present in detention vehicles, the fact that the footage is not shared due to broken cameras or other excuses makes it difficult to document the torture that takes place here.

During the last detention, women most frequently experienced torture in Istanbul (29.9%), Izmir (12.8%), and Van (12.1%), while LGBTI+ people experienced torture in Istanbul (46.3%), Izmir (36.6%), and Ankara (12.2%).

90.4% of women and 97.5% of LGBTI+ people stated that methods of torture involving physical violence and those not involving physical violence were applied together, while the rate of those who only experienced psychological threats is 9.6% and 2.5%, respectively.

The most frequently reported method of torture for women and LGBTI+ people is 'insult/denigration/threat'.

**Table 43: Torture methods applied in the last detention according to sexual orientation and gender identities\***

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Insult/humiliation/threat	351	83,2	511	83,0	38	92,7
Physical interventions	219	51,9	329	53,4	24	58,5
Coercive actions	289	68,5	431	70,0	37	90,2
Restriction of basic needs	166	39,3	296	48,1	26	63,4
Positional torture	109	25,8	193	31,3	13	31,7
Exposure to physical factors	67	15,9	65	10,6	10	24,4
Sexual harassment/torture	167	39,6	281	45,6	21	51,2

\*A person can be subjected to more than one form of torture, and percentage calculations have been made separately based on the total number of women, LGBTI+ people, and men.

During the last detention, 62.6% of women and 90.2% of LGBTI+ people were subjected to "rough beating". Reverse handcuffing, verbal harassment, sexual verbal harassment, and tight handcuffing are among the most common methods of torture for women and LGBTI+. 14 women reported being subjected to pressurized water, and six women reported attempts at strangulation.

It has been stated that approximately one in ten women and one LGBTI+ individual was subjected to physical sexual harassment. 37 women were subjected to a naked search. Three women reported being injured by a firearm and one woman by a cutting tool.

LGBTI+ people have been subjected to acts such as ‘insults, swearing, rough beating, tight handcuffing, reverse handcuffing, sexual harassment’ at a higher rate compared to women and men applicants.

In applications from women and LGBTI+ people, the most common coercive behaviors experienced in detention are witnessing (42.9%, 56.1%) and torture in the presence of their relatives (30.1%; 53.7%). When all physical interventions are considered together, the exposure rate of LGBTI+ applications is significantly higher. Rough beating has been reported in 95.1% of LGBTI+ applications, 63.1% of men, and 62.6% of women, and the difference between them is significant. Forced medical intervention is four times more common in women’s applications than in men.

30 men reported being subjected to falanga, 29 men to the Palestinian hanging, 10 men to hanging by the feet, and 31 men to twisting one’s testicles.

**Table 44: Exposure to sexual harassment during detention, listed by gender identity and sexual orientation\***

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Verbal sexual harassment	101	23,9	191	31,0	20	48,8
Sexual insults	130	30,8	254	41,2	20	48,8
Threat of sexual assault	34	8,1	44	7,1	1	2,4
Other verbal harassment	3	0,7	2	0,3	0	0,0
Physical sexual harassment	44	10,4	53	8,6	1	2,4
Strip search	0	0,0	6	1,0	0	0,0
Stripping the person naked	37	8,8	66	10,7	0	0,0
Rubbing against the person	33	7,8	19	3,1	1	2,4
Rape	0	0,0	3	0,5	0	0,0
Other sexual harassment	3	0,7	2	0,3	1	2,4

\*A person can be subjected to more than one form of torture, and percentage calculations have been made separately based on the total number of women, LGBTI+ people, and men.

When verbal, physical, and sexual harassment are considered together, there is no significant difference among all applications. However, it is understood that verbal sexual harassment and sexually explicit insults are most often directed at LGBTI+ people. Physical sexual harassment, on the other hand, is applied to women at a higher rate. Three male applicants have reported being raped (prior to 2022).

36.1% of women and half of the LGBTI+ people have reported experiencing violations related to COVID-19 measures.

#### 4. Medical Examinations and Legal Process

During the official detention process, 22.1% of women did not have an initial examination, 21.5% did not have a final examination, and 66.2% did not have an interim examination at the initiative of the police force. Among LGBTI+ people's applications, one did not have an initial examination, five did not have a final examination, and one applicant who was detained for over 24 hours did not have an interim examination. For women, the location of the initial examination was a hospital in 97% of cases, the final examination in 91.2% of cases, and the interim examination in 59.1% of cases.

It has been stated that health examinations should be conducted in health institutions during detention entry, exit, and relocation situations, and that examinations cannot be conducted in places where the individual's privacy cannot be protected and they will not feel free, such as non-health environments, according to the UN Istanbul Protocol. Despite this, it is stated that the health examinations of 3 women at entry, 16 women at exit from detention, and 16 women during interim examinations were conducted in a place other than a health institution (including detention vehicle/armored vehicle). Conducting health examinations outside of a health institution under the supervision of law enforcement undermines the sense of trust in the people being examined, prevents the privacy of the person being examined from being ensured, and prevents the physician from making an independent medical decision while preserving their professional independence. Medical evaluations conducted in this way are considered a crime in legal terms, as

It has been observed that the number of 'no' responses given to questions about removing law enforcement during examinations, obtaining informed consent, listening to complaints, taking a history, and conducting a systematic examination decreased in the order of Men, Women, LGBTI+ in terms of SO/GI for all examination steps. The presence of law enforcement in the room during the examination of male applicants is significantly higher in entry, interim, and final examinations.

Informed consent was not obtained during the entry examination in three out of four women and 64.5% of LGBTI+ people. One in two women and one in five LGBTI+ people stated that their complaints were not asked at the entrance. While this rate is at a similar level in women in the final examination, it has increased to 24% in LGBTI+ people. Three out of four women and 59% of LGBTI+ people answered 'no' to the question of whether a systematic examination covering all systems was performed during discharge. The rates of compliance with ethical principles and professional standards of the Istanbul Protocol and procedural guarantees are quite low in all groups.

In the 'Health Examinations During Detention' section, these issues have been evaluated, and it has been emphasized that when medical evaluations that do not comply with the minimum standards and ethical principles defined in the Istanbul



Protocol are made, incomplete and incorrect results will be reached, and torture will not be detected. This situation also leads to additional traumas in those subjected to torture, disrupts treatment processes, and prepares the ground for impunity practices by preventing the perpetrators from being brought to justice.

The distribution of the number of those who received a second medical evaluation and opinion outside of HRFT, based on SO/GI is as follows: 12 women (4%), 1 LGBTI+ (3.1%), 10 men (1.9%). Since HRFT data are insufficient in illuminating the rate of those who received a secondary opinion and the reasons for obtaining/not obtaining it, these issues should be addressed in terms of SO/GI in future qualitative studies.

96.9% of LGBTI+ people and 80.9% of women stated that they had a meeting with their lawyers during the official detention process. This rate is 66.1% for male applicants. Although the data tables related to the applications do not include the details of the incidents, it is thought that the rates in LGBTI+ and women may have originated from peaceful meetings announced to the public in advance, where lawyers are also aware of the process and have preparations.

After the detention, one out of nine women has been arrested. This rate is significantly higher in men (45.7%). The arrest rate after detention is the lowest in LGBTI+ people (3.1%), almost all of whom were released without being taken to the prosecutor's office, and only two cases were filed, one of which was convicted while the other case was ongoing. This situation tells us that hate speech and practices against LGBTI+ people have been taken to a different dimension, that torture and ill-treatment take place in open spaces/streets, and that arbitrary punishment practices that do not even need to be taken to court are prominent in practice.

Three out of every ten women who applied due to torture and ill-treatment in detention stated that they were tortured during their interrogation in court or in the prosecutor's office, while this rate is significantly lower in men (16.5%) and higher in LGBTI+ people (65.6%). It is thought that the presence of lawyers during the detention process has an effect on the difference in these rates.

