



HUMAN
RIGHTS
FOUNDATION
OF TURKEY

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**TREATMENT and REHABILITATION
CENTRES REPORT**

2024





HRFT
Human Rights Foundation of Turkey

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INTRODUCTION and OVERALL ASSESSMENT

Metin Bakkalcı¹

As in previous years, we are sharing with you the “Treatment and Rehabilitation Centers Report” on the work of the Human Rights Foundation of Turkey (HRFT) in providing treatment and rehabilitation services to individuals subjected to torture and other cruel, inhuman, or degrading treatment or punishment.

The HRFT was established in 1990 by 32 human rights defenders and the Human Rights Association (İHD) as a result of efforts within the Turkish Medical Association (TTB) and the Human Rights Association (İHD).

Since its establishment in 1990, the HRFT has provided treatment and rehabilitation services to more than 22,750 individuals subjected to torture and other ill-treatment. It is a human rights organization recognized nationally and internationally for its scientific work on the identification, documentation, and reparation of torture and other ill-treatment. Furthermore, the HRFT’s founding objectives include producing periodic or non-periodic publications and documentation, conducting scientific research, and providing education aimed at preventing torture and other serious human rights violations, as defined in international human rights documents and domestic law.

The services offered by the HRFT to address the physical, mental, and social problems faced by torture survivors are carried out by interdisciplinary teams of hundreds of professionals and volunteers from a wide range of fields, primarily health-care workers.

The HRFT continues its work on the treatment and rehabilitation of torture survivors at four treatment and rehabilitation centers in the provinces of Diyarbakır, İstanbul, İzmir, and Van. In 2024, 722 individuals applied to our centers requesting an assessment of the torture processes they or their relatives had been subjected to. Comprehensive data and assessments regarding our applicants for treatment and rehabilitation processes are included in the following sections of our report.

The HRFT has become a school in terms of documenting and reporting torture cases and contributing to the treatment and rehabilitation processes of torture survivors. The HRFT has been one of the key actors in the preparation of the 2022 edition, regarding all stages of the İstanbul Protocol’s creation process, including the first meeting in 1996 when the idea of creating the İstanbul Protocol was first proposed, and in ensuring that its fundamental approach, scope, and principles are strictly preserved. Following the agreement signed between the UN and the HRFT granting the latter the right to translate the 2022 edition of the İstanbul Protocol into Turkish, without it being an official translation, just as was the case 22 years ago with the

¹ M.D., HRFT Chairperson

first edition of the İstanbul Protocol, the Turkish translation and publication of the İstanbul Protocol was completed by the HRFT and shared with the public on 10 June 2023. Based on the updated training modules, which were revised using the 2022 edition of the İstanbul Protocol as a reference, the İstanbul Protocol Trainer Training program was conducted in 2024. We would like to share that our colleagues who participated in the Trainer Training will also launch İstanbul Protocol training programs in 2025.

Many torture and ill-treatment survivors are also affected by other components of complex trauma. In order to achieve the most comprehensive recovery possible, the HRFT has been working since 2004 to develop a holistic and multidisciplinary program, in addition to medical support, to address complex and ongoing social trauma.

The HRFT regularly monitors human rights violations in Turkey and publishes daily and annual human rights reports in two languages (Turkish and English), as well as reports specific to particular violations and incidents, with the aim of revealing them accurately, quickly, and continuously, thereby preventing violations.

In an environment where the entire country has been transformed into a place of torture, where human rights violations have become the norm and the exercise of rights an exception, and where civil society has been shut down in an attempt to destroy values, the HRFT contributes to the consolidation of public life based on the foundational role of human rights through new programs developed based on its accumulated experience. Within this scope, a comprehensive project/program was carried out between 1 March 2021 and 31 August 2024, in collaboration with İHD, FIDH, and OMCT. This project/program sought to broaden the base of the human rights struggle in six regions of Turkey (Çukurova, Eastern Anatolia, Aegean, Southeast, Central Anatolia, and Marmara); to build bridges between local and national efforts; and to strengthen human rights actors at all levels, including the establishment of preventive and protective mechanisms. The follow-up project/program, which started on 1 January 2025 and will last for three and a half years, is entitled “A Bottom-up Approach for Supporting and Protecting Human Rights Actors”.

Undoubtedly, all of these efforts are being realized through the joint efforts of the members of the Founders’ Board, the Board of Directors, and the HRFT’s staff, who have been working with great dedication, both materially and spiritually, for years, as well as hundreds of sensitive individuals from different social groups and fields of expertise, primarily health workers, lawyers, and human rights defenders, who have come together for the same purpose across the country.

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

Ankara, 1 May 2025.

EVALUATION OF THE LAST WORKING PERIOD (MAY 2024 – APRIL 2025) GENERAL ASSESSMENT OF THE HUMAN RIGHTS ENVIRONMENT

The “State” of Human Rights in Turkey

In recent years, Turkey has witnessed an extraordinary decline in terms of respect for democracy, the rule of law, and fundamental human rights and freedoms.

Widespread and systematic human rights violations in daily life have intensified, particularly since July 2015, when the conflict process resumed as a result of the failure to take steps towards a democratic solution to the Kurdish issue and the prevalence of security-oriented policies, and since the declaration of a state of emergency following the military coup attempt in July 2016.

Under a state of emergency regime that has been made permanent/continuous through numerous regulations, **lawlessness, arbitrariness, and uncertainty** have become the main elements enabling the regime to sustain itself in Turkey. The regime’s ability to create uncertainty, which it uses as a management technique, enables the concentration of power in a single hand in every respect, its exemption from all control mechanisms, and the unlimited increase of its pressure and control over society.

So much so that, as witnessed by the vast majority of Turkey’s population or directly experienced by many segments of society, the exercise of rights has become the exception, while violations of rights have become the rule.

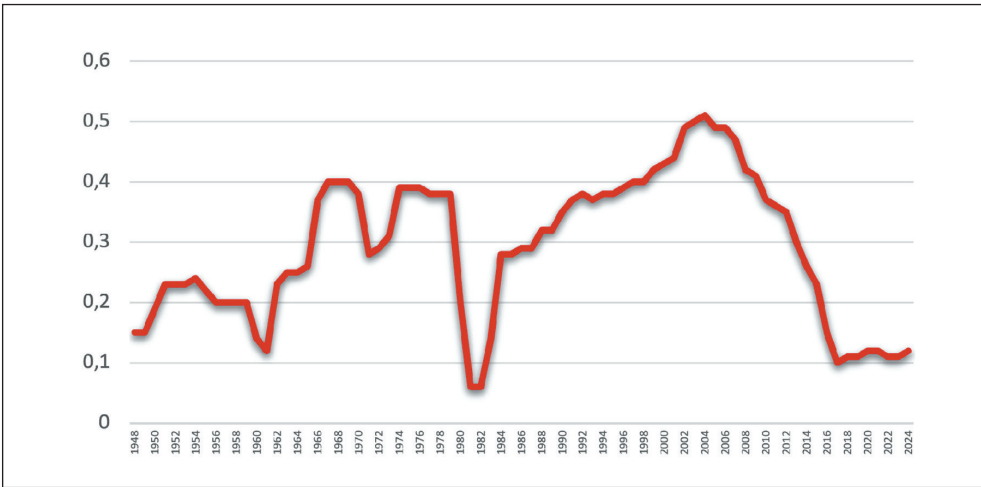
Moreover, the fact that widespread and systematic human rights violations have become the norm in everyday life clearly indicates that a “State practice of systematic rights violations” prevails and that the idea of a rights-based regime has been completely abandoned.

In other words, the “state” of human rights in Turkey can be summarized as one in which human rights have been completely removed as a reference point for State’s governance practices, and therefore the relationship with citizens cannot be defined as one based on the recognition that they are rights holders.

- i. The recent dramatic increase in widespread and systematic human rights violations, including torture, in Turkey, along with the significant regression in terms of the rule of law and democracy, has been highlighted not only in the reports of national human rights organizations but also in the reports of many international

human rights organizations, including the United Nations (UN) and the Council of Europe, of which Turkey is also a member.¹

In addition to these reports, this significant regression in terms of democracy is also reflected in major global indices that assess countries’ political regimes. For example, based on the “liberal democracy index” in the 2025 Democracy Report² recently published on 12 March 2025, by the V-Dem Institute at the University of Gothenburg, the following Graph 1 shows that Turkey is experiencing one of the worst periods in its recent history.



Graph 1: Turkey Liberal Democracy Index (1948-2024)

1

- Concluding Observations on Turkey’s Fifth Periodic Report published by the UN Human Rights Committee (November 28th, 2024)
- Concluding Observations of the UN Committee Against Torture on Turkey’s Fifth Periodic Report (August 14th, 2024)
- Resolution adopted by the Parliamentary Assembly of the Council of Europe (PACE) on the arrest of the Mayor of Istanbul and the situation of democracy and human rights in Turkey (April 9th, 2025)
- Memorandum by the Council of Europe Commissioner for Human Rights on freedom of expression and media, human rights defenders, and civil society in Turkey (March 5th, 2024)
- Resolution adopted by the PACE on allegations of systematic torture and inhuman or degrading treatment or punishment in detention facilities in Europe (January 24th, 2024)
- Resolution adopted by the PACE on the fulfillment of obligations and commitments by Turkey (October 12th, 2022)
- Resolution adopted by the PACE on the functioning of democratic institutions in Turkey (April 22th, 2021)
- Report on the visit to Turkey by the Council of Europe Commissioner for Human Rights (February 19th, 2020)

2 See https://www.v-dem.net/documents/60/V-dem-dr__2025_lowres.pdf (Access date: 02.05.2025)

ii. The following examples, **which have occurred in recent months and are still ongoing**, summarize the “state” of human rights in Turkey:

- a) Specifically, in terms of violations of freedom of expression and media, freedom of assembly and demonstration, freedom of association, and the right to vote and be elected:
- Numerous individuals from various segments of society, primarily human rights activists, lawyers, journalists, trade unionists, and politicians, subjected to investigations on charges such as “Spreading Terrorist Organization Propaganda,” “Being a Member of an Armed Organization,” “Publicly disseminating misleading information,” “Insulting the President,” “Insulting the Turkish Nation, the Republic of Turkey, and the institutions and organs of the State”, and arbitrarily detained, placed under house arrest or other judicial control measures imposed “routinely and almost automatically,” prosecuted, and sentenced to prison terms,
 - The prohibition of numerous activities, primarily those related to union activities, women, and LGBTQ+ individuals, and the widespread criminalization and obstruction of demonstrations under the right to protest,
 - The dissolution of GÖÇİZDER by court order, the sealing of the Tarlaabaşı Community Center by district governor’s decision, the dismissal of members of the İstanbul Bar Association’s Board of Directors and the initiation of criminal proceedings against them, as well as other examples of targeted pressure on certain institutions,
 - After the local elections on 31 March 2024, and accelerating especially after October 2024; the appointment of trustees to ten municipalities controlled by the Peoples’ Equality and Democracy Party (DEM) and three municipalities controlled by the main opposition Republican People’s Party (CHP), based on investigations conducted under the Anti-Terrorism Law, as well as the appointment of trustees to companies on the grounds of certain investigations,
 - Again, after the 31 March local elections, and accelerating in recent times, investigations launched and lawsuits filed against many individuals, including the mayor of İstanbul Metropolitan Municipality and the CHP’s presidential candidate, on various grounds, primarily allegations of terrorism and corruption related to “city agreements” and “tenders” targeting the Republican People’s Party (CHP) at the institutional level,
 - Specifically, the process that began on 19 March 2025 with the detention of the Metropolitan Mayor of İstanbul Ekrem İmamoğlu, along with several district mayors and numerous citizens, constituted an attack on the right to vote and be elected, the will of the people, and democracy, and involved

a series of operations spreading from east to west. Democratic reactions were displayed across many regions of Turkey, and suppressed, primarily in İstanbul, Ankara, and İzmir, where the Governorships announced bans on actions and events, including restrictions on entry and exit to and from İstanbul. The measures implemented violated the freedom of assembly and demonstration, the freedom of expression, the freedom of association, personal security and freedom, the right to transportation and freedom of travel, the right to communication and access to information. The thousands of people participating in the peaceful demonstrations were subjected to violence from law enforcement officers that reached levels of torture and ill-treatment. This was followed by the arbitrary deprivation of liberty of hundreds of people who were subjected to torture and ill-treatment when detained during home raids, and the arrest of many of them.

Such examples demonstrate the extent to which criminalizing approaches and practices at the discursive, administrative, and judicial levels, directed at various segments of society that voice any criticism or objection to the political regime or express a different opinion, have been normalized and become widespread.

- b) It has been observed that unlawful and arbitrary practices, which are not based on any rules, have recently been increasingly normalized, particularly regardless of **'time'**. For instance;
- Although the Peoples' Democratic Congress (HDK), established in 2011, has not been banned or closed to date, an investigation was launched in 2024 against 4,753 people, **EVEN THOUGH IT WAS 14 YEARS AGO**, on charges of being members of the PKK/KCK due to their political activism, journalism, and civil society work. Within the scope of this investigation, on 18 February 2025, 52 people were arbitrarily detained without any concrete legal justification. On the night of 21 February, the courts issued detention orders for 30 of these individuals and house arrest orders for 13, while 7 were released under judicial control.

On this occasion, it has come to the public's attention that the Ankara Chief Public Prosecutor's Office has forwarded a Decision of Lack of Jurisdiction dated 1 April 2024, to the İstanbul Chief Public Prosecutor's Office regarding a platform that has been operating entirely within the law for 14 years. This decision determined that the HDK is "an armed terrorist organization." The very fact that this assessment could be made demonstrates the extent that arbitrariness and lawlessness have reached, particularly in terms of the principle of the rule of law.

- Ayşe Barım, who manages artists and actors, was arbitrarily detained on 24 January 2025, without any concrete legal justification, as part of an investigation related to the Gezi Park protests that took place in 2013, **EVEN THOUGH IT WAS 12 YEARS AGO**, and then arrested on 27 January

2025, on charges of “aiding an attempt to overthrow the Government of the Republic of Turkey or prevent it from performing its duties.”

Meanwhile, regarding Ayşe Barım, following the decision to release her on 17 February 2025, Barım’s re-arrest on the same day following an appeal by the İstanbul Chief Public Prosecutor’s Office, along with the investigation launched by the Council of Judges and Prosecutors against the judge who issued the release order and the judge’s removal from office and transfer to another court, constitute another specific example of the level to which the principle of ‘judicial independence and impartiality’ has sunk.

On 29 April 2025, an indictment was issued against Ayşe Barım, seeking up to 30 years in prison for the crime of “Assisting in an Attempt to Overthrow the Government of the Republic of Turkey.”

As is known, the Ministry of the Interior shared the information that “*approximately 3,611,208 people participated in 5,532 actions/events held in 80 provinces between 28 May and 6 September 2013, in the context of the Gezi Park Events.*”

Along with other examples, these two cases, which directly affect a large number of people, can be seen as an indication that millions of people who have exercised their rights to freedom of expression, freedom of assembly and demonstration, and freedom of association in the past, or who wish to exercise these rights today and in the future, **may be subjected to any kind of pressure at any time**, even many years later, without any concrete legal justification, regardless of time.

- c) Finally, the practices that must be addressed in the context of torture and other ill-treatment directed at people showing democratic resistance in many regions of Turkey after 19 March 2025, have made fully visible the extent to which the problems at all stages of the reality of torture, which we have been voicing for years, have reached a dire level. In other words, this process has also, unfortunately, served to lay bare the reality of torture that has been going on for a very long time.
- d) In such an environment, the unprecedented rapid overcrowding of prisons in Turkey’s history is, in a sense, a summary of the developments that have taken place in our country in recent years.

Based on the latest execution regulation in 2023, after the release of approximately 110,000 prisoners, the number of prisoners, which fell to 251,101 on 1 September 2023, rose to 403,060 on 7 April 2025. The fact that the number of prisoners in prisons increased by 151,959 (60%) **in just 19 months** represents the highest increase in terms of numbers and rates in Turkey’s recent history.

- e) Recent legal reforms appear to be an attempt to legitimize the uncertainty, lawlessness, and arbitrariness that have become essential to the regime's survival.
- f) Economic order, which deepens inequalities on every level day-by-day, is causing profound damage to economic and social rights. Moreover, the fact that the consequences of these economic policies at this stage are leading to tremendous restrictions on citizens' ability to sustain both their biological and social lives has become a vital issue.

Assessment of the Process That Has Been on the Agenda Since 1 October 2024

While Turkey is experiencing profound damage and a severe crisis in its human rights environment, the "process" brought to the agenda by the attitudes and statements of MHP Chairman Devlet Bahçeli since 1 October 2024, is of the utmost importance in terms of human rights.

- i. In this "process," on 27 February 2025, PKK leader Abdullah Öcalan issued a statement titled "Call for Peace and a Democratic Society," calling for "*all groups to lay down their arms and the PKK to dissolve itself.*" Subsequently, at the 12th Congress, which included the decisions to "dissolve the PKK's organizational structure and end armed struggle, thereby ending activities conducted under the name of the PKK," are, **in and of themselves**, of vital importance for ending the conflict and violence that has persisted for over 40 years in relation to the Kurdish issue.

This is of vital importance, as ending the environment of conflict and violence is very valuable, given that it will contribute to preventing the loss of human lives and alleviating the deep anxiety and fear experienced by the relatives of those caught up in this conflict who worry about their lives. Therefore, it is of particular importance that all parties involved in, or required to be involved in, the process, without exception, adopt an active stance toward ensuring the "disarmament" process—**without any ifs or buts**—by using language that recognizes and respects the sensitivities and suffering of those who have been exposed to the social trauma caused by more than 40 years of conflict and violence and are directly affected by this environment, and by moving beyond cautious or distant attitudes based on insufficient knowledge about the "process" or on certain theoretical, ideological, or practical justifications.

Ensuring the laying down of arms will broaden the scope of discourse and increase its effectiveness, thereby facilitating the preparation of conditions for resolving the Kurdish issue through non-violent means and establishing a just peace environment with the participation of all segments of society.

For these reasons, the efforts of all parties, including the HRFT, at every level, to ensure the end of the critical conflict and violence, are extremely valuable.

- ii. Naturally, the primary parties to the “disarmament” issue are the armed groups. And naturally, it is expected that the conditions and methods of “disarmament” will first be determined through preliminary discussions and negotiations between the primary parties.
- iii. However, it is clear that the value of this “process,” which has been on the agenda since 1 October 2024, will increase as progress is made towards resolving the Kurdish issue through dialogue and negotiation, using methods that exclude violence.

The Kurdish issue is a political and social issue with economic, social, cultural, political, and legal dimensions, which, in a nutshell, refers to the guarantee of the fundamental rights and freedoms of the Kurds, primarily their identity and cultural rights. Therefore, the parties to the peaceful democratic resolution process of the Kurdish issue must all be citizens living in this country, with the Kurds at the forefront.

On the other hand, we would like to reiterate the need for comprehensive programs that include the elements of ‘the right to truth,’ the ‘right to access justice,’ and the ‘right to reparation’ in order to cope with the social trauma stemming from the grave and serious human rights violations experienced over the 40 – and more – years of conflict and violence. Such programs are essential both in terms of ensuring that ‘the past remains in the past’ and ‘the future can return’, as well as ‘achieving a just and lasting peace.’

- iv. In addition to all this, a democratic and peaceful solution to the Kurdish issue can be achieved through a “democratization program” based on the understanding that democracy is a value in itself, free from any instrumental approach.

This program should, above all, aim to guarantee that all fundamental rights and freedoms can be exercised by everyone in Turkey without discrimination, thereby ensuring an environment of peaceful coexistence. For rights constitute the principles and norms that enable everyone, without distinction, to live in a manner befitting human dignity. They are holistic and inalienable; therefore, their exercise and guarantee are not subject to anyone’s approval, nor can they be a matter of agreement or negotiation. Indeed, the idea that democracy is a value in itself is based on this observation.

In Conclusion;

On the one hand, the intensification of widespread and systematic human rights violations in daily life, together with the reality that “the idea of a rights-based regime has been entirely abandoned”, and, on the other hand, the renewed cautious hope -albeit grounded in different justifications- felt in recent times across many segments of society for Turkey’s “democratization” and the establishment of a “peaceful” environment, reveal that the country is at a critical juncture.

At such a critical juncture, it has become even more necessary and vital to implement an approach in our country, and indeed throughout the world, that re-emphasizes the “foundational role” of human rights in all areas of life, based on the principles of justice, peace, equality, and freedom, in order to overcome this severe human rights crisis that has led to the closure of the civil sphere. This is because it is possible to say that the answer to how the process will take shape is essentially directly related to the weight, path, and methodological skills of the social segments that can effectively engage in this process with an approach based on human rights values.

Meanwhile, while speaking of cautious hope for both Turkey’s “democratization” and the establishment of an environment of “peace,” we are witnessing, especially in recent times, a departure from the language of human rights in all these processes and, consciously or unconsciously, the loss of human rights as a reference language. In fact, especially in an environment where civil institutions have also been significantly weakened, this situation, which is both a cause and a consequence of the human rights crisis, can be seen as an indication of how vital it is to adopt an approach that re-emphasizes the “founding role” of human rights.

By striving to implement an approach that re-emphasizes the “foundational role” of human rights, the path that ensures their development and strengthening **is also the approach needed today**: ending the violations currently occurring, preventing them from happening again, and making greater efforts to remedy past violations within the scope of the right to redress.

For this reason, it has become even more meaningful and necessary today to further enhance the quality and quantity of the work of the HRFT, whose fundamental ‘raison d’être’ is the treatment and rehabilitation of torture survivors, the medical documentation of torture, the prevention of torture for a world free of torture, and efforts to “cope with ongoing social trauma.”

Furthermore, strengthening our ongoing efforts to develop a democratic environment where people can live together in peace will remain a priority on the HRFT’s agenda.

HRFT Treatment and
Rehabilitation Centres Report

2024
Evaluation Results

HRFT TREATMENT and REHABILITATION CENTERS 2024 EVALUATION RESULTS

METHODOLOGY

All applications made to the HRFT Treatment and Rehabilitation Centers (HRFT-TRC) during the year are filed, and HRFT Treatment and Rehabilitation Center Reports are prepared based on the records contained in these files. In addition to those who have been subjected to torture, ill-treatment, and serious human rights violations within or outside Turkey, relatives of tortured individuals also apply to HRFT-TRCs to receive medical support and to document the torture. All applicants are informed under the Personal Data Protection Law, and consent is obtained from each applicant for their data to be anonymized, evaluated, and published for the purpose of creating Treatment and Rehabilitation Center Reports.

For each application made to the HRFT, information about the torture and other ill-treatment incidents experienced/witnessed by the applicant, the medical and social assessments of the applicants, the follow-up and support processes, and sociodemographic data are compiled. All this information and data are recorded in the HRFT application file, updated in 2022, by medical secretaries, physicians, social workers, and specialist physicians. After the data recorded in the application file is entered into the Treatment Rehabilitation Process Management System (HRFT-TRPMS) program, developed by Hakkı Ünlü and collectively reviewed by physicians, medical secretaries, and social workers throughout the entire work environment, data from all centers is compiled in a shared data table in the SPSS program for analysis and evaluation.

The 2024 HRFT Treatment and Rehabilitation Centers Report was prepared based on the records in the application files of 722 individuals who applied to the Treatment and Rehabilitation Centers between 1 January and 31 December 2024. Of the 722 applications made to the HRFT Treatment and Rehabilitation Centers in 2024, it was determined that 700 applicants had been subjected to torture and other forms of ill-treatment, 697 of them within Turkey and 3 outside Turkey's borders. In addition, 22 applicants were identified as relatives of torture survivors.

In order to analyze the violations suffered, the traumas caused by these violations, and the recovery processes; records consisting of 697 applicants subjected to torture and other ill-treatment within Turkey's borders, 3 applicants subjected to torture and other ill-treatment outside Turkey's borders, and 22 applicants who are relatives of torture survivors were separated into three distinct databases. Statistical analyses were performed separately for each group using SPSS software, and distribution tables and graphs were prepared using Excel.

In the 2024 HRFT Treatment and Rehabilitation Centers Report, additional sections were prepared and presented in the report based on all applications, covering "vio-

lations suffered and interventions made by gender identity and sexual orientation,” “applications from children,” and “data related to social services.”

APPLICATION DATA

In 2024, more than 1.5 billion people in over 70 countries, where approximately half of the world’s population lives, went to the polls, making it the biggest election year in history, as reflected in newspaper headlines. In Turkey, 48,256,541 voters cast their ballots in the local elections held on 31 March that year. Following the elections, the political authorities removed 13 elected mayors from office through the appointment of trustees, based on the Decree Law issued after the 2016 coup attempt. Following the decision to revoke the rights of Abdullah Zeydan, the elected Mayor of Van Metropolitan Municipality, two days before the election, protests erupted when he was not issued his certificate of election. In addition to the interventions by law enforcement officers in public areas using pepper spray, pressurized water, and plastic bullets; the use of handcuffs, insults/threats, and beatings during arrests and detentions became the main forms of torture and ill-treatment in 2024.

Since its establishment in 1990, the HRFT has aimed to provide comprehensive support to torture and ill-treatment survivors in their access to justice and reparation processes, and has primarily carried out this work through treatment and referral centers. The process began in 1991 with the Ankara, İstanbul, and İzmir Treatment Centers, followed by the Adana Treatment Center in 1995, the Diyarbakır Treatment Center in 1998, the Cizre Reference Center in 2016, and the Van Reference Center in 2018. The Van Reference Center was converted into a Treatment Center in 2021. During this process, the operations of the Adana Treatment Center had to be suspended in 2015, and those of the Cizre Reference Center had to be suspended in 2024. Despite the prevalence of current torture practices, the limited number of treatment centers, insufficient personnel, and resource constraints lead to delays, disruptions, and limitations in reaching all torture survivors and in the treatment and rehabilitation processes.

On the other hand, difficulties in financial and human resources have led to the inability to provide appointments to all applicants at the representative offices, or to delays in scheduling, resulting in a decrease in the number of applications to the HRFT.

Although the number of applications to the HRFT representative offices decreased in 2023, the information conveyed by the applicants shows that the nature of torture did not change in 2024. Again, torture was not limited to four-walled spaces; the most basic democratic rights and demands for freedom of expression and peaceful demonstrations were targeted, and the political power continued to use torture both to obtain information and confessions and to punish and intimidate all social opposition groups and people of all ages that it marginalized and labeled as enemies.

In 2024, 722 applications were made to HRFT offices. Applications to the HRFT decreased by 7.6% compared to 2023. During this period, the number of people who applied to the HRFT for support due to torture and ill-treatment they experienced or witnessed was 251 (34.8%) in the Van Representative Office, 205 (28.4%) in the İstanbul Representative Office, 166 (23%) in the Diyarbakır Representative Office, 73 (10.1%) in the İzmir Representative Office, and 27 (3.7%) in the Ankara Representative Office. The HRFT's lack of human resources and other resources has led to a decrease in the number of applications, as it has resulted in late appointment dates and more limited support. This situation is expected to remain a serious problem in 2025.

In order to assess regional differences in the application of torture and other ill-treatment, data from application centers in the Southeast and Eastern Anatolia regions (Diyarbakır and Van), where the Kurdish population is concentrated, were classified based on the Diyarbakır main office, while data from applications to the İstanbul, Ankara, and İzmir offices were grouped based on the İstanbul main office. The proportion of applications made to HRFT Representative Offices in provinces with a high Kurdish population represented 57.8% of all applications in 2024. This proportion increased with the opening of the Van Representative Office. The democratic political space, which had been closed under martial law and emergency rule, opened up somewhat with the rising demands for democratic rights during the 2023 presidential and general elections, and the indefinite bans and restrictions on meetings and demonstrations advocating freedom of expression were partially eased. Due to the "regime of uncertainty, lawlessness, and arbitrariness" imposed by an increasingly authoritarian government, the proportion of applications from provinces with large Kurdish populations approached 60% in 2024, despite a slight downward trend due to the effects of the 6 February 2023 earthquake.

Since its establishment, the HRFT has received the majority of its applications from individuals residing in provinces where its treatment and referral centers are located, as well as in neighboring provinces. Even within the province where it is based, the HRFT can provide therapy and rehabilitation services to only a portion of those subjected to human rights violations and torture, while a significant portion of torture survivors remain out of reach.

In the assessment based on the reasons for application, 700 people (96.9%) applied to the HRFT for treatment, rehabilitation, and documentation due to torture and other ill-treatment, while 22 people (3%) applied as relatives of torture survivors. In 3 of the applications (0.4%), the torture took place outside Turkey. Compared to previous years, it is noteworthy that the proportion of applicants who were tortured outside Turkey continues to decline. The HRFT's limited support for refugee applications, due to its limited human resources and other constraints, has contributed to this decline. The distribution of all applicants based on their reasons for application is shown in Table 1.

Table 1: Distribution of applicants by HRFT Treatment and Rehabilitation Centers

TRC	Tortured in Turkey		Relative of the Tortured		Tortured Abroad		Total	
	Number	%*	Number	%*	Number	%*	Number	%**
Diyarbakır	162	97.6	3	1.8	1	0.6	166	23.0
Van	250	99.6	0	0.0	1	0.4	251	34.8
Ankara	25	92.6	2	7.4	0	0.0	27	3.7
İstanbul	196	95.6	8	3.9	1	0.5	205	28.4
İzmir	64	87.7	9	12.3	0	0.0	73	10.1
Total	697	96.5	22	3.0	3	0.4	722	100.0

*Row percentage;

**Column percentage

697 applications from torture survivors in Turkey, 3 applications from torture survivors abroad, and 22 applications from relatives of torture survivors were addressed in separate sections in order to evaluate changes in torture practices. The number of applications referenced in the section headings only refers to the number of applications made under the relevant heading and does not cover all applications made to HRFT.

APPLICATIONS DUE TO TORTURE and OTHER FORMS OF ILL – TREATMENT IN TURKEY

At the global level the inequalities generated by capitalism together with the authoritarian and rights-abolishing practices of political powers, have shaken the world with war policies and the gradual entrenchment of conservatism through elections. Meanwhile, 2024 was a year in Turkey marked by persistent economic inequality, impoverishment, discrimination, hate speech, and security-oriented policies; ongoing violations of the right to life, torture and other ill-treatment; obstacles to freedom of thought, expression and association; attempts to remove freedoms; restrictions on human rights organizations and defenders; excessive and disproportionate use of force by law enforcement at meetings and demonstrations; and interventions reaching the level of “torture”.

Those most affected by the interventions mentioned above were primarily Kurds, refugees, women, LGBTQ+ individuals, and street animals.

As the most horrific example of commercialization in the health sector, the gang-related incident that came to the fore with an unexplained number of infant deaths was recorded in the country’s history in 2024 as the deepest example of decay.

In July 2024, the Turkish Medical Association (TTB) sent an official letter to the Ministry of Health under the Information Access Law No. 4982 regarding allegations that patients treated for COVID-19 in Diyarbakır in 2020 were “used as guinea pigs” for research into a method known publicly as the “Turkish Ray.” The letter stated, “(...). Based on news reports, it appears that Diyarbakır was chosen as the center instead of the city where the device was developed and the team worked. In order to verify the accuracy of these claims, we request information on the centers where the clinical research was conducted, if the clinical trial was conducted at a single center, the reason why it was conducted at a single center, and if this center is Diyarbakır, the scientific necessity and reason for choosing Diyarbakır, a location outside the city where the team worked and the device was developed, be shared with us.”

In the trial of 108 people, 18 of whom were detained, related to the protests and violent incidents in 2014 known to the public as the “Kobani” or “October 6-8 events,” the court sentenced Selahattin Demirtaş, former co-chair of the HDP, to 42 years for various crimes; and Figen Yüksekdağ to 30 years and 3 months in prison.

In the period following the 31 March 2024 elections, democratic demonstrations and marches were organized in various provinces against the trustees appointed to 4 provincial and 4 district municipalities until the end of 2024. Images of torture were seen during the harsh interventions by the security forces against these actions.

At the end of June, following the arrest of a Syrian refugee in Kayseri on allegations of sexually abusing a child relative, racist and hate-based attacks were carried out by certain groups on the same day against the homes, workplaces, and

vehicles of Syrians in the city, and even directly against individuals. Serious human rights violations occurred, primarily concerning the right to life and personal safety. This racist aggression, which escalated to lynching, was not limited to Kayseri and quickly spread to other provinces. A total of 1,065 individuals suspected of involvement in these racist attacks, which took place across Turkey with the participation of thousands of people, were detained, and only 28 of them were arrested. The HRFT Documentation Center included this incident in its special report dated October 2024, titled “Physical and Verbal Attacks, Human Rights Violations Based on Discrimination, Racism, Phobia, and Hate Between 1 January and 1 September 2024.” The report also states: “Between 1 January 2024 and 1 September 2024, at least 72 verbal or physical attacks of a discriminatory, racist, phobic, and hateful nature were identified across the country. Of these attacks, 13 were against Kurds, 12 against LGBTQ+ individuals, 29 against refugees/asylum seekers and foreign nationals, 7 against ethnic and religious minorities and those expressing their religious views, and 11 against other individuals, groups, and communities. As a result of these attacks, at least 5 people (1 who expressed their religious views, 1 from an ethnic-religious minority, 2 refugees/asylum seekers, 1 LGBTQ+) lost their lives. At least 26 people (10 Kurds, 2 LGBTQ+ individuals, 5 refugees/asylum seekers, 9 ethnic and religious minorities, and others) were injured.”

After the proposal for a Law Amending the Animal Protection Law to Allow Euthanasia for Stray Dogs was approved by the Turkish Grand National Assembly’s Agriculture, Forestry, and Rural Affairs Committee, animal lovers and defenders of the right to life protested, calling it a “massacre law.” Police interventions and arrests took place in various provinces.

In the 2024 Human Rights Report presented in the Turkish Grand National Assembly by Sezgin Tanrikulu, a member of the Founding Board of HRFT, it was stated that, according to Freedom House’s classification of countries as ‘free/not free/partly free countries’, Turkey scored 33 out of 100 points and was categorized as a not-free country.

In 2024, the European Court of Human Rights (ECtHR), which concluded a total of 6,190 applications from Turkey, issued a total of 67 violation rulings against Turkey.

Regarding the violations that occurred in 2024, the Human Rights Association and the Human Rights Foundation of Turkey stated in their announcement on 10 December 2024, on the occasion of Human Rights Day that:

- “(...) As a result of the policies of the political power -which turned every issue in the country, from the economy to public health, into a security problem; polarized society; relied on violence both inside and outside the country; and, in particular, made conflict and war the sole method for resolving the Kurdish issue and international problems- severe violations of the right to life occurred in 2024. People from very different social backgrounds lost their lives either as a direct result of violence by law enforcement agencies or as a result of structural violence and/or

violence perpetrated by third parties due to the state's failure to fulfill its "prevention and protection" obligations.

- Despite being absolutely prohibited by the Constitution and universal law and constituting a crime against humanity, torture remained Turkey's most prominent human rights issue in 2024. In addition to official detention centers, the intervention of law enforcement officials during peaceful gatherings and demonstrations, in streets and open spaces, or in places such as homes and workplaces, i.e., in unofficial detention centers and environments outside of detention centers, torture and other ill-treatment practices have taken a new dimension. It can be said that as a result of the political power's repressive and controlling style of governance, the entire country has become a torture chamber.
- It is extremely worrying that cases of forced disappearance/disappearance, one of the most shameful human rights violations in our recent history and a crime against humanity, have begun to occur again since the declaration of the state of emergency in 2016.
- Prisons, which are an indisputable indicator of states' respect for human rights, are currently overflowing in Turkey as a result of the political regime using the law as a tool of oppression and intimidation. They are places where serious and grave violations occur, ranging from violations of the right to life, to torture, and denial of access to healthcare. We clearly learned from the "Concluding Observations" of the Fifth Periodic Report on Turkey of the UN Committee Against Torture, we clearly learned that there are approximately 4,000 prisoners serving aggravated life sentences. The situation of these prisoners and the practice of solitary confinement/isolation of individuals or small groups, particularly at İmralı Prison, has become an unresolved chronic problem.
- The restrictions imposed by the political authorities on freedom of thought and expression, one of the lifelines of a democratic society, particularly the alarming increase in pressure and control over the press and human rights defenders, continued in 2024. While there are more than 15 regulations in the legislation that create obstacles to the exercise of freedom of expression, the introduction of a new regulation known to the public as the "Influence Agent Law" is completely unacceptable. If such a regulation is enacted, it will eliminate the essence of the right and render freedom of expression completely unusable.
- 2024 was a year in which restrictions and violations of the freedom of assembly and demonstration were the norm and the exercise of freedoms was the exception, just like the previous year. Throughout the year, individuals and groups from all segments of society, -especially Kurdish voters protesting the appointment of trustees in place of their elected mayors, in disregard of their democratic will- were unable to exercise their freedoms of assembly and demonstration due to bans imposed by local government officials and/or physical interventions by law enforcement.

- Freedom of association is one of the fundamental human rights essential for the functioning of democracies. In Turkey, citizens are unable to exercise their freedom of association because they cannot come together collectively and express their opinions, and they cannot participate in the civil and public sphere in an organized manner to shape their common future. In 2024, numerous members and leaders of human rights organizations, associations, foundations, labor and professional organizations, and political parties were detained, arrested, and subjected to pressure through lawsuits filed against them. The appointment of trustees, which is based on the usurpation of the will of voters and citizens and is an expression of a local administration regime that is completely contrary to the principle of the rule of law, human rights, and democratic values, is also a serious violation of freedom of association.
- The Kurdish issue remains one of the most fundamental obstacles to Turkey's democratization. The failure of the government to take sincere and comprehensive steps towards a peaceful, democratic, and just solution to the problem, coupled with developments in the Middle East, has led to an environment of armed conflict that began immediately after the 7 June 2015 General Elections and continues to this day, resulting in serious and grave human rights violations, particularly the right to life. As human rights defenders, we have always advocated for a democratic, peaceful, and just solution to the Kurdish issue. Considering the recent developments in the Middle East and the wave of war threats spreading across the region, our insistence on peace and a solution has only grown stronger. Therefore, we want the conflicts to stop immediately. With the establishment of a non-conflict environment, the non-conflict state must be reinforced, monitored, and strengthened based on the negative experiences, and all parties must develop sincere and effective programs to ensure social peace.
- The implications of the decision to withdraw from the İstanbul Convention for women and LGBTQ+ individuals are evident in the hundreds of women killed by men in 2024; LGBTQ+ people being subjected to discriminatory, phobic, and hateful attacks; peaceful meetings and demonstrations for women's and LGBTQ+ rights being banned and violently intervened; hundreds of women and LGBTQ+ people being detained with torture and other ill-treatment; the holding of anti-LGBTQ+ hate rallies with the direct support of officials, and the deepening of discrimination in every respect.
- Refugees/asylum seekers, who have become an integral part of Turkish society, are still intensely exposed to all kinds of discrimination and abuse, hate speech, and economic exploitation. In 2024, refugees/asylum seekers exposed to racist and hate-filled violence, as in the case of Kayseri, lost their lives. Unfortunately, refugees/asylum seekers, who are most deeply affected by all the physical, mental, social, and economic consequences of the severe crisis in the country, have become lives that are ignored or even discarded by our society.

- Turkey has been experiencing the most severe economic crisis in the history of the Republic for quite some time. The economic crisis and deepening poverty caused by years of debt-based neoliberal economic policies and war and conflict expenditures constitute a gross human rights violation that makes it completely impossible for citizens to sustain both their biological and social lives. High cost of living, unemployment, poverty, insecurity, and disorganization hit women, children, and refugees/asylum seekers the hardest. Under these conditions, acquired rights of workers and laborers such as severance pay, should not be infringed upon, inflation figures should not be manipulated, and workplace fatalities should be prevented. Advocacy actions for workers' and laborers' rights should not be prohibited, and the rights to unionize, strike, and engage in collective action should be guaranteed (...)."

As a result of the political regime's mode of governance—characterized by the elimination of rights, the establishment of informational hegemony to manipulate the truth, and a reliance on repression and control—the entire country has effectively been turned into a site of torture, and torture remained the most pervasive human rights issue in 2024.

In 2024, when these violations occurred, 697 people³ who were subjected to torture and other serious human rights violations in Turkey applied to the HRFT offices. The information conveyed in the applications and the findings subsequently identified were examined in depth to assess the extent of the torture and violations, the individuals and groups targeted, and the findings that emerged. The information conveyed was examined under the headings of "applications to the HRFT, socio-demographic characteristics of the applications, detention, forensic medicine and legal support, torture, deprivation of liberty, and medical processes" and were also grouped and evaluated comparatively based on the time of occurrence of torture crimes and detentions, the region of the representative office to which the application was made, and gender identity.

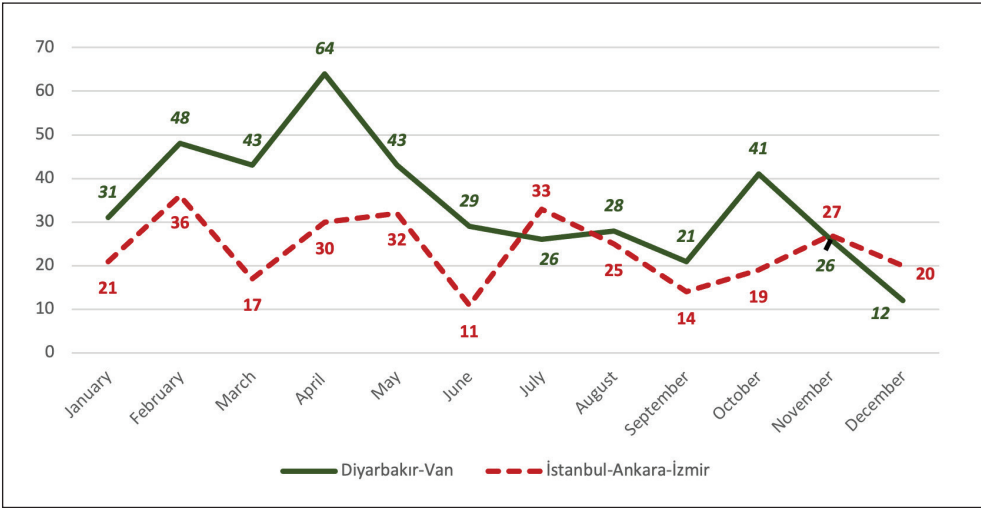
1. Months of Application

The months with the highest number of applications to HRFT Treatment and Rehabilitation Centers due to torture were April and February, while the month with the lowest number was December. Following the 31 March local elections, the decision to revoke the civil rights of Van Metropolitan Municipality Co-Mayor Abdullah Zeydan, made by the Ministry of Justice just five minutes before the end of the workday, was announced. This decision was protested in Van and other cities, interventions against peaceful demonstrations led to numerous complaints to the HRFT – primarily through its Van Representative Office – alleging torture and ill-treatment.

3 This section evaluates data related to 697 applications stating exposure to torture and other ill-treatment in Turkey and does not cover all applications made to the HRFT in 2024.

It was determined that the increase in applications to the İstanbul, İzmir, and Ankara Treatment and Rehabilitation Centers in July was due to bans on Pride Week events and the Suruç Memorial, violations against those who wanted to make press statements and march, and acts of torture. In the regional provinces, the number of applications was higher in January and October, but the number of applications was similar to other months and did not indicate any specific event.

There is no difference in the rate of applications made to the centers during other months of the year, nor is there any mention of the impact of a specific event.



Graph 2: Distribution of applicants to HRFT Treatment and Rehabilitation Centers by month

2. Means of Application

This section evaluates the application methods used by torture and other ill-treatment survivors to apply to HRFT Treatment Centers and the sources from which they obtained information/recommendations to apply. In 2024, applicants who applied based on the recommendation of someone who had previously applied to the HRFT (216 people; 31%) ranked first, followed by previous applications (180 people; 25.8%), those who applied directly to the HRFT without receiving information or recommendations from any source (111 people; 15.9%), those who applied based on the recommendation/information provided by HRFT staff (76 people; 10.9%), those who applied through democratic mass organizations and/or parties (47 people; 6.7%), and those who applied based on the recommendation of lawyers (26 people; 3.7%). The means of application to the HRFT are listed in Table 2.

56.8% of the applicants indicated that they had either applied before (previous applicants) or had been referred to the HRFT by individuals who had previously applied to the HRFT. Approximately 6 out of 10 applications were made due to support previously provided by the HRFT, suggesting that the assessments and support provided within the framework of the HRFT’s holistic approach were considered meaningful for previous applicants.

Table 2: Distribution of applications according to information sources		
Means of Application	Number of Applications	%*
On the suggestion of HRFT applicants	216	31
Former applicant	180	25.8
Direct application	111	15.9
Recommendation of HRFT employees	76	10.9
Through democratic organizations and/or parties	47	6.7
Through lawyers	26	3.7
On the suggestion of HRFT volunteers	17	2.4
Through IHD	14	2
Through media	11	1.6
No information	8	1.1

*Column percentage

It was observed that the proportion of applications submitted through lawyers, democratic mass organizations and/or political parties, other channels, or the press was 12% in 2024, representing a decrease of 6.8 percentage points compared to 2023. Looking at the rate of applications submitted through lawyers, a significant decrease is observed compared to previous years (2021 12.4%; 2022 8.6%; 2023 9.4%, 2024 3.7%). The rate of applicants who stated that they applied after being informed by lawyers was 7.7% in İzmir, İstanbul, and Ankara combined, while it remained at 1% in Van and Diyarbakır. This 1% rate consisted solely of applications from Diyarbakır.

The low number of applicants stating that they were informed about the HRFT by lawyers who had direct contact with torture survivors during detention or in detention facilities is concerning, and the differences in the rates of applications referred by lawyers are even more pronounced across regions and provinces. Lawyers, due to the responsibilities they assume in the legal processes of people deprived of their liberty, can also make important and effective interventions in terms of preventing and documenting torture and ill-treatment. Thanks to these interventions, it is possible to make prompt and early requests for people detained to receive appropriate

medical support, for medical evaluations to be carried out in accordance with standards and procedures, and for alternative mechanisms to be implemented in relation to bad practices and shortcomings encountered. In this regard, it is important that lawyers and bar associations are aware of the HRFT's efforts in documentation, as well as the support it provides in treatment, rehabilitation, and reparation. The HRFT's support will strengthen efforts to make torture visible, achieve effective results in legal proceedings against those responsible, combat impunity, and establish justice. In its documentation processes, the HRFT provides medical support regarding practices and legal decisions that violate the İstanbul Protocol, not only during the initial medical evaluation of applicants but also in the later stages of the trial, and issues opinions on the illegality of such practices to inform the relevant authorities and the society.^{4,5} Based on these considerations, emphasis should be placed on activities targeting bar associations, as well as the Association of Liberal Lawyers, the Association of Contemporary Lawyers, and other legal organizations. Furthermore, special efforts are needed to convey the role of the HRFT and health-care workers in the medical documentation of torture and the rehabilitation process through İstanbul Protocol training.

In 2024, the rate of applications made through democratic mass organizations and/or parties decreased compared to 2023, reaching 7.5% in regions with a high Kurdish population and 5.6% in regions including western provinces. The rate of applications informed by the IHD was 0.5% in the region with a high Kurdish population and 4.2% in the region including western provinces, suggesting that the information was not provided through democratic mass organizations. In recent years, the IHD has ranked low among the channels for applications. Considering that the IHD is the most widespread human rights organization in Turkey with the largest membership, it can be argued that the weakening of democratic mass organizations has also led to a decrease in opportunities for applicants to become informed about violations. Combating the political power's repressive and marginalizing policies towards human rights organizations and democratic mass organizations can also increase the role of these structures.

In addition to the awareness-raising activities it carries out through its representatives, the HRFT is increasing its visibility and expanding the avenues for information for torture survivors through its work on the internet and especially on social media. The percentage of those who stated that they were informed through the press is 1.6%. More effective use of social media and new communication tools will provide an important opportunity for applicants to access information about the HRFT and its work. The percentage of applicants who stated that they contacted the HRFT directly to receive support in the areas of treatment, rehabilitation, and documentation, and that they did not receive information from another person or institution, is 15.9%. Although there is insufficient data on how individuals who stated that they applied directly accessed information about the HRFT, it is thought that the foundation's

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

5 Alternative Report Submitted to the United Nations Committee Against Torture for Turkey's Fifth Periodic Report and the Committee's Concluding Observations <https://tihv.org.tr/arsiv/qtr/>

increasingly effective use of social media and new communication tools to reach torture survivors and increase its visibility and impact could be effective in increasing the number of applications from torture survivors.

3. Sociodemographic Data on the Applicants

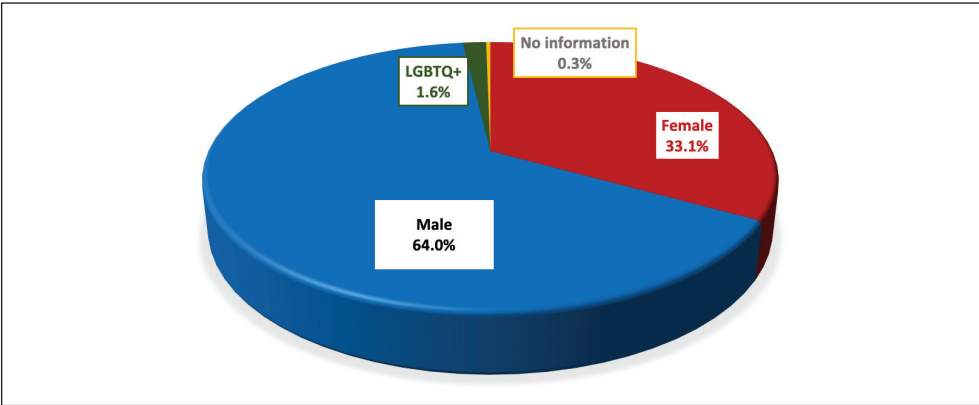
3.1. Gender and Age

When examining the distribution of 697 individuals who applied to the HRFT in 2024 due to torture based on their gender identity (Graph 3); 231 applicants (33.1%) identified as female, 453 applicants (64%) identified as male, and 13 applicants (1.9%) identified their gender identity as Non-binary, Queer, Other. In this report, the term LGBTQ+ is used to describe applicants that fall outside the male-female binary gender system, i.e., those with “gender diversity/variety.” The percentage of applicants that did not identify their gender as female or male and were classified as LGBTQ+ decreased from 8.6% in 2023 to 1.9% in 2024. Despite the political power’s hate speech targeting LGBTQ+ individuals and others with diverse gender identities, as well as its continued obstruction and prohibition of meetings and demonstrations where gender identities are visible in 2024, the organization of Pride March-like actions in different places and times has led to a decrease in the number of LGBTQ+ individuals subjected to detention and torture.

When evaluating the gender identities of the 2024 applicants alleging torture and other ill-treatment by region, a significant difference was found. According to the information provided in the applications regarding gender identity, while there were no applicants defined as LGBTQ+ in the Diyarbakır and Van Treatment and Rehabilitation Centers, 26.5% of the applicants indicated female and 73.5% indicated male. For applicants outside the region, the proportion of women was observed to be 42.8%. There is a statistically significant difference between regions not only in terms of LGBTQ+ applicants but also in terms of male and female gender identities.

In applications to treatment centers, age groups are categorized as children (under 18), those of student age (18-25), and individuals over 65, while other ages are grouped in 5-year increments starting from 25. Age groups are classified into narrower intervals to assess whether torture practices, their effects, the individuals and groups targeted, the harm caused, diagnoses, and recommended treatments differ across age groups.

Among individuals who applied to treatment centers in 2024 either because they were subjected to torture or were relatives of torture survivors, the youngest age was 5, the oldest age was 81, and the average age was 39.1 ± 13.8 . The average age of female applicants was 36.2 ± 12.4 ; the average age of male applicants was 40.8 ± 14.1 ; the average age of LGBTQ+ applicants was 28 ± 10.5 . It was observed that the average age of applicants in 2024 was higher compared to previous years (2020: 33.1; 2021: 33.6; 2022: 36.7; 2023: 38.2). Based on the centers where applications were submitted, the average age at the Diyarbakır main center was 40.8



Graph 3: Distribution of applicants by gender identities

± 13.6, while at the İstanbul main center it was 36.6 ± 13.6. A significant difference was observed between age groups across regions. ($\chi^2=41.187$ $p<0.001$). This difference was determined to stem from the fact that in 2024, applications from the 19-30 age group were predominantly made to the İstanbul, İzmir, and Ankara Representative Offices, while applications from the 46-55 age group were made to the Diyarbakır and Van Representative Offices. The comparative distribution of 2024 applications by age groups and regions is shown in Table 3.

Table 3: Distribution of 2024 applicants by age group and region of application						
Age Group	Diyarbakır, Van		İstanbul, Ankara, İzmir		Total	
	Number	%*	Number	%*	Number	%
Under 18	20	4.9	7	2.5	27	3.9
Age 19-25	39	9.5	57	20.0	96	13.8
Age 26-30	39	9.5	51	17.9	90	12.9
Age 31-35	61	14.8	43	15.1	104	14.9
Age 36-40	44	10.7	33	11.6	77	11.0
Age 41-45	38	9.2	17	6.0	55	7.9
Age 46-50	57	13.8	23	8.1	80	11.5
Age 51-55	53	12.9	21	7.4	74	10.6
Age 56-60	38	9.2	15	5.3	53	7.6
Age 61-65	14	3.4	12	4.2	26	3.7
65 and above	8	1.9	6	2.1	14	2.0
Total	412	100	285	100	697	100

*Column percentage

Among those who applied to the HRFT in 2024 due to having been tortured in Turkey, 3.9% (27 applicants) were children. The youngest age among the children who applied due to torture is 5, and two-thirds of the children live in regions with a high Kurdish population.

Among the applications made to the İstanbul, İzmir, and Ankara Representative Offices, the percentage of age groups under 35 was 55.4%, while in applications made to the provinces of Diyarbakır and Van, this percentage dropped to 38.6%. Applications from those over 35 rose to 61.2% in provinces with a high Kurdish population. The concentration of applications at the Van and Diyarbakır offices by individuals who had been imprisoned for long periods due to aggravated life sentences, following their release, was considered the main reason for the increase observed among the older age group, as these applications aimed to document the torture they had endured and to identify and treat health problems resulting from restricted or delayed access to healthcare.

The World Health Organization has classified the group aged 65 and over into three subgroups: “youngest elderly” (aged 65-74), “middle elderly” (aged 75-84), and “oldest elderly” (aged 85 and over). There were 14 applications in these age groups (2%). It was determined that 2 of the applicants were female and 12 were male, and that 10 of the applicants had a history of imprisonment. It was learned that the last torture experienced by 11 applicants took place in 2024, while for 3 applicants it took place in 2023 and 2022, the years in which they were released.

Considering that torture is absolutely prohibited, it was observed that even acts committed against children were not prevented, that torture was applied to people of all ages, from 5 to 81 years old, in 2024, and that there was no difference between age groups in terms of the torture applied.

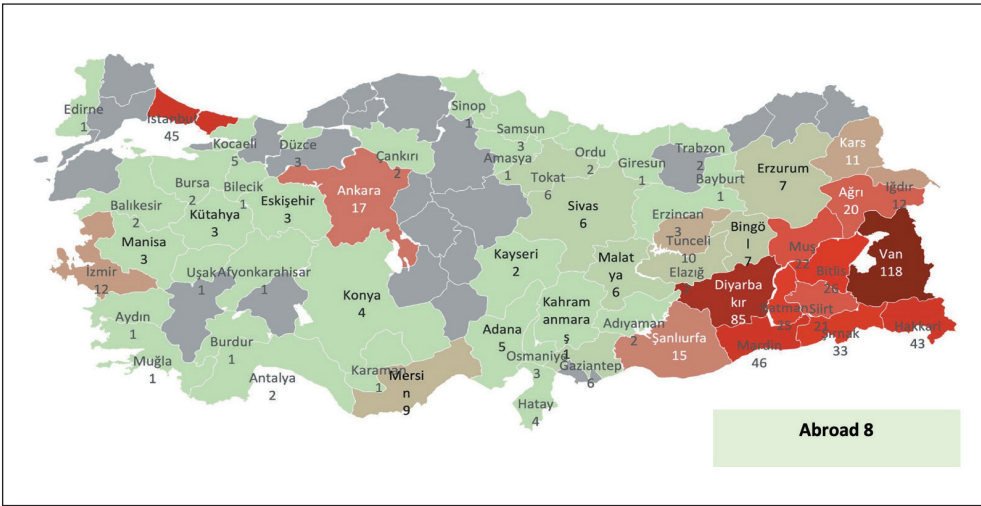
3.2. Birth Place and Region

When examining the cities where the applicants were born, we find that 118 applicants (16.9%) were from Van, 85 (12.2%) from Diyarbakır, 46 (6.6%) from Mardin, 45 (6.5%) from İstanbul, 43 (6.2%) from Hakkari, 33 (4.7%) from Şırnak, 26 (3.7%) from Bitlis, and 25 (3.6%) from Batman. When examining by region, 76.7% of the applicants were born in the Southeastern Anatolian and Eastern Anatolian regions.

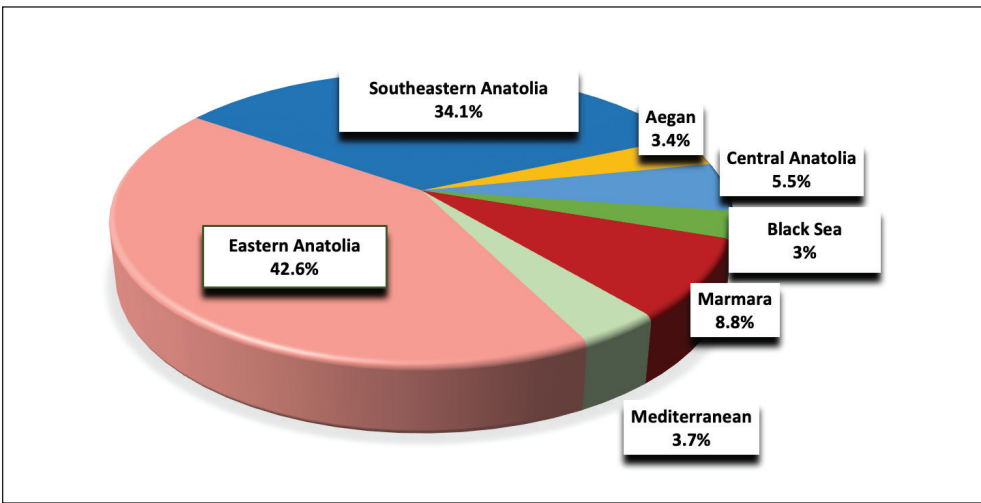
There was a 14.5% increase in the number of those born in the Southeastern Anatolian and Eastern Anatolian regions compared to 2023, and 3 out of every 4 applications were from individuals born in the region. The distribution of applicants by province and region of birth is shown in Graph 4 and Graph 5.

According to the Turkish Statistical Institute (TÜİK) data on “Population by place of birth and gender, 2014-2024”⁶; those born in the Southeastern Anatolian and

6 See <https://data.tuik.gov.tr/Search/Search?text=Do%C4%9Fum%20yeri%20ve%20cinsiyete%20g%C3%B6re%20n%C3%BCfus&dil=1> (Access date: 02.04.2025).



Graph 4: Distribution of applicants by place of birth



Graph 5: Distribution of applicants by region of birth

Eastern Anatolian regions constitute 24.7% of Turkey’s population; however, the proportion of those born in the region among those subjected to torture is approximately 3.1 times higher (76.7%). Reports from treatment and rehabilitation centers in previous years also determined that the proportion of those born in the region among those subjected to torture was higher than the Turkish average.

80.3% of applicants stated that their native language was Kurdish and its dialects, while the percentage of applicants whose native language was Turkish was 15.5%.

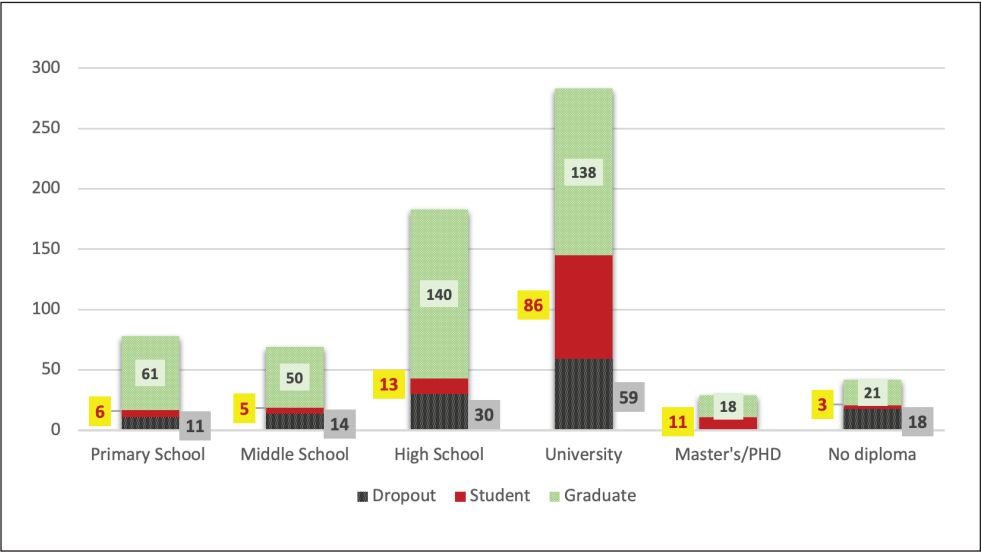
When applications to the HRFT are evaluated together in terms of place of birth and native language, it is understood that 4 out of 5 applicants have a Kurdish ethnic identity and that Kurds were subjected to torture more than other ethnic identities in 2024.

3.3. Education, Job/Profession and Employment Status

When evaluating the applicants’ educational status:

- 42 applicants (6%) had no education (3 children, 21 literates, 18 illiterate)
- 407 applicants (60.7%) completed their education (elementary school 61, middle school 50, high school 140, college/university 138, master’s/doctorate 18)
- 121 applicants (18.1%) are currently students (elementary school 6, middle school 5, high school 13, college/university 86, master’s-doctorate 11)
- 114 applicants (17%) had discontinued their education (elementary school 11, middle school 14, high school 30, college/university 59)
- 13 applicants (1.9%) had incomplete records.

The distribution of applicants by their level of education is shown in Graph 6.



Graph 6: Distribution of applicants by level of education

When evaluating the last educational institution completed by applicants, it was found that 564 (80.9%) had at least a middle school, high school, or university degree or were enrolled in high school or higher education. According to TÜİK’s “Population by educational attainment and gender, 2008-2022”⁷ data, this rate was 58.4% in 2022. When comparing the Turkish averages in terms of the last educational institution completed with those who applied to the HRFT due to torture, a 1.38 – fold difference was calculated in terms of the educational institutions completed.

Table 4 presents the employment status of applicants by educational level. In the table, a total of 160 applications were excluded from evaluation, including those for which the last completed educational institution or employment status could not be determined, as well as applicants who are still students or are below working age.

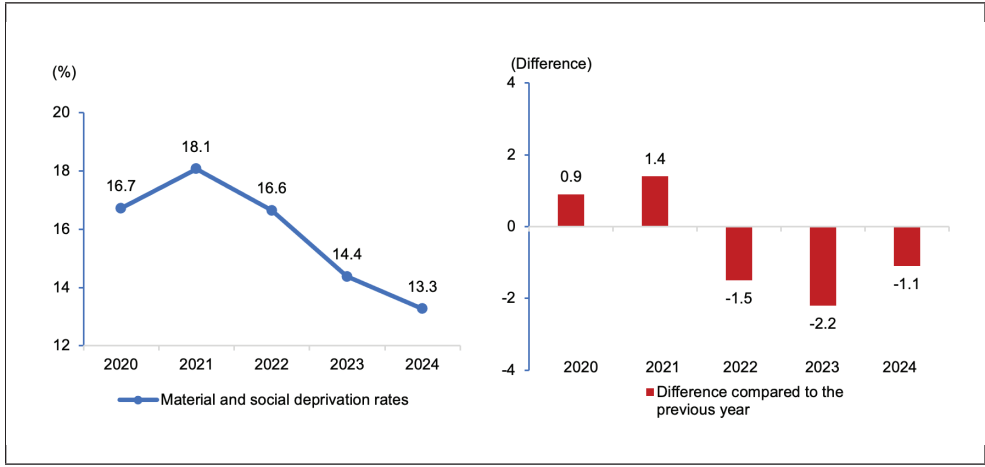
Table 4: Distribution of applicants by educational level and employment status								
	Full Time	Half Time	Unregistered	Seasonal Worker	Household Worker	Retired	Unemployed	Total
No diploma	2	2	1	4	3	0	36	48
Primary School	4	1	1	4	6	2	55	73
Middle School	7	4	3	2	1	2	60	79
High School	33	6	6	1	1	3	145	195
University	45	10	9	1	1	3	58	127
Master’s / Doctorate	7	0	1	0	0	1	6	15
Total	98	23	21	12	12	11	360	537

It was also found that 40 of the 113 students were working (17 full-time, 8 part-time, 1 seasonal worker, and 14 employed informally). Of the 14 applicants over the age of 65, 1 stated that they worked full-time, 1 stated that they were retired, and 12 stated that they did not work in any job.

Of the 537 total applicants with information on their educational background and employment status, 360 (67%) were found to be unemployed, and a 6% increase in the proportion of those not working in any job was recorded compared to 2023. 98 (18.2%) of the applicants work full-time, 23 (4.3%) work part-time, 21 (3.9%) are employed informally, 12 (2.2%) are unpaid family workers/domestic workers, and 11 (2%) are retired.

7 <https://data.tuik.gov.tr/Search/Search?text=e%C4%9Fitim>, (Access Date: 02.04.2025)

In 2024, labor income declined, youth unemployment increased, and the severe economic crisis experienced over the past 25 years deepened further. According to TÜİK, the poverty rate increased by 0.1 points to 13.6% in 2024, while the poverty rate calculated based on the poverty line determined by taking into account 60% of the median income decreased by 0.1 points in the last year to 21.2%.⁸ Again, the material and social deprivation rate shared with relevant graphs from TÜİK was 14.4% in 2023, while it decreased by 1.1 points in 2024, and it was reported that this rate is estimated to be 13.3%.



Graph 7: Material and social deprivation rates and difference compared to the previous year, 2020-2024⁹

The Central Bank, DİSK-AR data, and various independent studies indicate that the proportion of workers earning the minimum wage is around 50%. While the proportion of workers earning below the minimum wage was 18.5% in 2002, this figure rose to 33.8% in 2022; those earning 5% above and below the minimum wage rose from 27.8% in 2002 to 37.5% in 2022, and those earning 10% above and below the minimum wage rose from 30.7% in 2002 to 38.4% in 2022.¹⁰ The impoverishment, insecurity, and disorganization caused by years of debt-based neoliberal economic policies have deepened and become permanent with the implementation of the state of emergency. The inability to mitigate the effects of the COVID-19 pandemic and the failure to create new employment opportunities to replace closed workplaces have further reduced the job prospects of informal and seasonal workers, young

⁸ See <https://data.tuik.gov.tr/Bulten/Index?p=Yoksulluk-ve-Yasam-Kosullari-Istatistikleri-2024-53714> (Access Date: 02.04.2025).

⁹ <https://data.tuik.gov.tr/Bulten/Index?p=Yoksulluk-ve-Yasam-Kosullari-Istatistikleri-2023-53713>

¹⁰ See Türkiye Devrimci İşçi Sendikaları Konfederasyonu Araştırma Merkezi (Disk-Ar) Asgari Ücret Araştırması (2024).

people, those with low levels of education, fixed-term contract workers, and those employed in small businesses. On the other hand, events and situations such as the non-employment of individuals who do not submit to the political power in the public sector, the coercion of workers into insecurity and disorganization, their exclusion from working life, and the use of torture and ill-treatment practices as a justification for the struggle for rights and demands for the restoration of rights have intensified and continued in 2024.

4. Torture During Detention

In order to comprehensively address torture and other ill-treatment practices and to identify the changing aspects of the torture over the years, 697 applicants reporting torture and other ill-treatment were evaluated by dividing them into two separate groups. This grouping was based on the correlation between the dates of their last detention and the dates when the acts of torture occurred.

Of the 697 people who applied to the HRFT, 319 (45.8%) stated that the date of their last detention was in 2024, while 378 applicants (54.2%) stated that the date of their last detention was in the years prior to 2024. However, 481 applicants (69%) reported being tortured in 2024, while 216 applicants (31%) reported being tortured in 2023 or earlier during official, unregistered detentions, imprisonment, etc.

Of the 319 applicants detained during the year, only 8 (1.1%) stated that they had been detained before 2024, while 32 (4.6%) of the 378 applicants detained before 2024 stated that they had not been subjected to any torture during their last detention process. 24 applicants stated that they had been subjected to torture during previous detention and prison processes, 10 applicants stated that they had been subjected to torture during prison processes, and 6 applicants stated that they had been subjected to torture during previous detention processes. 37 of the applicants who stated that they were not subjected to torture during their most recent detention were detained for political reasons (5.3%), 2 for judicial reasons (0.3%), and 1 (0.1%) because of their relatives.

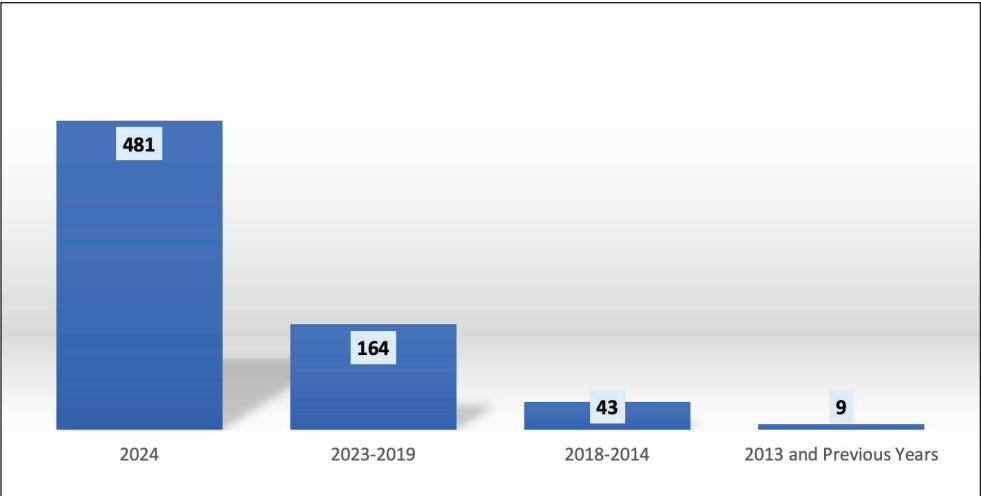
When the torture methods reported to have been used were examined, 301 (94.4%) of the applicants detained in 2024 reported that torture methods involving and not involving physical violence were used together, while 10 applicants (3.1%) reported being subjected to torture methods not involving physical violence. A closer look at the applicants with a detention date prior to 2024 shows that the rate of those who stated that torture methods involving and not involving physical violence were used together was 82.3%, while the rate of those who stated that only torture methods not involving physical violence were used rose to 9.3%. Reports from the HRFT's treatment and rehabilitation centers in previous years also indicate that applicants reported a higher rate of combined use of torture methods involving both physical violence and non-physical violence in recent acts of torture, while the rate of this combined use decreased in acts of torture committed more than a year ago and,

there was an increase in the percentage of those reporting the use of non-physical torture methods. This does not indicate that fewer physical torture methods were used in previous years, but rather that traumas that did not leave severe physical injuries were remembered more as psychological violence by those subjected to torture, and that the psychological effects of the trauma were more persistent and longer-lasting.

Applications were categorized into four groups based on the dates applicants reported being subjected to torture: 2024, 2023-2019, 2018-2014, and finally 2013 and earlier. The percentage of those who were tortured in 2024 is 69%; the percentage of those who stated that they were tortured between 2023 and 2019 is 23.5%. The percentage of applications made to the HRFT due to torture suffered during the year has been increasing in recent years. When the channels and timing of applications are considered together, we can see that, in applications made primarily due to older cases of torture and mainly at the suggestion of HRFT staff, those who had previously applied to the HRFT were prominent, while in cases of torture in 2024 and more recent cases, those who obtained information through lawyers and the press were prominent. It is believed that providing support during the application process and building trust in legal proceedings has increased the number of applications related to older cases of torture.

The oldest recorded torture case was in 1993. The applicant was later arrested, did not define the practices he was subjected to in prison as torture and ill-treatment, and applied to the HRFT to receive medical support after his release. The distribution of applicants by years of torture is shown in Graph 8.

The most important reason for the delayed submission of torture-related applications is that individuals are detained after arrest and deprived of their liberty. Of the



Graph 8: Distribution of torture by years (n=697)

216 applications indicating that the last act of torture occurred before 2024, 151 (69.9%) were submitted to the HRFT after release from prison. Of the applications from individuals in prison, 115 (76.2%) applied to the HRFT within a year of their release, while 36 (23.8%) applied to the HRFT a year or more after their release date.

Following human-induced trauma, it is known that those exposed to trauma may avoid seeking help for various reasons and delay seeking support, including medical evaluation and treatment. This also applies to legal processes. The high number of people seeking support at the recommendation of those who have applied to the HRFT provides information about trust and persuasion.

Judicial bodies frequently argue in their decisions that the causal link cannot be established on the grounds that the applications were “made too late,” leaving the burden of proof to the torture survivor and failing to fulfill their obligation to investigate, thereby paving the way for impunity. However, all documents fundamental to the fight against torture, particularly the Istanbul Protocol, recommend that an immediate and effective investigation be launched when allegations of torture exist. It is known that there can be no statute of limitations for allegations of torture and ill-treatment. Although a late application may make it difficult to identify medical findings arising after the act, a comprehensive assessment and the identification of medical findings and symptoms using appropriate methods can still establish a causal link.

Judicial bodies effectively treat late submissions as a mere procedural deficiency or error and do not take them into account, which leads to impunity by preventing the act and the perpetrator from being uncovered, and also hinders measures to be taken regarding the state’s responsibility in reparation processes. The judiciary is expected to act in accordance with the spirit of the European Convention on Human Rights and the reality that torture is absolutely prohibited when making its decisions.

4.1. Reasons for the Detention of Applicants

Since the dates of the last detention and the last torture may differ, the assessments in the sections related to detention are based on the detention dates. The distribution of applicants by reasons for detention is shown in Table 5.

Of the 697 people who applied to the HRFT in 2024 because they had been tortured in Turkey, 633 (90.8%) stated that they had been detained because of their political thoughts, identity, or actions. Compared to the rates of applications made in the previous year, there has been a 2.6% increase in the number of those who stated that they had been detained because of their political thoughts, identity, or actions. There was also a 2.4% increase compared to the previous year in the number of people detained on the grounds of their relatives’ political thoughts and actions. Comparing the rates in 2023 and 2024, the rate of those who stated that they were detained for ethnic reasons decreased from 1.2% to 0.6%, while the rate of those who reported

being detained for judicial reasons decreased from 2.3% to 1.3%. However, the main reason for the decrease in the percentage of those who stated that they were detained due to their sexual identity/orientation from 7.3% in 2023 to 1.3% in 2024 is the low number of LGBTQ+ applications compared to 2023. In 2023, there were very harsh interventions against the press statements, actions, and protests of the women’s movement and LGBTQ+ individuals. It is clear that the HRFT should be in communication with institutions representing these groups, media outlets, etc.

Table 5: Distribution of applicants by reasons for detention						
	Detained in 2024 (n=319)		Detained before 2024 (n=378)		Total (n=697)	
	Number	%**	Number	%**	Number	%**
Political	290	90.9	343	90.7	633	90.8
Judicial	5	1.6	4	1.1	9	1.3
Gender identity and orientation	9	2.8	0	0.0	9	1.3
Refugee	3	0.9	1	0.3	4	0.6
Ethnic reasons	3	0.9	1	0.3	4	0.6
Due to relatives	10	3.1	14	3.7	24	3.4
Other	3	0.9	1	0.3	4	0.6

**Column percentage

Although it is not possible to distinguish which opposition groups are targeted in applications made to the HRFT for political reasons, it is understood from the information provided by the applicants about the incidents they experienced and the stories they recounted that Kurds and left-wing opposition groups are targeted, while religious/conservative groups, etc., have lower numbers and rates of applications.

4.2. Detention and Torture During Detention

A common feature of periods of intensified repression and violence in Turkey is the extension of detention periods and the violation of procedural safeguards, which pave the way for torture. Under martial law and states of emergency, these practices have become almost permanent. The detention period, which was extended to one month during the state of emergency, was reduced to 14 days (7+7) by Decree No. 684 dated January 23, 2017. Following the enactment of the “Proposal for a Law on Amendments to Certain Laws and Decrees with the Force of Law” in the Grand National Assembly of Turkey on 25 July 2018, a period of 12 days (4+4+4) was legally established for mass crimes. With the expiration of the state of emergency regulation on 1 August 2022, the detention periods determined in accordance with

the Criminal Procedure Code became valid again. With the repeal of the law defined as the “permanent state of emergency law” on 31 July 2022, as of 1 August, detention periods for individual crimes were set at 24 hours, extendable by an additional 24 hours for a total of 2 days, while for mass crimes, detention could not exceed 4 days. However, based on the information provided by the applicants, it appears that this change did not result in any significant difference regarding torture practices and procedural violations, and that detention periods continued to be used to their full extent. After evaluating the torture practices to which the applicants were subjected together with the detention periods, we can determine that the longer the detention period, the more torture methods were used.

Applications made to HRFT centers in 2024 were classified based on four-day detention periods and subsequently examined to include the processes related to the violations mentioned in the HRFT and İHD report titled “Human Rights Violations in Turkey in 2024 with Data.”

Of the applicants who applied to the HRFT due to torture, 553 (79.3%) stated that they were subjected to official detention procedures, while 144 (20.7%) stated that their most recent detention process was unregistered and that no official procedures were carried out. It has been observed that law enforcement agencies use disproportionate and excessive force against crowds during interventions in social demonstrations and peaceful protests, resort to torture more often by using unregistered detentions rather than official detentions, and use torture more often for punishment and intimidation purposes. It has been determined that the rate of unregistered detentions increased by 2% in 2024 compared to 2023.

In light of this information, of the 553 people officially detained, 208 applicants indicated 2024 as the date of their last detention, and in 115 of these cases (55.3%), the detention period was less than 24 hours, while in one case, the detention period was extended to 12 days. In 2024, an increase in the duration of official detentions and post-detention arrests was observed.

In 345 applications whose last detention date was prior to 2024, the proportion of those detained for less than 24 hours was 18.8%, while the proportion of those detained for 2-12 days was 48.4%, and 23.5% for those detained for over 12 days. Applications stating detention for 15 days or more prior to 2024 were found to be predominantly related to martial law and state of emergency applications, extrajudicial executions, torture and ill-treatment, unregistered detentions, village evacuations, and extrajudicial executions which were prevalent in the 1990s and between 2015 and 2016.

Table 6 shows the duration of applicants’ most recent detention.

Table 6: Distribution of applicants by duration of the most recent detention*						
	Detained in 2024 (n=208)		Detained before 2024 (n=345)		Total (n=553)	
	Number	%**	Number	%**	Number	%**
Less than 24 hours	115	55.3	71	18.8	186	33.6
2-4 days	83	39.9	123	32.5	206	37.3
5-8 days	4	1.9	35	9.3	39	7.1
9-12 days	1	0.5	25	6.6	26	4.7
13-29 days	0	0.0	67	17.7	67	12.1
Over 30 days	0	0.0	22	5.8	22	4.0

*553 applications involving official detention procedures were evaluated; unregistered detentions were not evaluated.
**Column percentage

The average detention period in 2024 was 2.02 days for those detained in 2024 and 8.9 days for those detained before 2024, and this difference is statistically significant. Although the decrease in the length of detention in 2024 may create the perception that torture is less frequently used, the information provided does not support this perception. Violations beginning with the disregard of procedural safeguards during the detention process, including the reasons for detention, the places of detention, and the identity of those detained, indicate that torture continues to be a systematic practice.

In 2024, protests demanding rights within the scope of freedom of thought and expression, as well as press statements, were prevented through arbitrary bans and the disproportionate use of force, violence, and coercion by official law enforcement officers and private security forces, while torture remained widespread, systematic, and routine. The changes observed in recent years regarding the practices, locations, and purposes of torture continued in 2024. The use of disproportionate force, arbitrary violence, and coercion for punishment and intimidation has been normalized, turning streets and open spaces into sites of torture and rendering these practices public. This situation has been further reinforced by the absence of legal safeguards, alongside unjust detention and discretionary probation decisions.