## **5. Physical Complaints, Findings and Diagnoses Per SO/GI**

Psychological complaints have been reported most frequently in all women, men, and LGBTI+ people. This is followed by musculoskeletal and skin complaints. 'Fatigue, weakness, cough and shortness of breath' are the top complaints in 90.1% of women and 94.1% of LGBTI+ people reporting general complaints. Bruises and grazes, aches in the shoulder, neck, and back are the most frequently reported musculoskeletal complaints in women. In LGBTI+ people, bruises and grazes, neck and arm aches have also been frequently reported.

**Table 45: Distribution of physical complaints stated by applicants, by SO/GI**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Musculoskeletal system complaints	262	60,2	383	59,8	26	63,4
General complaints	202	46,4	242	37,8	28	68,3
Skin complaints	181	41,6	253	39,5	17	41,5
Neurological complaints	146	33,6	217	33,9	7	17,1
Cardiovascular disease complaints	74	17,0	103	16,1	2	4,9
Respiratory system complaints	47	10,8	124	19,3	4	9,8
Digestive system complaints	118	27,1	203	31,7	5	12,2
Endocrine system complaints	41	9,4	5	0,8	1	2,4
Urogenital system complaints	70	16,1	132	20,6	1	2,4
ENT complaints	114	26,2	234	36,5	7	17,1
Teeth complaints	62	14,3	148	23,1	5	12,2
Mental health complaints	374	86,0	471	73,5	33	80,5

\*It has been calculated by dividing the total number of women/men/LGBTI+ who were subjected to torture.

Psychological complaints are statistically significantly higher in women and LGBTI+ people. Women most often report anxiety, sleep disorders, distress, fear, and irritability, while LGBTI+ people report anxiety, irritability, distress, tension, and sleep disorders. While no suicidal thoughts were reported by LGBTI+ people, they were reported by 5.1% of women and 3.7% of men.

In cases where torture and ill-treatment are the only factors in women, the most common injuries are superficial injuries to the shoulder and upper arm (17.2%), superficial injuries to the wrist and hand (11.7%), and superficial injuries to the calf (10.9%). In men, the most common are superficial injuries to the wrist and hand (12.7%), superficial head injuries (10.3%), and superficial injuries to the shoulder and upper arm (9.1%). The findings in LGBTI+ people are similar to those in women.

**Table 46: The 10 most common diseases where the single factor is torture and ill-treatment according to SO/GI**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Superficial injury of shoulder and upper arm	107	24,6	64	10,0	18	43,9
Superficial injury of the wrist and hand	73	16,8	90	14,0	11	26,8
Superficial injury of the calf	68	15,6	57	8,9	17	41,5
Superficial injury of the forearm	60	13,8	59	9,2	11	26,8
Other soft tissue disorders, not classified elsewhere	39	9,0	24	3,7	1	2,4
Superficial injury of the hip and thigh	39	9,0	23	3,6	8	19,5
Injury to the muscle and tendon at the shoulder and upper arm level	31	7,1	18	2,8	3	7,3
Superficial injury of the thorax	28	6,4	58	9,0	6	14,6
Superficial head injury	24	5,5	72	11,2	8	19,5
Dorsalgia	11	2,5	15	2,3	3	7,3

\*It has been calculated by dividing the total number of women/men/LGBTI+ subjected to torture.

The average number of diagnoses made for the applicants is 4.4 for LGBTI+ people, 3.5 for women, and 4.1 for men while the proportion of diagnoses that have a causal link and temporal relationship with torture is 82.2% for LGBTI+ people, 70.9% for women, and 67.7% for men. While 63.3% of the diagnoses received by women and 75.5% of those received by LGBTI+ people are temporally consistent with the last torture, this rate is 57.5% in men.

It has been observed that torture and ill-treatment were the only factors in 78.9% of the diagnoses made for LGBTI+ people and in 48.8% of those made for women.

**Table 47: The causal relationship between torture and ICD-10 codes according to SO/GI**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Sole factor	730	48,8	773	30,8	142	78,9
Effective	142	9,5	411	16,4	4	2,2
One of the factors	188	12,6	515	20,5	2	1,1
No relation	386	25,8	664	26,4	31	17,2
Could not be determined	50	3,3	148	5,9	1	0,6

\*It has been calculated by dividing the total number of women/men/LGBTI+ subjected to torture.

## 6. Mental Findings and Diagnoses by Sexual Orientation and Gender Identity

The initial consultation at HRFT is conducted by the application doctors, covering all systems, and the psychological complaints mentioned during the consultation are classified under 26 headings in the application file. The psychological complaints recorded by the application doctors are listed in Table 48.

**Table 48: Mental complaints reported according to sexual orientation and gender identities**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Anxiety	240	56,9	259	42,0	24	58,5
Sleep disorders	210	49,8	241	39,1	19	46,3
Boredom	176	41,7	212	34,4	20	48,8
Fear	168	39,8	146	23,7	18	43,9
Irritability	160	37,9	171	27,8	21	51,2
Agitation	156	37,0	138	22,4	20	48,8
Sense of feeling trapped about the future	108	25,6	165	26,8	14	34,1
Feeling uncomfortable with police officers	93	22,0	83	13,5	16	39,0
Inability to enjoy life	89	21,1	102	16,6	10	24,4
Flashback	89	21,1	98	15,9	8	19,5
Forgetfulness	89	21,1	128	20,8	2	4,9
Desire to cry	83	19,7	36	5,8	7	17,1
Having nightmares	78	18,5	64	10,4	9	22,0
Concentration impairment	74	17,5	65	10,6	3	7,3
Other	72	17,1	47	7,6	2	4,9
Outbursts of anger	65	15,4	70	11,4	5	12,2
Being alert	63	14,9	70	11,4	13	31,7
Adjustment problems	63	14,9	140	22,7	7	17,1
Sense of alienation	53	12,6	65	10,6	6	14,6
Distancing from people	49	11,6	63	10,2	4	9,8
Startle response	48	11,4	33	5,4	8	19,5
Intrusive recall	46	10,9	32	5,2	9	22,0
Thoughts of suicide	22	5,2	24	3,9	0	0,0
Emotional numbness	16	3,8	13	2,1	2	4,9
Excessive alertness	13	3,1	9	1,5	5	12,2
Loss of sexual desire	12	2,8	30	4,9	1	2,4

\*It has been calculated by dividing the total number of women/men/LGBTI+ subjected to torture.

47.6% of women, 46.3% of LGBTI+ people, and 33.1% of men have been evaluated by a psychiatrist.

The most common diagnoses made by mental health professionals according to DSM-V diagnostic criteria are presented in Table 49. Acute PTSD is the most common mental illness in all groups, although it is less common in men. In women, this is followed by major depressive disorder (20.4%), while in LGBTI+ people, it is followed by generalized anxiety disorder and recurrent major depressive disorder.

**Table 49: Mental diagnoses according to sexual orientation and gender identity**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Acute PTSD	60	29,9	45	22,1	5	26,3
Major Depressive Disorder, Single Episode	41	20,4	37	18,1	0	0,0
Adjustment Disorder	19	9,5	33	16,2	1	5,3
General Anxiety Disorder	17	8,5	16	7,8	2	10,5
Major Depressive Disorder, Repetitive	22	10,9	10	4,9	2	10,5
Acute Stress Disorder	8	4,0	7	3,4	1	5,3
Undefined Anxiety Disorder	8	4,0	6	2,9	1	5,3
Delayed Onset PTSD	2	1,0	4	2,0	0	0,0
Obsessive Compulsive Disorder	2	1,0	4	2,0	0	0,0
Undefined Depressive Disorder	3	1,5	3	1,5	0	0,0
Panic Disorder	4	2,0	0	0,0	1	5,3
Somatic Symptom Disorder	4	2,0	1	0,5	0	0,0
Sleeping Disorders	1	0,5	4	2,0	0	0,0
Social Anxiety Disorder	1	0,5	3	1,5	0	0,0
Persistent Depressive Disorder	1	0,5	2	1,0	0	0,0
Other	9	4,5	13	6,4	0	0,0

\*It has been calculated by dividing the total number of women/men/LGBTI+ subjected to torture.