4.3. Places of Detention

Places of detention are one of the key elements to consider when assessing the nature and changing face of torture. Streets or open areas have become prominent among places of detention in recent years. Of the 553 people who applied to the HRFT because they were subjected to torture while officially detained, 234 (42.3%) stated that they were officially detained on the street or in an open area; and for the 208 applicants stating that they were detained in 2024, this rate rises to 58.7% (122

applicants). While 4 out of 5 people were detained on the streets or in open areas in 2023, 1 out of 2 people were detained on the streets or in open areas in 2024. While there was a decrease in the proportion of those detained on the street or in an open area compared to the previous year, when evaluated together with the places where undocumented detention occurred, it is understood that there has been no change in the choice of location, and that it has even strengthened, serving to make torture more public and to use it as a means of pressure and intimidation. When the last places of detention for officially detained applicants are listed, they are as follows: home 42.7% (236 applicants), official institution 5.2% (29 applicants), other 4.5% (25 applicants), workplace 2.2% (12 applicants), and association, magazine, etc. 1.3% (7 applicants).

The difference between years based on the location of arrest is also statistically significant ($\chi^2= 53.379, p < 0.001$). Table 7 shows the distribution of applicants' place of last detention by year.

Table 7: Distribution of applicants by the place of last detention*						
Place of Last Detention	Detained in 2024 (n=208)		Detained before 2024 (n=345)		Total (n=553)	
	Number	%**	Number	%**	Number	%**
From home	62	29.8	174	50.4	236	42.7
From the street/open area	122	58.7	112	32.5	234	42.3
From an official institution (airport etc.)	8	3.8	21	6.1	29	5.2
Other	7	3.4	18	5.2	25	4.5
From the workplace	0	0.0	12	3.5	12	2.2
No information	2	1.0	8	2.3	10	1.8
Association, magazine, etc.	7	3.4	0	0.0	7	1.3

*553 applications where official detentions were carried out were evaluated, unregistered detentions were not evaluated.

**Column percentage

The report “Human Rights Violations in Turkey in 2024 with Data,” prepared by the HRFT and İHD¹¹ details this situation, which has become a defining characteristic of the recent period:

“(…). According to data from the Documentation Unit/Center of the Human Rights Association (İHD) and the Human Rights Foundation of Turkey (HRFT), in the first 11 months of 2024;

11 See. <https://tihv.org.tr/wp-content/uploads/2024/12/10-Aralik-2024-IHD-TIHV-Basin-Aciklamasi-EK.pdf> (Access date: 02.05.2025).

- 10 people lost their lives and 14 were injured as a result of extrajudicial executions by law enforcement, shootings due to failure to comply with stop orders, or random gunfire.
- 1 person in custody and 2 people in Removal Centers (GGM), where refugees/asylum seekers are held, died under suspicious circumstances.
- Within the country, at least 194 people lost their lives as a result of armed clashes in Syria and the Kurdistan Regional Government (KRG) in Northern Iraq, including 54 security personnel (42 soldiers, 5 police officers, 7 guards), 130 militants, and 10 civilians. During the same period, at least 76 people were injured, including 56 security personnel (36 soldiers, 15 police officers, 5 guards) and 20 civilians.
- At least 3 people lost their lives and 1 person was injured as a result of collisions involving vehicles belonging to security forces and/or official institutions.
- At least 3 people lost their lives and 4 were injured as a result of explosions of mines, abandoned bombs, etc.
- At least 51 people lost their lives and 14 were injured in prisons due to illness, suicide, violence, neglect, armed attacks by outsiders, etc.
- At least 12 people lost their lives and 33 were injured as a result of racist, phobic, and hate-filled attacks targeting refugees/asylum seekers, Kurds, LGBT+ individuals, Alevi, and non-Muslims.
- As a result of an armed attack targeting defenders of life and the environment, 1 person lost their life and at least 2 people were injured.
- At least 9 people lost their lives in accidents, explosions, suicides, and/or suspicious circumstances while performing compulsory or professional military service.
- According to data from the Worker Health and Safety Council (İSİG), at least 1,708 workers lost their lives in workplace accidents/homicides in Turkey in the first 11 months of 2024.
- According to *Bianet's* data, at least 327 women and 40 children were killed by men in the first 11 months of 2024 (...)."

4.4. Torture in Places of Detention

In 2024, 697 applicants to the HRFT Centers provided information on the places where they were subjected to torture (Table 8); and as in previous years, torture was not limited to a single place and it continued in other locations where they were detained. The number of places where applicants stated that they were subjected to torture during their detention varied between 1 and 5.

An analysis by date and place of detention shows that 8 out of 319 applicants who stated that they were detained in 2024 were not subjected to torture during their

detention, 146 (45.8%) reported that they were subjected to torture in a single unit, and 165 applicants (51.7%) reported that they were subjected to torture in more than one unit. Out of the 378 applicants who stated that they were detained before 2024, 170 applicants (45%) reported being subjected to torture in a single unit, while 163 applicants (44.7%) reported that they were subjected to torture in more than one unit. Those detained in 2024 had a higher rate of being subjected to torture in more than one unit compared to those detained in previous years, and this difference was statistically significant ($\chi^2 = 12.278, p > 0.015$).

Table 8 shows the distribution of applicants by number of units where they were tortured during detention.

Table 8: Distribution of applicants by number of units where they were tortured during their most recent detention						
Number of Units of Last Detention	Detained in 2024 (n=319)		Detained before 2024 (n=378)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
One unit	146	45.8	170	45.0	316	24.4
Two units	67	21.0	96	25.4	163	13.8
Three units	88	27.6	60	15.9	148	8.6
Four units	10	3.1	12	3.2	22	1.7
Five and more units	0	-	1	0.3	1	0.1
No torture	8	2.5	32	8.5	40	4.6
No information	0	-	7	1.9	7	1.0

*Column percentage

40 applicants (5.7%) stated that they were not subjected to an act of torture during their most recent detention. Among applicants whose most recent detention date was in 2024, the rate of those who stated that they had not been subjected to torture was 2.5%, while this rate was 8.5% among those detained before 2024. These rates show that contrary to the perception and rhetoric stating that torture has been eliminated, it continues to be systematically applied. All the applicants who stated that they were not subjected to torture during their most recent detention stated that they had been subjected to torture during their previous detention or while imprisoned.

The rate of having been tortured in more than one unit during the most recent detention was higher and statistically significant among the applicants to the İstanbul, Ankara and İzmir Representative Offices ($\chi^2 = 62.909, p < 0.001$).

When the places where all applicants were subjected to torture are evaluated, “*units of the Police Departments*” ranks first with a rate of 57.2% and “*streets, open spaces*

or public demonstrations” ranks second with a rate of 38.9%. In recent years, there has been an increase in the number of applicants stating that they were subjected to torture during detention in “streets, open spaces or public demonstrations.” This rate is 62.7% among applicants whose most recent detention date was in 2024. Although the average number of applicants stating that they were subjected to torture on the street has decreased since 2023, the fact that two out of three applicants were subjected to torture on the street is an important indicator that torture is being rendered public with the aim of punishing, frightening, and intimidating. Restrictions and interventions towards peace demonstrations, mass protests and press statements have continued in 2024 and rendered constitutional rights unusable. Table 9 shows the places where the applicants were tortured during their most recent detention.

Table 9: Distribution of applicants by the places where they were tortured during their last detention						
Unit of Last Detention	Detained in 2024 (n=319)		Detained before 2024 (n=378)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
Police	156	48.9	243	64.3	399	57.2
Police Headquarters	15	4.7	20	5.3	35	5.0
Gendarmerie Command	2	0.6	28	7.4	30	4.3
Gendarmerie Station	2	0.6	38	10.1	40	5.7
Vehicle interior	126	39.5	88	23.3	214	30.7
Street/open place	200	62.7	71	18.8	271	38.9
Detainee's own place	57	17.9	102	27.0	159	22.8
Unspecified indoor location	1	0.3	3	0.8	4	0.6
Prison	0	0.0	1	0.3	1	0.1
Removal centers	1	0.3	1	0.3	2	0.3
Other	24	7.5	11	2.9	35	5.0
No information	2	0.6	19	5.0	21	3.0
No torture	8	2.5	32	8.5	40	5.7

*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

Torture practices in detention vehicles have increased since 2019. While 30.7% of all applicants reported being subjected to torture in a detention vehicle, this rate was 39.7% for applicants whose most recent detention date was in 2024.

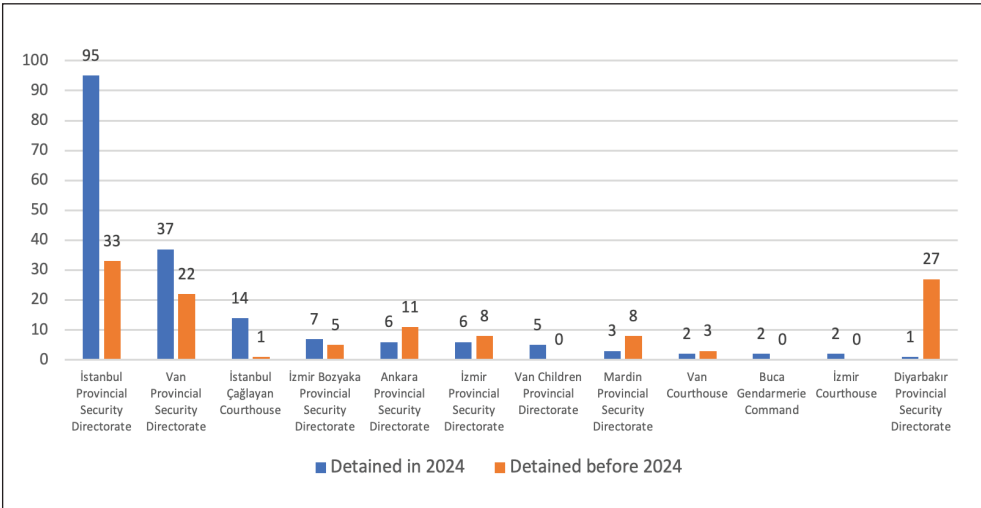
A significant proportion of those who were subjected to torture “in a detention vehicle”, “on the street/outdoor” and “at home/workplace” during detention were also

subjected to torture in another unit. Torture and ill-treatment practices that start at the moment of detention continue consecutively in the places where people are taken to. The transformation of social spaces such as streets/open spaces, people’s living spaces and detention vehicles used for transportation purposes into places of torture, has continued to increase in 2024. On the other hand, acts of torture perpetrated by the security forces on the streets/outdoors or in detention vehicles are attempted to be legitimized with the claims that “*proportionate force was applied*,” “*they were trying to escape*,” or “*they harmed themselves*.” No action is taken against those responsible, or the torture survivors are prevented from obtaining legal results through the counter-cases filed.

In 2015, the process that started with the declaration of curfews, violations of international conventions and the law, and the suspension of fundamental rights led to the widespread use of torture and its open practice in front of the eyes of the public, as regulations were implemented to ensure that the perpetrators benefit from an armor of impunity. The information provided by the applicants who were detained during this year indicates that there has been no change in this process and that violations have increased and become widespread.

4.5. Units Where Torture Was Perpetrated During the Most Recent Detention Period

As indicated by the applicants, torture was practiced in more than 100 units, especially in Security Directorates (EM) and Anti-Terror Branch Directorates (TEM). The distribution of the units where the applicants stated that they were last subjected to torture is shown in Graph 9.



Graph 9: Distribution of applicants by detention centers

Amongst the detention centers where applicants were officially subjected to torture, the İstanbul Provincial Security Directorate ranked first with 128 applications (23.1%), the Van Provincial Security Directorate ranked second with 59 applications (10.7%), the Diyarbakır Provincial Security Directorate ranked third with 28 applications (5.1%) and the Ankara Provincial Security Directorate ranked fourth with 17 applications (3.1%). In 2024, there was an increase in torture allegations involving the İstanbul, Van, and Diyarbakır Provincial Security Directorates. In terms of detention during the year, the İstanbul Provincial Security Directorate, Van Provincial Security Directorate, and İstanbul Çağlayan Courthouse ranked in the top three. Although the names of the same institutions are included in the reports on treatment and rehabilitation centers every year, allegations of torture and ill-treatment continue and different centers are becoming involved in this process. In addition to the İstanbul Çağlayan Courthouse, the Van, İzmir, and İstanbul Anatolian Courthouses were also listed as places of torture by those detained during the year. The accounts of the applicants indicate that contrary to the statements of the government, torture and ill-treatment continue as a systematic practice in all places of detention/incarceration, no steps have been taken to prevent torture and the practice of impunity continues to provide assurance for further violations.

In recent years, applicants have increasingly mentioned health institutions among the units where torture is perpetrated. In 2022, 32 applicants stated that they were also subjected to torture in the hospital during detention, while 1 applicant indicated this in 2024. Although it is important that torture is mentioned less regarding health institutions, it is not possible to interpret whether this situation means a real transformation, since it is known that no special efforts and regulations were made in 2024 regarding torture allegations in health institutions.

4.6. Distribution of Torture During the Last Detention by Regions and Cities

Table 10 presents the regional distribution of the places of torture and other ill-treatment to which 697 applicants to the HRFT centers were subjected to within Turkey.

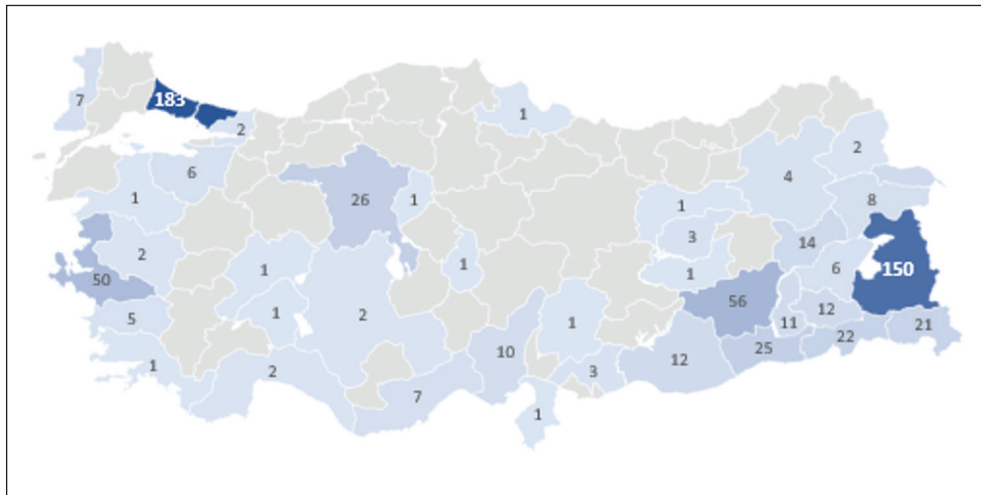
Among the applications made to the HRFT due to torture in 2024, the Eastern Anatolian, Marmara, and Southeastern Anatolian Regions ranked first, and out of the applicants detained in 2024, 77.8% stated that the torture occurred in the Marmara and Eastern Anatolian Regions. For applicants subjected to torture before 2024, the Southeastern and Eastern Anatolian Regions ranked first with a rate of 60.3%.

The distribution of applicants by province of their most recent detention is presented in Graph 10, and the distribution by date and provinces is presented in Table 11.

Table 10: Distribution of torture in most recent detention by region

Region of Last Detention	Detained in 2024 (n=319)		Detained before 2024 (n=378)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
Eastern Anatolia	115	36.1	106	28.0	221	31.7
Marmara	133	41.7	66	17.5	199	28.6
Southeastern Anatolia	18	5.6	122	32.3	140	20.1
Aegean	32	10.0	27	7.1	59	8.5
Central Anatolia	14	4.4	16	4.2	30	4.3
Mediterranean	0	-	23	6.1	23	3.3
Black Sea	0	-	1	0.3	1	0.1
No record	7	2.2	18	4.8	25	3.6

*Column percentage



Graph 10: Total distribution of applicants by the provinces where they were detained

Table 11: Distribution of the provinces where the applicants were last detained by year

Province of Last Detention	Detained in 2024 (n=319)		Detained before 2024 (n=378)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
İstanbul	129	40.4	54	14.3	183	26.3
Van	105	32.9	45	11.9	150	21.5
Diyarbakır	5	1.6	51	13.5	56	8.0

Table 11 continued

Province of Last Detention	Detained in 2024 (n=319)		Detained before 2024 (n=378)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
İzmir	31	9.7	19	5.0	50	7.2
Ankara	13	4.1	13	3.4	26	3.7
Mardin	5	1.6	20	5.3	25	3.6
Şırnak	4	1.3	18	4.8	22	3.2
Hakkâri	4	1.3	17	4.5	21	3.0
Muş	3	0.9	11	2.9	14	2.0
Siirt	0	-	12	3.2	12	1.7
Şanlıurfa	1	0.3	11	2.9	12	1.7
Iğdır	0	-	12	3.2	12	1.7
Batman	3	0.9	8	2.1	11	1.6
Adana	0	-	10	2.6	10	1.4

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

*Column percentage

Among the applicants who were last detained in 2024, 129 (40.4%) were detained in İstanbul, 105 (32.9%) in Van, 31 (9.7%) in İzmir and 13 (4.1%) in Ankara. Unlike in the previous HRFT Treatment Centers Reports, in 2024, there was an increase in torture in Van and in the Eastern Anatolian region. Following the revocation of the Mayor of Van's certificate of election, protests took place and the law enforcement's interventions, which amounted to torture and ill-treatment, provide a significant explanation for this increase.

In terms of detention and torture processes before 2024, the Southeastern and Eastern Anatolian regions ranked in the top two. This situation is thought to stem from the fact that in 2024, there was an increase in applications to the HRFT from Kurdish political prisoners who were released from aggravated life sentences and indicated that they were subjected to torture.

Out of the three applicants detained before 2024 who indicated that the detention and torture process continued in a second province, one of them was subjected to torture in a different region.

When looking at the distribution in terms of provinces and regions where applicants stated that they were detained, we can see that, unlike previous years, applications were not limited to provinces where HRFT Centers are located, but rather spread out throughout the whole country, except for the provinces in the Black Sea region. Moreover, detention and torture were more prevalent in provinces with a larger

Kurdish population, and it is possible to say that this is not limited to the past and persists as a systematic practice.

In addition to providing treatment and reparation to torture survivors, the HRFT’s Representative Offices also play a crucial role in documenting torture and ensuring its visibility. In the cases of violations in provinces where there are no HRFT Centers or in provinces that are not close to the HRFT Centers, there are clear shortcomings in terms of treatment, reparation, documentation, and increasing visibility. The lack of trust of torture survivors or those who inform torture survivors about legal and medical issues in relation to legal processes, lack of sufficient information about the work of the HRFT and the scope of the support it provides, transportation obstacles, etc. lead to very limited number of applications. On the other hand, the fact that resources in the human rights field have diminished over the last few years has also made it increasingly difficult to carry out existing work. The HRFT is seriously impacted by this situation, and limitations in workforce and financial resources also emerge as a factor contributing to the decrease in the number of applicants.

4.7. Torture By Time of Detention

When reviewing the times of day at which applicants were officially detained, 237 applicants (42.9%) indicated that they were detained in the daytime. As for the 208 applicants who were officially detained in 2024, 89 of them (42.8%) were detained between the hours of 08:00 and 18:00, 52 (25%) were detained between the hours of 18:00 and 24:00, and 58 (27.9%) were detained between 24:00 and 08:00. Table 12 compares the distribution of applicants’ most recent detention date with the hours at which they were detained.

Table 12: Distribution of applicants’ hour of detention throughout the day

Hour of most recent detention	Detained in 2024 (n=208)		Detained before 2024 (n=345)		Total (n=553)	
	Number	%**	Number	%**	Number	%**
08:00-18:00	89	42.8	148	42.9	237	42.9
18:00-24:00	52	25.0	33	9.6	85	15.4
24:00-08:00	58	27.9	131	38.0	189	34.2
No information	9	4.3	33	9.6	42	7.6

*Only the 553 applicants who were officially detained are reviewed in this table, unregistered detentions are not reviewed.
**Column percentage

While the rate of daytime detention increased and the rate of nighttime detention (24:00 – 08:00) decreased in the past few years (2021: 15.1%; 2022: 10.1%; 2023: 9.9%), in 2024, detentions after midnight approximately tripled compared to 2023

(27.9%). For official detentions that took place before 2024, this rate was higher (34.2%). Nighttime home raids create the perception that individuals cannot feel safe in any environment or at any time. Moreover, the exaggerated security measures, which label them as dangerous and to be avoided, lead to separation and stigmatization. Moreover, these raids also pose a serious threat to those witnessing them.

5. Torture Methods Applied

Of the 697 applicants to HRFT in 2024 who reported being subjected to torture within Turkey, 319 (45.8%) stated that they were subjected to torture in 2024 and 378 (54.2%) stated that they were tortured before 2024. Although 109 applicants (15.6%) indicated that the date of their most recent detention was in 2003, when reviewing the dates when they were subjected to torture, only two applicants did not mention torture occurring outside the date of detention, while 107 applicants stated that they were subjected to torture after, throughout the detention process.

614 applicants (88.1%) stated that the torture methods they were subjected to were physical and psychological, 43 applicants (6.2%) stated that their psychological integrity was targeted without any physical intervention, and 40 applicants (5.7%) stated that they were not subjected to torture during their most recent detention. All of the applicants who stated that they were not subjected to torture during their most recent detention also added that they were previously subjected to physical and psychological torture during the detention or imprisonment processes.

The torture methods, which are classified under eight main categories, are presented in Table 13, which shows their distribution by date of detention.

Table 13: Distribution of the torture methods to which the applicants were subjected by date of most recent detention						
Torture Methods Applied	Detained in 2024 (n=319)		Detained before 2024 (n=378)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
Insult-Threat	256	80.3	305	80.7	561	80.5
Physical interventions	261	81.8	255	67.5	516	74.0
Coercive behavior	183	57.4	222	58.7	405	58.1
Denial of basic needs	153	48.0	236	62.4	389	55.8
Positional torture	151	47.3	186	49.2	337	48.4
Sexual torture	124	38.9	210	55.6	334	47.9
Physical factors	68	21.3	142	37.6	210	30.1
Chemical factors	68	21.3	5	1.3	73	10.5

*Column percentage

When the torture methods that the applicants stated that they were subjected to are analyzed separately, it is seen that, as in previous years, acts of torture classified as “insult and threat” ranked first. Compared to the HRFT’s 2023 Treatment Centers Report, it was observed that applicants were subjected to coercive behaviors, positional torture practices, and chemical factors more frequently in 2024, and the most significant increase was observed in cases where torture was inflicted by physical interventions (rough beating, punching, kicking, hitting with batons, etc.). More than half of the applicants stated that they were subjected to acts of torture and other ill-treatment defined under the heading of denial of basic needs, while 2 out of 5 applicants stated being subjected to sexual torture. In 2024, the most common torture methods to which applicants were subjected to were insults (77.1%) and rough beatings as well as similar physical interventions (75.2%).

635 (91.1%) of the 697 applicants who applied due to torture in 2024 stated that they were subjected to more than one method of torture, while 22 applicants (3.2%) stated that they were subjected to only one torture method. The average number of torture methods that the applicants whose most recent detention date was in 2024 were subjected to was 7.4 ± 3.9 , while it was 12.2 ± 9.2 for those who were detained in previous years. While 2 of the applicants detained in 2024 stated that they were subjected to twenty or more torture methods, it is noteworthy that this number is 82 for those detained before 2024 (*46 different torture methods were recorded in one applicant*).

The fact that child applicants were on average subjected to 6.1 methods of torture, and that the average number of those detained in 2024 increased to 7.7, shows that despite the assumptions and recommendations found in international treaties regarding the best interest of the child and their exclusion from criminal proceedings, there is no discrimination in terms of the torture methods and their intensity, and that even being a child does not prevent from being subjected to torture.

For the 40 applicants who stated that they were not subjected to torture during their most recent detention, the average number of torture methods to which they were subjected during their previous detention or imprisonment processes was 10.2.

579 applicants (81.3%) stated that they were subjected to torture not only in their most recent detention, but also in previous detention periods and during imprisonment. This situation shows that torture is a widespread and systematic practice, even if the dates, places, and methods differ, and that efforts to prevent torture remain only on a rhetorical level.

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

Table 14: Distribution of torture methods to which the applicants were subjected				
Torture Methods Applied	Detained in 2024 (n=319)		Detained before 2024 (n=378)	
	Number	%*	Number	%*
Insult-Threat				
Insult	246	77.1	289	76.5
Threat	65	20.4	137	36.2
Threat of death	23	7.2	143	37.8
Threat to relatives	27	8.5	72	19.0
Mock execution	4	1.3	62	16.4
Coercive Behaviors				
Visual/auditory witnessing to torture	145	45.5	119	31.5
Torture in the presence of one's relatives	95	29.8	59	15.6
Blindfolding	-	-	109	28.8
Proposal of espionage	18	5.6	73	19.3
Physical Interventions				
Physical interventions; rough beating	240	75.2	236	62.4
Tight handcuffing	121	37.9	89	23.5
Testicle twisting	-	-	48	12.7
Foot-whipping (falaka)	-	-	45	11.9
Constantly hitting the same body part	2	0.6	33	8.7
Strangulation attempt	22	6.9	11	2.9
Pulling one's hair and beard	19	6.0	9	2.4
Positional Tortures				
Reverse handcuffing	143	44.8	116	30.7
Hanging	-	-	80	21.2
Forced standing for long periods of time	12	3.8	49	13.0
Palestinian hanging	-	-	59	15.6
Straight hanging	-	-	46	12.2
Other positional torture	4	1.3	13	3.4
Physical Factors				
Leaving the person in cold/hot environment	29	9.1	98	25.9
Pressurized cold water	26	8.2	88	23.3
Electric torture	-	-	79	20.9
Suffocating the person	18	5.6	15	4.0

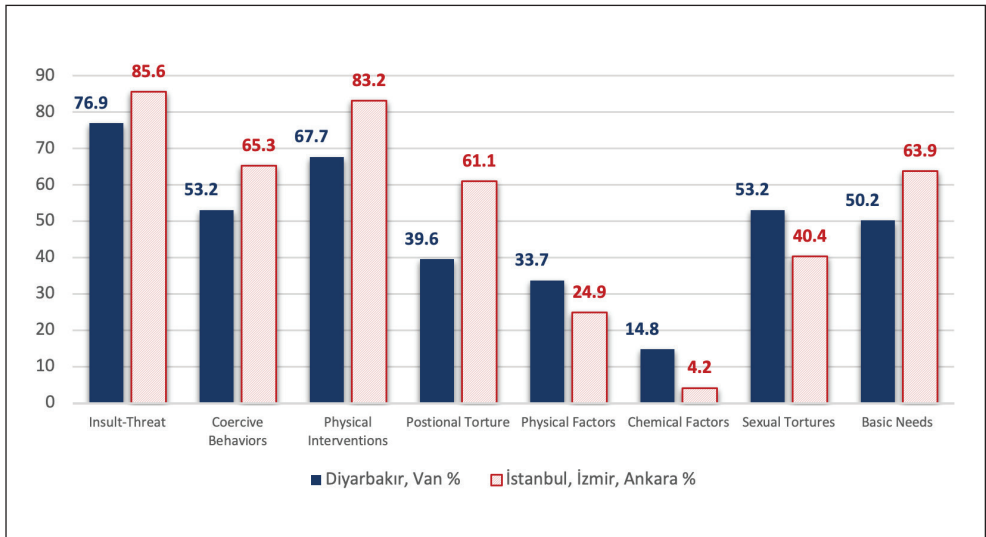
Table 14 continued

Torture Methods Applied	Detained in 2024 (n=319)		Detained before 2024 (n=378)	
	Number	%*	Number	%*
Chemical Factors				
Tear gas	68	21.3	4	1.1
Sexual Tortures				
Verbal sexual harassment	100	31.3	183	48.4
Sexual insults/cursing	92	28.8	173	45.8
Physical sexual harassment	25	7.8	121	32.0
Strip search	13	4.1	110	29.1
Threat of sexual assault	5	1.6	55	14.6
Rubbing	9	2.8	33	8.7
Restriction of basic needs				
Restriction of eating and drinking	101	31.7	168	44.4
Depriving the person of a clean environment/ hygiene conditions	74	23.2	126	33.3
Prevention of the use of toilets	68	21.3	119	31.5
Prevention of access to healthcare facilities	54	16.9	128	33.9
Solitary confinement	21	6.6	106	28.0
Limited living space	59	18.5	67	17.7

*Column percentage

Graph 11 shows the proportional distribution of torture methods by region of the representative office to which the torture survivor applied. When the applications by region are evaluated, it is seen that “*insult, physical intervention, coercive behaviors, positional torture, and exposure to chemical factors*” were more frequently reported in the İstanbul, İzmir and Ankara treatment centers, while “*denial of basic needs, coercive behaviors, sexual torture, exposure to chemical factors and exposure to physical factors*” were more frequently reported in the Diyarbakır and Van Representative Offices.

The average number of torture methods to which the applicants stated that they had been subjected to was 10.5 in the Diyarbakır and Van Representative Offices and 9.2 in the İstanbul, İzmir, and Ankara representative offices. This rate increases even more when the number of torture methods the applicants reported reaches twenty or more, and for 65 out of 84 applicants, this torture occurred in the South-eastern and Eastern Anatolian Regions. Moreover, considering the fact that torture



Graph 11: Proportional distribution of the torture methods to which the applicants were exposed by region

methods such as “*foot-whipping (falaka), testicle twisting, hanging, physical sexual harassment and rape*” were found to be distinctly and significantly higher in these regions, it is understood that torture methods are practiced with different severity and intensity regionally as well.

On the other hand, in the applications made to the İstanbul, İzmir and Ankara Representative Offices, it was determined that “*reverse handcuffs, tight handcuffs, rough beatings*” increased in detainees, and in total, in 2024, and this increase was statistically significant. It also reveals the change in the acts of torture commonly practiced by the security forces in detention processes on the streets and in open spaces during demonstrations and peaceful protests in recent years related to democratic demands and struggles for rights.

6. Legal Practices During and After Detention

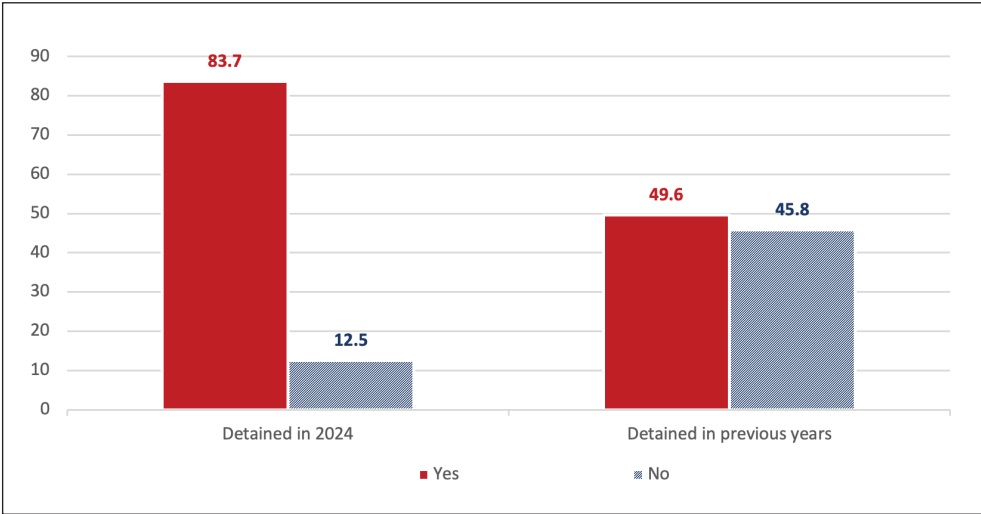
6.1. Access to a Lawyer

Procedural safeguards, which play an important role in the prevention of torture but are frequently ignored and violated by the police in practice, have been significantly damaged as a result of the legal regulations made by emergency decrees during the state of emergency. It is possible to argue that the procedural guarantees that can be summarized under the categories of “*informing the detainee about the detention,*

providing information to third parties, access to a lawyer, access to a physician, conducting appropriate examinations in appropriate settings and issuing appropriate reports, being able to quickly apply to the judicial authority for a review of legality, keeping proper detention records, and enabling independent monitoring” have been largely eliminated in the recent period and a completely arbitrary environment has been created.

Applicants who stated that their detention was unregistered were excluded from the analyses conducted to evaluate the legal process and procedural safeguards during detention, and 553 (79.3%) applicants were reviewed.

345 (62.4%) applicants stated that they met with a lawyer during the most recent detention period. It was determined that this rate was 83.7% for those detained in 2024 and 49.6% for those detained before 2024. It is understood that the rate of applicants accessing a lawyer during the detention process in 2024 has decreased compared to 2023. The occurrence of torture during arbitrary and forcible detention processes—without any formal detention procedure—such as during social demonstrations or interventions against statements made in streets or other open public spaces, not only results in the suspension of procedural safeguards, but also prevents access to lawyers. The applicants underlined that despite all this, effective legal support was provided during mass detentions thanks to the rapid response from legal organizations. Graph 12 presents the proportion of applicants able to meet with a lawyer.



Graph 12: Proportion of applicants able to meet with a lawyer during their last detention

6.2. Arrests After Detention

335 (64.2%) applicants stated that they were arrested after their most recent detention. Out of 208 applicants who stated that their most recent detention was in 2024, 56 (26.9%) were arrested, 81 (38.9%) were released without being taken to the prosecutor’s office, and 62 (29.8%) were released by the prosecutor’s office or the court. It is observed that the rates of “arrest” in 2024 increased compared to 2023. Moreover, the rates of “release from the prosecutor’s office or court” slightly increased compared to 2023.

When all the information provided by the applicants about the torture processes they were subjected to is evaluated, it is understood that; actions related to freedom of thought and expression have been prohibited by the use of arbitrary and unlawful decisions and excessive force, unregistered detentions have increased, torture has become widespread during detentions, and despite all of this, no effective investigations into allegations of torture have been conducted. The increasing resort to arrests—even in cases such as protests and peaceful demonstrations against the political regime that do not warrant detention—and the use of judicial control measures, including house arrest and travel bans, constitute clear evidence of the growing politicization of the judiciary. Moreover, the Constitutional Court’s decisions regarding human rights violations are not taken into consideration, and the presence of arbitrariness and unlawfulness continues to grow.

Data on the legal status of the applicants following their most recent official detention are presented in Table 15.

Table 15: The legal status of the applicants following their most recent official detention						
	Officially detained in 2024 (n=208)		Officially detained before 2024 (n=345)		Total (n=553)	
	Number	%*	Number	%*	Number	%*
Released without being brought before the prosecutor’s office	81	38.9	15	4.3	96	17.4
Released by the prosecutor’s office/court	62	29.8	27	7.8	89	16.1
Arrested	56	26.9	299	86.7	355	64.2
No record	2	1.0	2	0.6	4	0.7

*Column percentage

6.3. Lawsuits Filed After Detention

A key indicator of the arbitrariness and legal transgression in detention or deprivation of liberty processes is the lawsuits filed concerning the incident alleged as the reason for the detention or deprivation of liberty. Table 16 shows the number and distribution of applicants by the status of legal proceedings following the most recent detention.

Table 16: Distribution of applicants by the status of the legal proceedings after the last detention

	Officially detained in 2024 (n=208)		Officially detained before 2024 (n=345)		Total (n=553)	
	Number	%*	Number	%*	Number	%*
No lawsuits filed	12	5.8	11	3.2	23	4.2
Lawsuit filed, ongoing	69	33.2	56	16.2	125	22.6
Lawsuit filed, acquitted	3	1.4	13	3.8	16	2.9
Lawsuit filed, convicted	5	2.4	252	73.0	257	46.5
Non-prosecution	0	-	2	0.6	2	0.4
Lawsuit filed, outcome unknown	5	2.4	0	-	5	0.9
Unknown if lawsuit was filed or not	103	49.5	7	2.0	110	19.9

*Column percentage

12 applicants (5.8%) who stated that they were detained in 2024 indicated that they were not prosecuted on the grounds of their detention, while 82 applicants (39.4%) stated that lawsuits were filed against them. Half of the applicants (103 applicants, 49.5%) indicated that they did not know whether a lawsuit had been filed or not.

3.2% of those detained before 2024 stated that no lawsuit was filed against them, while 92.6% stated that a lawsuit was filed against them. 56 (16.2%) applicants stated that their cases were ongoing, 15 (4.4%) stated that they were acquitted or not prosecuted, and 252 (73%) stated that they were convicted. Based on cases in which verdicts were rendered, 94.1% of the applicants were convicted. The increase in convictions in recent years indicates a significant shift in judicial decisions and a declining influence of legal norms on judicial decision-making.

6.4. Criminal Complaints and Lawsuits Filed Regarding the Detention Process

61 applicants (29.3%) who were officially detained in 2024 and 41 applicants (11.9%) detained in previous years stated that they filed a criminal complaint on the grounds of torture during interrogation by a court or prosecutor. 18 applicants (3.3%) reported filing their complaints directly with the prosecutor's office. Applicants who reported having filed criminal complaints stated that they had no information on whether any investigation or lawsuit had been initiated against the alleged perpetrators of torture. It is understood from the information provided that 4 out of 10 people detained in 2024 and one out of 10 people detained in previous years filed criminal complaints. When unregistered detentions are included, 195 (61.1%) of those detained in 2024 and 441 (63.3%) of all applicants did not file any criminal complaint.

In recent years, due to the politicization of the judiciary and rising distrust in the law, there has been a decrease in the number of criminal complaints filed for torture. Applications submitted for legal proceedings may enable bringing those responsible to justice and making the torture visible, while also providing concrete information on the functioning of the legal system and its approach to impunity. Criminal complaints related to torture are also important in terms of visibility regarding the crimes committed, and it is an issue that needs to be addressed by human rights defenders and legal organizations.

When allegations of torture are made against law enforcement officers, the filing of countersuits to intimidate those subjected to torture and to render the allegations inconclusive has become a serious and frequently observed issue in recent years. Although such information is not available from Ministry of Justice data, it is reported that many more lawsuits have been filed and sentences imposed than the number of torture allegations. Among the applicants in 2024, 14 faced countersuits, of which only one resulted in acquittal, while the remaining 13 are either ongoing or their outcomes are unknown.

In the HRFT's report titled "Human Rights Violations in Turkey in 2024 with Data¹²", the following assessment was made, which summarizes the current situation and remains valid:

"(...). Impunity still proves to be the most significant obstacle in the fight against torture. Despite all the warnings and recommendations of international mechanisms, the existing legislation that considers torture a crime (Turkish Penal Code, Article 94) does not comply with the definition of the UN Convention against Torture, and this situation leads to actual and potential deficiencies that encourage impunity. Impunity remains one of the most fundamental factors enabling torture, due to reasons such as the failure to initiate investigations against perpetrators, the failure of initiated investigations to lead to prosecution, the drafting of indictments for lesser offenses-

12 See. <https://tihv.org.tr/wp-content/uploads/2024/12/10-Aralik-2024-IHD-TIHV-Basin-Aciklamasi-EK.pdf> (Access date: 02.05.2025).

es instead of torture in cases where lawsuits were filed, the absence of sentences or the imposition of penalties for offenses other than torture—including classifying the acts as maltreatment outside the scope of public duty—and the deferral of sentences. Ambiguities in the law continue to hinder the prosecution of torture offenses.

Criminal complaints filed regarding the offense of torture are either concluded with non-prosecution decisions on various grounds or investigations are initiated against perpetrators under lesser offenses like “simple injury,” “exceeding the limit to use force,” or “misconduct in office” that require lighter sentences and are subjected to statute of limitations.

Yet, counter lawsuits are immediately brought against people subjected to torture on such grounds as “insulting, resisting a public officer, injuring them, damaging public property” in cases where complaints are lodged, investigations or criminal proceedings are initiated against law enforcement officers who commit acts of torture. Indeed, in 2023, prosecutors’ offices brought criminal cases against 24,870 individuals under Article 265 of the Turkish Penal Code (TPC) for “resisting a public officer.” In contrast, only 855 individuals were prosecuted under Articles 94–96 of the TPC, which criminalize torture and ill-treatment. This significant disparity clearly illustrates the scale of impunity and the ways in which it is maintained as a systematic policy.

The reality of torture in Turkey has also been clearly expressed in the reports prepared by international mechanisms and bodies. However, the political power, which does not want to limit itself with any law, rule and norm, particularly the Constitution, does not take into account the criticisms and warnings by international prevention and monitoring mechanisms. (...).”

7. Health Examinations During Detentions

In order to prevent torture and protect fundamental human rights, it is necessary not only to refrain from torture and ill-treatment, but also to ensure that torture allegations are investigated swiftly and effectively, that those responsible are brought to justice, and that reparation and the prevention of recurrence are ensured. States are obliged not to torture persons deprived of their liberty, to protect their health, and to monitor their health regularly from the outset of detention in order to detect any signs of torture should detainees be subjected to it. Although international conventions, national legislation and ECtHR judgments are quite clear on this issue and the obligation must be fulfilled in accordance with the principles and standards of the UN Istanbul Protocol, applications submitted to the HRFT over the years have documented violations of these conventions, laws, ethical rules and professional standards. Unfortunately, this situation, which has been consistently documented in HRFT’s annual treatment reports, has not changed; these violations have not diminished but have instead become entrenched as routine and persistent practices.

In order to determine whether medical examinations are conducted properly and at which stages violations occur, the HRFT evaluates separately the medical examinations that should be carried out at the time of detention, when detention exceeds

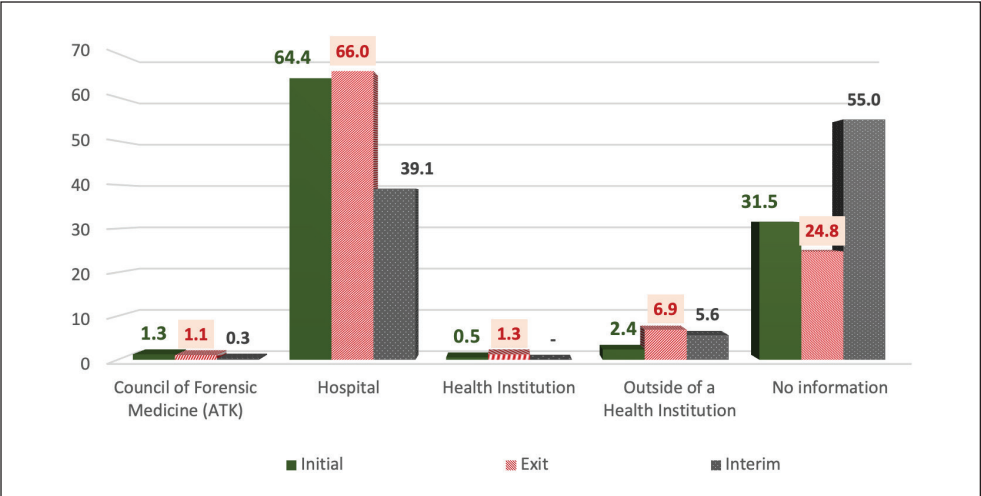
24 hours or the place of detention changes, and when detainees are brought before judicial authorities or released.

Medical examinations, which should be carried out upon entry into and exit from detention, were conducted for 553 applicants who were officially detained (2024: 208; pre-2024: 345). Interim examinations were carried out for 373 applicants (2024: 98; pre-2024: 275) who stated that they were held in detention for more than 24 hours.

According to the information provided by the applicants, 8 out of 10 of them were examined at the beginning and end of their detention, whereas 2 out of 10 persons deprived of their liberty were not examined at any stage of the detention process. For applicants detained for more than 24 hours, the rate of interim examinations falls to 44.8%. The failure to fulfill obligations to protect the health of persons deprived of their liberty when detention is prolonged suggests that procedural safeguards are violated and an environment conducive to torture is created in practice. That applicants who reported having undergone a medical examination stated that they were not informed about its results, did not know whether any medical report was issued, and were not allowed to see the health documents indicates a violation of the right of persons deprived of their liberty to receive information regarding their health status and to access healthcare.

It was observed that the rate of medical examinations was higher for applicants whose most recent detention date was 2024. The rate of medical examinations also varies by region. Medical examination rates were lower among Diyarbakır and Van applicants.

Graph 13 presents the distribution of applicants by the health institutions to which they were taken for the purpose of preparing a forensic report.



Graph 13: Institutions where health examinations were conducted

It is understood that the medical examinations of applicants who reported having undergone such examinations were predominantly carried out in hospitals. The rate of medical examinations conducted in non-medical settings such as in detention vehicles, security directorates, etc. was 2.4% for initial examinations, 5.6% for examinations conducted while in detention, and 6.9% for exit examinations. 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 İstanbul 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. Conducting examinations outside of health institutions creates an environment that destroys the privacy and autonomy of detainees, undermines their sense of confidence, creates grounds for human rights violations, and leads to an environment vulnerable to torture. 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 İstanbul Protocol accepted by the UN. 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.

Table 17 presents the information provided by the applicants regarding the health examination process during detention.

Table 17: Evaluations related to the forensic examinations after the applicants' last detention						
	Initial Examination (n=553)	%	Exit Examination (n=553)	%	Interim Examination (n=373)	%
Was the law enforcement removed?						
Yes	114	20.6	97	17.5	37	9.9
Partly	16	2.9	15	2.7	9	2.4
No	232	42.0	308	55.7	121	32.4
Was the informed consent taken?						
Yes	27	4.9	28	5.1	6	1.6
Partly	8	1.4	6	1.1	4	1.1
No	333	60.2	392	70.9	163	43.7

Table 17 continued

	Initial Examination (n=553)	%	Exit Examination (n=553)	%	Interim Examination (n=373)	%
Were the complaints listened to?						
Yes	58	10.5	52	9.4	11	2.9
Partly	72	13.0	58	10.5	25	6.7
No	239	43.2	316	57.1	135	36.2
Was the history taken?						
Yes	42	7.6	39	7.1	8	2.1
Partly	64	11.6	55	9.9	20	5.4
No	265	47.9	332	60.0	143	38.3
Has a systematic examination been conducted?						
Yes	34	6.1	26	4.7	5	1.3
Partly	22	4.0	24	4.3	11	2.9
No	316	57.1	380	68.7	158	42.4

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 findings regarding medical examinations conducted at the time of entry into and exit from detention were similar, virtually none of the interim examinations that should have been carried out for those detained for more than 24 hours were reported to have any positive aspects concerning the medical evaluation processes. When the health examinations were analyzed by year and region, it was found that the number of negative results increased significantly for those who were detained before 2024 and for those who applied to the Diyarbakır and Van centers.

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

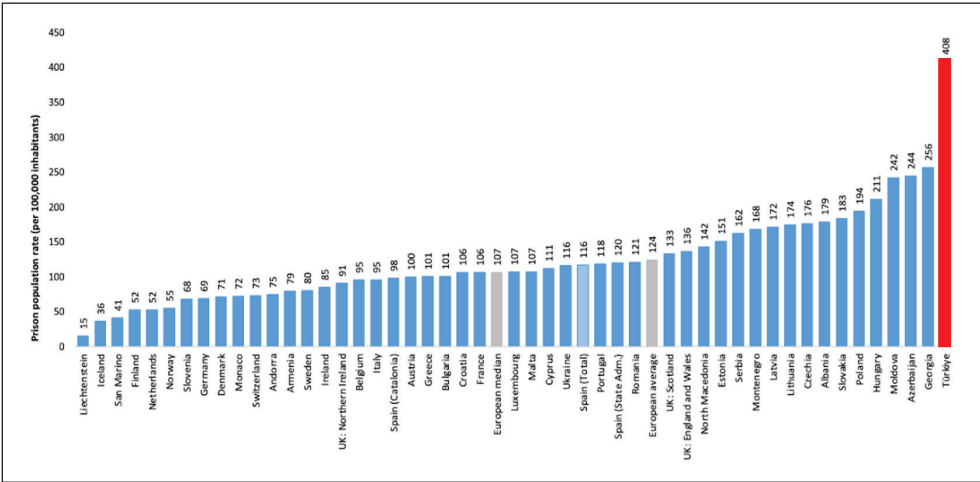
As medical documents serve as a basis for judicial decisions in processes of access to justice and reparation, alternative medical evaluations in accordance with the İstanbul Protocol may be required in legal proceedings when forensic medical reports are incomplete or flawed. After their most recent detention, 35 applicants (5%) made an attempt to document this process medically before applying to the HRFT, while 568 applicants (81.5%) requested documentation from the HRFT in addition to treatment and rehabilitation services. The fact that four out of five applicants requested a medical evaluation from the HRFT demonstrates the trust in these evaluations. However, since the HRFT data is insufficient to explain the rate of those who did

not seek second opinions, as well as the reasons for seeking or not seeking them, further qualitative studies are needed to better understand this issue.

8. Torture During Imprisonment

Prisons in Turkey have always been places where torture and other ill-treatment practices are severe and widespread. There has been an extraordinary increase in the number of prisoners, as well as in torture and other ill-treatment practices, particularly since the abandonment of efforts to find a peaceful solution to the Kurdish question and the resumption of conflict in Turkey in July 2015. This trend continued following the suppression of the military coup attempt in July 2016 and the subsequent declaration of a state of emergency.

According to the Council of Europe Annual Penal Statistics on Prison Populations 2023, Turkey has the highest number and proportion of prisoners in prisons in the Council of Europe. (While the average of the Council of Europe countries is 124 per 100 thousand inhabitants, it is 408 in Turkey).¹³



Graph 14: Prison population rates as of 31 January 2023 (inmates per 100,000 inhabitants)

According to the data of the General Directorate of Prisons and Detention Houses of the Ministry of Justice, the number of prisoners increased from 55,870 in 2005 to 398,694 prisoners in 395 penal execution institutions with a total capacity of 299,940 as of 25 February 2025, the date of the last publication. **While the prison capacities increased by 4,238 in a year, the amount of prisoners increased by 75,914.**

13 Aebi, M. F. & Cocco, E. (2024). Probation and Prisons in Europe, 2023: Key Findings of the SPACE I report. Series UNILCRIM 2023/2. Council of Europe and University of Lausanne

Although it is known that deprivation of liberty is a punishment, that the prison process is a painful and traumatic process in itself, and that prisoners cannot be subjected to acts that cause severe physical or mental pain or suffering other than confinement, according to data from the IHD Documentation Unit, 594 prisoners complained of torture and ill-treatment in the first 11 months of 2024.¹⁴

It is important to note that while the rate of 2023 HRFT applicants imprisoned was 50.3%, this rate increased to 62.4% for 2024 applicants (465 applicants). Of the applicants with a history of imprisonment, 258 (59.3%) stated that they were released in 2024, 105 (24.1%) in 2023, and 72 (16.6%) before 2023. The number of applicants with a history of imprisonment to the HRFT began to increase following the release of prisoners who had previously been sentenced to aggravated life imprisonment and had completed the time required for the execution of their sentences, publicly known as “30-year prisoners.” In 2024, many of these former prisoners applied to the HRFT for treatment and rehabilitation due to the torture and ill-treatment they experienced during their confinement, as well as violations of their right to health that resulted in medical conditions.

When reviewing the representative offices where the applications were made, it was found that 171 (39.3%) applications were made to İstanbul, İzmir and Ankara, while 264 (60.7%) applications were made to Diyarbakır and Van. It was observed that applicants who had been detained in prison for 20 years or more predominantly applied to the HRFT’s Diyarbakır and Van offices, with the number of applications being approximately three times higher than those made to other provincial offices.

Among the applicants with a history of imprisonment, 124 (28.5%) were female, 310 (71.3%) were male, one was LGBTQ+ (0.2%), and the average age was 37.5 ± 11.2 for females and 45.3 ± 12.6 for males. The fact that one child applicant (age 17) was detained in prison for five months suggests that the best interests of the child were not prioritized, and that alternative measures were not considered. Regarding age groups, It was found that 13 applicants (1 woman and 12 men) were over the age of 65, and all of them had been imprisoned in high-security prisons. When the durations of imprisonment were evaluated, it was found that the average duration was 51.2 months for applicants identifying as female and 168.5 months for those identifying as male, indicating that males were detained three times longer on average. For applicants imprisoned for 20 years or more, this duration exceeded 30 times that of female applicants.

The length of stay in prison for the 2024 applicants with a history of imprisonment is presented in Table 18 in comparison with the data of the applicants to the HRFT in 2022 and 2023.

14 See. <https://tihv.org.tr/basin-aciklamalari/10-aralik-insan-haklari-gunu-2023-tihv-ihd/> (Access Date: 02.05.2024).

Table 18: Distribution of applicants with a history of imprisonment by the duration of their imprisonment

Duration	2022 applicants (n=512)		2023 applicants (n=368)		2024 applicants (n=435)	
	Number	%*	Number	%*	Number	%*
0-2 months	16	3.1	12	3.3	24	5.5
3-12 months	106	20.7	64	17.4	61	14.0
1-3 years	80	15.6	49	13.3	55	12.6
3-5 years	73	14.3	40	10.9	31	7.1
5-10 years	119	23.2	81	22	109	25.1
11-20 years	35	6.8	35	9.5	40	9.2
Over 20 years	72	14.1	86	23.4	111	25.2
No record	11	2.1	1	0.3	4	0.9

*Column percentage

When comparing the 2024 applications with previous years, we can note that the number and duration of imprisonment has proportionally increased over the years. Applicants with a history of imprisonment of over 5 years increased from 46.2% in 2022, to 55.2% in 2023, and to 60.4% in 2024. For 4 of the applicants, no information was found regarding the complete duration of their imprisonment.

The ways in which the 2024 applicants were released from prison are presented in Table 19, in comparison with the data from the HRFT’s 2022 and 2023 Treatment Centers Reports.

Table 19: Release methods for applicants with a history of imprisonment

Duration	2022 applicants (n=512)		2023 applicants (n=368)		2024 applicants (n=435)	
	Number	%*	Number	%*	Number	%*
Trial without arrest	205	40.0	136	37.0	138	31.7
End of punishment	230	44.9	169	45.9	203	46.7
Acquittal	8	1.6	1	0.3	12	2.8
Postponement due to health reasons	5	1.0	3	0.8	4	0.9
Amnesty/Conditional release	49	9.6	51	13.9	48	11.0
Other	10	2.0	2	0.5	15	3.4
No record	5	1.0	6	1.6	15	3.4

*Column percentage

When comparing the release methods in 2024 to previous years, it is noted that while the rate of release at the end of the punishment period rose to 46.7%, the rates for trial without arrest and amnesty/conditional release fell. There were only 4 applicants whose punishments were postponed due to health reasons, and they were released respectively after 372, 120, 13, and 3 months of imprisonment.

When reviewing the dates of the applications submitted to the HRFT after release, 60 (13.8%) applied within the first month, 288 (66.2%) within the first year, and 80 (18.4%) applied at least a year later. Applications were made later than in previous years.

Of the 435 applicants with a history of imprisonment, 398 (91.5%) stated that they were held in high-security prisons, and while the duration of imprisonment was recorded for 276 applicants, it was not recorded for 122 applicants. It was determined that the duration of imprisonment in high-security prisons varied between 15 days and 366 months, 198 applicants were imprisoned for more than 1 year and the average duration of imprisonment in high security prisons was 58.6 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 holding a prisoner for more than 22 hours or for over one full day without meaningful human contact. Holding a person 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.”

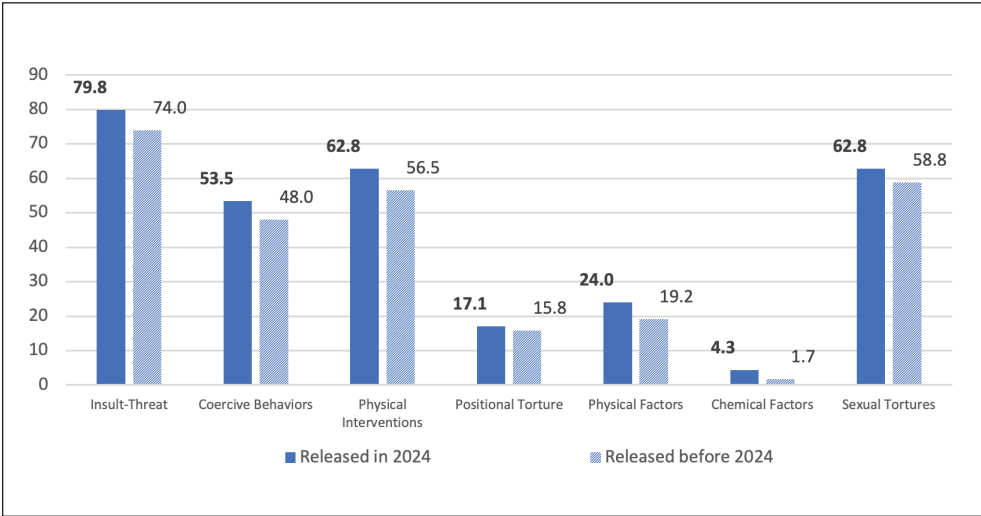
170 (39.1%) applicants were kept in solitary confinement, and the duration of their confinement varied between 1 day and 6 years. In addition, the number of applicants who were kept in solitary confinement (isolation) as a disciplinary punishment was 180 (41.4%). Regarding the applicants subjected to solitary confinement, while the isolation period was not recorded for 103 of them, 39 applicants were kept for over 15 days, and one applicant indicated that the solitary confinement period reached 200 days in total. When solitary confinement and solitary confinement imposed as a disciplinary punishment are considered together, it is understood that a total of 185 applicants (42.5%) were kept in solitary isolation during their imprisonment.

Implemented since 2000, single or small group isolation/confinement practices, which cause serious damage to the physical and psychological integrity of prisoners, have turned into a chronic problem that cannot be solved. The circular of the Ministry of Justice dated January 22, 2007 (45/1), which stipulates that 10 detainees

and convicts should socialize together for 10 hours a week, is in force but not implemented. Since the number and dates of solitary confinement incidents were not specified separately in the applications, and the recorded periods reflected only the total duration, the extent to which this practice exceeded the limits defined in the UN Mandela Rules could not be determined. However, as in previous years, the applicants reported that solitary confinement was frequently applied arbitrarily as a method of torture, aimed at isolation and enforced solitude.

Of the 435 applicants with a history of imprisonment, 422 (97%) stated that they were subjected to torture in prison. For 13 (3%) of the applicants, there was no information in their files about the torture they were subjected to in prison.

When the information reported 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 practices they were subjected to in prison, followed by actions classified under the headings of “insult-threat,” “interventions in living space,” “sexual tortures,” and “physical interventions.” Data related to the torture applicants were subjected to in prison are reviewed in two sections. Graph 15 shows a proportional comparison of the methods of torture reported by applicants to have been used in prison, by their release dates, while the detailed distribution of the methods of torture is presented in Table 20.



Graph 15: The distribution of torture methods experienced in prison by years of release from prison

Table 20: The distribution of torture methods experienced in prison by year of release from prison				
	2024 releases (n=258)		Releases prior to 2024 (n=177)	
	Number	%*	Number	%*
Insult-Threat				
Insult	201	77.9	124	70.1
Other threats directed to person	44	17.1	23	13.0
Threat of death	26	10.1	20	11.3
Mock execution	5	1.9	6	3.4
Coercive Interventions				
Forcing obedience to meaningless demands	93	36.0	60	33.9
Witnessing torture	75	29.1	42	23.7
Torture in the presence of one’s relatives	19	7.4	12	6.8
Playing loud music	15	5.8	8	4.5
Imposing spying	9	3.5	4	2.3
Physical Interventions				
Rough beating and other physical interventions	155	60.1	98	55.4
Tight handcuffing	43	16.7	20	11.3
Foot-whipping (falaka)	5	1.9	3	1.7
Pulling one’s hair and beard	5	1.9	2	1.1
Positional Tortures				
Reverse handcuffing	23	8.9	15	8.5
Forcing one to stand up for a long time	17	6.6	15	8.5
Other positional tortures	9	3.5	3	1.7
Wrist and foot reverse handcuffing	4	1.6	0	-
Physical Factors				
Keeping the person in cold/hot environment	51	19.8	33	18.6
Suffocating	9	3.5	3	1.7
Pressurized cold water	7	2.7	2	1.1
Electric torture	0	-	2	1.1
Chemical Factors				
Tear gas chemicals (pepper gas, CN, CS etc.)	11	4.3	3	1.7

Table 20 continued

	2024 releases (n=258)		Releases prior to 2024 (n=177)	
	Number	%*	Number	%*
Sexual Tortures				
Physical sexual harassment	141	54.7	91	51.4
Strip search	139	53.9	84	47.5
Verbal sexual harassment	65	25.2	42	23.7
Sexual insults	59	22.9	39	22.0
Rubbing	21	8.1	20	11.3
Threat of sexual assault	10	3.9	2	1.1
Other sexual tortures	6	2.3	1	0.6
Anal/vaginal search	1	0.4	1	0.6

*Column percentage

It is important to note that the applicant’s files and the information documenting their experiences present certain shortcomings. This is due to the fact that some applicants to the HRFT, who submitted applications to the Representative Offices with the purpose of obtaining information about their health conditions and have their existing health issues treated, and without prioritizing a request related to legal proceedings, faced difficulties remembering, distinguishing, and conveying the acts that they were subjected to during the detention process that is spread out over multiple years. Moreover, as the imprisonment process became longer, the human rights violations the applicants were subjected to also proportionally increased. For applicants imprisoned for less than a year, the rate of violations stated was 9.4, and this number increased to 16.4 for those detained for over 20 years. Although there are definitive provisions stating that deprivation of liberty is already a very severe punishment and that no other punishment may be imposed on those deprived of their liberty, and although the absolute prohibition of torture is accepted as a rule by all States, violations occurring during the prison process demonstrate that these provisions and rules are being violated.

Since 2019, HRFT has introduced a new structure and classification system to make visible the collective human rights violations experienced in prisons, categorizing them under “restriction of basic needs,” “interventions in living spaces,” and “violations of social rights.” The distribution of information provided by applicants regarding violations falling under these categories during their prison experience is presented in Table 21.

Table 21: Restriction of basic needs, interventions in living spaces, and violations of social rights in prisons, by release date				
	Released in 2024 (n=258)		Released before 2024 (n=177)	
Restrictions of Basic Needs	243	94.2	159	89.8
Prevention of access to healthcare facilities	203	78.7	138	78.0
Restriction of eating and drinking	183	70.9	118	66.7
Failure to provide hygienic conditions	155	60.1	92	52.0
Solitary confinement in a cell	112	43.4	68	38.4
Limited living space	104	40.3	53	29.9
Sleep deprivation	36	14.0	26	14.7
Prevention of urination and defecation	30	11.6	26	14.7
Interventions in Living Space	175	67.8	119	67.2
Ward/cell raid	150	58.1	101	57.1
Damaging/confiscating personal belongings	147	57.0	99	55.9
Camera monitoring in private areas	39	15.1	26	14.7
Violations of Social Rights	220	85.3	150	84.7
Restricting access to printed publications	183	70.9	113	63.8
Restriction of yard and sports times	178	69.0	117	66.1
Visitation restrictions	120	46.5	87	49.2
Letter ban	95	36.8	54	30.5
Canteen ban	54	20.9	38	21.5
Forcing people to wear a uniform	8	3.1	3	1.7

*Column percentage

All kinds of arbitrary treatment such as strip search, rough beatings, arbitrary disciplinary punishments, solitary confinement, standing roll call, in-mouth searches, handcuffed medical examinations, that occur as soon as the person enters the prison, in addition to exiles and transfers have reached unprecedented levels in recent history.

Although the table shows the violations by year of release, since the date of the acts of torture and violations cannot be clearly pinpointed, it is not possible to comment on the period in which the acts took place. However, based on the date of the last torture, it is evaluated that there has been an increase in the practices under the category of rights violations in recent years. While two applicants indicated that they were subjected to over 30 violations, the average number of violations for all applicants was 13.3±6.283.

The social rights that were restricted/removed due to the COVID-19 pandemic and the barriers related to basic necessities continue to exist. On the other hand, solitary confinement and isolation practices implemented in prisons to cut off human contact and communication, limit environmental stimuli, and hinder personal development, as well as disciplinary penalties and arbitrary decisions made by Administrative and Observation Boards, further aggravate the process.

Administrative and Observation Boards are preventing/delaying the release of prisoners who have completed the necessary period for the enforcement of their sentences and whose conditional release date has arrived, based on arbitrary decisions regarding good behavior, and are using this as a separate method of rights violation. This method was frequently mentioned by applicants, but could not be categorized and therefore evaluated.

The restriction in access to healthcare categorized under the restriction of basic necessities headline was mentioned by 4 out of 5 applicants, and 90% of applicants who faced long-term detentions. It is understood from the limited information and complaints received from prisons, that the violations experienced by prisoners in access to health, food, water, and hygiene materials constitute acts of torture and other ill-treatment, and the restrictions on access to health care aggravate the situation of sick prisoners, which is an important problem in prisons. Ill-treatment practices such as the failure to solve prisoners' health problems in a timely and effective manner, failure to make timely referrals for diagnosis and treatment, inadequacy of health services provided in prisons, denial of the right to visit the prison infirmary, being handcuffed while being taken to the Forensic Medicine Institution, courthouse and hospital, making sick prisoners travel in inappropriate vehicles, deportation to other prisons from the places where they are being treated and monitored restrict/prevent prisoners' right to access to health care. Chronic illnesses that arise/worsen due to prison conditions, especially among those who have been incarcerated for long periods, lead to fatal consequences when access to healthcare is denied, and this form of violation further aggravates their situation. HRFT applicants who applied after being detained for over 20 years, not only developed chronic illnesses, but also faced higher and longer diagnostic and treatment needs.

In addition to the increase in the number of violations subjected to for those detained for long periods, the conditions of detention and violations related to social rights lead to a requirement for a multifaceted approach when it comes to their treatment and reparation processes. Although the state is primarily responsible for the treatment and reparation processes after release, the political authorities are failing to fulfill these responsibilities. It is necessary to undertake efforts to ensure that political authorities fulfill this responsibility. Given the current conditions, the HRFT's efforts alone would be insufficient, and therefore it is crucial for democratic mass organizations and civil society to implement this work and take responsibility as soon as possible regarding the health and social needs of released prisoners and their reparation process.

In recent years, it has become almost impossible to receive information and make evaluations about violations in prison. Applications and requests to conduct independent evaluations and observations regarding violations in prisons go unanswered. The 'National Preventive Mechanism', which is defined in the OPCAT and the Paris Principles as an effective and important tool in the prevention of torture by carrying out independent monitoring in places of detention, has been rendered dysfunctional by the government through the Human Rights and Equality Institution of Turkey (HREIT), which lacks structural, functional and financial independence. HREIT does not provide concrete or transparent information and assessments regarding cases of serious violations. The number of visits and the evaluations carried out by the institution are insufficient, and the visit reports it publishes contain substantive and methodological errors. Despite all criticism, no steps were taken in 2024 to bring HREIT in line with the OPCAT and the Paris Principles.

9. Medical Evaluation Process for Torture Survivors

The applicants' accounts of the torture and ill-treatment they experienced during detention, as well as the medical complaints that arose during and after these incidents, are thoroughly evaluated by HRFT physicians and the mental health team (psychiatrists, psychologists, social workers). The results of these evaluations, along with any necessary expert examinations, imaging, and laboratory tests, are classified under body systems (skin, musculoskeletal, nervous, cardiovascular, respiratory, digestive, endocrine, urogenital, eyes, ENT, oral and dental) as well as psychological assessments, and are recorded in the applicants' files. In addition to this information, the level of consistency between the findings and diagnoses and the case history, as well as the treatment processes, are also included in the applicants' files.

For applicants whose medical process has been completed, medical evaluation reports are prepared for legal proceedings by assessing the level of consistency between the case history and the medical diagnoses.

9.1. Medical Complaints of the Applicants

Of the 697 individuals who applied to HRFT in 2024 due to experiencing torture and ill-treatment in Turkey, at least one physical or psychological complaint across different body systems was recorded for 670 applicants (96.1%) during their first application, while no physical or psychological complaints were recorded for 27 applicants (3.9%). The applicants frequently had more than one complaint related to different systems. While the number of applicants whose psychological complaints were recorded was 429 (61.5%) with an average of 2.8 complaints, the number of applicants whose physical complaints were recorded increased to 636 (91.2%), with an average of 6.1 complaints. Among the 61 applicants in 2024 for whom no physical complaints were recorded, 34 (55.7%) had at least one psychological complaint recorded.

When reviewing the relation between the complaints given by the applicants and the dates of torture, it is noted that the number of physical complaints was higher for those subjected to torture in 2024, the number of psychological complaints was higher for those subjected to torture before 2024, and these differences between the years are statistically significant ((*psychological* $\chi^2 = 12.564$; *physical* $\chi^2 = 5.506$) $p < 0.05$).

According to the applicants, their complaints were not listened to, their complaints were not taken into consideration and explored, incomplete examinations were carried out and there were no systematic examinations, including psychological examinations, in the health institutions to which they were taken during the detention process. The UN İstanbul Protocol emphasizes that sufficient time should be allocated to examine individuals, detailed medical histories should be taken, and all systemic complaints should be investigated. It is stated that when this approach is not followed, medical evaluations will be incomplete and inaccurate, and problems will arise in determining the relationship and consistency between the medical history and the findings. In its judgments, both the ECtHR and the Constitutional Court emphasize that medical evaluations must be conducted in accordance with the Istanbul Protocol and CPT standards. They highlight the importance of medical documentation reflecting these standards, encompassing the examination setting, the history of the incident, the complaints, and the physical and psychological findings identified during the medical assessment. As reported by the applicants, when these recommendations are not adhered to, it not only hinders the diagnosis and treatment processes, but also leads to the loss of rights during the legal process for those subjected to torture and ill-treatment.

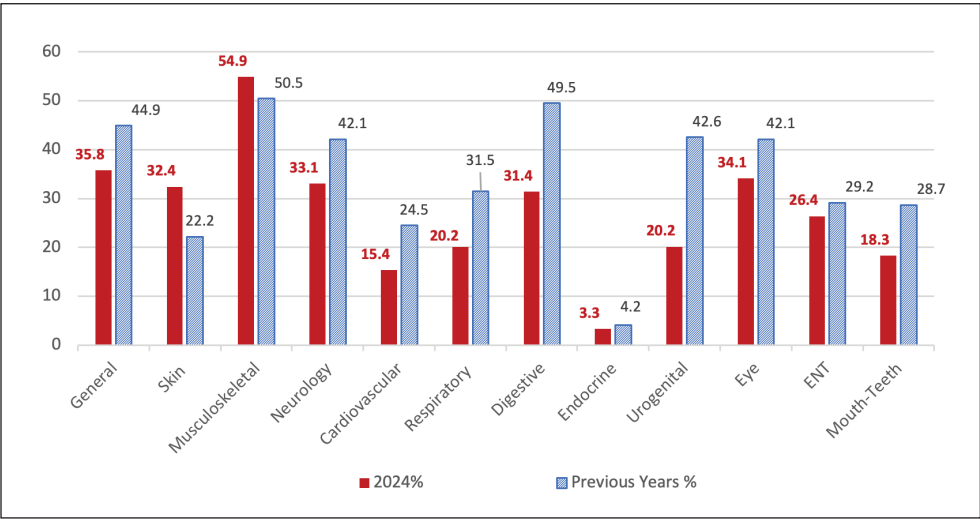
9.2. Physical Evaluation Process for Torture Survivors

9.2.1. Physical Complaints

The application file lists 148 complaints related to “general medical condition, skin, musculoskeletal, nervous, cardiovascular, respiratory, digestive, endocrine, urogenital, eye, ear, nose, throat, oral and dental” systems, and 26 complaints under the “psychological complaints” section.

The proportional distribution of physical complaints mentioned in the applications, by date of torture and systems, is included in Graph 16.

The total number of physical complaints identified in the applicants was 4239, and the average number of physical complaints was calculated as 5.4 for those who were subjected to torture in 2024 and 7.5 for those who were subjected to torture before 2024. The rates of musculoskeletal and dermatological complaints were higher in those subjected to torture in 2024, whereas the rates of complaints related to other systems (general, neurology, cardiovascular, respiratory, digestive, endocrine, urogenital, eye, ENT, and mouth-teeth) were higher in those who were tortured before 2024. The increase in the rates of physical and psychological complaints for



Graph 16: Distribution of physical complaints in percentages

those of advanced ages is not statistically significant. For applicants with a history of imprisonment, the increase in the rates of physical and psychological complaints is significant.

When the complaints are categorized by “body systems”, musculoskeletal and skin complaints are notably high among applicants who reported being subjected to torture in 2024, with skin complaints being statistically significant. Complaints related to other systems were reported at higher rates in applicants who were subjected to torture before 2024, and it was observed that the complaints related to “neurology, cardiovascular, respiratory, digestive, urogenital, eye and mouth-teeth” systems were statistically significant in terms of the date of torture.

Table 22 lists the three most frequently reported complaints by body system, along with the number and percentage of individuals experiencing these complaints, taking into account the reported date of torture.

Table 22: Most commonly reported physical complaints, by systems				
Physical Complaints*	Tortured in 2024 (n=481)		Tortured before 2024 (n=216)	
	Number	%**	Number	%**
General Complaints	172	35.8	97	44.9
Fatigue, weakness	144	29.9	89	41.2
Getting tired quickly	40	8.3	25	11.6
Lack of appetite	21	4.4	27	12.5

Table 22 continued

Physical Complaints*	Tortured in 2024 (n=481)		Tortured before 2024 (n=216)	
	Number	%**	Number	%**
Skin Complaints	156	32.4	48	22.2
Contusions, bruises	87	18.1	0	-
Itching	30	6.2	22	10.2
Graze	38	7.9	0	-
Musculoskeletal System Complaints	264	54.9	109	50.5
Neck pain	89	18.5	52	24.1
Shoulder pain	92	19.1	46	21.3
Lower back pain	55	11.4	42	19.4
Neurological Complaints	159	33.1	91	42.1
Headache	108	22.5	74	34.3
Dizziness	46	9.6	28	13.0
Numbness, tingling	39	8.1	31	14.4
Cardiovascular System Complaints	74	15.4	53	24.5
Palpitation	36	7.5	32	14.8
Chest pain	23	4.8	15	6.9
Hypertension	19	4.0	13	6.0
Respiratory System Complaints	97	20.2	68	31.5
Cough	57	11.9	54	25.0
Shortness of breath	55	11.4	31	14.4
Chest-back pain	16	3.3	7	3.2
Digestive System Complaints	151	31.4	107	49.5
Stomach, abdominal pain	84	17.5	82	38.0
Heartburn	97	20.2	69	31.9
Bloating, indigestion	40	8.3	29	13.4
Endocrine System Complaints	16	3.3	9	4.2
Irregular menstruation	8	1.7	5	2.3
Hair growth	6	1.2	1	0.5
Swelling in the throat/goiter	2	0.4	3	1.4
Urogenital System Complaints	97	20.2	92	42.6
Frequent urination	40	8.3	54	25.0
Pain, burning when urinating	33	6.9	20	9.3
Flank pain	11	2.3	18	8.3

Table 22 continued

Physical Complaints*	Tortured in 2024 (n=481)		Tortured before 2024 (n=216)	
	Number	%**	Number	%**
Eye Complaints	164	34.1	91	42.1
Visual impairments	128	26.6	80	37.0
Tearing, watering in the eyes	39	8.1	14	6.5
Redness, itching in the eyes	36	7.5	11	5.1
ENT Complaints	127	26.4	63	29.2
Decreased hearing	41	8.5	25	11.6
Throat pain and irritation	30	6.2	21	9.7
Ringing in the ears	25	5.2	22	10.2
Mouth-Teeth Complaints	88	18.3	62	28.7
Decayed, missing tooth	57	11.9	28	13.0
Toothache	30	6.2	32	14.8
Bleeding gums	1	0.2	15	6.9

**The table lists the three most common physical complaints for each system

**Column percentage

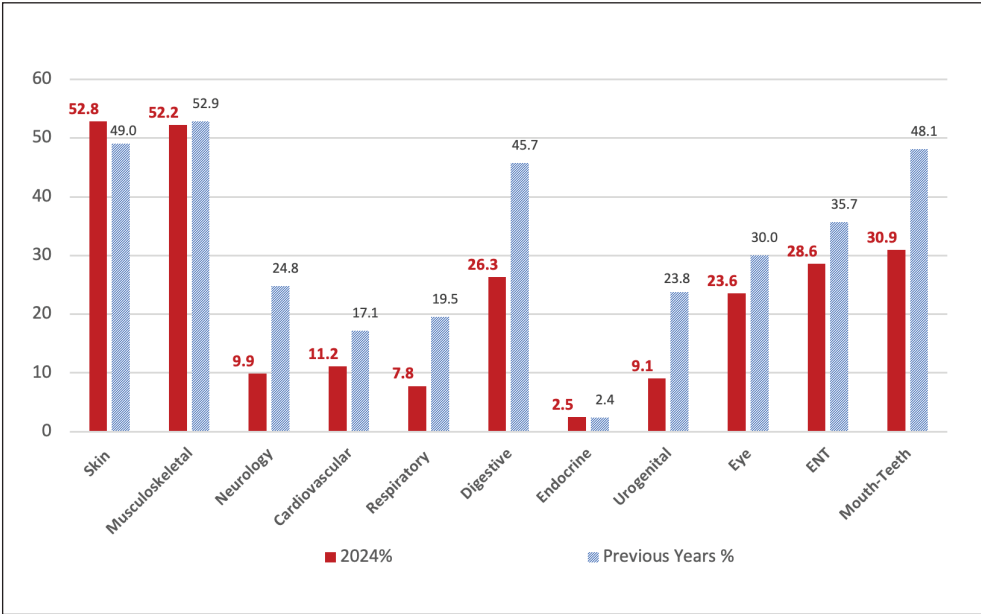
When all the physical complaints reported by the applicants are evaluated together, the most common physical complaints are musculoskeletal, skin, eye, digestive and general physiological complaints such as “fatigue and weakness, visual impairments, head, shoulder, neck, stomach/abdominal pain, bruises and contusions.” It was observed that the complaints reported in the 2022 and 2023 Treatment Centers Reports were similar to the complaints recorded in 2024.

9.2.2. Physical Examination Findings

In the application file, there are 189 findings related to “skin, musculoskeletal, nervous, cardiovascular, respiratory, digestive, endocrine, endocrine, urogenital, eye, ear, nose, throat, oral and dental” systems defined under the section “physical examination findings.” The findings of the examinations performed by the admitting physicians were recorded in the medical files of the applicants. The evaluations in this report take into account 189 findings recorded.

685 out of 697 applicants who applied to HRFT In 2024 due to exposure to torture in Turkey underwent preliminary examinations, while 12 applicants did not undergo a physical examination. The 12 applicants who did not undergo a physical evaluation were excluded from the evaluation and the evaluations on physical findings were made with the data of 685 applicants (475 in 2024; 210 before 2024). Of the 685 applicants who underwent a physical assessment, 642 (93.7%) had at least one

physical finding, and a total of 3321 physical findings were detected. While the rate of detection of findings increased to 92.8% in 441 applicants who stated that they had been tortured during the year, this rate increased to 95.7% in those who stated that they had been tortured before 2024. The average number of findings detected in an applicant was 5.2 (4.8 in 2024; 6 before 2024). The highest number of findings detected in a physical examination in one application was 27. Graph 17 shows the percentages of findings identified, by system and by year of torture.



Graph 17: Distribution of physical findings identified in the applicants, by systems

While 21.5% (147 applicants) of the findings identified in physical examinations were related to a single system, the rate of findings related to more than one system was 72.3% (495 applicants). While 114 applicants (16.6%) had findings related to 5 or more different systems, six applicants (2 applicants who were subjected to torture in 2024 and 4 applicants who were subjected to torture before 2024) had findings related to 10 different systems. When evaluating the rates of physical findings by system, it is observed that, as with the complaints, findings related to the skin and musculoskeletal systems are the most prevalent. When the relationship between the dates of torture and the detected physical findings by system was evaluated, it was observed that findings related to the “neurological, respiratory, digestive, urogenital, and oral-dental” systems were more frequently detected among applicants subjected to torture before 2024, whereas “skin”-related findings were more prevalent among those subjected to torture in 2024, with the differences being statistically significant.

When the findings detected in the systems are evaluated by treatment centers, it was calculated that the average number of findings were 7.1 in Diyarbakır, 5.5 in İstanbul, 4.4 in İzmir, 3.3 in Van and 2.6 in Ankara. These differences are thought to be largely due to applications arising from long-term detentions. However, although the differences in the rates of findings detected in physical examinations across treatment centers can be explained by the personal characteristics of each applicant and the differences in the processes they underwent, this does not exclude the possibility that common standards may not have been applied in the evaluation and recording of findings. Although HRFT operates its application processes based on a common approach and standards, it should continue to review, evaluate, and improve its work in order to further enhance these processes.