## 7. Treatment processes

When the physical therapy process of the applicants is evaluated; it is seen that the compliance with physical therapy is similar in terms of SO/GI. When applications where no disease related to the last torture process is detected are also included, the completion rate of physical therapies is 86% in LGBTI+ people, 78.6% in women, and 74.6% in men. The treatment process of 4 women and 2 men was left unfinished because they were taken into custody again before a diagnosis could be made.

**Table 50: Physical treatment process according to sexual orientation and gender identifications**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Treatment completed	201	47,6	320	52,1	24	55,8
No disease related to the last torture	131	31,0	138	22,5	13	30,2
Treatment is ongoing	34	8,1	87	14,2	1	2,3
Diagnosis process interrupted	26	6,2	36	5,9	1	2,3
Treatment process interrupted	20	4,7	24	3,9	2	4,7
Refused physical examination	7	1,7	4	0,7	1	2,3
Other	3	0,7	5	0,8	1	2,3
<b>Total</b>	<b>422</b>	<b>100,0</b>	<b>614</b>	<b>100,0</b>	<b>43</b>	<b>100,0</b>

\*It has been calculated by dividing the total number of women/men/LGBTI+ subjected to torture.

In the psychological evaluation of 424 applicants, it was understood that the psychological treatment process was completed in 33 women (16.5%), 55 men (27%), and 2 LGBTI+ people (10.5%), the process was ongoing in 136 women (67.7%), 101 men (49.5%), and 10 LGBTI+ people (52.6%), and the psychological treatment process was discontinued in 32 women, 48 men, and 7 LGBTI+ people.

**Table 51: Mental treatment process according to sexual orientation and gender identities**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Treatment completed	14	3,3	12	2,0	0	0,0
No disease related to torture	19	4,5	43	7,0	2	4,7
Treatment is ongoing	136	32,2	101	16,4	10	23,3
Diagnosis process interrupted	1	0,2	0	0,0	1	2,3
Treatment process interrupted	31	7,3	47	7,7	6	14,0
Refused mental examination	221	52,4	410	66,8	24	55,8
Other	0	0,0	1	0,2	0	0,0
<b>Total</b>	<b>422</b>	<b>100,0</b>	<b>614</b>	<b>100,0</b>	<b>43</b>	<b>100,0</b>

\*It has been calculated by dividing the total number of women/men/LGBTI+ subjected to torture.

Refusal or discontinuation of psychiatric treatment is significantly higher in men. Again, the rate of not receiving a diagnosis in men is twice as high as in women and LGBTI+ people. 24.3% of women, 4.2% of men, and 7.9% of LGBTI+ people have received medication monitoring.

**Table 52: Results of the severity scale of the disease - general clinical impression according to SO/GI**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Normal, not ill	14	7,0	27	13,2	1	5,3
On the verge of mental illness	5	2,5	9	4,4	0	0,0
Mildly ill	26	12,9	21	10,3	3	15,8
Moderately ill	36	17,9	30	14,7	7	36,8
Markedly ill	26	12,9	12	5,9	0	0,0
Severely ill	4	2,0	3	1,5	0	0,0
Extremely ill	0	0,0	0	0,0	1	5,3

\*It has been calculated by dividing the total number of women/men/LGBTI+ subjected to torture.

According to the CSI\_I clinical general impression-improvement scale, the number of women who have improved significantly is twice that of men. Only one woman has improved a lot, while minimal improvement has been observed in 9 women and 7 men. There has been no change in terms of improvement in 2 women.

In LGBTI+ people, the recommendation for daily life has been significantly higher than in women and men. Although not statistically significant, medication treatment is higher in men, while the rate of receiving psychotherapy has been found to be significantly lower than in women and LGBTI+ people ( $p < 0.05$ ). The levels of not recommending treatment related to torture processes are similar in all three groups.

**Table 53: Treatments applied in torture processes according to sexual orientation and gender identities**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Daily life advice	187	44,3	259	42,2	27	62,8
Medical treatment	209	49,5	344	56,0	21	48,8
Physical treatment	12	2,8	25	4,1	0	0,0
Exercise	34	8,1	38	6,2	4	9,3
Orthopedic device	1	0,2	3	0,5	1	2,3
Cast/splint	2	0,5	2	0,3	0	0,0
Surgical intervention	3	0,7	11	1,8	0	0,0
Eyeglasses	20	4,7	81	13,2	1	2,3
Hearing aid	0	0,0	1	0,2	0	0,0
Dental treatment	9	2,1	32	5,2	0	0,0

**Table 53 continued**

	Women		Men		LGBTI+	
	Number	%*	Number	%*	Number	%*
Psycho-pharmacotherapy	127	30,1	110	17,9	8	18,6
Psychotherapy	94	22,3	46	7,5	11	25,6
Social Support	31	7,3	39	6,4	1	2,3
Other	3	0,7	9	1,5	1	2,3
No treatment	71	16,8	120	19,5	9	20,9

\*Percentages have been taken separately according to the number of applications from women, LGBTI+ and men.

## SOCIAL EVALUATION OF TORTURE SURVIVORS

The HRFT has been adopting a holistic treatment approach since 1990 for the full recovery of all individuals who apply, stating that they have been subjected to torture and ill-treatment or are relatives of those who have been subjected. Detailed social evaluations of individuals subjected to torture and ill-treatment and their relatives are carried out, trying to identify the problems that the processes of torture, prison, migration, etc. can create in the social support systems they have, and contributing to solution-oriented processes by intervening in interaction points for positive change in the applicants and their environment.

## SOCIAL EFFECTS OF TORTURE

Torture is an extraordinary, uncontrollable, and unpredictable experience that negatively affects people's lives and well-being. The stress caused by these events impairs the individual's biopsychosocial functionality, damaging their ability to adapt; it threatens the individual's mental, physical, and social integrity. Torture not only harms the integrity of the survivors but also damages the social networks in which the individual is involved at various levels and their relationships with these networks.

From a social service perspective, the act of torture and its effects are very extensive and profound. In addition to torture, problems of readjustment brought about by detention and long prison terms, migration experiences, displacement, etc., complicate the trauma experienced. The inability to reintegrate with the family or community, the inability to derive satisfaction from friendships and other close relationships as before, the inability to participate in educational life, the interruption of work life, attitudes towards the incident at the local level, and fears about their own safety can lead to the isolation of the person who has experienced torture; making it difficult for them to establish healthy connections with these systems again.

The damages that arise as a result of torture bring the concept of need to the agenda. In social work, the concept of human needs is addressed in a way that emphasizes



the need to consider both the broader socio-economic-cultural and political structure and subjective experiences and evaluations (Hatipoğlu Eren, 2016)<sup>9</sup>. Social work evaluations and practices at HRFT are handled in this context; they are designed to help ensure that the supports necessary for applicants to manage and sustain their daily lives are compatible with each other. Social work promotes health in the broadest sense by focusing on the applicant's place in society rather than just their symptoms and offers a holistic perspective using the 'individual within their environment' approach.

### **SOCIAL SERVICE PRACTICES CARRIED OUT AT HRFT**

The situation of the torture survivor himself, family members or close individuals living together, such as access to housing/security/economic sufficiency and health services, are evaluated; as a result of the identified needs, consultancy, referral, reporting, follow-up and monitoring studies related to public, private sector and non-governmental organizations regarding in-kind/cash aids are coordinated. In addition to these basic needs, focus is also placed on human needs and rights such as revealing individuals' potential and creativity, developing their skills, acquiring a new interest and self-expression area; care is taken to ensure that the services offered have a healing quality for both the social life of individuals and their physical and mental well-being.

As a result of the social evaluations made in this context, necessary information is given to the treatment team and decisions are made together with the applicants on what to do in the short and long term in the field of social work. Efforts are being made to mobilize social support resources and rebuild healthy social ties.