An analysis of the frequency of the findings identified in the applications revealed that, as in previous years, the findings of the “skin, musculoskeletal” systems such as “muscle pain-sensitivity, scar tissue, ecchymosis and abrasions, pain-restriction in shoulder movements, pain-restriction in neck movements, epigastrium tenderness” ranked first. Table 23 presents the most common findings across systems, the number of applicants with findings, and the ratios compared to all applicants.

Table 23: Most common physical findings by system				
Physical Findings*	Tortured in 2024 (n=475)		Tortured before 2024 (n=210)	
	Number	%**	Number	%**
Skin	251	52.8	103	49.0
Scar tissue	138	29.1	65	31.0
Ecchymosis (contusion, bruises)	108	22.7	5	2.4
Abrasion (graze)	94	19.8	4	1.9
Musculoskeletal	248	52.2	111	52.9
Pain and restriction in shoulder movements	88	18.5	47	22.4
Pain and restriction in neck movements	83	17.5	39	18.6
Pain and tenderness in muscles	87	18.3	33	15.7
Neurology	47	9.9	52	24.8
Impaired consciousness	10	2.1	38	18.1
Superficial sensory impairment	29	6.1	8	3.8
Amnesia	6	1.3	21	10.0
Cardiovascular	53	11.2	36	17.1
Hypertension	28	5.9	12	5.7
Tachycardia	10	2.1	21	10.0
Varicosis	7	1.5	3	1.4

Table 23 continued

Physical Findings*	Tortured in 2024 (n=475)		Tortured before 2024 (n=210)	
	Number	%**	Number	%**
Respiratory	37	7.8	41	19.5
Rale	13	2.7	28	13.3
Decreased respiratory sounds	9	1.9	8	3.8
Rhonchus	8	1.7	4	1.9
Digestive	125	26.3	96	45.7
Epigastric tenderness	67	14.1	68	32.4
Increase or decrease in bowel sounds	41	8.6	27	12.9
Abdominal tenderness	37	7.8	21	10.0
Endocrine	12	2.5	5	2.4
Goiter	3	0.6	4	1.9
Hirsutism	3	0.6	0	-
Breast mass	1	0.2	1	0.5
Urology	43	9.1	50	23.8
Costovertebral angle tenderness	25	5.3	35	16.7
Pelvic tenderness	6	1.3	9	4.3
Varicocele	7	1.5	1	0.5
Eye	112	23.6	63	30.0
Visual impairments	70	14.7	26	12.4
Conjunctival hyperemia	24	5.1	38	18.1
Burning, stinging sensation in the eye	28	5.9	7	3.3
ENT	136	28.6	75	35.7
Hyperemia in the throat	70	14.7	49	23.3
Plugged ears	34	7.2	7	3.3
Deviation in the nose	23	4.8	8	3.8
Mouth-Teeth	147	30.9	101	48.1
Missing tooth	65	13.7	59	28.1
Decayed tooth	54	11.4	26	12.4
Tooth with filling	39	8.2	17	8.1

*The table lists the three most common physical findings per system

** Column percentage

An analysis of the relationship between the complaints reported by torture survivors and the findings identified in the medical examinations shows that in the “skin, ENT, and oral-dental” categories, the rate of findings is higher than the rate of reported complaints, the rates in the musculoskeletal system are similar, while in other systems (neurological, cardiovascular, respiratory, digestive, urogenital, and ocular) the rate of reported complaints is lower than the rate of findings identified in the medical examinations. In order to detect findings in these other systems, additional investigations are required, and the inability to carry out such evaluations is considered an important factor explaining why these findings may not be recorded. However, the complaints reported by the applicants are consistent with the findings, and the issues described in the case histories correspond to the medical evaluations.

Since medical documentation must be objective and the treatment process needs to be done holistically, all the findings from the medical evaluations, regardless of whether they are consistent with trauma, are registered into the applicants’ files. After the necessary examinations and expert evaluations are completed in the applicant’s diagnosis and treatment process, the level of consistency between the detected findings and case history is assessed, and as shown in the table, some physical examination findings that are considered unrelated to trauma are also included.

Regarding the relationship between age and findings identified in physical examinations, applicants over 55 years of age showed a higher average number of findings across all systems, and the rates of findings in the cardiovascular, respiratory, digestive, ocular, and oral-dental systems were statistically significant with respect to age. While this situation may be associated with an increased likelihood of chronic diseases with age, the absence of statistically significant differences between age groups in the physical findings observed in the “skin, musculoskeletal, and nervous” systems indicates that the findings observed in these areas are directly related to torture or ill-treatment practices.

9.2.3 Diagnoses Identified During Physical Examinations

Applicants to the Human Rights Foundation of Turkey Treatment and Rehabilitation Centers, seeking treatment, rehabilitation, and documentation due to the torture they have experienced, undergo a detailed examination by admitting physicians, covering their complaints, history, and all body systems. For the assessment of their health status and medical diagnoses related to diseases identified following necessary laboratory tests, imaging, and expert consultations, the ICD-10 (International Statistical Classification of Diseases and Related Health Problems) coding system is used.

It has been determined that out of 685 applicants who consented to the physical evaluation process in the HRFT’s representative offices, the number of applicants who received at least one diagnosis according to the ICD classification was 632 (92.3%), while the number of applicants whose evaluation processes were ongoing

or whose evaluation processes could not be completed for various reasons and therefore could not be diagnosed was 53 (7.7%).

The total number of diagnoses according to ICD-10 classification for 685 applicants who underwent physical evaluations during the medical examination was 3239 (2185 for torture survivors in 2024, 1054 before 2024) and the average number of diagnoses was 4.7 (4.6 in 2024; 5 before 2024). It is noteworthy that among the applicants of the year 2024, the average diagnosis rate is higher for applicants who were subjected to torture in previous years. It was observed that applications to HRFT Representative Offices made in 2024 by former prisoners who had been detained for long periods due to aggravated life sentences contributed to the increase in the average number of diagnoses. (*The average number of diagnoses was 6 for those who had been detained in prison, compared to 3.6 for those who had not been detained.*) Among those imprisoned for a long period of time, it is evident that the number of diagnoses and diseases increased due to factors like the negative impact of the prison environment on health, restrictions/violations of the right to access healthcare, and chronic illnesses due to advanced age.

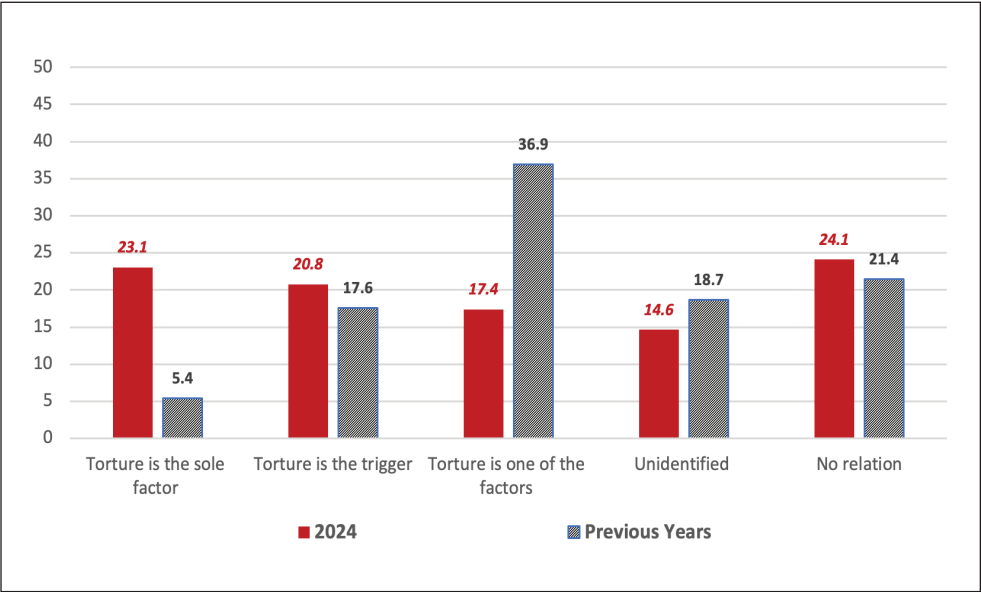
446 (93.9%) of the applicants who were tortured in 2024 and 186 (88.6%) of those who were tortured before 2024 received at least one physical diagnosis. Of the applicants who received a diagnosis, 5 (0.7%) received a single physical diagnosis, while 627 received more than one. While approximately half of the applicants received between two and four diagnoses, the most frequent number of diagnoses given was three (24.1% of applicants). Among the applicants with multiple diagnoses, the highest number of diagnoses was 18 for two applicants who were tortured in 2024 and 16 for two applicants who were tortured in previous years.

When the relationship between physical diagnoses and acts of torture is evaluated, it is seen that 61.2% of the physical diagnoses given to individuals who were subjected to torture in 2024 resulted from or were related to acts of torture, while this rate decreased to 59.9% for those subjected to torture before 2024. When the temporal relationship between physical diagnoses and acts of torture is assessed, 59.4% of the physical diagnoses given to individuals tortured in 2024 were temporally associated with acts of torture, whereas this rate dropped to 57% for those tortured prior to 2024. Although the average number of diagnoses was higher among individuals detained in prisons, the proportion of diagnoses found to be associated with acts of torture was lower. This finding indicates both the detrimental effects of the prison environment on health and the impact of age-related morbidities.

Depending on the characteristics of physical traumas (such as the type and intensity of the instrument used, the part of the body it was applied to, the presence of clothing and/or protective objects between the instrument and the body, the body's resistance, etc.), injuries and damage occur in the skin, subcutaneous tissue, muscles, bones, and internal organs. Once injuries emerge, the body's wound-healing mechanisms are activated; in some cases, the affected tissues may heal within days

without leaving any trace, while in others, permanent effects may result. Scientific studies emphasize that numerous trauma-related findings can be detected through early evaluations, while some findings may persist long after the trauma, even for years, highlighting the necessity of comprehensive assessments. Accordingly, in cases of alleged trauma/torture, it is mandatory — in line with the ethical and professional standards as stipulated in the İstanbul Protocol — to obtain a detailed history, conduct assessments of all systems including psychological evaluations, employ imaging and laboratory methods to identify the torture methods applied, and interpret the findings in relation to the history in order to reach a conclusion on their consistency. It is understood that in the applications to the HRFT, early medical evaluations yield a higher rate of findings and diagnoses, while the rate of identified findings and diagnoses decreases as the time elapsed since torture increases, although significant trauma-related findings and medical conditions can still be detected. The rate of physical diagnoses assessed to be consistent with the history is 91% within the first two weeks, dropping to 83% by the end of the first month, and further to 60% after one month.

Although this data underscores the importance of early examinations, the absence of physical diagnoses, or the inability to reach a conclusion for some of the diagnoses, does not indicate that the individual was not subjected to torture or ill-treatment.



Graph 18: Distribution by the causal relationship between the diagnosis and the act of torture

In fact, medical reports, issued by official health institutions following examinations that do not meet medical standards, often fail to document trauma findings; do not recommend further investigations or psychological evaluations; and, contrary to İstanbul Protocol standards, effectively render acts of torture or ill-treatment invisible. The İstanbul Protocol, however, stresses that health professionals must evaluate the harm caused to the human body in cases of torture or ill-treatment according to medical standards and ethical principles, perform systematic examinations covering all bodily systems, investigate the timing, nature, and mechanism of the findings, assess the extent of the damage and possible remedies, interpret the significance of the presence or absence of findings, and provide an overall evaluation of their implications.

The İstanbul Protocol emphasizes that, in addition to health professionals, judicial authorities have similar obligations; the failure to conduct effective investigations into acts of torture or ill-treatment, and the reliance on documents that do not comply with İstanbul Protocol standards, render acts of torture invisible, legitimize them, and contribute to impunity. In practice, judicial authorities often disregard the absence of a detailed history, the lack of documentation of injury characteristics, the failure to conduct systematic examinations, the omission of expert opinions and necessary investigations, and — most importantly — the absence of establishing causality between documented findings and the history. Even when medical documentation exists that interprets the consistency between the history and the findings in accordance with the standards defined in the İstanbul Protocol, courts may still base their decisions on reports issued by official institutions. Judicial authorities, however, are expected to ensure an immediate secondary assessment in the presence of flawed or incomplete reports that do not comply with İstanbul Protocol principles and to clarify allegations of torture, and to evaluate the reports based on their adherence to scientific and professional standards, regardless of who prepared them.

Out of the 685 applicants to HRFT in 2024 alleging that they were subjected to torture in Turkey and who underwent physical examination, 632 were diagnosed with a total of 612 different ICD codes. The diagnoses assessed to be related to torture are listed in Table 24, by their frequency rates.

Table 24: Distribution of physical diagnoses related to history of trauma in applicants by year of torture					
ICD CODE	Diagnoses	Torture in 2024 (n=446)		Torture before 2024 (n=186)	
		Number	%*	Number	%*
M79.1	Myalgia	105	7.8	25	4
G44.2	Tension type headache	37	2.8	30	4.8
K21	Gastroesophageal reflux disease	33	2.5	30	4.8

Table 24 continued

ICD CODE	Diagnoses	Torture in 2024 (n=446)		Torture before 2024 (n=186)	
		Number	%*	Number	%*
M51.1	Lumbar and other intervertebral disc disorders with radiculopathy	29	2.2	29	4.6
K58	Irritable bowel syndrome	30	2.2	26	4.1
E55.9	Vitamin D deficiency, unspecified	15	1.1	31	4.9
M50.1	Cervical disc disorders, with radiculopathy	19	1.4	22	3.5
M75.1	Rotator cuff syndrome	25	1.9	13	2.1
S60.7	Multiple superficial injuries to the wrist and hand	36	2.7	0	0
K21.9	Gastroesophageal reflux disease, without esophagitis	9	0.7	15	2.4
S43.4	Sprain and strain of shoulder joint	23	1.7	1	0.2
S40.0	Contusion to the shoulder and upper arm	22	1.6	0	0
S50.7	Multiple superficial injuries to the forearm	22	1.6	0	0
H04.1	Other disorders of lacrimal gland	12	0.9	9	1.4
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	10	0.7	10	1.6
S40.7	Multiple superficial injuries to the shoulder and upper arm	19	1.4	0	0
S80.7	Multiple superficial injuries of lower leg	19	1.4	0	0
I10	Essential (primary) hypertension	10	0.7	7	1.1
S63.5	Sprain and strain of wrist	17	1.3	0	0
S80.0	Contusion of knee	17	1.3	0	0
D51.9	Vitamin B12 deficiency anemia, unspecified	7	0.5	9	1.4
E55	Vitamin D deficiency	13	1	3	0.5
J34.2	Deviated nasal septum	8	0.6	8	1.3
M54.5	Lower back pain	11	0.8	5	0.8
R42	Dizziness (Vertigo)	6	0.4	10	1.6
R51	Headache	5	0.4	11	1.7
S00.1	Eyelid and periorbital contusion	16	1.2	0	0
G56.3	Lesion of radial nerve	13	1	2	0.3
M54.2	Cervicalgia	12	0.9	3	0.5
K29.7	Gastritis, unspecified	8	0.6	5	0.8
K59.0	Constipation	5	0.4	8	1.3

Table 24 continued

ICD CODE	Diagnoses	Torture in 2024 (n=446)		Torture before 2024 (n=186)	
		Number	%*	Number	%*
S00.3	Superficial nose injury	13	1	0	0
D51	Vitamin B12 deficiency anemia	7	0.5	5	0.8
G43.9	Migraine, unspecified	5	0.4	7	1.1
M23.2	Derangement of meniscus due to old tear or injury	6	0.4	6	1
M25.5	Pain in joint	10	0.7	2	0.3
S70.1	Contusion of thigh	12	0.9	0	0
I84	Haemorrhoids	8	0.6	3	0.5
H10.8	Other conjunctivitis	10	0.7	0	0
S02.2	Fracture of nasal bones	9	0.7	1	0.2
S40	Superficial injury of shoulder and upper arm	10	0.7	0	0

*Column percentage

It is understood that the applicants were also subjected to traumas leading to fractures and dislocations of bones during the most recent torture. In 18 of the applicants who stated that they were subjected to torture in 2024, it was evaluated that the fractures found in the “femur, humerus, fibula, nose, scapula, ribs, calcaneus and facial bones” were causally related to the most recent torture. In 7 of the applicants who stated that their most recent torture was before 2024, bone fractures, including the facial and humerus bone, were found to be causally related to torture.

The medical diagnoses assigned to the applicants also provide information on changes in torture methods. The number of diagnoses related to upper extremity (shoulder, arms, and hand) muscle, nerve, and soft tissue injuries, such as Ulnar, Radial, and Median nerve lesions and Rotator cuff syndrome — which have a causal link with tight, reverse handcuff torture — was 242 in 2024, compared to 33 in cases of torture experienced prior to 2024. When examining the proportion of these diagnoses within all diagnoses recorded during the year, they were observed in 54.3% of applications reporting the last date of torture as 2024, compared to 17.7% of applications reporting torture prior to 2024. Although the harms caused by tight, reverse handcuff torture are so tangible, the routine use of this method by law enforcement remains concerning.

All diagnoses were also grouped according to the classification in the ICD codes. As more time passes since torture, diagnoses related to “trauma-related musculoskeletal system diseases” and “musculoskeletal system injuries and sequelae” are replaced by chronic, system complaints. The diagnosis groups of “trauma-related musculoskeletal system diseases” and “diseases of the digestive system” rank first

among those subjected to torture in 2024, while the increase in the rate of complaints related to general systems among those subjected to torture before 2024 is noteworthy.

Table 25: Distribution of diagnosis groups by year of torture

Diagnosis Groups	2024 (n=446)		Before 2024 (n=186)		Total (n=632)
	Number	%*	Number	%*	Number
Musculoskeletal system diseases	276	20.6	166	26.3	442
Digestive system diseases	162	12.1	116	18.4	278
Nervous system diseases	82	6.1	68	10.8	150
Eye diseases	88	6.6	22	3.5	110
ENT diseases	73	5.5	37	5.9	110
Shoulder and upper arm injuries	90	6.7	3	0.5	93
Head injuries	85	6.4	2	0.3	87
Wrist and hand injuries	86	6.4	1	0.2	87
Endocrine system diseases	37	2.8	44	7.0	81
Cardiovascular diseases	41	3.1	28	4.4	69
Symptom and findings	20	1.5	39	6.2	59
Knee and calf injuries	55	4.1	3	0.5	58
Blood diseases	21	1.6	31	4.9	52
Elbow and forearm injuries	45	3.4	0	-	45
Skin diseases	28	2.1	12	1.9	40
Urogenital system diseases	20	1.5	14	2.2	34
Hip and femur injuries	28	2.1	0	-	28
Respiratory system diseases	9	0.7	18	2.9	27
Chest injuries	27	2.0	0	-	27
Neck injuries	18	1.3	0	-	18
Psychological diseases	6	0.4	9	1.4	15
Lower back, spine, and pelvis injuries	14	1.0	1	0.2	15
Ankle and foot injuries	13	1.0	1	0.2	14

*Column percentage

When the diagnoses assigned to the applicants are evaluated based on the representative offices, it is found that 96.4% of the applicants were diagnosed and the average diagnosis was 6.5 in the Diyarbakır Representative Office, while 94.9% of the applicants were diagnosed and the average diagnosis was 6.8 in the İstan-

bul Representative Office. The percentages and averages of diagnoses received in İzmir, Van and Ankara Representative Offices differ (İzmir 88.1%, average: 4.7; Ankara 96%, average:5; Van 87.8%, average:2.9). It is thought that these differences in the rates and averages of diagnoses detected may be due to a number of factors, including the torture and ill-treatment the applicants were subjected to, age, gender identity, and the date of torture and application.

9.3. Psychological Evaluation Process in Torture Survivors

9.3.1. Psychological Complaints

The initial examinations of the applicants to the HRFT are done by the admitting physicians. In the first interview with the applicants, it is explained that the HRFT’s treatment, rehabilitation and documentation activities are carried out in a holistic manner, including psychological health and social assessments, and it is recommended that the relevant experts be consulted for their opinions and assessments. During the initial examination, complaints related to all systems are inquired about and psychological complaints are recorded under 26 sub-headings by the admitting physicians.

Table 26 presents the psychological complaints recorded during the interviews conducted by the admitting physicians.

Table 26: Distribution of psychological complaints by the time of torture						
Psychological Complaints	2024 (n=481)		Before 2024 (n=216)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
Sleep disorders	134	27.9	94	43.5	228	32.7
Anxiety	101	21.0	98	45.4	199	28.6
Distress	86	17.9	74	34.3	160	23.0
Irritability	80	16.6	50	23.1	130	18.7
Forgetfulness	48	10.0	67	31.0	115	16.5
Difficulty to adapt	57	11.9	56	25.9	113	16.2
Fear	59	12.3	48	22.2	107	15.4
Feeling uncomfortable with police officers	58	12.1	48	22.2	106	15.2
Sense of feeling trapped about the future	50	10.4	46	21.3	96	13.8
Flashbacks	50	10.4	33	15.3	83	11.9

Table 26 continued

Psychological Complaints	2024 (n=481)		Before 2024 (n=216)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
Nervousness	51	10.6	31	14.4	82	11.8
Sense of alienation	41	8.5	32	14.8	73	10.5
Outbursts of anger	38	7.9	33	15.3	71	10.2
Inability to enjoy life	37	7.7	31	14.4	68	9.8
Concentration impairment	27	5.6	32	14.8	59	8.5
Having nightmares	28	5.8	21	9.7	49	7.0
Desire to cry	30	6.2	12	5.6	42	6.0
Startle response	25	5.2	16	7.4	41	5.9
Withdrawing from people	21	4.4	17	7.9	38	5.5
Being alert	17	3.5	11	5.1	28	4.0
Loss of sexual desire	4	0.8	18	8.3	22	3.2
Intrusive recollections	14	2.9	2	0.9	16	2.3
Hypervigilance	5	1.0	3	1.4	8	1.1
Suicidal thoughts	4	0.8	3	1.4	7	1.0
Emotional numbness	0	-	2	0.9	2	0.3

*Column percentage

It is observed that some of the applicants refused to be evaluated by mental health specialists and did not mention their psychological complaints or mentioned them less in their interviews with the admitting physicians. However, the number of applicants with at least one psychological complaint recorded by the admitting physicians in 2024 was 429 (61.5%). While the rate of psychological complaints among applicants who stated that they had been tortured in 2024 was 57.2% (275 applicants), this rate increased to 71.3% (154 applicants) among those who stated that they had been tortured before 2024. As in the previous years' Treatment and Rehabilitation Center Reports, psychological complaints were reported less frequently among those subjected to torture during the year compared to those who had been tortured in previous years. Also in 2024, it was determined that the increase in the number and rates of applicants reporting psychological complaints was statistically significant as longer time elapsed since the torture ($\chi^2=165,519$ $p<0.001$).

Applicants frequently report more than one psychological complaint and the number of psychological complaints recorded is 1943. While the rate of applicants with one or two psychological complaints is 23.5% among applicants whose most recent torture date is 2024, and 20.1% among applicants who were tortured before 2024. The rate of applicants with three or more psychological complaints increases to

33.7% among applicants who were tortured in 2024 and 58.8% among applicants who were tortured before 2024. The highest number of complaints recorded in one applicant was 18. The average number of psychological complaints was calculated as 2.8 for all applicants (*2.2 for those who were subjected to torture in 2024; 4.1 for those who were subjected to torture before 2024*). The findings indicate that psychological complaints increase with the time elapsed since the torture. This suggests that, after trauma, the psychological effects persist and mental recovery lasts longer than physical recovery, that traumatic memories and psychological complaints persist after physical injuries have healed, and even in some cases they may be permanent.

9.3.2. Psychological 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.

Although the applicants were informed about the necessity of psychological evaluation for the identification, documentation and reparation processes of the traumatic effects of torture, psychological evaluation could only be carried out in 178 (25.5%) applicants and appointments were scheduled for 48 applicants (6.9%). Including the applicants for whom appointments were scheduled, the proportion of those who consented to psychological evaluation would rise to 32.4%. Considering that in traumatic events not only the body but also the individual's psychological integrity is targeted, it is evident that raising awareness on psychological evaluations is important not only among applicants but also within society at large.

Among the 268 applicants who did not report any psychological complaints during the assessment by admitting physicians, 45 (16.8%) underwent psychological evaluation, while 133 (31%) of the 429 applicants who reported psychological complaints were evaluated. The rate of psychological evaluation was found to be 42.2% among those who applied due to torture experienced during the year, and 41.5% overall. Compared to the results shared in the Treatment Centers Report of the previous year, it is understood that the rate of applicants who consented to a psychological evaluation has decreased among applicants whose psychological complaints were recorded. It was observed that no psychiatric evaluations were conducted in any of the applications submitted to the Ankara Representative Office.

In order to evaluate the characteristics of the 178 applicants who consented to psychological evaluation, it was observed that there was no significant difference in terms of time elapsed since torture, age group and education level, but there was a statistical significance in terms of gender identity, region of birth, mother tongue, and the representative office to which the application was submitted. It is noteworthy that the rates of those for whom psychological evaluation could not be conducted or who

did not give consent were 79% among male applicants, 82.9% among those born in the Eastern Anatolia Region, 77.3% among applicants whose mother tongue was Kurdish, 80.4% among those without a diploma, 100% in applications submitted to the Ankara office, and 91.2% in applications submitted to the Van office.

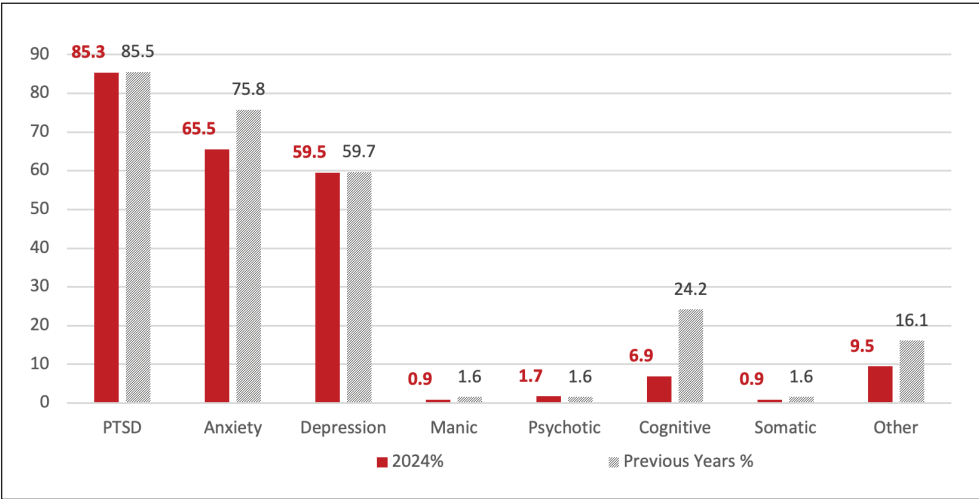
On the other hand, the highest rates of consent for psychiatric evaluation were 46.2% for LGBTQ+ applicants, 54.5% for those born in the Aegean Region, 38.9% for those whose mother tongue is Turkish, 29.3% for university graduates and 68.8% for those who applied to the İzmir Office. It was observed that among applicants who reported at least one psychological complaint during the interview with admitting physicians, as well as with the increase in time elapsed since torture, the rate of applicants requesting psychological evaluation and support from the HRFT increased.

An assessment was conducted on 178 applicants (25.5%) who had been interviewed by mental health professionals regarding the psychological symptoms, findings, and diagnoses of those who applied to the HRFT (Human Rights Foundation of Turkey) in 2024 due to torture experienced in Turkey. A total of 519 applicants (74.5%) “who did not accept a psychiatric interview” (those who refused the interview, did not attend, and/or had incomplete records) were not included in the evaluation.

The proportion of applicants assessed by mental health professionals has significantly decreased compared to previous years (2022: 39.3%; 2023: 37.6%). The HRFT 2023 Treatment Centers Report emphasized the need for a special effort to increase the rate of consent for psychiatric evaluations through a review of existing experience. The reasons why applicants do or do not consent to psychiatric evaluation — as well as how and to what extent individuals’ psychological conditions, the institution’s capacity and characteristics, and the prevailing social and political circumstances influence these reasons — are issues that should be addressed from multiple perspectives. The impact arising from the interaction of psychological conditions, institutional characteristics, and social and political circumstances should be transformed in a way that enables the Foundation to be perceived as more transparent and restorative in meeting individuals’ needs. To this end, identifying which functions of the HRFT could be strengthened and conducting systematic evaluation processes on this issue are necessities indicated by these findings.

Among the 178 applicants assessed by mental health professionals, at least one psychological finding was recorded in 165 cases (92.7%). In 2024, the rate of detecting psychological findings among applicants who reported having been tortured during that year was 94.8%, while the rate was 88.7% among those who had been tortured prior to 2024. These findings highlight the importance of psychological evaluation in cases of torture. Psychological findings consistent with torture can be identified in 9 out of 10 applicants, regardless of the time elapsed since the torture occurred. Considering that some physical findings and disorders tend to diminish over time, these results also underscore the importance and necessity of renewing psychological assessments during the post-torture period.

The 75 psychological findings examined during the psychological examinations were classified and analyzed under the main clusters of “post-traumatic stress, anxiety, depression, manic, psychotic, cognitive, somatization, eating disorder, alcohol/ substance use disorder and obsessive-compulsive disorder symptoms.” The distribution of applicants with psychological symptoms by the main symptom clusters is shown in Graph 19 and the distribution of the number of symptoms identified is shown in Table 27.



Graph 19: Distribution of psychological symptoms by main symptom clusters

Table 27: Distribution of signs of torture by psychological symptom clusters

Psychological Symptoms	2024 (n=116)		Previous Years (n=62)		Total (n=178)	
	Number	%*	Number	%*	Number	%*
Post-Traumatic Stress Symptoms	99	85.3	53	85.5	152	85.4
• Traumatic incident	99	85.3	53	85.5	152	85.4
• Symptoms of reliving the incident	54	46.6	38	61.3	92	51.7
• Avoidance symptoms	56	48.3	29	46.8	85	47.8
• Negative cognition and mood	60	51.7	40	64.5	100	56.2
• Symptoms of excessive stimulation	76	65.5	43	69.4	119	66.9
• Dissociative symptoms	8	6.9	6	9.7	14	7.9
Anxiety	76	65.5	47	75.8	123	69.1
Depression	69	59.5	37	59.7	106	59.6
Obsession	9	7.8	9	14.5	18	10.1

Table 27 continued

Psychological Symptoms	2024 (n=116)		Previous Years (n=62)		Total (n=178)	
	Number	%*	Number	%*	Number	%*
Manic	1	0.9	1	1.6	2	1.1
Psychotic	2	1.7	2	3.2	4	2.2
Cognitive	8	6.9	14	22.6	22	12.4
Somatic	1	0.9	1	1.6	2	1.1
Other	1	0.9	2	3.2	3	1.7

*Column percentage

In 165 (92.7%) of the applicants evaluated by mental health specialists, at least one and at most 46 psychological findings or symptoms were recorded, while 5.2% (6 applicants) of the applicants who were subjected to torture in 2024 and 11.3% (7 applicants) of those who were subjected to torture before 2024 did not have any findings or symptoms. The total number of psychological symptoms among the applicants was 2335 and the average number of psychological symptoms was 13.1.

Similarly to the findings of previous years, it was observed that the most common symptoms were those related to “*post-traumatic stress*,” experienced in the period shortly after the torture, followed by symptoms related to anxiety and depression. As the time elapsed since torture increases, “*anxiety, depressive, cognitive*” symptoms stand out as chronic symptoms.

9.3.3. Diagnoses Made in Psychological Examinations

129 (72.5%) of the 178 applicants evaluated by mental health specialists received a psychological diagnosis in accordance with the DSM-V classification system, 11 applicants (6.2%) were observed to have received a diagnosis in their previous applications. An analysis of the 38 applicants who did not receive a psychological diagnosis revealed that 11 applicants (6.2%) were awaiting a diagnosis, 7 applicants (3.9%) did not have a psychological diagnosis related to the most recent torture, 9 applicants (5.1%) had discontinued the treatment process, 9 applicants (5.1%) did not receive a psychological diagnosis despite the completion of the treatment process, and for 2 applicants (1.1%), it was observed that no information was available.

As in previous years, the diagnoses received by the applicants were concentrated in the diagnostic groups of “*post-traumatic stress*,” “*depression*” and “*anxiety*.” It is observed that the psychological diagnoses reported in the medical literature to occur most frequently after traumatic experiences are similar to the results of the HRFT’s previous reports on treatment and rehabilitation centers.

Table 28 presents a detailed breakdown of psychological diagnoses by the time of torture. Of the 116 applicants who reported being tortured during the year, 92 (79.3%) received a psychological diagnosis, while 48 (77.4%) of the 62 applicants who reported having been tortured prior to 2024 received a diagnosis. A total of 18 different psychological diagnoses were assigned across the applications, with the total number of diagnoses reaching 183. Among the applicants, 109 received a single psychological diagnosis, while 31 received multiple diagnoses (up to four). In terms of comorbidity, the most commonly observed psychological diagnoses were “PTSD” and “Major Depressive Disorder”. The findings regarding co-occurring diagnoses are consistent with the existing literature.

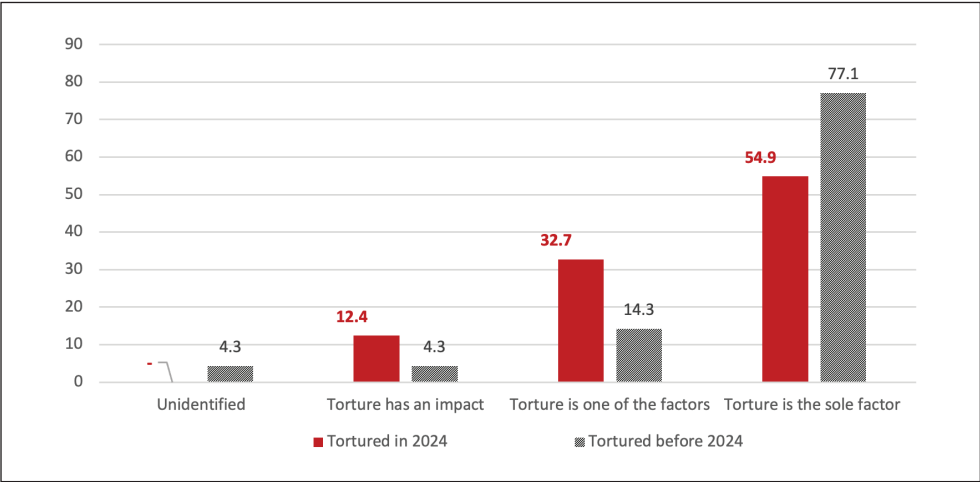
Table 28: Distribution of torture survivors by psychological diagnoses						
	2024 (n=116)		Before 2024 (n=62)		Total (n=178)	
	Number	%*	Number	%*	Number	%*
PTSD	27	23.3	30	48.4	57	32.0
Adjustment Disorder	17	14.7	11	17.7	28	15.7
Acute Stress Disorder	16	13.8	0	-	16	9.0
Major Depressive Disorder, Repetitive	10	8.6	4	6.5	14	7.9
Undefined Anxiety Disorder	9	7.8	2	3.2	11	6.2
Obsessive Compulsive Disorder	4	3.4	7	11.3	11	6.2
Major Depressive Disorder, Single Episode	6	5.2	4	6.5	10	5.6
Generalized Anxiety Disorder	1	0.9	3	4.8	4	2.2
Persistent Depressive Disorder	1	0.9	3	4.8	4	2.2
Delayed Onset PTSD	3	2.6	0	-	3	1.7
Panic Disorder	2	1.7	1	1.6	3	1.7
Bipolar Disorder	3	2.6	0	-	3	1.7
Social Anxiety Disorder	1	0.9	1	1.6	2	1.1
Undefined Depressive Disorder	1	0.9	1	1.6	2	1.1

*Column percentage

An analysis of the causality between psychological diagnoses and torture processes revealed that 137 out of 140 applicants (97.9%) with a psychological diagnosis established a causal link between the acts of torture and the diagnosis. Mental health specialists identified torture as “the sole factor” in 63.4% (116 applicants) of psychological diagnoses, as “aggravating/causing the emergence of the disorder” in 9.3% (17 applicants) and as “one of the factors” in 25.7% (47 applicants). Regarding the date of torture, it is observed that psychological diagnoses were related to the tor-

ture in all cases of individuals subjected to torture in 2024, while this proportion was 95.7% among those tortured in previous years. In contrast, among applicants who reported being tortured prior to 2024, torture was more often identified as the sole contributing factor (77.1% for those tortured before 2024; 54.9% for those tortured in 2024).

Factors such as different life circumstances, periods and events, exposure to various traumas, and the involvement of social support and restorative mechanisms make the relationship between psychological symptoms and torture more complex, partially complicating the establishment of a causal link. Nevertheless, evaluations conducted by mental health professionals indicate that, regardless of the time elapsed since the torture, there is a strong causal relationship between the psychological complaints and findings and the experienced torture. The proportional distribution of the relationship between psychological diagnoses and torture, by year of torture, is shown in Graph 20.



Graph 20: Causal link between psychological diagnoses and the year of torture

It is aimed that psychological evaluations of pediatric applicants are carried out by a child-specific team of mental health specialists, and diagnostic criteria related to children are used for psychological findings, symptoms and diagnoses. Among the 27 children who applied in 2024 due to torture, the attending physicians recorded at least one psychological complaint in 10 cases. Of these 10 children with recorded complaints, 3 were evaluated by a psychiatric specialist, while 2 children without recorded complaints were also evaluated, and an appointment was scheduled for 1 child. Psychological findings were documented in only 2 of the evaluated children. However, among the children who were not formally evaluated, symptoms included in the child psychological symptom cluster (such as forgetfulness, irritability, inability

to be alone, excessive anxiety about separation from attachment figures, and fear of losing these individuals) were observed during psychotherapy processes. Among the 5 children evaluated by psychiatry and child psychiatry specialists, it was noted that the diagnoses of “Trauma- and trigger-related disorders” and “Anxiety disorders” in 3 cases had a causal relationship with the experienced torture.

10. Treatment and Rehabilitation Processes

The diagnosis and treatment process of applicants to the HRFT treatment and rehabilitation centers for torture and other gross human rights violations is carried out in a holistic approach that includes physical, psychological, and social examinations. In cases where applicants do not consent to or participate in any of the physical, psychological, or social evaluations, the treatment process continues on the basis of the approved field.

In this section, treatment and rehabilitation processes are analyzed and discussed separately under physical and psychological headings. Among the 697 individuals who applied to the HRFT due to torture and other ill-treatment within Turkey, physical treatment processes were coordinated by the attending physicians in 685 cases (98.3%), while the psychological treatment processes were coordinated by psychiatric specialists for 178 applicants (25.5%).

Among the 13 applicants who did not undergo a physical evaluation, psychiatric specialists conducted a psychological assessment in 7 cases. In 6 applications, it was determined that neither a physical nor a psychological evaluation had been conducted. In analyses related to treatment processes, the number of evaluations carried out by the relevant physicians was used as the basis.

10.1 Physical Diagnosis and Treatment of the Applicants

Table 29 presents data on physical diagnoses and treatment processes, by the date of the most recent torture, for the 697 applications initially assessed by the attending physicians.

Table 29: Progress of applicants’ physical diagnosis and treatment process by year of torture						
Treatment Process	2024 (n=481)		Before 2024 (n=216)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
Treatment completed	334	69.4	123	56.9	457	65.6
No link could be established with the last act of torture/detention	45	9.4	26	12.0	71	10.2

Table 29 continued

Treatment Process	2024 (n=481)		Before 2024 (n=216)		Total (n=697)	
	Number	%*	Number	%*	Number	%*
Diagnostic procedures ongoing	6	1.2	5	2.3	11	1.6
Treatment ongoing	47	9.8	35	16.2	82	11.8
Treatment process interrupted	39	8.1	25	11.6	64	9.2
Did not want to be examined	10	2.1	2	0.9	12	1.7

*Column percentage

Taking into account the applications (71 applications; 10.2%) for which the diagnoses identified after evaluations and treatments were considered not to be related to the most recent torture, the number of applications with completed diagnosis and treatment processes is 468 (75.8%). The diagnostic or treatment processes of 93 applications (13.4%) are ongoing, while the treatment processes of 65 applications (9.3%) were interrupted for various reasons, and 12 applications (1.7%) did not wish to undergo an examination.

An analysis of the data on the physical treatment process shows that the rate of completed treatment was higher for applicants whose most recent torture date was in 2024, while the rates of ongoing and interrupted treatment were higher among applicants whose most recent torture occurred before 2024. Among those who were subjected to torture prior to 2024, not only were chronic illnesses identified at a higher rate, but it is also thought that the ‘chronicization’ of torture-related health problems may have contributed to these differences, particularly as more time elapsed since the torture and access to appropriate and qualified treatment was limited.

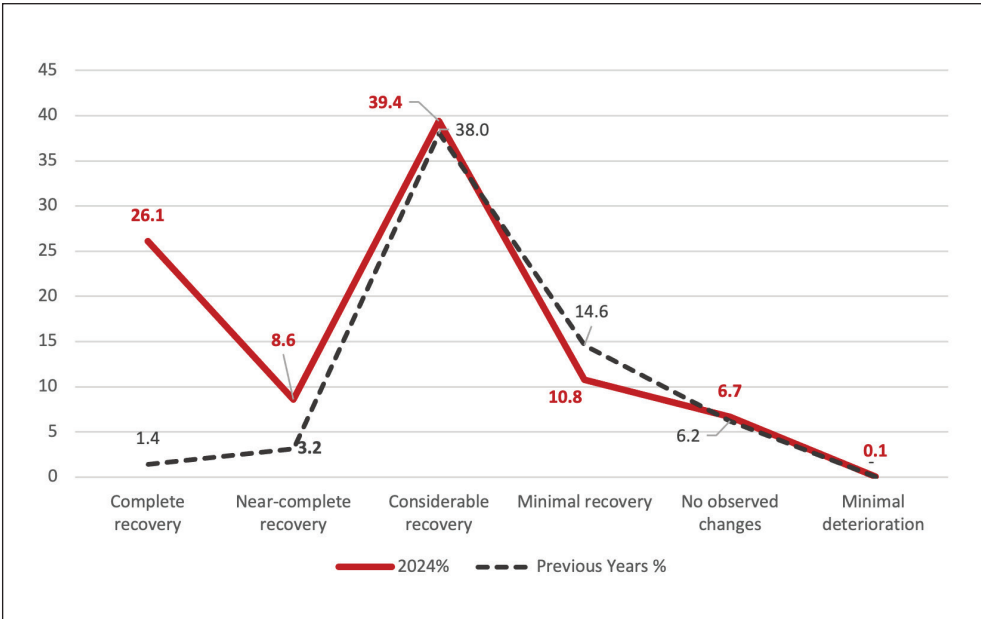
It is understood that the applicants whose diagnosis and treatment process was completed and whose causal link to the most recent torture could not be established are predominantly those who were subjected to torture before 2024. The results of the completed treatments show that as the time elapsed since torture increases, it becomes more difficult to establish a causal link with torture in physical treatments and that this is also statistically significant ($\chi^2= 255,299$; $p<0.001$). As discussed in the process related to physical diagnoses, the results related to physical treatment also indicate that the early start of the examination and treatment process is also statistically significant.

In the medical records of 64 applicants whose diagnosis and treatment process was interrupted, 62 applicants could not complete the process due to particular reasons (detention, arrest, change of city, reluctance, etc.) and 2 applicants could not complete the process due to reasons related to the HRFT (communication, appointment, etc.).

Regarding the effects of the physical treatment process, in previous years, all of an applicant’s complaints were evaluated together. However, in 2022, with the revisions made in the application files, the level of recovery for each diagnosis began to be assessed separately with a Likert-type 8-point scale (from “complete recovery” to “considerably worsened”).

Among the 632 applications that received any diagnosis according to the ICD-10 classification during physical evaluations, a total of 1,969 diagnoses were considered to be related to the torture processes. Since 344 of these diagnoses had ongoing or interrupted treatment processes, or lacked information, assessments regarding the level of recovery were conducted based on 1,625 diagnoses.

In only one diagnosis, a “minimal deterioration” was recorded during the treatment process. In 128 diagnoses (6.5%), “no observed changes” toward improvement were noted, while in 236 diagnoses (12%), “minimal recovery” was indicated. “Considerable recovery” was recorded in 767 diagnoses (39%), “near-complete recovery” in 135 diagnoses (6.9%), and “complete recovery” in 358 diagnoses (18.2%). The physical treatment outcomes according to the year of torture are presented in Graph 21.



Graph 21: Distribution of physical treatment results in applicants whose treatment was completed

Levels of recovery were analyzed comparatively by HRFT Representative Offices, date of torture, and disease groups. It was assessed that the differences observed in average recovery levels across representative offices were not due to variations in treatment or evaluation practices, but rather stemmed from differences in the diagnostic groups identified at each office. The “complete recovery” rate was recorded as 26.1% in 2024, compared to 1.4% before 2024. Diagnoses and recovery rates related to injuries were found to be higher in 2024. In contrast, among those tortured before 2024, diagnoses related to chronic illnesses were more common, but their average recovery levels were lower. Recovery rates were higher in diagnostic groups related to physical injuries, while in diagnoses related to chronic diseases, the level of recovery ranged between minimal improvement and considerable improvement. These findings indicate that differences in recovery levels are determined not by the representative office or the date of torture, but by variations among disease groups.

10.2. Psychological Treatment Process of the Applicants

Psychological evaluation and treatment processes of the applicants are carried out by mental health specialists mainly through face-to-face interviews, but also online. Among the 178 applicants who underwent psychiatric examination, 29 (16.3%) completed their psychiatric treatment, 97 (54.5%) were still in the treatment process, 47 (26.4%) could not complete their psychiatric treatment due to premature termination and various other reasons while 5 (2.8%) lacked information. The number of applicants who have consented to a psychiatric interview but have not yet started the sessions was 48.

Table 30 presents data on the applicants who were included in the psychological diagnosis and treatment processes, by year of torture.

Table 30: Progress of applicants’ psychological diagnosis and treatment process by year of torture						
Treatment Process	2024 (n=116)		Before 2024 (n=62)		Total (n=178)	
	Number	%*	Number	%*	Number	%*
Treatment completed	19	16.4	3	4.8	22	12.4
No link could be established with the last act of torture/detention	5	4.3	2	3.2	7	3.9
Treatment ongoing	67	57.8	30	48.4	97	54.5
Treatment process interrupted	12	10.3	21	33.9	33	18.5
Did not want to be examined	8	6.9	6	9.7	14	7.9
No information	5	4.3	0	-	5	2.8

*Column percentage

Among the 29 applicants whose treatment process was assessed to be completed by mental health specialists, 13 applicants were treated for diagnoses that had a causal link with the most recent torture, 11 applicants did not fulfill the diagnostic criteria, and 5 applicants were found to have mental diagnoses that were not related to the most recent torture. Although the psychological treatment approaches of the HRFT representative offices are based on common principles and sensibilities, there are differences in the treatment processes among the representative offices due to theoretical specificities and other factors that need to be evaluated. While the completion rate of psychological treatments started and finished within 2024 was 27.3% in İzmir, 20% in İstanbul, and 13.6% in Van, no applicants in Diyarbakır completed their treatment in 2024.

In the analysis of the applicants who did not want to receive psychiatric treatment and whose psychiatric treatment was not completed, differences were analyzed in terms of the date of the last torture, gender identity, age group and province of application. As a result of the analyses, it was observed that the rates of refusal and discontinuation of psychiatric treatment were higher among applicants “whose most recent torture occurred before 2024, who were aged 51 and above, identified as male, and applied from Diyarbakır”. The findings suggest that a long-term and diligent effort is needed for compliance with therapy processes.

Although the time elapsed since the torture increases the need for psychological treatment, it also heightens the difficulties in continuing and completing therapy. While a longer period since the most recent torture does not create a significant difference in the completion rates of psychological treatments, it is observed that the level of recovery in psychological therapies becomes more difficult to achieve as time passes.

The traumatic effects of torture on an individual do not disappear quickly; in the absence of psychological therapies and support mechanisms, they may change in form, become more severe, or re-emerge when the person encounters a new traumatic experience. This situation also has an impact on the willingness to participate in and continue therapy processes. In addition, in some of the applicants, reasons such as being detained or arrested again lead to the interruption of treatment processes. The clarification of the reasons that lead to the interruption of psychological treatment processes will increase the effectiveness of the psychological support provided to the applicants, as well as enable the prediction of the factors that lead to the interruption of treatment processes and the development of different solutions.

Following the evaluations, it was determined that pharmacotherapy and psychotherapy support were provided together in 4 applications, while 64 applicants received pharmacotherapy and 16 applicants received psychotherapy support. Unlike in previous years, psychoanalytic psychotherapies were applied more frequently in psychotherapy practices. In addition, a limited number of applicants received psychoeducational, supportive, family, cognitive-behavioral, and integrative therapy

approaches. Among the applicants whose psychotherapy support was completed or ongoing during the year, the number of sessions ranged from 1 to 91, extending over a period of up to 8 months. It was also observed that the demand for psychotherapy support increased as the time elapsed since the torture lengthened.

Following the evaluations by mental health professionals, psychotherapy was recommended for 38 applicants. The course of the therapy process among those who received psychotherapy is presented in Table 31.

Table 31: Progress of applicants' psychotherapy processes by year of torture						
Psychotherapy Process	2024 (n=25)		Before 2024 (n=13)		Total (n=38)	
	Number	%*	Number	%*	Number	%*
Therapy completed	2	8.0	0	-	2	5.3
Therapy ongoing	16	64.0	10	76.9	26	68.4
Therapy interrupted	7	28.0	1	7.7	8	21.1

*Column percentage

The proportion of applicants who completed the psychotherapy process was 5.3%, while 68.4% were still continuing therapy, and 21.1% experienced an interruption in their psychotherapy process. Compared with the previous year, there was an increase in the proportion of applicants whose therapy was interrupted, while the rates of those who completed or continued therapy decreased. An increase in the time elapsed since the torture negatively affects the completion rate of psychotherapy, while the rates of therapy interruption, session duration, and number of sessions increase. The data on psychotherapy processes also indicate that treatments addressing the psychological effects of torture extend over a long period, and that it becomes increasingly difficult to alleviate the impact of trauma as more time passes. These findings underscore the importance of early psychological support in helping individuals exposed to torture cope with the existing or potential mental health problems caused by trauma.

Mental health professionals use the “Clinical Global Impression – Severity (CGI-S)” scale to assess the severity of psychological disorders at the time of application and the “Clinical Global Impression – Improvement (CGI-I)” scale to evaluate the degree of improvement at the end of the treatment process. Among the 54 applications in 2024 where both scales were used, 4 were recorded as having “very much improved,” 32 as “considerably improved,” 15 as showing “minimal improvement,” 2 showed no change, and 1 was noted as having a marked worsening of the clinical condition.

10.3. Treatment Outcomes of the Applicants

The treatment of torture survivors is carried out with a holistic approach at the HRFT, just like the process of identification of torture. In order to evaluate the impact of this approach in the treatment process, the data covering 697 applicants who received both psychological and physical treatment is shown in Table 32.

Table 32: Applicants’ physical and psychological treatment outcomes

PSYCHOLOGICAL/ PHYSICAL	Treatment Completed	No disease related to torture	Treatment ongoing	Treatment interrupted	Refused treatment
Treatment completed	11	5	0	4	3
No disease related to torture	6	0	0	1	0
Treatment ongoing	69	15	46	10	5
Treatment interrupted	26	2	1	4	0
Refused treatment	12	1	0	1	0
Did not want to be examined	330	47	46	43	4
No information	3	1	0	1	0
Total	457	71	93	64	12

The totals of the physical therapy columns are given in the total line

In the table comparing physical and psychological treatment data, it can be seen that among the 71 applicants who were not diagnosed with a physical condition related to the most recent torture, 47 did not wish to receive treatment, the treatment process was interrupted in 3 cases, and information was not available for 1 applicant. Although it is not possible to comment on applications that refused treatment or whose treatment was interrupted, it is understood that 20 applicants (5 with completed treatment, 15 with ongoing treatment) were found to have a psychological disorder related to the torture. Similarly, among the 7 applicants for which no psychological disorder related to the most recent torture was identified after evaluation, physical treatment was interrupted in 1 case, while in the remaining 6 applicants, physical conditions related to torture were treated.

When physical and psychological treatment processes are considered separately, torture-related medical findings and diagnoses may not be identified in some applications. However, when physical and psychological evaluations are conducted together, it is possible to detect findings and diagnoses related to the torture. Conducting physical and psychological assessments and treatment processes in an integrated manner not only facilitates the documentation of evidence of torture but also contributes to the well-being of the applicants.

This situation, observed in applications made to the HRFT, illustrates the lack of any attempt to establish a causal link between acts of torture and ill-treatment and the medical conditions identified, in the absence of a holistic medical evaluation that includes a psychological assessment—an essential premise of the Istanbul Protocol. Considering that only insufficient and superficial physical evaluations are made during initial and exit examinations, psychological evaluations are not considered necessary at all, and even when psychological evaluation is requested with a reference to relevant discomforts, psychological examination 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 to applicants with physical and psychological disorders were evaluated, Table 33 shows the physical treatment methods applied to the 591 applicants who were included in the treatment process, excluding those who did not give consent to the physical examination and recommended treatment, whose diagnostic process was not completed or whose torture-related illnesses were not identified.

Table 33: Distribution of applied treatment methods by year of torture						
Treatment Process	2024 (n=409)		Before 2024 (n=182)		Total (n=591)	
	Number	%*	Number	%*	Number	%*
Medication	293	71.6	150	82.4	443	75.0
Daily life advice	300	73.3	116	63.7	416	70.4
Eyeglasses	48	11.7	56	30.8	104	17.6
Psycho-pharmacotherapy	47	11.5	21	11.5	68	11.5
Social support	45	11.0	12	6.6	57	9.6
Exercise	31	7.6	15	8.2	46	7.8
Physiotherapy	14	3.4	18	9.9	32	5.4
Surgical procedure	18	4.4	6	3.3	24	4.1
Psychotherapy	14	3.4	6	3.3	20	3.4
Dental treatment	10	2.4	1	0.5	11	1.9
Orthopedic device	5	1.2	1	0.5	6	1.0
Other treatment	3	0.7	0	-	3	0.5
Cast/splint	1	0.2	0	-	1	0.2
Hearing device	0	-	1	0.5	1	0.2

*Column percentage

In 2024, the treatments recommended and applied to applicants were found to differ depending on when the torture occurred. For cases of torture that took place in 2024, daily living recommendations, medication, and glasses ranked first, while for torture experienced before 2024, the top three were medication, daily living recommendations, and glasses. When the relationship between the date of torture and the use of medication, psychotherapy, and pharmacotherapy was evaluated, no difference was observed in psychological treatments; however, it was found that medication was recommended at a higher rate for those who were subjected to torture before 2024.

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 the HRFT Treatment Centers, the data of applicants who were subjected to torture outside the borders of Turkey are evaluated separately in order to differentiate the processes of torture and ill-treatment in Turkey.

A total of 3 applicants (1 in Diyarbakır, 1 in İstanbul, 1 in Van) applied to the HRFT treatment centers in 2024 for being subjected to torture and ill-treatment outside the borders of Turkey.

Of the three applicants who were subjected to torture outside Turkey, one learned about the HRFT through the media, one applied upon the recommendation of HRFT staff, and one stated that they had previously applied to the HRFT.

The applicants reported having been subjected to torture in Iran, Greece, and Syria.

1. Sociodemographic Data

1.1. Age, Gender, Marital Status

The gender identities of the applicants were recorded as two male and one female; their ages were 77, 47, and 22; and their marital status was recorded as two “single” and one “separated.”

The mother tongue of two applicants was Kurdish, while one applicant’s mother tongue was Turkish.

1.2. Education, Job/Occupation and Employment Status

It was found that 1 of the applicants had never attended school and was illiterate, 1 had completed high school, and 1 of the applicants’ education was interrupted while studying at a vocational school/university. It was also learned that none of the 3 applicants were employed.

2. Torture Processes

2.1. Torture in Detention

1 applicant stated being detained and subjected to torture abroad in 2024, while the other 2 reported being detained and tortured abroad in 2006 and 2015 for political, asylum-related, and ethnic reasons.

2 applicants reported having experienced an unregistered detention, while 1 applicant stated that they were detained for 214 days.

A closer examination of the records in the application files shows that in cases of unregistered detention, the places of detention were homes or other locations, whereas in official detentions, the places were identified as police stations and prisons. The hours of detention were recorded as between 08:00 – 18:00 for 2 applicants and between 18:00 – 24:00 for 1 applicant.

One applicant reported being subjected, during a prolonged detention in 2006, to various forms of torture such as insults, threats, blindfolding, severe beating, hanging, Palestinian hanging, pressurized water, electric shocks, sexual torture, and deprivation of basic needs. The other applicants reported being subjected to insults, threats, severe beating, and reverse handcuffing.

2.2. Legal Practices During and After Detention

The applicant who was officially detained stated not remembering whether a medical examination had been conducted during detention, having a lawyer during the detention process, and being arrested following the detention.

2.3. Process of Imprisonment

Two applicants had no history of imprisonment. The applicant with a history of imprisonment stated being held in prison for 18 years and released in 2024, reporting exposure during imprisonment to practices such as physical assault, beating, denial of access to healthcare, and restriction of social rights.

3. Medical Examination Process

3.1. Medical Complaints-Findings and Diagnoses of the Applicants

Three individuals who applied to our treatment and rehabilitation centers in 2024 due to torture and other ill-treatment experienced outside Turkey reported musculoskeletal, digestive, and general complaints during their initial assessments, and findings related to the skin, ENT, eye, and digestive systems were identified during their evaluations.

Following physical examinations, a total of 15 physical diagnoses affecting different systems were made in the three applicants according to the ICD-10 classification system. In one applicant, the physical diagnoses were not related to torture, whereas in the other two applicants, 7 out of 14 physical diagnoses were evaluated as related to the torture experiences.

Two applicants reported sleep disturbances and distress related to mental health, and evaluations conducted by mental health specialists identified findings corre-

sponding to traumatic stress, anxiety, and depressive clusters. During the assessment process, both applicants received at least one mental health diagnosis (PTSD, Delayed-Onset PTSD) according to the DSM-V classification system, with a causal link to the torture experience.

4. Treatment and Rehabilitation Process

4.1. Treatments Applied

When the physical and psychological treatments applied in the applications were examined, medication was recommended for physical diagnoses in 3 applicants and for psychological diagnoses in 2 applicants, while all applicants were supported with daily living recommendations and glasses.

4.2. Outcomes of Treatment and Rehabilitation Practices

After physical evaluations, the applicant in whom no illnesses related to the last torture and prison experiences were detected did not consent to a psychological assessment. The physical treatment processes of the other two applicants were completed, while psychiatric treatment was ongoing for 1 applicant.

RELATIVES OF TORTURE SURVIVORS

In 2024, 22 applications were submitted to the HRFT treatment centers by relatives of torture survivors. Compared to the previous year, it is noteworthy that applications submitted by relatives of torture survivors have also decreased.

The process of torture and other ill-treatment is also a traumatic experience for the relatives of the applicants (mother, father, spouse, child, etc.). During the first interview, in which a detailed history is taken, the extent to which they were affected by this traumatic process is learned. The application methods, sociodemographic data, and psychological evaluation processes of the relatives of the applicants were examined.

Among the applications made by relatives of torture survivors, 9 were made to the İzmir treatment center, 8 to the İstanbul treatment center, 3 to the Diyarbakır treatment center, and 2 to the Ankara treatment center.

A closer look at the application method shows that, of the 9 applications (40.9%), one (4.5%) was submitted upon the recommendation of HRFT staff, eight (36.4%) were submitted directly by the applicants, one was a former application, and one application each reached the HRFT following information provided by democratic organizations, political parties, and the Human Rights Association (IHD). In applications submitted by the relatives of torture survivors seeking support, it was observed that referrals were predominantly concentrated around the HRFT and its network.

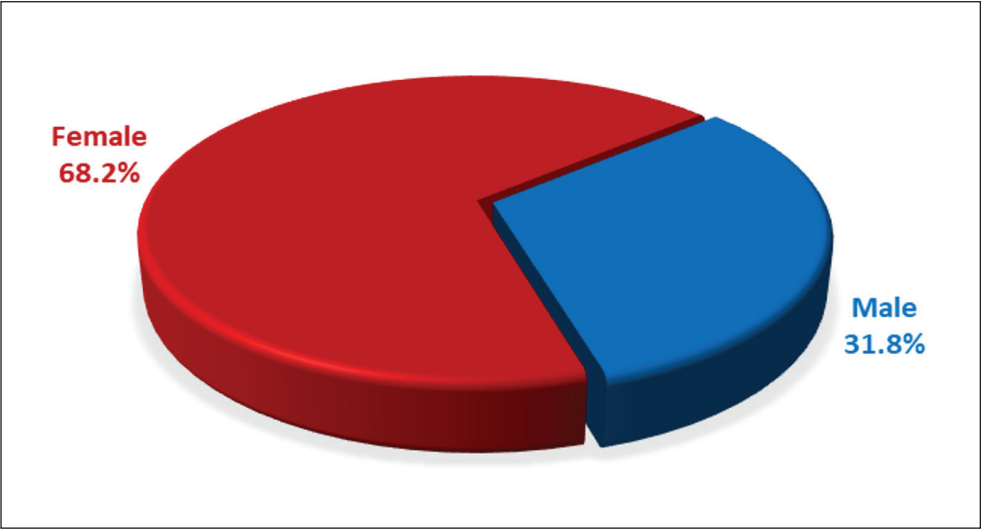
1. Age and Gender

In 2024, among the relatives of torture survivors who applied to the Treatment and Rehabilitation and Reference Centers, applications from individuals under 18 years old accounted for 50% of all applications by relatives (11 applicants). Compared to the previous year, the proportion of child applicants increased, and a slight decrease in the average age was observed (24.1 ± 17.579 , with the youngest age being 6 and the oldest 58).

Among the relatives of the applicants, 15 were female, 7 were male, and there were no LGBTQ+ applicants. Graph 22 shows the proportional distribution by gender identity.

An analysis of the distribution by age groups reveals that there were 7 male and 4 female applicants among children, while all applicants in other age groups were female.

In terms of marital status, 14 applicants were single (7 women, 7 men) and 8 were married (8 women).



Graph 22: Distribution of torture survivors’ relatives by gender identity

2. Place of Birth

An analysis of the distribution of birthplaces of the relatives of the applicants reveals that the Marmara Region ranked first in 2024 with 5 applicants (22.7%). The Marmara Region was followed by those born abroad, with 3 applicants. In terms of places of birth of applicants, the following regions were the Southeastern Anatolia, Eastern Anatolia, Central Anatolia Regions with 2 applicants each, and Black Sea and Mediterranean Regions with 1 applicant each.

In 2024, 36.4% (8 applicants) of the torture survivors’ relatives’ mother tongue is Kurdish. The rate of applicants whose mother tongue is Turkish is 31.8% (7 applicants). The mother tongue of three applicants is Persian, while one applicant’s mother tongue is Arabic. Unlike previous years, the proportions of applicants whose mother tongue was Kurdish and of those whose mother tongue was Turkish were found to be similar.

Regarding the educational status of the applicants, 9 applicants are still studying (5 *primary school*, 2 *secondary school*, 2 *university*), 4 applicants have not completed their education (1 *primary school*, 1 *secondary school*, 2 *high school*), 6 applicants have completed their education at different levels (2 *primary school*, 1 *secondary school*, 3 *university*), 2 applicants are not of school age and 1 applicant has not attended any educational institution.

It is found out that 9 applicants who are relatives of the torture survivor were not of working age, 7 are not employed, 2 are employed full-time, 1 is employed part-time, while 3 applicants are home workers.

3. Medical Evaluation Process

In applications made by relatives of torture survivors, medical evaluations are primarily conducted under the coordination of the mental health team. Unless the applicant mentions a specific complaint or medical need, no systematic medical assessment is carried out for applications made within the scope of relatives of torture survivors; treatment and rehabilitation processes are planned based on the information and findings obtained during medical evaluations conducted by mental health specialists. Physical evaluations are also performed when applicants report physical complaints. A review of the records shows that complaints and physical diagnoses related to other systems were documented in 15 applications.

4. Psychological Evaluation Process

Among the 22 individuals who applied to HRFT’s Treatment and Rehabilitation Centers in 2024 as relatives of torture survivors, psychological complaints were recorded for 13 applicants. No complaints were documented in 4 applications, while 5 applicants did not consent to a psychological evaluation. Initial assessments were conducted by mental health specialists for 9 applicants, by child mental health specialists for 3 applicants, and by psychologists and admitting physicians for 5 applicants.

Psychological complaints identified by mental health specialists and admitting physicians are shown in Table 34.

Table 34: Distribution of psychological complaints of torture survivors’ relatives		
Most Common Psychological Complaints	Number (n=17)	%*
Sleep disorders	9	52.9
Anxiety	8	47.1
Fear	8	47.1
Irritability	6	35.3
Outbursts of anger	6	35.3
Having nightmares	5	29.4
Inability to enjoy life	5	29.4
Withdrawing from people	5	29.4
Distress	4	23.5
Concentration impairment	4	23.5
Nervousness	4	23.5
Intrusive recollections	4	23.5

Table 34 continued

Most Common Psychological Complaints	Number (n=17)	%*
Desire to cry	3	17.6
Suicidal thoughts	3	17.6
Forgetfulness	3	17.6
Startle response	3	17.6
Sense of alienation	2	11.8
Emotional numbness	1	5.9
Flashbacks	1	5.9
Feeling uncomfortable with police officers	1	5.9
Sense of feeling trapped about the future	1	5.9
Being alert	1	5.9

*Column percentage

Following general psychological complaints, the most frequently reported psychological issues by the applicants were sleep disorders, fear, anxiety, irritability, anger outbursts, nightmares, anhedonia, and social withdrawal. These complaints were found to be similar to those reported by individuals who applied due to torture experienced in Turkey, with sleep disorder, fear, anxiety, and irritability being the most commonly reported in both groups.

Among the applications assessed as relatives of torture survivors, the 9 adult applications evaluated by mental health specialists and the 3 child applications evaluated by child mental health specialists had at least one psychological finding/symptom recorded.

Findings and symptoms for child and adult applicants were examined separately and are presented in Table 35 and Table 36.

Table 35: Distribution of psychological symptoms and findings in adults who are relatives of torture survivors		
Psychological Symptoms and Findings	Number (n=9)	%*
PTSD Sleep disorders	8	88.9
Directly experiencing traumatizing events	6	66.7
Depressive mood	6	66.7
PTSD Anger outbursts	5	55.6
Anxiety (Distress)	5	55.6

Table 35 continued

Psychological Symptoms and Findings	Number (n=9)	%*
Anhedonia, indifference	5	55.6
Learning that a family member or a close friend has suffered traumatizing events	4	44.4
Easily getting angered	4	44.4
Difficulty falling or staying asleep	4	44.4
Fatigue, weakness, lack of energy	4	44.4
Directly witnessing events that happened to others	3	33.3
Withdrawing from people or a sense of alienation	3	33.3
Sustained negative emotional state	3	33.3
Muscle tension	3	33.3
Physical (somatic) anxiety symptoms (palpitations, constriction, sweating, etc.)	3	33.3
Hopelessness, despair	3	33.3
Difficulty in decision-making	3	33.3
Changes in appetite/weight (Increase or decrease)	3	33.3
Significant reduction in interest and participation to important events	2	22.2
Always being alert	2	22.2
Extreme startle responses	2	22.2
Inability to focus	2	22.2
Easily getting tired	2	22.2
Thoughts of worthlessness and low self-esteem	2	22.2

*Column percentage

In the 9 applications assessed by psychiatry specialists, a total of 103 findings related to post-traumatic stress, depression, and anxiety clusters were recorded.

When the psychological diagnoses assigned according to the DSM-V system were examined, it was found that 8 of the adult applicants received a psychological diagnosis: Major Depressive Disorder was identified in 5, PTSD in 2, and Adjustment Disorder and Generalized Anxiety Disorder in 1 applicant each. Except for the Major Depressive Disorder diagnosis in one applicant, all other diagnoses were evaluated as being related to the experienced events.

In the 3 applications assessed by child mental health specialists, a total of 37 findings and symptoms were recorded. It was also observed that findings related to post-traumatic stress, depression, and anxiety clusters were prominent in the child age group.

Table 36: Distribution of psychological symptoms and findings in children who are relatives of torture survivors

Psychological Symptoms and Findings	Number (n=3)	%*
Learning about distressing events that happened to a family member or friend	3	100.0
Directly experiencing distressing events	2	66.7
Witnessing events happening to others	2	66.7
Repeated severe outbursts of anger that are verbally or behaviorally disproportionate	2	66.7
Depressed mood	2	66.7
Loss of interest	2	66.7
Easily getting angered	2	66.7
Sleeplessness or excessive sleeping	2	66.7
Decrease in self-esteem	2	66.7
Feelings of hopelessness	2	66.7

*Column percentage

In two child applications, two of the four diagnoses (depressive disorder; disruptive, impulse-control, and conduct disorders) were evaluated as related to the experienced events, while the other two diagnoses (depressive disorder; attention-deficit/hyperactivity disorder) were considered unrelated to the experienced events. In the other child, the anxiety disorder diagnosis was also evaluated as unrelated to the experienced events.

5. Treatment and Rehabilitation Process

When the psychological treatments of the applicants were evaluated, treatment was completed for one applicant who had not received a diagnosis, the treatment process was ongoing for seven applicants, and one applicant was unwilling to undergo treatment. Among the child applicants, treatment was completed for the child without a condition related to the experienced events, while the treatment process was ongoing for the other two children.

Regarding the recommended psychological treatment methods, psychopharmacotherapy was used in 4 applicants, psychotherapy in 3 applicants, and social support was provided to 5 applicants.

Of the 5 applicants whose therapy process was evaluated using the clinical improvement scale, one was recorded as “very much” improved and four as “considerably” improved. The results on the improvement scale indicate that the therapy process was effective in reducing the severity of the condition and in treatment.

WORK WITH CHILDREN WITHIN THE 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. The HRFT's work on children is evaluated in a separate section in order to identify the physical/psychological problems caused by torture in children and the damage it causes, and to develop forward-looking recommendations for protection/rehabilitation programs.

1. Principles of Working With Children

The effects of torture not only deeply affect the person who is tortured, but also their relatives, and it becomes a negative experience that is transmitted across generations. For this reason, the HRFT continues its efforts to increase visibility regarding 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. Since children are still developing mentally and physically and at the same time, their protective mechanisms are not sufficiently established, they may suffer more severe psychological damage when they are subjected to torture and other gross human rights violations, when they witness torture or when they grow up under traumatic experiences as relatives of torture survivors. Also, their relatively "passive" states compared to adults make them more 'susceptible' to traumatic effects. These damages 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 tortured relatives and also breathe in the painful, tense, and depressive emotional atmosphere that descends upon 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. Children Who Applied to the HRFT in 2024

In 2024, 38 children under the age of 18 applied to the centers of the Human Rights Foundation of Turkey (10 girls, 28 boys). The average age was 10.9 ± 3.665 for girls, 13.1 ± 4.853 for boys, and 12.5 ± 4.625 for all children. The youngest age among the children was 5 for both girls and boys, and no statistically significant difference was found in terms of age distribution ($p > 0.05$).

Of the 38 child applicants, 27 (6 girls, 21 boys) applied due to torture, while 11 (4 girls, 7 boys) applied as relatives of torture survivors. No significant difference was found between genders in terms of the reason for application ($p > 0.05$).

All 27 children who applied due to torture were recorded as having been subjected to torture in Turkey between 2017 and 2024.

Among the children, 29 (76.3%) spoke Kurdish as their mother tongue, 3 (7.9%) Turkish, 2 (5.3%) Persian, and 1 (2.6%) Arabic. The mother tongue of three children was not recorded. Regarding place of birth, 19 children were born in Eastern Anatolia, 7 in Marmara, 3 in Southeastern Anatolia, 3 in the Aegean Region, and 2 abroad. Birthplace information was missing for 4 children.

Applications to treatment centers were distributed as follows: Van 18, Diyarbakır 5, İzmir 7, İstanbul 7, and Ankara 1. Notably, two-thirds of the child applications were made to the two centers located in regions with a high Kurdish population.

Regarding the application process to HRFT, 11 of the 38 applications were from individuals who had previously applied to HRFT, 11 applied upon the recommendation of HRFT staff, 4 were informed by democratic organizations or political parties, and 9 reached HRFT directly. Two applications were repeat applications, and information was missing for 1 child. The fact that 9 applicants reached HRFT directly, alongside the influence of previous contacts and HRFT staff, was noteworthy in the information and referral process.

The purpose of the applications was recorded as treatment and documentation for 18 children, treatment only for 14 children, and documentation only for 6 children.

3. Torture Survivor Children

Of the 27 children who reported being subjected to torture in Turkey, 19 stated that the torture occurred during an unregistered detention, while 8 experienced torture during an official detention. Among the unregistered detentions, 14 children described “home/area raids,” 3 described “confinement to home/living area,” and 2 described it as occurring during a “public demonstration.” The “home/area raids” and “confinement to home/living area” were primarily witnessed by the children due to torture directed at their relatives. The age range for children subjected to unregistered detentions was 5–18, with an average age of 12.1, whereas in official detention and torture processes, the age range was 16–18, with an average age of 16.9.

Regarding the locations where torture occurred, 18 children experienced it at home, 8 at police directorates, 1 at a police station, 7 in the street/open areas, and 5 in vehicles; 18 children were subjected to torture in a single location, while 9 experienced it in multiple locations.

The events causing torture were recorded as “political” in 14 children, “related to relatives” in 12, and “other” in 1 child. Among the applications where torture was

politically motivated, 10 occurred in 2024; among those related to relatives or other reasons, 5 occurred in 2024, while for 12 children, the torture took place before 2024.

Of the 27 children subjected to torture in Turkey, 26 had Kurdish as their mother tongue. As emphasized in previous treatment centers, having a Kurdish identity continues to represent a significant risk factor for being subjected to torture, and children are not exempt from being “otherized” or being perceived as targets.

Regarding the times of detention and torture, 19 children reported it occurred at night (00:00 – 08:00), 3 in the evening (18:00 – 00:00), and 5 during the day (08:00–18:00). The arbitrary and unlawful nature of unregistered detentions, often carried out as nighttime or evening home raids, has particularly traumatic effects on children. The aim of intimidation and punishment in these cases can lead to long-term psychological consequences for children.

Table 37: Torture experienced by children, based on methods of detention						
Methods of Torture	Official Detention (n=8)		Unregistered Detention (n=19)		Total (n=27)	
	Number	%*	Number	%*	Number	%*
Witnessing	3	37.5	16	84.2	19	70.4
Insult	8	100.0	10	52.6	18	66.7
Physical interventions	7	87.5	9	47.4	16	59.3
Rough beating	6	75.0	8	42.1	14	51.9
Sexual insults	6	75.0	5	26.3	11	40.7
Verbal sexual harassment	5	62.5	5	26.3	10	37.0
Threats directed to the person	4	50.0	4	21.1	8	29.6
Threats directed to relatives	1	12.5	7	36.8	8	29.6
Reverse handcuffing	4	50.0	1	5.3	5	18.5
Torture in front of relatives	2	25.0	3	15.8	5	18.5
Tight handcuffing	3	37.5	1	5.3	4	14.8
Waiting in hot/cold environment	2	25.0	1	5.3	3	11.1
Meaningless demands	2	25.0	0	-	2	7.4
Loud music	2	25.0	0	-	2	7.4
Death threat	1	12.5	1	5.3	2	7.4
Spying	1	12.5	1	5.3	2	7.4
Strangulation attempt	1	12.5	1	5.3	2	7.4

Table 37 continued

Methods of Torture	Official Detention (n=8)		Unregistered Detention (n=19)		Total (n=27)	
	Number	%*	Number	%*	Number	%*
Hitting a single spot	0	-	2	10.5	2	7.4
Forced medical intervention	1	12.5	0	-	1	3.7
Standing up for a long time	1	12.5	0	-	1	3.7
Pressurized cold water	1	12.5	0	-	1	3.7
Burning	1	12.5	0	-	1	3.7
Cigarette burns	1	12.5	0	-	1	3.7
Mock execution	0	-	1	5.3	1	3.7
Other positional torture	0	-	1	5.3	1	3.7
Suffocating	0	-	1	5.3	1	3.7
Corrosive substance	0	-	1	5.3	1	3.7
Physical sexual harassment	0	-	1	5.3	1	3.7

*Column percentage

It was found that, apart from forced interventions (such as being made to witness torture or being handcuffed behind the back), the torture methods reported during unregistered and official detentions were similar, with no statistically significant difference between them.

An evaluation of the legal proceedings and medical examinations of the 8 children who were officially detained revealed the following:

- All of the children met with their lawyers during detention,
- Following detention, 2 children were released without being referred to the prosecutor’s office, 5 were released after appearing before the prosecutor or court, and 1 child was placed under arrest,
- Legal proceedings were ongoing for 1 child, no case was filed for 1, and 6 children did not know whether a case had been filed against them,
- At the time of detention, all 8 children underwent medical examinations in hospitals. At the time of release, 7 children were examined, while 1 child was not. During the initial examinations, law enforcement officers were not asked to leave the room in 6 cases, and during the release examinations, officers were not asked to leave in any of the cases,
- In one case, consent was obtained, complaints were heard, and a systematic examination was properly conducted during both initial and exit medical checks;

however, in all other cases, consent was not obtained, complaints were not heard, and systematic examinations were not performed,

- All 8 children reported having filed criminal complaints following the torture.

Information regarding the legal proceedings indicates that the principle of the “best interests of the child” was not upheld during the detention processes. The findings show that children were subjected to arbitrary and unlawful practices, procedural safeguards were violated, and measures restricting their liberty were also applied.

4. Medical Examination and Treatment Process in Children

As a result of the physical and psychological evaluations of the 29 children who applied to the HRFT after being subjected to torture and ill-treatment in Turkey:

- Regarding physical treatment, 23 children completed their treatment, 1 child’s treatment was ongoing, treatment was interrupted for 2 children, and information was unavailable for 2 children.
- Of the five children who underwent psychological evaluation, treatment was completed for 1 child, 2 were still receiving treatment, and information about the treatment process was unavailable for 5; appointments were scheduled for 2 children.
- Among the 11 children who were relatives of torture survivors, 3 underwent both physical and psychological evaluations, 4 underwent only physical evaluations, 1 underwent only a psychological evaluation, appointments were scheduled for 2, and 1 child had neither a physical nor psychological evaluation.

Physical and psychological diagnoses established for the children:

- Following the physical examinations, 35 physical diagnoses were made in 12 children, mainly involving the musculoskeletal, dermatological, and ocular systems. It was determined that 30 of these diagnoses were causally related to the traumatic experiences that the children were exposed to, either as the “*sole etiological factor*”, a “*triggering/aggravating factor*”, or “*one of the contributing factors*”.
- Based on the psychological evaluations, six children were diagnosed according to DSM-V criteria for children: 3 with “*anxiety disorders*”, 2 with “*trauma – and trigger-related disorders*”, 2 with “*depressive disorders*”, 1 with “*attention deficit hyperactivity disorder*” (ADHD), and 1 with “*disruptive, impulse-control, and conduct disorders*”. While one diagnosis was found unrelated to torture or the witnessed traumatic process, 6 out of the 9 diagnoses identified in six children were determined to be linked to the traumatic experiences they had endured.

Similar complaints and diagnoses were observed both among children who had been directly subjected to torture and among those who applied because their rel-

atives had been tortured. This indicates that psychological trauma can persist for many years, re-emerge over time, and be transmitted to subsequent generations. In the absence of effective reparation and redress, the damage caused by trauma cannot be repaired, and its psychological remnants continue to be passed down from one generation to the next as a legacy of suffering.

At the HRFT, as it is done with adult applicants, the physical, psychological, and social well-being of children who have been exposed to or have witnessed torture and other severe human rights violations is addressed in a holistic manner. Among the children, 29 received treatment support, including 7 receiving psychotherapy, 6 receiving psychopharmacotherapy, 15 were prescribed medication, 4 provided with eyeglasses, 3 undergoing surgical interventions, 1 provided with an orthopedic device, 1 receiving a cast/splint, 4 receiving social support, and 15 given daily life recommendations. However, in cases where a comprehensive assessment — including psychological evaluation — is not carried out, interventions and support addressing the traumatic experiences of children may remain incomplete.