In 2022, individuals who applied to HRFT Representative Offices stating that they were subjected to torture and ill-treatment had regular meetings with the social service specialist both in the institution and visits were made to their homes, schools, and workplaces in order to increase their functionality and enable positive change in their biopsychosocial well-being.

In 2022, in addition to similar efforts, advocacy activities were carried out within the scope of protecting the refugee rights of refugee applicants who stated that they were tortured, and efforts were made to eliminate the human rights violations they were subjected to.

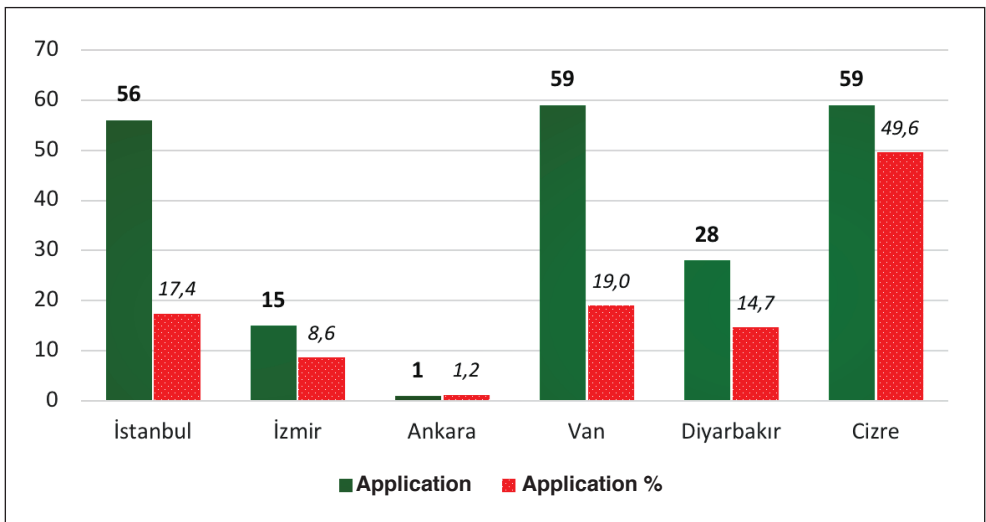
In 2022, with the onset of the election process in Turkey, it has been observed that there has been a significant increase in divisive, racist rhetoric and demands for repatriation targeting all refugee groups, especially Syrian and Afghan refugees, in political discourse, media, and various publication sources. It has been observed that our applicants have also been affected by this situation; tendencies to withdraw

<sup>9</sup> Hatipoğlu Eren, B. (2016). Sosyal Çalışma Açısından İnsani İhtiyaçların Değerlendirilmesine İlişkin Modeller ve Feminist Katkıları. *Toplum ve Sosyal Hizmet*, 27(1), 161-178

from social spaces such as workplaces, neighborhoods, schools, etc. have been identified. During this period, emphasis was placed on strengthening legal awareness in addition to psycho-social support.

### Applications Evaluated within the Scope of Social Services at HRFT Representative Offices

In 2022, out of the 1201 applications made to the HRFT representative offices, the number and rates of those followed by social services according to the representative offices were determined as follows: 56 applications (17.4%) in İstanbul, 28 applications (14.7%) in Diyarbakır, 59 applications (49.6%) in Cizre, 59 applications (19%) in Van, 15 applications (8.6%) in İzmir, and 1 application (1.2%) in Ankara, making a total of 218 (18.2%) applications. The distribution of applications followed by social services in 2022 according to the representative offices is shown in Graphic 22.



**Graphic 22: Distribution of social service support according to representative offices**

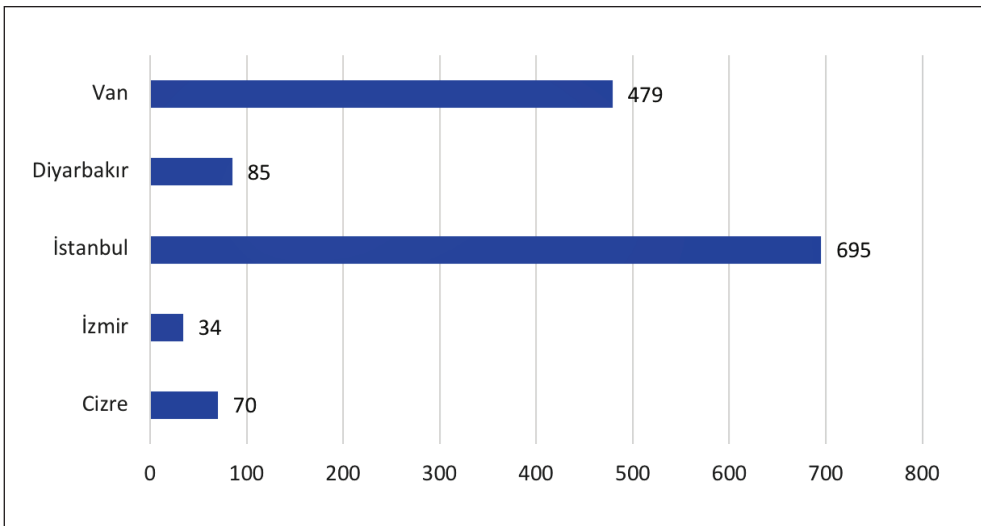
There is no social service specialist in the HRFT İzmir and Ankara Representative Offices, so applications that need social service support are continued with the support of social service specialists working in other representative offices and volunteer social service specialists in these cities. Since only applicants specifically selected for social service follow-up are referred by other members of the treatment team, the number of people followed in these two representative offices is less than in other representative offices. In Cizre, due to the lack of an application doctor, treatment and rehabilitation processes are carried out in coordination with the Diyarbakır Representative Office, and applications are received by the social service specialist.

Therefore, the rate of those who start the social support process in applications made to the Cizre Reference Centre is different from other representative offices.

Considering this information, when the number and rates of applications are evaluated, it is understood that one out of every five applications made to the HRFT is evaluated by social service experts and social support processes are initiated.

### Distribution of Social Service Interviews According to Representative Offices

In 2022, individual intervention plans were created for applications that needed social service intervention by identifying the problems and needs created by torture; to reduce the psycho-social effects of torture, and to help applicants regain their functionality. The distribution of total meetings held throughout the year with applicants who received social service intervention is shown in Graphic 23.



**Graphic 23: The distribution of the total number of interviews conducted in the field of social services in 2022 according to HRFT representative offices**

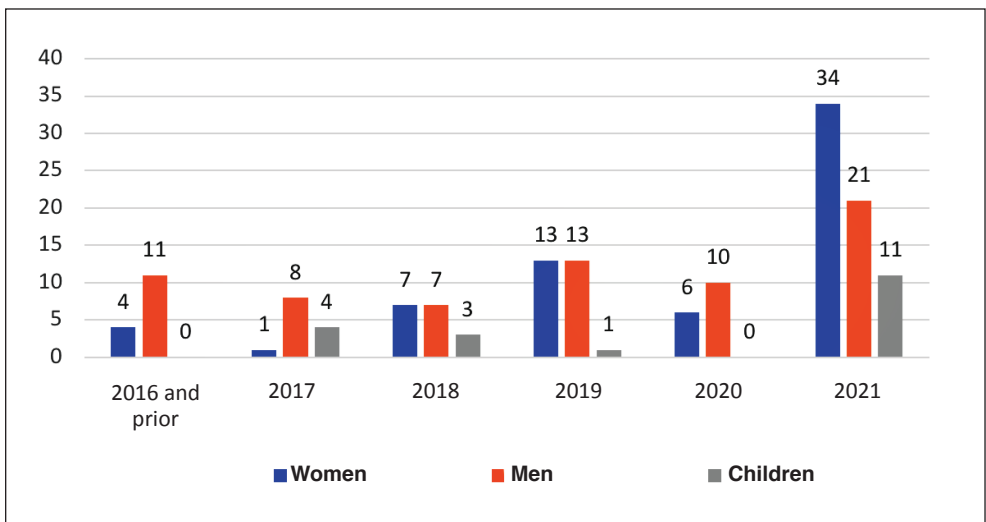
During 2022, interviews are being conducted with applicants and their relatives who need social service intervention, each lasting an average of one hour, to overcome the crisis created by abuse and torture, focusing on “*empowerment-based approach, strengths perspective and anti-oppressive social work approach*”.