Given the long-term impact of trauma, it is evident that the continuation and expansion of the HRFT's specialized programs for children who have been tortured or who are relatives of torture survivors are of vital importance.

EVALUATION OF TORTURE AND ILL-TREATMENT BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY (SO/GI)

The gender analysis of torture encompasses a broad range of concepts, including rape and attacks on sexual integrity, all forms of abuse closely related to gender, discrimination against LGBTQ+ individuals, genital mutilation, as well as abortion and forced sterilization within the framework of reproductive freedom.

As in all health and health service utilization studies, SO/GI is not assessed independently and is therefore a significant factor that negatively affects the levels of diagnosis and service utilization among women and LGBTQ+ individuals. During examinations, the process of obtaining information about SO/GI is neglected due to reasons such as the potential for provoking reactions due to social and individual values, concerns about confidentiality, and the threat of discrimination. However, it is known that the likelihood of being subjected to torture and harm differs based on gender identity, and that the methods of torture used can vary based on sexual orientation and gender identity. All these factors can lead to certain gender-based forms of torture not being reported or considered.

As the HRFT, since 2020 we have been classifying information on the torture experiences of applicants to our treatment centers under SO/GI in order to contribute to discussions on this issue.

While providing treatment, rehabilitation support, and documentation for victims of torture and ill-treatment, the HRFT has observed that in recent years, peaceful protests and actions carried out by women and LGBTQ+ individuals within the scope of their freedom of assembly have been targeted, and that streets and open spaces have now become venues for torture and ill-treatment.

In Turkey, where political pressure is intense, each new day begins with news of another violation of freedoms, and peaceful demonstrations end in torture and ill-treatment. The applications submitted to the HRFT represent only a small fraction of those reported in the news. The pressure of traditional structures is the reason why there are very few LGBTQ+ applicants, or why applicants do not report SO/GI. One of the factors contributing to the lower number of applications, particularly among young women, is the fear that their families might find out.

The year 2024 was a period in which fundamental rights were severely violated for women and especially LGBTQ+ individuals in Turkey, and constitutional guarantees such as freedom of expression and freedom of assembly were arbitrarily undermined through bans.

- Amnesty International reported that Pride marches planned in İstanbul, Antalya, and Eskişehir were unlawfully banned and the march routes were blocked by

police barriers.¹⁵ Practices such as closing metro stations, blocking access to streets and avenues demonstrated that public spaces were effectively off-limits to LGBTQ+ individuals.¹⁶ In Antalya, the Governor's Office banned all LGBTQ+ events for 15 days.

- LGBTQ+ individuals were targeted throughout 2024 by police violence, homophobic practices, and discriminatory rhetoric from public officials. During İstanbul's 10th Trans Pride Week, police forces intervened by firing pepper spray at activists gathered in Kadıköy with no warning, and detained 10 people. Allegations of torture during detention came to light, and the questions asked to individuals revealed a repressive attitude towards their personal lifestyles.¹⁷ Again, according to Bianet's data, at least 3 people lost their lives and 3 were injured in discriminatory, phobic, and hate-filled attacks against LGBTQ+ individuals; in addition, at least 11 public policies or administrative decisions throughout the year were discriminatory.
- Public authorities implemented a systematic chain of repressive policies to suppress the existence of LGBTQ+ individuals. LGBTQ+ content was penalized through the Radio and Television Supreme Council (RTÜK); the Telecommunications Authority (BTK) blocked access to portals such as Kaos GL. Exhibitions, concerts, and film screenings were banned on the grounds of "causing public outrage." In addition to the closure of LGBTQ+ clubs at universities, the removal of references to sexual orientation from graduation oaths was noteworthy.¹⁸ The rainbow flag was used as grounds for investigation throughout 2024; sometimes as evidence for punishment, sometimes as a basis for banning events.
- Women, meanwhile, faced widespread violence and discrimination both at home and in public spaces. According to data compiled by Bianet¹⁹ between 1 January and 18 November, men killed at least 344 women, harassed 110 women, abused 558 women, and raped 13 women. Thirty-five women were killed despite having protection orders against their killers. At least 544 women were forced into sex work. Women were mostly killed by close male relatives such as husbands, boy-friends, fathers, sons, or sons-in-law. Their right to life was taken away under the pretext of arguments during ceremonies or simple household chores. The state's failure to fulfill its "prevention and protection" obligations deepened the issue of impunity.

15 Amnesty International. (2024). Despite the deterrent effect of unlawful bans on Pride marches, activists continue their struggle. <https://www.amnesty.org.tr/public/uploads/files/Rapor/2024%20Prides%20draft%20statement%20Turkiye-TR%202.pdf>

16 <https://tihv.org.tr/ozel-raporlar-ve-degerlendirmeler/22-istanbul-onur-yuruyusu-gozlem-raporu/>

17 Kaos GL. (2024). More Than Ever! LGBTQ+ Human Rights Report 2024. Prepared by: Kerem Dikmen. Published by: Kaos GL Cultural Research and Solidarity Association, February 3rd, 2025, Ankara. <https://kaosgldernegi.org/images/library/lgbti-larin-i-nsan-haklari-raporu-2024.pdf>

18 ÜniKuir Association. (2025). Discrimination and Rights Violations Against LGBT+ Individuals in Universities 2024 Report. Ankara. Constitution of the Republic of Turkey. Article 90/5. <https://www.unikuirdernegi.org/public/library/attachments/universitelerde-lgbti-lara-yonelik-hak-ihlalleri-ve-ayrimcilik-2024-raporuyayinda-10-02-2025.pdf>

19 Right to Information Requests and BTK Decisions. (2024) TÄB, TİHV, Bianet, 2024 data

- Women journalists were also targeted by discriminatory practices. According to the 2024 report of the Mesopotamia Women Journalists Association²⁰, at least 49 women journalists were detained, 4 were arrested, 2 were killed, and dozens were beaten or threatened while covering the news. Journalists working for institutions such as Halk TV, Gazete Patika, JINNEWS, and Mezopotamya Agency were investigated, detained, or beaten for their reporting. The arrest of journalists covering the protests in Şişhane Square by reverse handcuffing and their subsequent torture in custody demonstrate the extent of violations of women journalists' freedom of expression.

All this data shows that in 2024, both women and LGBTQ+ individuals faced a systematic, structural, and political regime of oppression. Constitutional rights such as peaceful assembly and freedom of expression have been violated; public power has been turned into an instrument against gender equality. This situation constitutes a serious human rights crisis in terms of both national law and international treaties to which Turkey is a party.

LGBTQ+ applicants to HRFT Treatment and Rehabilitation Centers remained at a very low level this year. The fact that the number of detentions during events such as Pride Week was lower than in previous years may have contributed to this result. The willingness to apply has been affected by the lack of widespread awareness of the services provided, as well as the belief that applying will not be effective, the relative decrease in arrests, and concerns about confidentiality. The HRFT has begun to implement many measures to increase confidence in the application process and create opportunities for easy application.

In trainings and workshops, priority is given to women and LGBTQ+ individuals in the development of programs and the selection of participants. The percentage of women and LGBTQ+ individuals in many of them is 60% or higher. The analysis of our annual Treatment Reports based on SO/GI is also a part of this effort.

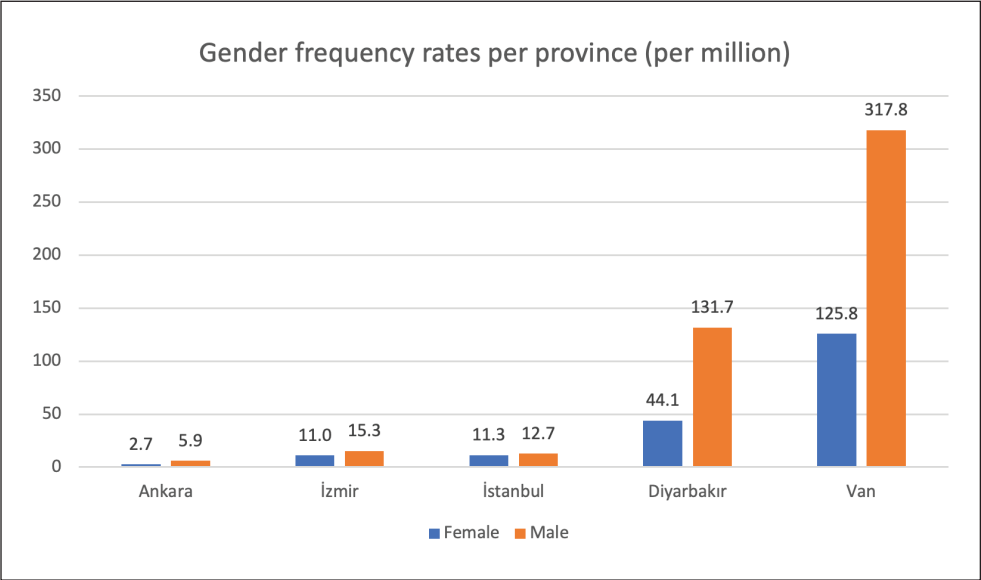
1. 2024 Applications based on SO/GI

In 2024, 231 (33.1%) women, 13 (1.9%) LGBTQ+ individuals, and 453 (65.0%) men applied to HRFT centers. Women applied most frequently in February (13.0%), April (11.3%), and October (10.4%); LGBTQ+ individuals applied in February (5 people), March (3 people), and April (2 people).

Applications to HRFT centers were generally made by people living in the province where the center is located and, to a lesser extent, by people living in neighboring provinces. Graph 23 presents the frequency rates obtained by dividing the number of applications by the female and male populations of each province where the centers are located. LGBTQ+ applicants were not included as their place in the total

²⁰ Mesopotamia Women Journalists' Association (MKG) <https://mkgdernek.org/blog/raporlar/2024-yili-kadin-gazetecilere-yonelik-hak-ihlalleri-raporu/2025/01/14181/>

population is unknown. When both women’s and men’s applications are evaluated by frequency rates, cases of torture and ill-treatment are still more common in provinces with large Kurdish populations. While the frequency of applications by women and men is similar in Ankara, İstanbul, and İzmir, men have applied significantly more in Diyarbakır and Van ($p<0.001$). However, 38.5% of women applied to the İstanbul Representative Office and 29.9% to the Van Representative Office.



Graph 23: Distribution of gender frequency rates by Representative Offices

Eight LGBTQ+ individuals applied to the İstanbul center and five to the İzmir center. No LGBTQ+ individuals applied to the Van, Diyarbakır, or Ankara centers. The number of LGBTQ+ applicants has decreased compared to the previous year. This can be considered a positive development, but when considering the extent of violence in the public sphere as reflected in the media, it should be borne in mind that there may be obstacles such as lack of awareness of services and fear of stigmatization. Civil society organizations working on LGBTQ+ rights should be contacted and regular information sessions on services should be held.

In line with this, seven of the LGBTQ+ applications were from former applicants, two were submitted through democratic organizations and/or parties, and two were submitted directly. There were no applications from women through democratic organizations and/or parties. One reason for this may be that women are forced to take on tasks such as housework and childcare due to gender roles, which prevents them from regularly participating in public activities.

Table 38: Means of application to the HRFT by sexual orientation and gender identities

	Women	%*	Men	%*	LGBTQ+	%*
Directly	48	20.8	61	13.5	2	15.4
Upon recommendation from HRFT applicants	60	26.0	156	34.4	1	7.7
Upon recommendation from HRFT volunteers	7	3.0	10	2.2	0	-
Upon recommendation from HRFT staff	23	10.0	53	11.7	0	-
Through IHD	3	1.3	11	2.4	0	-
Democratic organizations and/or parties	3	1.3	42	9.3	2	15.4
Lawyers	13	5.6	13	2.9	1	7.7
Media	3	1.3	8	1.8	0	-
Former applicant	71	30.7	103	22.7	7	53.8
Other	0	-	1	0.2	0	-
No information	4	1.7	4	0.9		-

*Column percentage

While 21.3% of women and 29.6% of men sought treatment only for medical reasons, there were no LGBTQ+ individuals who sought treatment only for medical reasons. Documentation has been one of the primary reasons for LGBTQ+ individuals to apply.

1.1. Sociodemographic Characteristics

The average age of women applicants was 36.2±12.4 (5-81), men’s was 40.8±14.1 (7-75), and LGBTQ+ individuals was 25.4±10.5 (19-52). LGBTQ+ individuals were significantly younger ($F=13.390$, $p<0.001$). Six women and twenty-one men under the age of 18 had experienced torture and ill-treatment. Thirteen children under the age of 15 applied to us.

66.7% of female applicants were born in the Eastern Anatolian and Southeastern Anatolian regions, while 6 LGBTQ+ individuals were born in the Aegean and Marmara regions. The native language of women and men who have been tortured is predominantly Kurdish, while the native language of LGBTQ+ individuals is Turkish, and the difference is statistically significant ($p<0.001$). This difference may be due to social pressure being felt more intensely among Kurdish-speaking groups, which is one of the most significant barriers to LGBTQ+ individuals coming out, or, and for the same reasons, it may be due to less awareness about the services available.

Table 39: Applicants' sociodemographic characteristics by sexual orientation and gender identities						
	Women	%*	Men	%*	LGBTQ+	%*
Age groups						
Below age 18	6	2.6	21	4.6	0	-
Ages 19-25	40	17.3	48	10.6	8	61.5
Ages 26-30	43	18.6	46	10.2	1	7.7
Ages 31-35	33	14.3	69	15.2	2	15.4
Ages 36-40	35	15.2	42	9.3	0	-
Ages 41-45	18	7.8	37	8.2	0	-
Ages 46-50	23	10.0	56	12.4	1	7.7
Ages 51-55	16	6.9	57	12.6	1	7.7
Ages 56-60	10	4.3	43	9.5	0	-
Ages 61-65	4	1.7	22	4.9	0	-
Over age 66	3	1.3	11	2.4	0	-
Region of birth						
Eastern Anatolia	84	36.4	206	45.5	2	15.4
Southeastern Anatolia	70	30.3	160	35.3	3	23.1
Marmara	29	12.6	24	5.3	3	23.1
Central Anatolia	22	9.5	12	2.6	1	7.7
Mediterranean	9	3.9	16	3.5	0	-
Aegean	6	2.6	13	2.9	3	23.1
Black Sea	5	2.2	14	3.1	1	7.7
Abroad	5	2.2	3	0.7	0	-
Mother Tongue						
Kurdish	148	64.1	358	79.0	5	38.5
Turkish	52	22.5	48	10.6	8	61.5
Zazaki	11	4.8	13	2.9	0	-
Kurmanji	8	3.5	17	3.8	0	-
Arabic	3	1.3	4	0.9	0	-
Other	2	0.9	3	0.7	0	-
Marital Status						
Single	162	70.1	270	59.6	12	92.3
Married	63	27.3	178	39.3	1	7.7
Separated	3	1.3	3	0.7	0	-
Education Status						
Child	1	0.4	2	0.4	0	-

Table 39 continued

	Women	%*	Men	%*	LGBTQ+	%*
No diploma	29	12.6	27	6.0	0	-
Graduated primary school	18	7.8	62	13.7	0	-
Graduated middle school	13	5.6	78	17.2	2	15.4
Graduated high school	99	42.9	178	39.3	8	61.5
University/Undergraduate	62	26.8	85	18.8	2	15.4
Masters/Doctorate graduate	5	2.2	12	2.6	1	7.7
No information	4	1.7	9	2.0	0	-

*Column percentages

LGBTQ+ individuals have significantly higher levels of education. The percentage of women without a diploma is higher.

1.2. Torture and Ill-Treatment

In 2024, 72.3% of the women who applied to the HRFT were LGBTQ+ individuals, all of whom had been subjected to torture in the same year. 92.3% of LGBTQ+ individuals had their most recent detention in the same year. 22.5% of women and 30.8% of LGBTQ+ individuals reported that they were tortured during unregistered detentions. All unregistered detentions of LGBTQ+ individuals took place during social protests. Along with the changing face of torture, the use of torture in open spaces such as streets/open areas for the purpose of punishing, intimidating, and subjugating, without even the need to bring it to justice, has led to an increase in detentions defined as unregistered.

Table 40: Distribution of the most frequent situations in which torture is experienced, by sexual orientation and gender identity

	Women	%*	Men	%*	LGBTQ+	%*
Status						
Official detention	179	77.5	365	80.6	9	69.2
Unregistered detention	52	22.5	88	19.4	4	30.8
Unregistered detentions						
Public protests	27	51.9	54	62.8	4	100.0
Abduction/Disappearance	1	1.9	9	10.5	0	0
Imprisonment at home/living space	6	11.5	1	1.2	0	0
Home/living space raid	16	30.8	20	23.3	0	0
Other	2	3.8	2	2.3	0	0

*Column percentages

1.3. Torture During the Most Recent Detention

93% of women applicants and all LGBTQ+ applicants reported having been tortured during their most recent detention.

24.4% of women and 53.8% of LGBTQ+ individuals applied to the HRFT within 1–7 days of their detention. Applications within the first 24 hours were significantly higher among LGBTQ+ individuals (23.1%).

LGBTQ+ individuals are more frequently detained in the street/open areas. This rate is 44.7% among women. Only one LGBTQ+ individual was detained from home, compared to 39.0% of women and 42.3% of men. All groups were most frequently detained between 08:00 and 18:00.

Table 41: Conditions of the most recent detention by sexual orientation and gender identity						
	Women	%*	Men	%	LGBTQ+	%*
Place of the most recent detention						
Home	89	38.5	189	41.7	1	7.7
Street/Open space	102	44.2	208	45.9	12	92.3
Organization (magazine, association)	5	2.2	2	0.4	0	-
Workplace	2	0.9	11	2.4	0	-
Official institution (airport, etc.)	16	6.9	21	4.6	0	-
Other	11	4.8	16	3.5	0	-
Unknown	6	2.6	6	1.3	0	-
Time of the most recent detention						
08:00-18:00	108	46.8	209	46.1	6	46.2
18:00-24:00	34	14.7	61	3.5	6	46.2
24:00-08:00	75	32.5	151	33.3	1	7.7
Unknown	14	6.1	32	7.1	0	-
Reason for the most recent detention						
Political	200	86.6	416	91.8	6	46.2
Judicial	0	-	6	1.3	2	15.4
Sexual identity/orientation	1	0.4	0	-	1	7.7
Due to asylum	0	-	2	0.4	0	-
Ethnic reasons	0	-	1	0.2	0	-
Due to relatives	18	7.8	7	1.5	0	-
Other	0	-	4	0.9	0	-

Table 41 continued

	Women	%*	Men	%	LGBTQ+	%*
Place of Torture						
Police	127	55.0	266	58.7	6	46.2
Police station	13	5.6	22	4.9	6	46.2
Gendarmerie Command	6	2.6	24	5.3	0	-
Gendarmerie station	8	3.5	32	7.1	0	-
In-vehicle	73	31.6	135	29.8	6	46.2
Street open space	89	38.5	174	38.4	10	76.9
Own premises	51	22.1	112	24.7	1	7.7

*Column percentages

While all groups reported political reasons as the most common reason for detention, one LGBTQ+ person stated that it was due to their sexual orientation/gender identity.

76.9% of LGBTQ+ individuals reported being tortured in streets or other open areas, and 46.2% reported being tortured in a vehicle. Although it is legally mandatory for detention vehicles to have cameras, the fact that the footage is not shared due to broken cameras or other reasons makes it difficult to document the torture that takes place there.

82.7% of women and 84.6% of LGBTQ+ individuals stated that they were subjected to both physical and psychological torture.

Men report verbal abuse at a higher rate. While witnessing and torture in front of relatives were the most frequently reported coercive behaviors among women and LGBTQ+ individuals, witnessing and blindfolding were the most frequently reported among men. In terms of physical interventions, rough beating and tight handcuffing were most frequently reported. Physical interventions, rough beating, and tight handcuffing were more frequently applied to LGBTQ+ individuals than to women and men. Attempted strangulation and hair pulling were most frequently reported by LGBTQ+ individuals and women. Although reported more frequently by men, foot-whipping (falaka) was also reported by women. Unlike in previous years, the rate of injury from plastic bullets was higher among women and LGBTQ+ individuals.

Among HRFT applications, the rate of physical intervention is highest among LGBTQ+ individuals. This is also the case regarding exposure to the most severe methods of torture. This outcome can be explained, among other factors, by the increasing hate speech and targeting of LGBTQ+ individuals by public authorities in recent years, as well as the severe attacks on the activities, celebrations, or protests of women and LGBTQ+ individuals, particularly the Pride Parade.

Table 42: Torture methods applied during the most recent detention, by sexual orientation and gender identity*

Torture Methods	Women	%*	Men	%*	LGBTQ+	%*
Insult Threat						
Insult	163	70.6	362	79.9	10	76.9
Threatening to kill	26	11.3	140	30.9	0	-
Mock execution	4	1.7	62	13.7	0	-
Verbal death threat	18	7.8	92	20.3	0	-
Other threats	3	1.3	4	0.9	0	-
Threats directed to the person	52	22.5	148	32.7	2	15.4
Threats against relatives	30	13.0	68	15.0	1	7.7
Other insult	1	0.4	2	0.4	0	0
Coercive behaviors						
Blindfold	6	2.6	103	22.7	0	0
Forcing compliance to meaningless demands	28	12.1	60	13.2	1	7.7
Witnessing	89	38.5	167	36.9	8	61.5
Torture in front of relatives	53	22.9	96	21.2	5	38.5
Loud music	11	4.8	51	11.3	1	7.7
Forcing one to spy	25	10.8	66	14.6	0	0
Other coercive behaviors	1	0.4	1	0.2	0	0
Physical interventions						
Physical interventions	130	56.3	334	73.7	12	92.3
Rough beating	122	52.8	321	70.9	12	92.3
Hitting a single point	1	0.4	34	7.5	0	0
Whipping hosing	1	0.4	13	2.9	0	0
Foot-whipping (falaka)	2	0.9	43	9.5	0	0
Testicle twisting	0	0	48	10.6	0	0
Other physical interventions	1	0.4	2	0.4	0	0
Tight handcuffing	74	32	130	28.7	6	46.2
Hair pulling	16	6.9	10	2.2	2	15.4
Attempted strangulation	9	3.9	23	5.1	1	7.7
Firearm bullet injury	8	3.5	12	2.6	1	7.7
Firearm	1	0.4	1	0.2	0	0
Plastic bullet	6	2.6	5	1.1	1	7.7
Pepper spray	2	0.9	2	0.4	1	7.7

Table 42 continued

Torture Methods	Women	%*	Men	%*	LGBTQ+	%*
Forced medical intervention	4	1.7	2	0.4	0	0
Excessive physical exertion	3	1.3	19	4.2	0	0
Positional torture						
Reverse handcuffing	86	37.2	168	37.1	5	38.5
Handcuffs on hands and feet	0	0	3	0.7	0	0
Hanging	2	0.9	78	17.2	0	0
Flat hanging	1	0.4	45	9.9	0	0
Hanging from the feet	0	0	12	2.6	0	0
Palestinian hanging	1	0.4	58	12.8	0	0
Incomplete hanging	0	0	8	1.8	0	0
Standing for long periods	11	4.8	49	10.8	1	7.7
Other positional tortures	2	0.9	14	3.1	1	7.7
Exposure to physical factors						
Exposure to cold temperatures	24	10.4	102	22.5	1	7.7
Pressurized cold water	13	5.6	101	22.3	0	0
Deprivation of air	15	6.5	18	4	0	0
Electricity	2	0.9	77	17	0	0
Burning	0	0	6	1.3	0	0
Cigarette burns	0	0	4	0.9	0	0
Other methods of burning	0	0	2	0.4	0	0
Other physical factors	0	0	4	0.9	0	0
Exposure to chemical factors						
Eye irritants	27	11.7	43	9.5	2	15.4
Sexual torture						
Verbal sexual harassment	66	28.6	214	47.2	3	23.1
Sexual profanity	59	25.5	203	44.8	3	23.1
Threat of sexual assault	19	8.2	40	8.8	1	7.7
Other verbal harassment	3	1.3	1	0.2	0	0
Rectal/vaginal search	1	0.4	6	1.3	0	0
Strip search/Undressing	23	10	100	22.1	0	0
Forced rubbing	13	5.6	28	6.2	1	7.7
Rape	0	0	15	3.3	0	0
Other sexual torture	9	3.9	4	0.9	0	0

Table 42 continued

Torture Methods	Women	%*	Men	%*	LGBTQ+	%*
Failure to meet basic needs						
Isolation	21	9.1	105	23.2	1	7.7
Food and drink restrictions	76	32.9	187	41.3	6	46.2
Sleep deprivation	23	10	87	19.2	0	0
Denial of access to healthcare	47	20.3	133	29.4	2	15.4
Cleaning and hygiene	68	29.4	129	28.5	3	23.1
Limited housing space	38	16.5	85	18.8	3	23.1
Other basic needs	5	2.2	0	0	1	7.7

*One person may have been subjected to more than one form of torture; percentage calculations were made separately based on the total number of women, LGBTQ+ individuals, and men.

Sexual violence against women is a widely known and documented form of torture; however, it is noteworthy that there were no reports of rape against women in this study, and only male prisoners reported being raped. It is understood that rape against men is used not only as a physical torture method but also as a humiliating one that targets the social identity of ‘masculinity’. The perpetrator attacks not only the body but also the victim’s last remaining element of identity, namely his masculinity. When evaluated in the context of political detainees and ‘terror’ prisoners detained between 1990 and 1995 in particular, it can be said that this situation is a systematic practice of state violence aimed at breaking the will of prisoners. The reasons for not reporting sexual violence against women can be linked to both the fear of stigmatization and structural obstacles such as applications not being accepted or documented. Therefore, the fact that sexual torture against men has been documented does not mean that sexual torture against women does not exist, but rather that it has been made invisible.

1.4. Examinations and Legal Processes

During the most recent detention, 6.1% of women, 36.7% of men, and 11.1% of LGBTQ+ individuals did not undergo an initial examination. The rate of missed examinations was significantly higher among men across the initial, interim, and final examinations.

While initial examinations were most frequently conducted in hospitals, eight women and five men reported being examined outside of healthcare facilities. For the final examinations, the rate of examinations conducted outside healthcare facilities was significantly higher among men (7.9%).

It was stated that health examinations should be conducted in health institutions in cases of detention, release, and transfer, and that examinations cannot be conducted in places that do not provide an environment where the person’s privacy cannot

be protected and where they cannot feel free, according to the Istanbul Protocol. Conducting medical examinations outside healthcare facilities under the supervision of law enforcement undermines the sense of trust in the persons being examined, fails to ensure the privacy of the person being examined, and prevents the physician from maintaining their professional independence and making an independent medical decision. Medical evaluations conducted in this manner constitute a violation of the ethical and scientific principles of the medical profession and are also considered a crime in legal terms. The questions on the removal of law enforcement during examinations, obtaining informed consent, listening to complaints, taking a medical history, and conducting a systematic examination were evaluated in terms of SO/GI based on the “no” responses given at all stages of the examinations.

Law enforcement officers were not removed during women’s initial (47.5%), interim (27.4%), and final (47.5%) examinations. The presence of law enforcement during the final examinations was very high across all three groups. The rates of obtaining informed consent during initial examinations were 5% for women and 33% for LGBTQ+ individuals, and these rates were even lower during the final examinations. Physicians’ training should emphasize the legal requirement to conduct examinations without law enforcement present and to obtain informed consent.

Systemic initial examinations were significantly less common among women (5.6%). During detention, 83.7% of women and 88.9% of LGBTQ+ individuals reported having access to a lawyer.

Table 43: Quality of medical examinations during the most recent detention and legal support						
	Women	%*	Men	%*	LGBTQ+	%*
Were law enforcement officers removed during the initial examination?						
Yes	56	31.3	52	14.2	6	66.7
Partially	10	5.6	6	1.6	0	-
No	85	47.5	146	40.0	1	11.1
Doesn't remember/Doesn't know	10	5.6	16	4.4	0	-
Were law enforcement officers removed during the interim examination?						
Yes	24	13.4	14	3.8	0	-
Partially	6	3.4	4	1.1	0	-
No	49	27.4	81	22.2	0	-
Doesn't remember/Doesn't know	6	3.4	16	4.4	0	-
Were law enforcement officers removed during the exit examination?						
Yes	47	26.3	46	12.6	4	44.4
Partially	11	6.1	4	1.1	0	-

Table 43 continued

	Women	%*	Men	%*	LGBTQ+	%*
No	85	47.5	220	60.3	3	33.3
Doesn't remember/Doesn't know	11	6.1	20	5.5	0	-
Were complaints taken during the initial examination?						
Yes	20	11.2	34	9.3	4	44.4
Partially	32	17.9	37	10.1	3	33.3
No	100	55.9	138	37.8	1	11.1
Doesn't remember/Doesn't know	7	3.9	11	3.0	0	-
Were complaints taken during the exit examination?						
Yes	19	10.6	32	8.8	1	11.1
Partially	24	13.4	29	7.9	5	55.6
No	97	54.2	217	59.5	2	22.2
Doesn't remember/Doesn't know	12	6.7	14	3.8	0	-
Was a systemic examination performed during the initial examination?						
Yes	10	5.6	22	6.0	2	22.2
Partially	6	3.4	13	3.6	3	33.3
No	138	77.1	175	47.9	3	33.3
Doesn't remember/Doesn't know	7	3.9	11	3.0	0	-
Was a systemic examination performed during the exit examination?						
Yes	6	3.4	20	5.5	0	-
Partially	9	5.0	13	3.6	2	22.2
No	128	71.5	246	67.4	6	66.7
Doesn't remember/Doesn't know	11	6.1	14	3.8	0	-
Was there a lawyer present during detention?						
Yes	144	80.4	193	52.9	8	88.9
No	24	13.4	159	43.6	1	11.1
Doesn't remember/Doesn't know	4	2.2	7	1.9	0	-
Detention followed by arrest		-		-		-
Arrested	99	55.3	255	69.9	1	11.1
Released without appearing before the prosecutor	40	22.3	50	13.7	6	66.7
Released after appearing before the prosecutor	32	17.9	55	15.1	2	22.2
Doesn't remember/Doesn't know	2	1.1	2	0.5	0	-

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

The section on “Medical examinations during detention” addresses these issues, emphasizing that medical evaluations that do not comply with the minimum standards and ethical principles defined in the İstanbul Protocol will lead to incomplete or inaccurate results and prevent the detection of torture. This situation also causes additional trauma to those subjected to torture, disrupts treatment processes, and prevents those responsible from being brought to justice, which paves the way for impunity. It is therefore very important that physicians are informed and warned about their legal responsibilities in this regard.

The arrest rate after detention is 55.3% for women, while this rate is significantly higher for men (69.9%). The arrest rate after detention is lowest among LGBTQ+ individuals (11.1%). 66.7% of LGBTQ+ individuals were released without appearing before the prosecutor, and 22.2% were released after the prosecutor/court hearing. This situation illustrates that torture and ill-treatment against LGBTQ+ individuals, as well as practices of punishment and arbitrariness carried out without any referral to the judiciary, are particularly prevalent.

One in four women who reported torture and ill-treatment during detention stated that they were tortured during their interrogation at the court or prosecutor’s office. This rate is significantly lower among men (15.1%) and higher among LGBTQ+ individuals (33.3%). The presence of lawyers during the detention process is thought to have an effect on these differences.

1.5. Physical Complaints, Findings, and Diagnoses

The number of complaints reported by women and men in their applications was evaluated. The average number of physical complaints was 5.9±5.1 for women, 7.1±6.3 for men, and 6.1±4.8 for LGBTQ+ individuals, and the difference between them was significant. Although not statistically significant, the average number of psychological complaints was 4.5±3.5 for women, 4.6±3.1 for men, and 3.0±2.0 for LGBTQ+ individuals. Compared to the general population, it is noteworthy that male applicants sought help for more psychological complaints. This may be associated with the nature of the violence experienced by male prisoners, particularly the severe psychological consequences of humiliating and sexual forms of torture. Furthermore, the fact that men, who constitute a significant proportion of political prisoners, are subjected to systematic torture during prolonged detention and prison processes may also have increased the intensity of psychological complaints. On the other hand, the lower average observed among LGBTQ+ individuals may not indicate that they experience less violence, but rather that psychological complaints are less frequently reported due to exclusion or feelings of insecurity.

The most frequently reported complaints among women, men, and LGBTQ+ individuals are presented in the table below. Consistent with LGBTQ+ individuals being more frequently subjected to physical interventions, shoulder pain, bruising, abrasions, and bruises were reported as the top four complaints. Psychological complaints were detected more frequently in the top 15 complaints among both women and men.

Table 44: Distribution of physical complaints reported by applicants, by SO/GI

Complaints	Women	%*	Men	%*	LGBTQ+	%*
General-Physical Complaints						
Fatigue, weakness	76	32.9	155	34.2	2	15.4
Headache	60	26.0	121	26.7	1	7.7
Heartburn	52	22.5	113	24.9	1	7.7
Neck pain	51	22.1	86	19.0	4	30.8
Shoulder pain	51	22.1	79	17.4	8	61.5
Stomach, abdominal pain	47	20.3	119	26.3	0	-
Visual impairment	45	19.5	160	35.3	3	23.1
Bruises, contusions	32	13.9	48	10.6	7	53.8
Cough	30	13.0	80	17.7	1	7.7
Knee pain	28	12.1	61	13.5	2	15.4
Shortness of breath	26	11.3	59	13.0	1	7.7
Numbness, tingling	24	10.4	46	10.2	0	-
Lower back pain	23	10.0	73	16.1	1	7.7
Palpitations	23	10.0	44	9.7	1	7.7
Dizziness	22	9.5	51	11.3	1	7.7
Loss of appetite	21	9.1	26	5.7	1	7.7
Acid reflux	19	8.2	32	7.1	0	-
Itching	18	7.8	34	7.5	0	-
Back pain	18	7.8	31	6.8	5	38.5
Frequent urination	18	7.8	76	16.8	0	-
Decayed, missing teeth	18	7.8	65	14.3	2	15.4
Leg pain	17	7.4	37	8.2	3	23.1
Quick fatigue	16	6.9	49	10.8	0	-
Hand and wrist pain	16	6.9	18	4.0	2	15.4
Irregular bleeding	16	6.9	0	-	0	-
Sore throat and itching	16	6.9	35	7.7	0	-
Weight loss, weight reduction	14	6.1	18	4.0	0	-
Lacrimation, tearing	14	6.1	37	8.2	2	15.4
Eye redness, itching	14	6.1	32	7.1	1	7.7
Toothache	14	6.1	46	10.2	2	15.4
Menstrual irregularity	13	5.6	0	-	0	-
Decreased hearing	13	5.6	53	11.7	0	-

Table 44 continued

Complaints	Women	%*	Men	%*	LGBTQ+	%*
Bloating, indigestion	11	4.8	58	12.8	0	-
Pain, burning sensation in urine	11	4.8	41	9.1	1	7.7
Psychological Complaints						
Sleep disorders	75	32.5	150	33.1	3	23.1
Irritability	49	21.2	80	17.7	1	7.7
Desire to cry	26	11.3	15	3.3	1	7.7
Nightmares	25	10.8	23	5.1	1	7.7
Distress	50	21.6	108	23.8	2	15.4
Inability to enjoy life	29	12.6	39	8.6	0	-

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

When complaints were queried by system, women most frequently reported mental, musculoskeletal (MSK), and dermatological complaints. LGBTQ+ individuals mostly reported MSK, dermatological, and mental complaints, respectively.

In the 685 applications in which physical examinations were conducted (225 women, 13 LGBTQ+ individuals, 447 men), the most common findings in women were musculoskeletal (MSK), dermatological, and digestive system findings, whereas in LGBTQ+ individuals, the most common findings were dermatological, MSK, and ENT findings.

Table 45: Distribution of physical findings by system and SO/GI in the applications

Findings	Women	%*	Men	%*	LGBTQ+	%*
Dermatological	103	45.8	240	53.7	10	76.9
Musculoskeletal	119	52.9	229	51.2	7	53.8
Neurology	34	15.1	61	13.6	4	30.8
Cardiovascular	19	8.4	67	15.0	2	15.4
Respiratory	15	6.7	63	14.1	0	-
Digestion	73	32.4	145	32.4	2	15.4
Endocrine	10	4.4	7	1.6	0	-
Urogenital	29	12.9	64	14.3	0	-
Eye	40	17.8	133	29.8	2	15.4
ENT	54	24.0	150	33.6	7	53.8
Teeth	64	28.4	179	40.0	3	23.1

*Calculated by dividing the total number of women/men/LGBTQ+ individuals exposed to torture.

In women, scar tissue (24.9%), pain and limited shoulder movement (20%), pain and limited back (18.7%) and neck (18.6%) movement were most commonly observed. In LGBTQ+ individuals, dermatological findings related to physical injury were more frequently observed.

Table 46: Distribution of physical findings, by SO/GI

Findings	Women	%*	Men	%*	LGBTQ+	%*
Scar tissue	56	24.9	141	31.5	5	38.5
Pain and limited range of motion in shoulder movements	45	20.0	88	19.7	1	7.7
Pain and stiffness in back movements	42	18.7	72	16.1	3	23.1
Pain and limited range of motion in neck movements	41	18.2	64	14.3	8	61.5
Bruise (contusion/hematoma)	41	18.2	77	17.2	2	15.4
Epigastric tenderness	40	17.8	95	21.3	0	-
Muscle pain and tenderness	36	16.0	80	17.9	2	15.4
Abdominal tenderness	31	13.8	27	6.0	0	-
Hyperemia in the throat	30	13.3	60	13.4	8	61.5
Abrasion (scratch)	30	13.3	88	19.7	1	7.7
Missing tooth	25	11.1	95	21.3	3	23.1
Increase/decrease in bowel sounds	22	9.8	43	9.6	2	15.4
Decayed tooth	21	9.3	58	13.0	1	7.7
Superficial sensory disorder	20	8.9	14	3.1	3	23.1
Pigmentation	19	8.4	23	5.1	2	15.4
Pain and limited range of motion in knee movements	18	8.0	42	9.4	3	23.1
Laseque sign	18	8.0	15	3.4	0	-
Vision impairment	17	7.6	79	17.7	0	-
Filled tooth	17	7.6	39	8.7	0	-
Conjunctival hyperemia	15	6.7	47	10.5	0	-
Costovertebral angle tenderness	15	6.7	45	10.1	0	-
Pain and stiffness in the wrist and fingers	14	6.2	40	8.9	0	-
Plugged ears	13	5.8	24	5.4	4	30.8
Hypertension	11	4.9	27	6.0	1	7.7
Eye burning, stinging sensation	11	4.9	24	5.4	0	-
Other skin findings	10	4.4	11	2.5	1	7.7
Positive Phalen's test	10	4.4	141	31.5	5	38.5

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

The average number of diagnoses found for the applicants was 5.1 for LGBTQ+ individuals, 4.4 for women, and 5.3 for men, while the rate of diagnoses causally linked to torture was 66.2% for LGBTQ+ individuals, 59.1% for women, and 61.4% for men. While 57.5% of the diagnoses in women and 66.1% of the diagnoses in LGBTQ+ individuals were temporally consistent with the most recent episode of torture, this rate was 58.9% among men.

Table 47: Causal relationship between torture and ICD-10 codes, by SO/GI						
Causality	Women	%*	Men	%*	LGBTQ+	%*
Undetermined	135	14.5	379	16.9	3	4.6
No relationship	245	26.4	489	21.8	19	29.2
One of the factors	194	20.9	571	25.4	4	6.2
Triggered it	177	19.1	455	20.3	7	10.8
Single factor	177	19.1	352	15.7	32	49.2

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

Torture and ill-treatment were found to be the sole factor in 49.2% of the diagnoses received by LGBTQ+ individuals and in 19.1% of the diagnoses received by women.