According to the representative offices, the number of applications and interviews where social interviews were conducted were 209 applications with 695 interviews in Istanbul, 27 applications with 85 interviews in Diyarbakir, 59 applications with 479 interviews in Van, and 59 applications with 70 interviews in Cizre. When the

ratios of the number of interviews to the applications in which social interviews were conducted are evaluated, the number of interviews in Van Representative Office is 8.1, while it drops to 1.2 in Cizre. It has been thought that the differences related to the number of interviews may have arisen from the differences in social support opportunities in the provinces where the representative offices are located, as well as the characteristics of the applications.

The social service support for applicants who have been tortured and abused or who have witnessed the torture and other human rights violations that their relatives have been subjected to does not end within the year and long-term social support may be needed. Due to new needs of the applicants who applied to HRFT before 2022 and whose medical treatments and social service follow-up processes are ongoing, there is a need to strengthen their social supports.

In the Istanbul Representative Office, in addition to 56 new applications made in 2022, the total number of applications followed by social service experts during the year was 209, including 154 people from previous years' applications whose social service follow-ups are ongoing. Social service support started before 2022 for 154 applications, 19 of which are children and 135 are adults (65 women, 70 men). Although the number of LGBTI+ people is quite low in terms of gender identities, it is thought that this situation stems from the low number of LGBTI+ people in the applications made to HRFT.



**Graphic 24: Applications followed at the HRFT Istanbul Representative office according to application dates and gender distribution**

- Four applicants diagnosed with Wernicke Korsakoff Syndrome (WKS) after forced medical interventions carried out in prisons in 2000 have been followed by HRFT since 2000 and 2001. During 2022, these applications were regularly followed up for the purpose of disability retirement, renewal of disability reports, referrals to existing public resources related to their disability status, improving their social well-being, and strengthening social support mechanisms.
- Chronic physical and mental health problems arising from torture and violations experienced during the prison process in those who have been in prison for a long time, the presence of losses and relational disruptions in family life, the complete exhaustion of economic income sources, and the obstruction of education and learning rights require long-term social service interventions. In order for the applicants to regain their impaired social functions and to support their repair processes, comprehensive needs analyses are regularly carried out every year, and social support activities are planned and maintained for their current needs within that year.
- Starting from language barriers in refugees, their needs in legal, social, education, work and health fields cannot be resolved in a short time. The physical, mental, and social service follow-ups of 47 refugee applicants that applied before 2022 and 11 refugee applicants that applied in 2022 have been maintained since their application dates, and social support continues to be provided.
- Due to the impact of two major earthquakes that occurred in February in Turkey on Diyarbakir and surrounding provinces, the work of HRFT Diyarbakir Representative Office has been disrupted, treatments and social support and follow-ups have been postponed or redirected to other representative offices. During this process, the records of the number of interviews conducted in 2022 and the work carried out were not evaluated as they contained deficiencies.

### **Distribution of Meetings by Months**

When the distribution of the applications that received social service intervention is evaluated by months, it has been evaluated that the number of applications decrease towards the summer months and increase from the end of August. The number of interviews with the applicants also supports this observation.

When there is no social service specialist in all the representative offices of HRFT and when the works of social service specialists are hindered, the conditions to support the applications are also eliminated. With the arrest of Bilal Yıldız, a Social Service Expert working at HRFT Istanbul Representative Office, on June 3, 2022, due to his activities related to human rights advocacy, there have been disruptions in the social service follow-ups carried out in 2022, and there has been a significant decrease in the number of social service interviews. However, after a second social service expert started interviewing with the applicants as of September following the

orientation process, social service interventions have gradually started to be made and support has started to be provided.

Although the number of those who applied during the year in all representative offices as well as those who intervened in social service from previous years could not be determined, it was seen that this average was 3.6 in Istanbul, although the average number of interviews made with one application could not be compared.

## **STUDIES CONDUCTED IN THE FIELDS OF EDUCATION, WORK, LABOR, AND HEALTH**

In addition to the problems created by torture and human rights violations, the COVID-19 pandemic, which has spread to almost all countries of the world as of March 2020 and has had a global impact, has made the conditions of Turkish and refugee applicants even more difficult. The impact of situations such as inequalities in access to education, health, and employment resources, and the inadequacy or absence of state support against income loss has reached a more serious dimension. The serious increase in inflation in Turkey in 2022 has also increased and deepened poverty. In the Turkey Report<sup>10</sup> published by the European Social Rights Committee in 2022, it was stated that the rate of permanent poverty increased to 13.8%, Turkey needs a specific policy framework to reduce poverty, and poverty poses a risk for the most vulnerable sections of the population. Groups vulnerable to material deprivation, especially children, have continued to remain at high risk. Indeed, the effects of impoverishment have been seen in the applications received during the year.

Below are the data and studies related to the education, work/employment status, and health status of 218 applications that were socially evaluated in TİHV representative offices during the year 2022.

### **Education**

From the 218 applications that were socially evaluated in the HRFY representative offices in 2022;

- The education life of 91 applicants was negatively affected; 86 received a warning penalty from the institution they continued their education and 4 received a reprimand penalty.
- 51 applicants experienced a decline in academic success; this decline is due to health and economic problems caused by traumatic experiences they have been exposed to, as well as being a result of social exclusion.

<sup>10</sup> European Committee of Social Rights (2022). 2022 Briefing on EU Enlargement Policy [https://www.ab.gov.tr/siteimages/birimler/kpb/2022\\_turkiye\\_report\\_tr\\_27.11.2022\\_22.05.pdf](https://www.ab.gov.tr/siteimages/birimler/kpb/2022_turkiye_report_tr_27.11.2022_22.05.pdf) (Access Date: 19.04.2023)

The total number of children continuing education among all the applications evaluated is 72.

- Out of these 72 children, it was understood that the academic success of 54 children decreased, and this decrease was due to health/economic problems caused by the traumatic experiences their parents were exposed to, as well as having to quit or take a break from their education due to social exclusion.
- Awareness has been raised about the right to education and training in applicants and/or their relatives whose education life has been interrupted, and they have been provided with access to legal support for their access to education and training to be re-established, and they have been provided with access to courses and activities that will facilitate their continuation of education and training within the scope of HRFT's Social Support Program.

### **Work and Employment Status**

In 2022, out of the 218 applications that were socially evaluated in the HRFT representative offices:

It was learned that the work/employment status of 137 applications was negatively affected.

Multiple responses were received from each applicant regarding the reasons for the negative impact on their work/employment status. 41 people had difficulty finding a job due to stigmatization, 38 people had to quit their job due to the process they went through, 30 people could not work due to health problems caused by traumatic events they experienced, 18 people were fired due to the process they went through, 17 people were not hired due to their criminal record, and 12 people stated that they could not receive equal pay compared to other employees due to the stigmatization they experienced.

Advocacy was made for the applicants in cases where the functionality required for the job could not be fulfilled due to health problems caused by torture and ill-treatment and in order to prevent possible loss of rights due to dismissal. Mediation efforts were made for the applicants to access public resources in cases where income loss due to dismissal from work and the needs of individuals they are obliged to take care of could not be met, and it was ensured that the applicants reached the resources. In cases where applicants could not find a place in the sector where they have been working for a long time due to their criminal record, referrals were made for applicants to vocational training courses.

### **Health**

When the information shared by the 218 applicants that were socially evaluated in the HRFT representative offices in 2022 regarding access to health is evaluated.

*Citizens of Republic of Turkey:*

It was found that 91 applications without any health insurance:

- Could not benefit from general health insurance due to premium debt or had problems activating their general health insurance after prison, and therefore could not access free health services.
- During social evaluations, consultancy was provided for the applicants to be included in the general health insurance, the applications were directed to the relevant public institutions, and when needed, they were accompanied to these institutions to ensure that they have health insurance.

*Refugee Applications:*

- It is seen that many refugees who had to leave their country and recently sought refuge in Turkey remained without health insurance for a long time as they could not benefit from any health insurance until their registration processes were completed and their registration periods took a very long time.
- In addition, from our refugee applications that we followed up in 2022, the International Protection or Temporary Protection Statuses of 30 were cancelled without stating any reason or they were subjected to other legal sanctions, so their health insurances were also cancelled.
- Necessary counselling has been provided for refugee applications without health insurance or subsequently cancelled to benefit from public health services again, and regular meetings have been held with the relevant institutions and organizations.

**Economic Income**

When examining the economic situation of the applicants within the scope of social evaluation, questions were directed by considering certain criteria. They were asked to answer for basic needs such as housing, food, fuel, hygienic materials, clothing, bills, education, cultural activities, hobbies, and travel for themselves if they live alone, and for the whole household if they live with others.

In light of the information given above, out of the 218 applications that were socially evaluated in the HRFT representative offices in 2022:

- It was learned that 100 people could not meet the basic needs mentioned above,
- 112 people were only able to meet the basic needs mentioned above.

However, when asked whether they receive economic support from any institution, it was understood that only 38 people received economic support from an institution. It was learned that among the institutions from which support was received were



municipalities, Social Assistance and Solidarity Foundation and its related units, provincial/district directorates affiliated with the Ministry of Family and Social Services, and non-governmental organizations.

### **Regarding Social Support Ties and Social Adaptation**

In the data obtained on whether close partner/spouse relationships are negatively affected:

Out of 218 applications that were socially evaluated in HRFT representative offices in 2022:

- 61 people stated that their relationship was negatively affected.

In the question asked about whether the applicants have problems related to social adaptation:

- 185 people stated that they had social adaptation problems.
- Multiple answers were received from each applicant regarding in which relationships they experienced social adaptation problems. 93 people in the city/country they live in; 26 people in family/relative relationships, 13 people in spouse/partner, 20 people in friend circle, 10 people in work environment, and 7 people stated that they had difficulty adapting to the institution/organization they are affiliated with.

It has been observed that individuals, especially those who have a long history of imprisonment, tend to maintain their habits in prison when they return to their social environment. With the emergence of withdrawal, introversion, easy startle, quick anger, feelings of hopelessness and helplessness about the future, which are the most prominent symptoms of Post-Traumatic Stress Disorder and accompanying depression; it leads to the deterioration of family, friend and work relationships of individuals exposed to traumatic events, if they can return.

It has also been observed that the anxieties experienced by the relatives of those who have been tortured often damage the relationship dynamics. It is known that torture targets not only the individual but also the population group that the individual represents; it is known from the interviews with the applicants that harm was inflicted on the households where they lived in forms such as arbitrary detention, surveillance, intimidation, etc. This situation causes the family members of those who have experienced torture and those who are in close relationships to be anxious, to change their place/city if they can, and ultimately leads to changes and disruptions in all relationship networks. The families of torture survivors are also dealing with stressors such as stigmatization, unemployment, poverty, internal and external migration, and the consequences of migration.

In 2022, individuals who were sentenced to life imprisonment between 1990-1995 and spent 30 years in prison, and who were released after serving their sentence, also applied to our institution for treatment and documentation related to the torture and ill-treatment they were subjected to. These applications were evaluated within the scope of social work and appropriate social service intervention plans were developed. The fact that the period spent in prison is quite long and a significant part of normal life development is spent in prison; has deprived individuals of many opportunities such as education, marriage, work, acquiring social status, making investments for old age. Because they have not experienced significant events such as new births, deaths, joining or leaving new members to the family in the family and relatives' environment for many years; although it seems to be a good picture with the joy of freedom after the release, reunion with those they missed and intense visits, it has been observed that they do not know how to cope with the sadness and confusion brought about by the interruption in their lives over time. In addition to the physical/mental and social health problems created by the act of torture itself, a social work practice specific to this application group has been applied in compensating for the losses as a result of the long-term prison life or in acquiring some life habits again by adapting to today. Accompanying studies have been carried out to develop life skills such as planning activities integrated with nature again, using technological devices that have developed over time, and adapting to the evolving and crowded city life again. After the evaluation, our applications have also been directed to healing programs, and they have been supported in their participation in activities that reintegrate with social life and provide continuity according to their abilities, such as acquiring a profession, music, language courses.

### General Evaluation

- ✓ In 2022, counselling services were provided to 218 applicants who were socially evaluated at HRFT, and 50% of them were referred to the Ministry of Family and Social Services, Social Security Institution, Ministry of National Education, Ministry of Labor and various non-governmental organizations for access to the services they needed.
- ✓ As part of the follow-up of the referrals made, when asked whether they had a negative experience in these institutions, 13 people stated that they had a negative experience in the institutions where they applied, and 7 of them stated that they were subjected to a stigmatizing attitude in the provision of services by the institutions.
- ✓ In 2022, 87 out of 218 applicants who were socially evaluated stated that they had experienced domestic or international migration.
- ✓ Among the 218 applications evaluated within the scope of social work in 2022, work continues with a total of 99 people in 2023.

## STUDIES CONDUCTED WITH THE REFUGEES

The rights of refugees living in Turkey are quite limited due to current legal practices. Because these limited rights are often violated by public institutions, it is becoming increasingly difficult for refugee applicants to achieve a permanent social life. It is necessary to intervene in social services for these individuals due to the need to meet their basic life needs, resolve their legal problems, change their satellite cities, and often due to deportation decisions made about them. There is a need for joint work with human rights and non-governmental organizations working with refugees.

The COVID-19 pandemic has made it extremely difficult for refugees living in Turkey to access public and other civil society resources. At the same time, especially in the last two years, the protection decisions of refugees who are granted temporary stay rights in Turkey with International Protection and Temporary Protection status are being cancelled by Provincial Immigration Administrations, and individuals who have survived torture or who will face a threat to their safety if returned to their country are being confronted with deportation decisions. Even if individuals whose protection decisions are cancelled are not immediately deported, they are deprived of their most basic rights such as education, access to health, housing, and access to food as they are banned from the public rights granted to them.

- Of the applicants who have been taken into social service tracking at the Izmir Representative Office, 14 are refugees who have been subjected to torture and ill-treatment in their own country and/or Turkey or have relatives who have been.
- The number of refugee applications in social service tracking at the Istanbul Representation Office is 11 in 2022, with a total of 58 including 47 applications from previous years.
- The number of refugees in social service tracking at the Van Representative Office is 8 in 2022, with a total of 23 including 15 from previous years.
- No refugee application tracking has been done at the Diyarbakir Representative Office. It is thought that this is due to the low number of refugees applying to the Diyarbakir Representative Office.

Activities have been carried out in the representative offices to meet the minimum needs of refugee applications, to carry out advocacy activities against their deportation, to prepare scientific reports on the medical and social effects of torture and to share them with the relevant official institutions, and to enable them to access education and health opportunities, and their follow-ups are still ongoing.

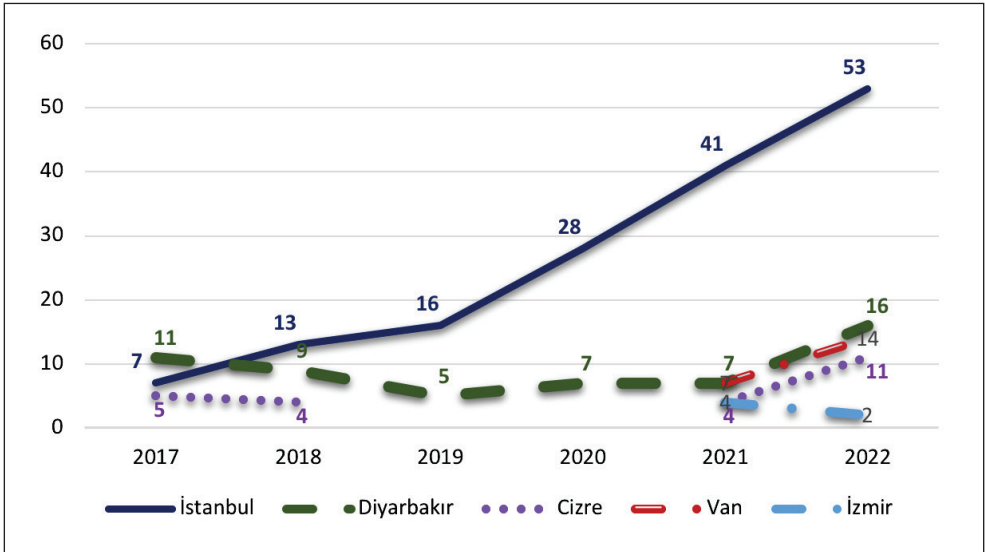
## SOCIAL SUPPORT PROGRAM

The disruption of physical/psychological/social integrity due to torture and subsequent processes experienced by the torture survivor or their relatives, the prevention

of access to health and other rights, and the inability to benefit from education/employment opportunities are identified and social support is provided within the scope of the HRFT Social Support Program. Recognizing needs is important as it will enable the individual to maintain social functions and independence, prevent permanent damage, and strengthen recovery. During the evaluation, not only the improvement of the person's income status is targeted; it is also taken into account that access to resources that can reveal potential is also a need and a right. The supports provided aim to meet the needs based on existence and action offered by eight different categories of "sustaining life, protection, emotion, understanding, participation, leisure, creativity, identity and achieving freedom" in the human needs assessment matrix developed by Max-Neef (1991)<sup>11</sup>.

The social support program is carried out as a repair process in which social service experts decide within budget limits, taking into account subjective situations such as the applicant's contribution to the treatment process<sup>11</sup>.

In 2022, 97 applicants that received social service intervention at the HRFT Representations were supported by benefiting from the program. The distribution of applications supported within the scope of the social support program in the last 6 years is shown in Graphic 25.



**Graphic 25: Distribution of applicants supported within the scope of the social aid program during the last 6 years, by representative office and year**

11 Max-Neef, A.M. (1991). Human Scale Development. <http://www.wtf.tw/ref/max-neef.pdf> (Erişim Tarihi: 05.03.2022)

***HRFT Istanbul Representative Office***

- A total of 53 applicants were supported within the scope of the social support program, including 9 children (8 girls, 1 boy) and 44 adults (26 women, 18 men) at Istanbul Representation Office in 2022.

Applications have been supported with sports courses, vocational development courses, vocational training, provision of vocational tools and equipment, payment of nursery and school fees, school bus fee, stationery expenses, ergo therapeutic activities, YÖK-DİL, ALES, KPSS, IELTS exam preparation courses and language courses (Turkish, English and German). In addition to these, due to the fact that many trainings are given on online platforms with the COVID-19 Pandemic process, necessary electronic equipment has been provided to applicants who do not have the necessary electronic equipment. Contact has been maintained with the institutions that individuals are associated with; the effects of the support provided have been investigated, monitoring and follow-up studies have been carried out, and in necessary cases, home/workplace/school visits have been made and processes have been reported.

***HRFT Diyarbakir Representative Office***

- A total of 16 applicants were supported within the scope of the social support program, including 2 boys and 14 adults (4 women, 10 men) at Diyarbakir Representative Office in 2022.

Support has been provided for applicants in meeting needs such as university preparation courses, driver's course payments, language courses (English), ergo therapeutic activities, vocational development trainings, and nursery needs. Contact has been maintained with the institutions that individuals are associated with; the effects of the support provided have been investigated, monitoring and follow-up studies have been carried out, and in necessary cases, home/workplace/school visits have been made and processes have been reported.

***HRFT Izmir Representation Office***

- 2 adult women were supported within the scope of the social support program at Izmir Representation office in 2022.

Support has been provided to meet the needs related to their university education and vocational development. Contact has been maintained with the institutions that individuals are associated with; the effects of the support provided have been investigated, monitoring and follow-up studies have been carried out, and the process has been reported.

Since there is no social service expert working at the HRFT Izmir Representative Office, the follow-up of these applicants supported by the social support program

has been carried out online by social service experts working in other representative offices.

### ***HRFT Van Representative Office***

- A total of 14 applicants were supported within the scope of the social support program, including 4 children (3 girls, 1 boy) and 10 adults (6 women, 4 men) at Van Representative Office in 2022.

Support has been provided for applicants in meeting needs such as basic stationery supplies, driver's course fee payments, individual special education payments, university fee payment supports, vocational development trainings, sports trainings, and needs within the scope of vocational acquisition programs. Contact has been maintained with the institutions that individuals are associated with; the effects of the support provided have been investigated, monitoring and follow-up studies have been carried out, and in necessary cases, home/workplace/school visits have been made and processes have been reported.

### ***HRFT Cizre Reference Centre***

- A total of 11 adult applicants, including 5 women and 6 men, were supported within the scope of the social support program at Cizre Reference Centre.

Support has been provided for applicants in meeting needs such as tutoring education within the scope of university preparation, German and English language education, school tutoring education, stationery needs, computer support due to online education, driver's course education, and needs within the scope of vocational development programs. Contact has been maintained with the institutions that individuals are associated with; the effects of the support provided have been investigated, monitoring and follow-up studies have been carried out, and in necessary cases, home/workplace/school visits have been made and processes have been reported.

### ***HRFT Ankara Representative Office***

- One girl applicant was supported within the scope of the social support program at HRFT Ankara Representation Office.

The applicant's school bus, stationery, course, and meal fees were covered within the scope of our social support program. Since there is no social service expert working at our Ankara Representative Office, the follow-up of this applicant has been carried out by social service experts working in other representations.

### **Regarding the Effects of the Social Support Program**

In the comprehensive evaluations made with the treatment team regarding the applicants supported within the scope of social support studies; it has been concluded

that, in general, as a result of the supports they received, the applicants have life conditions suitable for their education and capacities, they have achieved the education opportunities they desired, they were able to reveal their competencies, there was strengthening in their family and other social relations, and as a result of all these, individuals' confidence in themselves increased, their social functionality strengthened, their future planning improved, improvements were seen in their psychiatric diagnoses, and their psycho-social well-being strengthened.

## Reporting Studies

In 2022, social investigation reports identifying the psycho-social effects of the torture and ill-treatment they stated they had experienced for the torture cases they opened were delivered to the applicants and/or their lawyers to be presented to courts in Turkey and/or internationally. In addition, social evaluation process reports have been prepared for referrals made to the Directorate General of Migration Management, Provincial Migration Administrations, Social Assistance and Solidarity Foundation, Ministry of Family and Social Services Istanbul Provincial Directorates, municipalities, legal organizations, and other non-governmental organizations, and it has been facilitated for the applicants to access the services they need. Thus, regular in-kind/cash aids have been provided to some applicants who meet the criteria of the referred institutions.

## Tables

Table 1	Distribution of applications according to HRFT Treatment and Rehabilitation Centres .....	48
Table 2	Distribution of applications according to information sources.....	53
Table 3	Distribution of 2022 applications per age groups and regions to which they applied .....	57
Table 4	Distribution of applicants per the educational institution they graduated from and their employment status .....	61
Table 5	Distribution of applicants according to the reasons for detention .....	64
Table 6	Distribution of applicants according to last detention period .....	66
Table 7	Distribution of applicants by place of last detention .....	69
Table 8	Distribution of applicants according to the time intervals during which they were detained during the day .....	70
Table 9	Distribution of applicants according to the number of units where they were tortured during their last detention .....	71
Table 10	Distribution of applicants according to places where they were tortured during their last detention .....	72
Table 11	Distribution of the torture experienced by the applicants during their last detention by region .....	74

Table 12	Distribution of the provinces where the applications were last detained per years .....	75
Table 13	Distribution of the torture methods to which the applicants were exposed by years .....	77
Table 14	Distribution of torture methods to which the applicants were exposed .....	79
Table 15	Distribution of applicants and arrest warrants after the last detention.....	83
Table 16	Distribution of applications according to the status of the case process after the last detention .....	83
Table 17	Evaluations related to the forensic examinations after the last detention of the applicant.....	87
Table 18	The distribution of applicants with prison histories according to the duration they stayed in prison.....	90
Table 19	The forms of release of applicants with prison histories.....	91
Table 20	The distribution of torture methods experienced in prison according to the years of release.....	93
Table 21	Violations of basic rights and social rights faced by the applicants in the last prison they stayed .....	95
Table 22	The physical complaints most-frequently reported by applicants, listed by system .....	99
Table 23	The most common physical findings, listed by system.....	102
Table 24	Distribution of physical diagnoses associated with traumatic history in applicants, by year of torture .....	106
Table 25	Distribution of diagnosis groups by year of torture .....	108
Table 26	Distribution of mental health complaints recorded in applications, listed by time of torture .....	109
Table 27	Distribution of torture findings by mental health symptom cluster .....	112
Table 28	Distribution of torture survivor applicants, listed by mental health diagnosis ...	114
Table 29	Course of physical diagnosis and treatment process of applicants.....	116
Table 30	Course of mental health diagnosis and treatment process of applicants by year of torture .....	118
Table 31	The course of psychotherapy processes of applicants by year of torture .....	120
Table 32	Physical and mental treatment results of applicants .....	121
Table 33	Distribution of treatment methods applied for applicants by year of torture .....	122
Table 34	Group-based distribution of torture methods applicants are exposed to during their last detention .....	124
Table 35	Distribution of mental health complaints of relatives of the torture survivors....	132
Table 36	Distribution of mental health symptoms and findings among adults who are relatives of the torture survivors .....	133
Table 37	Distribution of mental symptoms and findings observed in children who are relatives of torture survivors .....	134
Table 38	Distribution of mental health diagnoses of the adult group consisting of relatives of the torture survivors .....	135



Table 39	Ways to apply to HRFT according to sexual orientation and gender identities .....	144
Table 40	Sociodemographic characteristics of applicants according to sexual orientation and gender identities .....	145
Table 41	The most common situations of torture according to sexual orientation and gender identities .....	147
Table 42	Last detention conditions according to sexual orientation and gender identities .....	148
Table 43	Torture methods applied in the last detention according to sexual orientation and gender identities .....	149
Table 44	Exposure to sexual harassment during detention, listed by gender identity and sexual orientation .....	150
Table 45	Distribution of physical complaints stated by applicants, by SO/GI.....	153
Table 46	The 10 most common diseases where the single factor is torture and ill-treatment according to SO/GI .....	154
Table 47	The causal relationship between torture and ICD-10 codes according to SO/GI.....	154
Table 48	Mental complaints reported according to sexual orientation and gender identities .....	155
Table 49	Mental diagnoses according to sexual orientation and gender identity .....	156
Table 50	Physical treatment process according to sexual orientation and gender identifications .....	157
Table 51	Mental treatment process according to sexual orientation and gender identities .....	157
Table 52	Results of the severity scale of the disease - general clinical impression according to SO/GI .....	158
Table 53	Treatments applied in torture processes according to sexual orientation and gender identities .....	158

## Graphs

Graph 1	Distribution of applications to HRFT Treatment and Rehabilitation Centres by months.....	52
Graph 2	Distribution of applications according to gender identities.....	56
Graph 3	Distribution of Applicants per Place of Birth .....	59
Graph 4	Distribution of Applicants per Region of Birth .....	59
Graph 5	Distribution of Applicants per Educational Status .....	60
Graph 6	Distribution of torture by years (n=1072) .....	63
Graph 7	Distribution of applicants according to the centres where they were detained .....	73
Graph 8	Total distribution of applicants by provinces where they were detained .....	76

Graph 9	Proportional distribution of the torture methods to which the applicants were exposed by region .....	78
Graph 10	Percentage of applicants being able to meet with a lawyer during their last detention.....	82
Graph 11	Institutions where health checks are conducted.....	86
Graph 12	The distribution of torture methods experienced in prison according to the years of release.....	92
Graph 13	Distribution according to physical complaint percentages.....	98
Graph 14	Percentages of physical findings detected in applicants according to systems .....	101
Graph 15	Distribution according to the causal link between the diagnosis and the act of torture .....	105
Graph 16	Distribution of mental health symptoms in applicants by main symptom cluster .....	112
Graph 17	The causal link between mental health diagnoses and the year of torture .....	115
Graph 18	Distribution of physical therapy results among applicants whose treatment was completed.....	117
Graph 19	Distribution of relatives of torture survivors by gender identity .....	130
Graph 20	Distribution of relatives of torture survivors by place of birth.....	131
Graph 21	Distribution of gender frequency rates according to provincial populations (per hundred thousand .....	144
Graph 22	Distribution of social service support according to representative offices .....	161
Graph 23	The distribution of the total number of interviews conducted in the field of social services in 2022 according to HRFT representative offices.....	162
Graph 24	Applications followed at the HRFT Istanbul Representative office according to application dates and gender distribution.....	163
Graph 25	Distribution of applicants supported within the scope of the social aid program during the last 6 years, by representative office and year.....	171





HUMAN  
RIGHTS  
FOUNDATION  
OF TURKEY

#### HRFT HEADQUARTERS

Kültür Mah. Mithatpaşa Cad. No:49/11 Kat:6, Kızılay 06420  
Çankaya - Ankara / TURKEY  
+90 (312) 310 66 36 (pbx)  
+90 (312) 310 64 63 (fax)  
tihv@tihv.org.tr

#### HRFT DİYARBAKIR REPRESENTATIVE OFFICE

Yenişehir Mah. Prof. Dr. Selahattin Yazıcıoğlu Cad.  
Oryıl My Office A-Blok No:10-A Daire:50 Kat:14, 21100  
Yenişehir - Diyarbakır / TURKEY  
+90 (412) 228 26 61  
+90 (412) 228 24 76  
diyarbakir@tihv.org.tr

#### HRFT İSTANBUL REPRESENTATIVE OFFICE

Bozkurt Mah. Türkbeyi Sokak, Ferah Apt. No:113/6, Kurtuluş, 34375  
Şişli - İstanbul / TURKEY  
+90 (212) 249 30 92  
+90 (212) 293 43 33 (fax)  
istanbul@tihv.org.tr

#### HRFT İZMİR REPRESENTATIVE OFFICE

Alsancak Mah. 1471. Sokak, Kenet 1 Sitesi No:1/1-2, 35220  
Konak - İzmir / TURKEY  
+90 (232) 463 46 46  
+90 (232) 463 91 47 (fax)  
izmir@tihv.org.tr

#### HRFT CİZRE REFERENCE CENTRE

Dicle Mah. Nurullah Cad. No:57/1, 73200  
Cizre - Şırnak / TURKEY  
+90 (486) 616 86 07  
+90 (486) 616 86 10 (fax)  
cizre@tihv.org.tr

#### HRFT VAN REPRESENTATIVE OFFICE

Şerefiye Mah. Santral 6. Sokak Haydaroğlu İş Merkezi  
B- Blok No:24/25 Kat:2, 65100  
İpekyolu - Van / TURKEY  
+90 (432) 214 11 37  
+90 (432) 215 12 61 (fax)  
van@tihv.org.tr

ISBN: 978-605-9880-42-8



tihv.org.tr



/insanhaklari



/@tihv



/tihv.hrft



/tihv.insanhaklari