Table 48: Diagnoses where torture and ill-treatment were the sole factor, by SO/GI						
	Women		Men		LGBTQ+	
	n	%*	n	%*	n	%*
Multiple superficial injuries to the wrist and hand	14	6.8	19	4.6	3	27.3
Multiple superficial injuries to the forearm	11	5.3	8	1.9	3	27.3
Shoulder joint sprain and strain	13	6.3	7	1.7	1	9.1
Shoulder and upper arm contusion	7	3.4	10	2.4	2	18.2
Multiple superficial injuries to the calf	6	2.9	12	2.9	1	9.1
Multiple superficial injuries to the shoulder and upper arm	7	3.4	9	2.2	2	18.2
Knee contusion	8	3.9	7	1.7	2	18.2
Tension headache	5	2.4	10	2.4	0	-
Eyelid and periorbital contusion	2	1.0	13	3.1	0	-
Superficial injury to the nose	0	-	12	2.9	1	9.1
Wrist sprains and strains	6	2.9	6	1.4	1	9.1
Myalgia	4	1.9	8	1.9	0	-
Thigh contusion	8	3.9	4	1.0	0	-
Fracture of the nasal bones	1	0.5	9	2.2	0	-

Table 48 continued

	Women		Men		LGBTQ+	
	n	%*	n	%*	n	%*
Shoulder and upper arm superficial injury	2	1.0	8	1.9	0	-
Other superficial injuries of the posterior thoracic wall	3	1.5	5	1.2	1	9.1
Other superficial injuries of the anterior thoracic wall	0	-	7	1.7	1	9.1
Wrist and hand superficial injury	2	1.0	6	1.4	0	-
Other superficial injuries of the forearm	3	1.5	4	1.0	0	-
Superficial injury to the wrist and hand, unspecified	5	2.4	0	-	2	18.2
Anxiety disorders, other	1	0.5	5	1.2	0	-
Radial nerve lesion	2	1.0	2	0.5	2	18.2
Superficial injury to the lip and oral cavity	0	-	6	1.4	0	-
Multiple superficial head injuries	0	-	5	1.2	1	9.1
Neck contusion	0	-	6	1.4	0	-
Multiple superficial injuries to the neck	1	0.5	5	1.2	0	-
Superficial injury to the calf	1	0.5	5	1.2	0	-
Contusion of other and unspecified parts of the calf	4	1.9	2	0.5	0	-
Acute atopic conjunctivitis	3	1.5	2	0.5	0	-
Headache	1	0.5	4	1.0	0	-
Superficial hairy skin injury	0	-	5	1.2	0	-
Eyelid and periorbital injuries	1	0.5	4	1.0	0	-
Thoracic contusion	0	-	5	1.2	0	-
Abdominal wall contusion	0	-	5	1.2	0	-
Superficial injury to the forearm	0	-	5	1.2	0	-
Hand contusion	1	0.5	4	1.0	0	-
Wrist and other superficial injuries of the hand	1	0.5	4	1.0	0	-

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

ICD-10 diagnoses for which torture and ill-treatment are the sole contributing factors represent physical traumas that lead to injuries.

1.6. Psychological Findings and Diagnoses

In the evaluation conducted by the admitting physicians, at least one mental health complaint was recorded in 64.1% of women and 53.8% of LGBTQ+ individuals, while this rate was 60.5% among male applicants. Table 49 presents the mental health complaints recorded by admitting physicians at the HRFT, by sexual orientation and gender identity.

Table 49: Reported mental health complaints, by SO/GI						
	Women		Men		LGBTQ+	
	n	%*	n	%*	n	%*
Sleep disorders	75	32.5	150	33.1	3	23.1
Anxiety	70	30.3	129	28.5	0	-
Distress	50	21.6	108	23.8	2	15.4
Irritability	49	21.2	80	17.7	1	7.7
Fear	42	18.2	65	14.3	0	-
Forgetfulness	37	16.0	78	17.2	0	-
Nervousness	36	15.6	45	9.9	1	7.7
Disturbance from the police	32	13.9	70	15.5	4	30.8
Sense of a restricted future	31	13.4	65	14.3	0	-
Inability to enjoy life	29	12.6	39	8.6	0	-
Anger outbursts	26	11.3	44	9.7	1	7.7
Desire to cry	26	11.3	15	3.3	1	7.7
Nightmares	25	10.8	23	5.1	1	7.7
Flashback	21	9.1	61	13.5	1	7.7
Concentration disorder	19	8.2	38	8.4	2	15.4
Adjustment difficulties	19	8.2	94	20.8	0	-
Startle response	18	7.8	21	4.6	2	15.4
Stay alert	15	6.5	12	2.6	1	7.7
Sense of alienation	14	6.1	59	13.0	0	-
Withdrawal from people	12	5.2	25	5.5	1	7.7
Intrusive recollection	6	2.6	10	2.2	0	-
Loss of sexual desire	4	1.7	18	4.0	0	-
Hypervigilance	3	1.3	5	1.1	0	-
Suicidal thoughts	1	0.4	6	1.3	0	-
Emotional numbness	1	0.4	1	0.2	0	-

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

46.2% of LGBTQ+ individuals, 33.3% of women, and only 20.9% of men were evaluated by a psychiatrist (p<0.005).

Table 50: Distribution of psychological findings related to torture, by SO/GI						
Psychological Symptoms	Women	%	Men	%	LGBTQ+	%*
Post-Traumatic Stress Symptoms	59	76.6	88	92.6	5	83.3
• Traumatic event	59	76.6	88	92.6	5	83.3
• Signs of re-experiencing	39	50.6	52	54.7	1	16.7
• Avoidance symptoms	38	49.4	44	46.3	3	50.0
• Negative cognition and mood	44	57.1	53	55.8	3	50.0
• Signs of excessive arousal	47	61.0	69	72.6	3	50.0
• Dissociative symptoms	6	7.8	8	8.4	0	-
Anxiety	53	68.8	66	69.5	4	66.7
Depression	45	58.4	58	61.1	3	50.0
Obsession	10	13.0	8	8.4	0	-
Manic	1	1.3	1	1.1	0	-
Psychotic	0	-	4	4.2	0	-
Cognitive	6	7.8	16	16.8	0	-
Somatic	0	-	2	2.1	0	-
Other	1	1.3	2	2.1	0	-

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

Based on SO/GI categories, the most commonly identified psychological findings across all gender identities were symptoms associated with post-traumatic stress clusters, followed by symptoms related to anxiety and depression.

The most common diagnoses made by mental health professionals according to DSM-V diagnostic criteria are presented in Table 51. PTSD is the most common mental illness in both women and men. In women, it is followed by adjustment disorder, acute stress disorder, and major depressive disorder, while in men, it is followed by adjustment disorder. Only major depressive disorder was identified in LGBTQ+ individuals.

Table 51: Mental diagnoses reported, by SO/GI						
	Women (n=77)		Men (n=95)		LGBTQ+ (n=6)	
	n	%*	n	%*	n	%*
PTSD	29	37.7	28	29.5	0	-
Adjustment Disorder	8	10.4	20	21.1	0	-
Acute Stress Disorder	8	10.4	8	8.4	0	-

Table 51 continued

	Women (n=77)		Men (n=95)		LGBTQ+ (n=6)	
	n	%*	n	%*	n	%*
Major Depressive Disorder, Recurrent	8	10.4	3	3.2	3	50.0
Unspecified Anxiety Disorder	3	3.9	8	8.4	0	-
Obsessive-Compulsive Disorder	5	6.5	6	6.3	0	-
Major Depressive Disorder, Single Episode	4	5.2	6	6.3	0	-
Generalized Anxiety Disorder	1	1.3	3	3.2	0	-
Persistent Depressive Disorder	2	2.6	2	2.1	0	-
PTSD with delayed onset	1	1.3	2	2.1	0	-
Panic Disorder	2	2.6	1	1.1	0	-
Social Anxiety Disorder	2	2.6	0	-	0	-
Unspecified Depressive Disorder	1	1.3	1	1.1	0	-
Bipolar II	2	2.6	0	-	0	-

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

1.7. Treatment Processes

When evaluating the applicants’ physical treatment process; compliance with physical treatment was similar in terms of SO/GI, and when applications with no diseases related to the most recent torture process were included, the completion rate of physical treatments was 76.9% for LGBTQ+ individuals, 73.6% for women, and 76.8% for men. The treatment process was interrupted for 3 women and 1 man because they were re-arrested before a diagnosis could be made.

Table 52: Physical treatment process, by SO/GI

	Women (n=206)		Men (n=415)		LGBTQ+ (n=11)	
	n	%*	n	%*	n	%*
Treatment completed	141	61.0	306	67.5	10	76.9
No disease related to the most recent torture/detention was detected	29	12.6	42	9.3	0	-
Diagnostic procedures are ongoing	5	2.2	6	1.3	0	-
Treatment ongoing	25	10.8	57	12.6	0	-
Treatment was interrupted	27	11.7	36	7.9	1	7.7
Did not want to be examined	4	1.7	6	1.3	2	15.4

*Calculated by dividing the total number of women/men/LGBTQ+ individuals subjected to torture.

The rate of refusal of psychiatric examination among LGBTQ+ individuals is significantly low. No illness related to the most recent torture/detention was detected in 12.6% of women and 9.3% of men. Three women and seven men were found to have permanent disabilities due to torture.

Table 53: Distribution of treatment methods applied, by SO/GI						
	Women (n=206)		Men (n=415)		LGBTQ+ (n=11)	
	n	%*	n	%*	n	%*
Daily life recommendation	139	60.2	266	58.7	11	84.6
Medication treatment	133	57.6	302	66.7	8	61.5
Psychopharmacotherapy	28	12.1	34	7.5	6	46.2
Social support	25	10.8	29	6.4	3	23.1
Eyeglasses	24	10.4	79	17.4	1	7.7
Exercise	19	8.2	24	5.3	3	23.1
Physical therapy	8	3.5	23	5.1	1	7.7
Psychotherapy	8	3.5	11	2.4	1	7.7
Surgical intervention	7	3.0	17	3.8	0	-
Dental treatment	3	1.3	8	1.8	0	-
Other treatment	2	0.9	1	0.2	0	-
Orthopedic device	1	0.4	5	1.1	0	-
Plaster/cast	0	-	1	0.2	0	-
Hearing aid	0	-	1	0.2	0	-

*Percentages are calculated separately for women, LGBTQ+ individuals, and men based on the number of applications.

LGBTQ+ individuals received significantly higher levels of daily life recommendations compared to women and men. Although not statistically significant, medication use was higher among men, whereas psychotherapy sessions were significantly lower compared with women and LGBTQ+ individuals ($p<0.05$). The levels of non-recommendation of treatment related to torture processes were similar among all three groups.

One in every 7-8 applicants did not receive treatment. Women received psychopharmacotherapy more frequently than men, while LGBTQ+ individuals received psychotherapy more frequently. Men had a greater need for surgical intervention and physical therapy.

SOCIAL ASSESSMENT OF TORTURE SURVIVORS

Since 1990, the Human Rights Foundation of Turkey has adopted a holistic treatment approach to support the full recovery of all individuals who apply stating that they have been subjected to torture or ill-treatment, as well as the relatives of those who have been subjected to such treatment. Detailed social assessments are conducted for individuals who have been subjected to torture and ill-treatment as well as their relatives. The potential problems that experiences such as torture, imprisonment, and migration may generate within individuals' social support systems are identified. By intervening at key points of interaction, contributions are made to solution-oriented processes aimed at fostering positive change for the applicant and their social environment.

1. Social Effects of Torture

Torture is an extraordinary, uncontrollable, and unpredictable experience that negatively impacts people's lives and well-being. The stress caused by these events disrupts the individual's biopsychosocial functioning, damaging their ability to adapt, and threatening their mental, physical, and social integrity. Torture not only damages the integrity of the survivors but also damages their social networks at various levels and their relationships with these networks.

From a social work perspective, the act of torture and its effects are extensive and profound. In addition to torture itself, experiences such as detention, prolonged imprisonment, migration, and displacement create readjustment challenges that further complicate the trauma. A person who has experienced torture may become isolated for various reasons, including difficulties in reintegrating into the family or the community, a diminished sense of satisfaction from friendships and other close relationships, the inability to continue their education, disruptions in work life, the attitudes of others at the local level toward the incident, and fears regarding their own safety. These factors, in turn, make it difficult for individuals to reestablish healthy connections with the systems surrounding them.

The harms that result from torture bring the concept of need to the forefront. In social work, the concept of human needs is approached in a way that highlights the importance of considering both the broader socio-economic, cultural, and political context and individuals' subjective experiences and evaluations (Hatipoğlu Eren, 2016).²¹ Social work assessments and practices at HRFT are carried out within this framework; interventions are designed to ensure that the necessary forms of support are aligned with one another so that individuals can manage and sustain their daily lives. Rather than focusing solely on the applicant's symptoms, social work promotes health in its broadest sense by centering the individual's place in society

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and by offering a holistic perspective through the ‘person-in-environment’ approach.

2. Social Work at the HRFT

The circumstances of the torture survivors, their family members, or close associates living with them are assessed in terms of access to shelter, security, economic sufficiency, and health services. Based on the needs identified, coordination is carried out regarding in-kind/cash assistance, as well as related advisory, referral, reporting, monitoring, and follow-up activities involving public institutions, the private sector, and civil society organizations. In addition to addressing basic needs, attention is also given to human needs and rights, such as fostering individuals’ potential and creativity, developing their talents, and providing opportunities for new interests and self-expression. Care is taken to ensure that the services offered support not only the social life of individuals but also their physical and mental well-being. Social support resources are mobilized, and efforts are made to restore healthy social connections. Within this framework, assessments arising from individual and family-focused social work are shared with the treatment team, and decisions regarding social work-specific interventions are made collaboratively with the applicants.

In 2024, social workers at HRFT Representative Offices conducted regular meetings with applicants who reported having been subjected to torture and ill-treatment, or being relatives of torture survivors, and carried out home, school, and workplace visits to enhance their functioning and promote their biopsychosocial well-being.

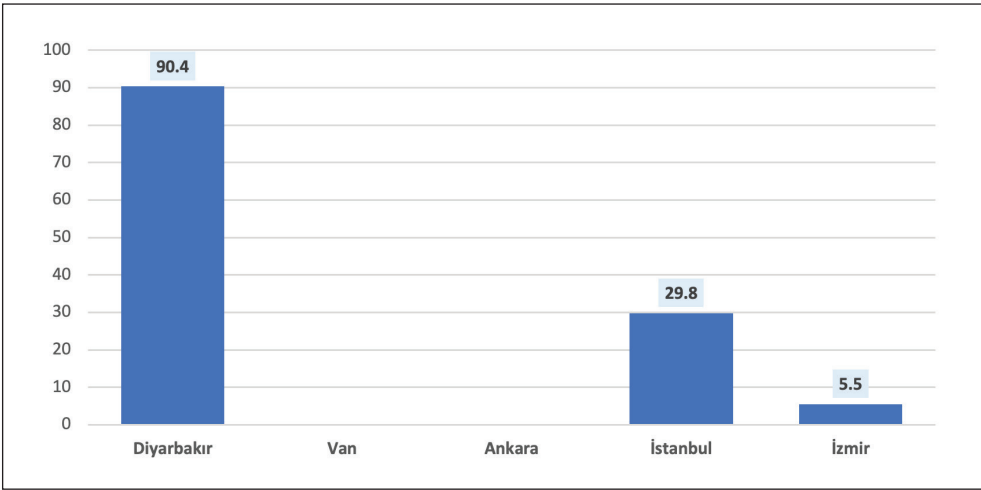
3. Applications Evaluated Within the Scope of Social Services at HRFT Representative Offices

Social service-related work at the HRFT Representative Offices in İstanbul and Diyarbakır is carried out by the social workers based in these offices. As there are no social workers at other HRFT offices, social service activities in those provinces are undertaken by the social workers from the İstanbul and Diyarbakır Offices, with additional voluntary support from local social workers where available.

Of the 722 applications made to HRFT Representative Offices in 2024, the number and percentage of those followed-up within the scope of case studies by representative office were as follows: 150 applications in Diyarbakır (90.4%), 61 applications in İstanbul (29.8%), and 4 applications in İzmir (5.5%), totaling 215 (29.8%).

Graph 24 shows the percentages of applications subject to social service follow-ups at the HRFT in 2024, by regional office.

The number and percentage of applications show that one in every three applications made to the HRFT was evaluated by social workers and that the social support processes were initiated.



Graph 24: Proportional distribution of applications approving social service interviews in 2024 by Representative Office

3.1. Distribution of Social Service Interviews by Representative Offices

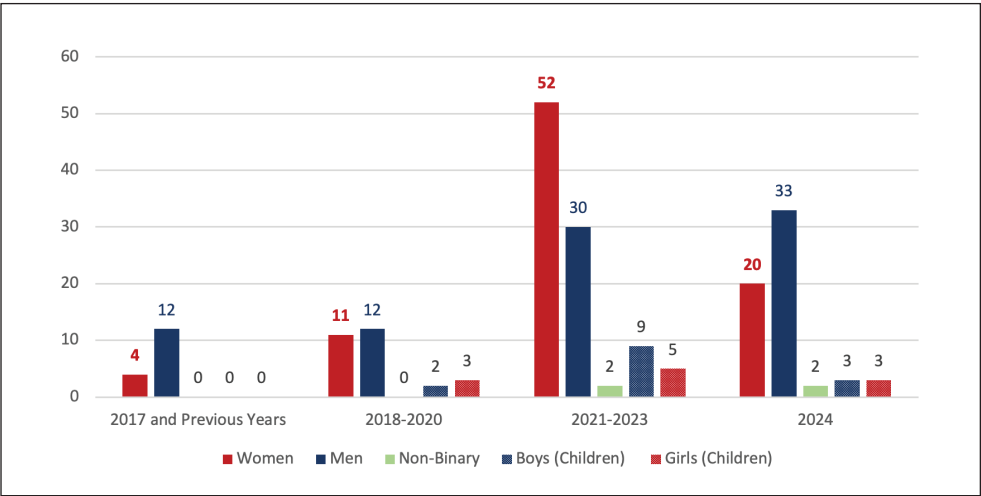
In 2024, the problems and needs arising from torture were identified, and for applicants requiring social service interventions, individualized plans were developed to mitigate the psychosocial effects of torture and help them restore their functioning. However, the vast majority of applications assessed and supported within the scope of social services are not finalized within the same year. Due to the applicants’ new needs, there is a necessity to strengthen their social support, and long-term social support may be required.

This situation in applications to HRFT is thought to result from the following factors:

- Since 2000 and 2001, HRFT has been following up on four applications diagnosed with Wernicke-Korsakoff Syndrome (WKS) after forced medical interventions carried out in response to death fasts in prisons in 2000. In 2022, these applications continued to be monitored regularly with the aims of securing disability pensions, renewing disability reports, referring them to existing public resources related to their disability status, enhancing their social well-being, and strengthening social support mechanisms,
- Chronic physical and mental health problems arising from torture and violations experienced during prolonged imprisonment, the losses and relational breakdowns in family life, the complete depletion of economic income sources, and the obstruction of education and learning rights necessitate long-term social service interventions. This stems from the fact that comprehensive needs assessments

are conducted annually on a regular basis to enable applicants to regain their impaired social functions and support their rehabilitation processes, and that social support activities are planned and sustained throughout the year to address their current needs.

While no applications in other representative offices had social service follow-up processes that began in previous years and continued into 2024, it was determined that 142 applications submitted to the İstanbul Representative Office prior to 2024 had ongoing social service follow-ups in 2024. In total, the İstanbul Representative Office provided support for the social follow-up processes of 203 applications in 2024, including new submissions. Graph 25 shows the distribution of applications followed up in İstanbul in 2024, by year of application and gender identity.



Graph 25: Distribution of applications followed-up at the HRFT İstanbul Representative Office in 2024, by gender identity and application year

Of the 203 applications that received social service support at the İstanbul Representative Office in 2024, 25 were children (14 boys, 11 girls) and 168 were adults (87 women, 87 men, 4 non-binary). It is thought that the low number of LGBTQ+ individuals in terms of gender identity is due to the low number of LGBTQ+ individuals applying to the HRFT.

In 2024, interviews focused on “ecological approach, systems approach, empowerment-based approach, power perspective, and anti-oppression social work approach” were conducted with applicants and their relatives, each lasting on average one hour, to help them overcome the crisis caused by ill-treatment and torture.

The number of applications and interviews conducted for social interviews by representative offices was as follows: 203 applications and 880 interviews in İstanbul, and

150 applications and 307 interviews in Diyarbakır. When evaluating the ratio of the number of interviews to that of applications, the average number of interviews was 4.1 in the İstanbul Representative Office and 2 in Diyarbakır. It is thought that the differences in the interview rates between the offices may be due to the characteristics of the applications as well as the differences in the social support opportunities available in the provinces where the offices are located.

3.2. Work Conducted in the Fields of Education, Employment, Work, and Health

Wars, displacement, torture, and human rights violations have made the conditions of Turkish and refugee applications even more difficult. The impact of inequalities in access to education, health, and employment resources, as well as the inadequacy or absence of state support in the face of income loss, has reached a more serious level. In 2024, the significant rise in inflation in Turkey has also increased and deepened poverty. The effects of impoverishment were also seen in the applications submitted in 2024, with groups vulnerable to material deprivation, especially children, continuing to be at high risk.

The following sections include, for 215 applicants to the HRFT Offices in 2024 who went through a social assessment, data on their education, employment/work status, health status, as well as the work carried out.

3.3. Spouse/Partner Status

In 2024, among the 215 applications submitted to HRFT offices and subject to social assessment, when asked *how their pre-existing spouse or partner relationships were affected by torture, ill-treatment, and/or prison processes*:

- 3 applicants stated that this situation led to divorce, 2 applicants stated that it led to separation, and 79 applicants stated that it negatively affected their relationship.
- It was reported that traumatic experiences led to negative consequences such as divorce, relationship termination, separation, temporary relationship suspension, and disagreements. Social support was provided to all 83 applicants who experienced negative consequences. All applicants were supported through individual-focused social service interventions, counseling, family and close relationships work, and home visits.

3.4. Education Status

The 215 applicants who applied to HRFT offices in 2024 because they had been subjected to torture or were relatives of torture victims, and who underwent a social assessment, were asked how their educational status had been affected. The responses are as follows:

- 5 were punished by their educational institution through *“reprimand, warning, suspension for one semester, expulsion from formal education, termination of school affiliation, termination of credit/scholarship.”*
- The educational lives of 27 applicants were negatively affected due to *“declining academic performance, inability to take exams during detention/imprisonment, inability to access educational materials, inability to continue their education for a period of time or being forced to drop out of school.”*
- Awareness was raised regarding the right to education and training in applications where educational and training lives were negatively affected. Support was provided for educational processes in 7 applications and for occupational therapy activities in 3 applications, while individual-focused social service intervention, counseling, family and close relationship work, advocacy, institutional visits, and home visits were carried out.
- Sixty-seven of the applicants reported having children (201 children in total). For the 34 applicants who stated that they had school-aged children, their records contained no information indicating that their children (62 children) were academically affected by the process or received any disciplinary sanctions.

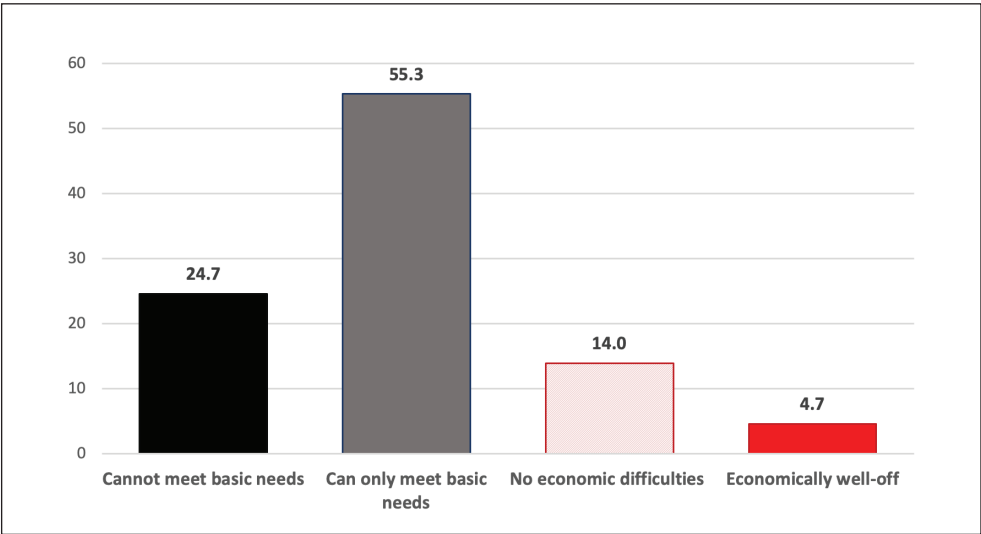
3.5. Employment and Work Status

The applicants who underwent a social assessment at HRFT offices in 2024 were asked *how their employment and work status had been affected* by torture, ill-treatment, and/or prison processes:

- The employment/work status of 48 applicants was negatively affected.
- Twenty-seven applicants referred to a single case of adverse impact, while 21 applicants mentioned the existence of more than one case. Due to the process they experienced, 14 applicants were dismissed from their jobs, 17 applicants had to leave their jobs, 27 applicants were unable to work due to health problems, 13 applicants were not hired due to their criminal records, 14 applicants had difficulty finding work due to stigmatization, and 3 applicants stated that they did not receive equal pay with other employees due to the stigmatization they experienced.
- In cases where health problems related to torture and ill-treatment impaired the ability to perform necessary work functions, advocacy efforts were undertaken to prevent potential loss of rights due to dismissal. Mediation was also carried out to ensure that applicants could access public resources in situations where income loss occurred or the needs of their dependents could not be met, and applicants were referred to vocational training courses.

3.6. Economic Situation

When assessing the economic situation of the applicants, questions were asked about how they met their basic needs such as *housing, food, fuel, hygiene products, clothing, bills, education, cultural activities, hobbies, and travel*. Applicants living alone were asked to answer the questions only for themselves, while applicants living with others were asked to answer for all members of the household.



Graph 26: Applicants' economic livelihood status

- While 24.7% of applicants cannot even meet their basic needs, 55.3% have an economic income that can only meet their basic needs. The ratio of those who cannot meet their basic needs and those who can only meet their basic needs reaches 80%. This situation suggests that a large portion of the applicants live in poverty and that this poverty is further deepened due to job and career losses associated with the torture processes.
- When asked whether they received support from any institution due to economic difficulties, only 13 applicants reported receiving economic support from organizations affiliated with the provincial/district directorates of the Ministry of Family and Social Services, the Social Assistance and Solidarity Foundation and its relevant units, as well as civil society organizations. They stated that they did not receive support from local governments, UNHCR, municipalities, or other institutions. The studies indicate that victims of torture generally have difficulty receiving financial assistance and do not receive adequate support from existing social assistance institutions, highlighting the importance of providing economic support and social services to victims of torture in order to achieve well-being.

While 172 of the applicants indicated economic hardship, only 13 applicants received support, showing that the rehabilitation processes of torture victims are also negatively affected due to economic difficulties.

3.7. Health Insurance

In 2024, out of 215 applicants who underwent a social assessment at HRFT offices, 204 responded to the question of whether they had any health insurance.

- It was determined that 38 applicants (18.6%) had no health coverage, either because they were unable to pay their General Health Insurance (GHI) premiums (34 applicants) or because they could not benefit from the general health insurance system due to their asylum procedures (4 applicants),
- In contrast, 166 applicants (81.4%) had health coverage.
 - 10 applicants were retired,
 - 22 applicants were insured employees,
 - 48 applicants had health coverage through a spouse/parent,
 - 54 applicants had their GHI premiums paid by the public sector,
 - 25 applicants paid their GHI premiums themselves,
 - 6 applicants had private health insurance,
 - 1 applicant stated that they had health insurance because they were evaluated under Law No. 2022.

Of the 38 applicants without any health insurance, 27 stated that they could not even meet their basic needs, while 7 stated that they could only meet their basic needs. This situation can prevent individuals from accessing healthcare even for medical conditions resulting from torture, leading to a further deterioration of their health.

Applicants who were unable to pay their GHI premiums, who were unable to benefit from GHI due to premium debt, or who experienced problems with the activation of their GHI after prison were provided with counseling and advocacy support to be included in general health insurance. Thirty applicants were referred to institutions such as the Social Security Institution (SGK), Social Assistance and Solidarity Foundations (SYDV), local governments, civil society organizations, and the Ministry of Labor and Social Security for support, and they were accompanied during their visits to these institutions.

Refugees who have been forced to leave their countries and seek refuge in Turkey do not have access to any health insurance until the lengthy registration process is completed. On the other hand, the recent revocation of the International Protection or Temporary Protection Status of refugees without any stated reason has also led to life-threatening health problems. Many applicants with chronic health problems are forced to pay very high fees to continue their treatment, which prevents them

from receiving medical care. They struggle to access healthcare or are deprived of treatment. Efforts by human rights organizations to restore health insurance coverage for refugees must be heeded. This requires the General Directorate of Migration Management to immediately halt its decisions to revoke health insurance coverage, and international human rights organizations to continue their essential monitoring and advocacy effort on this issue.

The HRFT has provided the necessary counseling to refugee applicants without health insurance or whose coverage had been revoked, so that they may access public health services and regain their insurance, and has held regular meetings with the relevant institutions and organizations.

3.8. Social Support Networks and Social Integration

In 2024, applicants undergoing social assessments at HRFT offices were asked *whether they experienced any social integration problems with the city or country they lived in, their family members/relatives, their spouse/partner, their circle of friends, their work environment, and the institutions or organizations they were involved with.*

202 applicants (94%) reported experiencing problems integrating into their social environment. Among those who reported integration difficulties, 188 applicants identified their city/country as the source of these problems, 44 identified their family, 11 identified their spouse/partner, 41 identified their friends, 6 identified their workplace, and 5 identified the institution they were involved in.

However, when asked what support mechanisms they had, 211 respondents identified family, spouse/partner, friendships, work environments, and the institutions or organizations they were involved with as social support mechanisms (*family 194, spouse/partner 22, friends 44, work environment 1, institution or organization 28*).

Only 7 of the applications received support from provincial/district directorates affiliated with the Ministry of Family and Social Services and the Social Assistance and Solidarity Foundation, while the other applicants stated that they did not receive support from any official institution.

In the assessments of applications related to social integration issues, it has been observed that individuals with a long history of incarceration tend to keep their prison habits when they return to their social environment. The emergence of the most prominent symptoms of post-traumatic stress disorder and accompanying depression – namely withdrawal, introversion, easily being startled, irritability, hopelessness about the future, and feelings of helplessness – also led to the deterioration of the family, friends, and, if possible, work relationships of the individuals exposed to traumatic events.

It has been observed that the anxiety experienced by the relatives of individuals subjected to torture often damages relationship dynamics. It is a known fact that

torture targets not only the individual, but also the population group that the individual represents. It is also known from the interviews conducted with applicants that they were harmed in their homes through the arbitrary detentions, surveillance, intimidation, etc. This situation causes anxiety among the family members and those close to the individuals who have experienced torture, which leads them to relocate, if possible, ultimately causing changes and disruptions in all their relationship networks. The families of torture survivors also face stressors such as stigmatization, unemployment, poverty, internal and external migration, and the consequences of migration.

In 2024, individuals who had served life sentences between 1990 and 1995 and had been imprisoned for 30 years or more, and who had been released after completing their sentences, applied to our institution for treatment and documentation related to the torture and ill-treatment they had suffered. These applications were evaluated within the scope of social work, and appropriate social service intervention plans were developed. The extremely long period spent in prison and the fact that a significant part of normal life development was spent in prison deprived these individuals of many opportunities, such as education, marriage, work, acquiring social status, and investing in their old age. Having been separated from their family and relatives for many years and not experiencing important events together—such as births, deaths, the addition of new family members, or the departure of family members—means that, although the initial period after release may appear positive, marked by the joy of freedom, reunions with loved ones, and frequent visits, it is anticipated that individuals may gradually struggle to cope with the sadness and confusion resulting from the disruption in their lives. In addition to the physical/mental and social health problems caused by the act of torture itself, a social work practice specific to this applicant group has been implemented to compensate for the losses resulting from years of prison life or to reacquire certain life habits adapted to the present day. Supportive work has been carried out to develop life skills such as planning activities that reconnect with nature, using technological tools that have developed over time, and readjusting to the evolving and increasingly crowded city life. Following the assessment, our applicants were also referred to remedial programs and supported in participating in activities that promote reintegration into social life and continuity, such as vocational training suited to their abilities, music and language courses, and the use of computers and other electronic devices.

3.9. Referrals

In 2024, 182 applicants (84.7%) were referred to public institutions and/or other civil society organizations for economic, social, educational, or legal support.

Among the referred institutions, the Social Security Institution ranked first (121 applications), followed by civil society organizations (105 applications), the Social Assistance and Solidarity Foundation (59 applications), local governments (54 applications), units affiliated with the Ministry of Labor and Social Security (49 applications),

units affiliated with the Ministry of Family and Social Services (36 applications), units affiliated with the Ministry of National Education (10 applications), Provincial Migration Administrations (5 applications), and the UNHCR (2 applications).

To ensure that applicants did not have any negative experiences at the referred institutions, detailed consultations were provided by social workers regarding the institution and service to which they were referred, applicants were informed, contacts were established with individuals in our volunteer networks, and applications were referred to the relevant institutions in this manner and followed-up. When necessary, the social worker personally accompanied the applicant to the referred institution.

Six of the applicants referred to institutions reported negative experiences due to the institution's discriminatory policies or the discriminatory/stigmatizing attitudes and behaviors of the staff. Advocacy activities and information-sharing regarding legal processes were carried out for applicants who were prevented from receiving services due to negative experiences.

3.10. Migration

Psychosocial effects experienced by people forced to migrate can lead to chronic complex trauma in the presence of torture and ill-treatment practices. When asked whether they had been forced to migrate within their countries of origin or across international borders, 27 applicants responded that they had experienced internal or external migration. It was determined that a separate study should be conducted to assess the traumatic effects of migration and torture on the applicants.

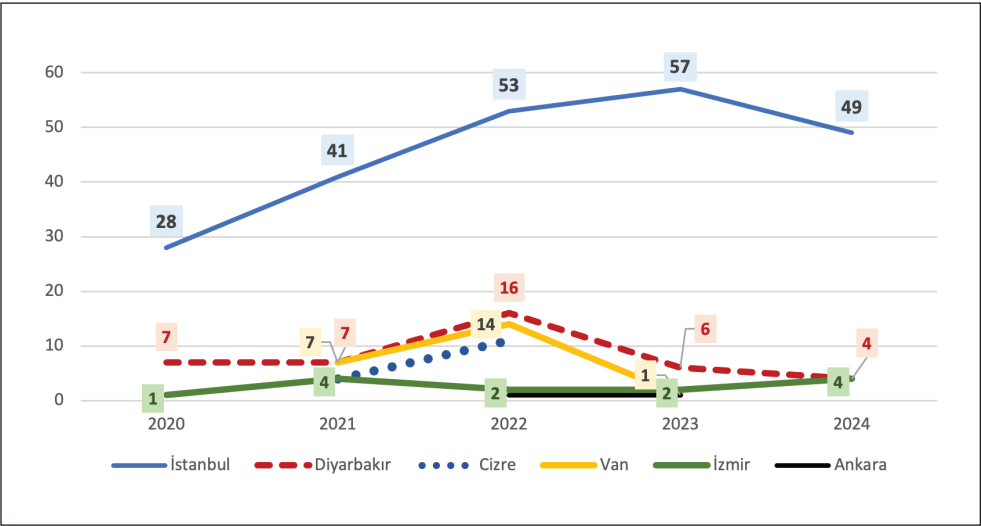
4. Social Support Program

The *HRFT Social Support Program* identifies and assesses the needs of the torture survivor or their relatives, and provides them with social support if they experience a breakdown in their physical/mental/social integrity due to torture and the processes that follow, are prevented from accessing healthcare and other rights, or are unable to benefit from education/employment opportunities. Recognizing these needs is important because it will enable the person to maintain their social functioning and independence, prevent permanent damage, and strengthen recovery. When conducting the assessment, the goal is not only to improve the person's income situation; it is also taken into account that access to resources that can unlock their potential is a need and a right. The support provided aims to meet the existential and action-oriented needs presented in the eight different categories of "*sustaining life, protection, emotionality, understanding, participation, leisure, creativity, identity, and freedom*" included in the human needs assessment matrix developed by Max-Neef (1991)²².

²² Max-Neef, M. A. (1991). *Human Scale Development: Conception, Application and Further Reflections*, With Contributions from Antonio Elizalde and Martin Hopenhayn. New York and London: The Appex Press, pp. 35-36.

The social support program is carried out as a rehabilitation process decided upon by social workers in collaboration with the treatment team within budgetary constraints, taking into account subjective circumstances such as the applicant’s contribution to the treatment process.

In 2024, 57 applications involving social service intervention at the HRFT’s Representative Offices were supported under this program. Graph 27 shows the distribution of applicants supported under the social support program over the last five years.



Graph 27: Distribution of applications supported under the social support program over the last 5 years, by representative office and year

4.1. HRFT İstanbul Representative Office

In 2024, a total of 49 applicants were supported under the social support program at the İstanbul Representative Office, including 12 children (6 girls, 6 boys) and 37 adults (24 women, 12 men, 1 non-binary).

Applicants were supported in the areas of sports courses, professional development courses, vocational training, provision of professional tools and equipment, payment of nursery and school fees, school transportation fees, stationery expenses, ergotherapeutic activities, YÖK-DİL, ALES, KPSS, IELTS, etc. exam preparation courses, and language courses (Turkish, English, French, Arabic, and German). This process was reported by maintaining contact with the institutions the individuals were affiliated with; researching the effects of the support provided, conducting

monitoring and follow-up studies, and where necessary, carrying out visits to the home/workplace/school.

4.2. HRFT Diyarbakır Representative Office

In 2024, a total of 4 adults, 1 woman and 3 men, were supported under the social support program at the Diyarbakır Representative Office.

Support was provided for language courses (English), ergotherapeutic activities, and professional development training. This process was reported by maintaining contact with the institutions the individuals were affiliated with; researching the effects of the support provided, conducting monitoring and follow-up studies, and where necessary, carrying out visits to the home/workplace/school.

4.3. HRFT İzmir Representative Office

In 2024, a total of 4 people, 2 children (1 girl, 1 boy) and 2 adults (1 woman, 1 man) were supported under the social support program at the İzmir Representative Office.

Support was provided to applicants to meet their professional and personal development needs, contact was maintained with the relevant institutions, the effects of the support provided were researched, monitoring and follow-up studies were conducted, and the process was reported. Within the scope of the *Project for the Protection and Support of Human Rights Actors in the Post-Pandemic Period with a Grassroots Approach* carried out by the HRFT, cases referred to volunteer social workers participating in group work benefited from on-site service delivery, monitoring, and evaluation processes. Resource allocation and the possibility of being supported by local resources were made possible through the help of social workers working within local administrations.

4.4. Regarding the Effects of the Social Support Program

Detailed social support evaluation reports are written on the effects of the support provided to applicants under the Social Support Program. The report includes the applicant's history, the planned social service interventions, the support provided, the reason and form of the support, home and institution visits made during the process, accompaniment, advocacy work, and the contribution of social support to the person's psychiatric treatment.

In comprehensive assessments conducted with the treatment team regarding applications supported within the scope of social support activities; it was observed that, as a result of the support they received, applicants generally achieved living conditions appropriate to their education and capacity, gained access to their desired educational opportunities, demonstrated their competencies, strengthened their family and other social relationships, and as a result of all these, their self-con-

fidence increased, their social functioning improved, their ability to plan for the future was developed, improvements were seen in their psychiatric diagnoses, and their psychosocial well-being strengthened.

5. Work Conducted with Refugees

Due to regulations regarding the status of refugees in Turkey and current legal practices, their rights are quite limited. The frequent restriction/elimination of these rights by public institutions also makes it difficult for refugees to achieve well-being in their social lives. It is necessary to intervene within social services for these individuals to meet their basic needs, resolve their legal problems, change their satellite cities, and, in many cases, due to the deportation decisions issued against them. There is a need for joint work between human rights and civil society organizations working with refugees.

Representative offices are conducting work to meet asylum seekers' minimum needs, advocating on their behalf despite deportation, preparing scientific reports on the medical and social effects of torture and sharing them with official institutions, as well as continuing to monitor and carry-out activities to ensure their access to education and healthcare.

6. Reporting Activities

In 2024, social assessment reports identifying the psychosocial effects of torture and ill-treatment, as stated by applicants in the torture cases they filed, were submitted to the applicants and/or their lawyers for submission to courts in Turkey and/or international courts. In addition, social assessment process reports were prepared for referrals made to the General Directorate of Migration Management, Provincial Migration Management Offices, Social Assistance and Solidarity Foundation, İstanbul Provincial Directorates of the Ministry of Family and Social Services, municipalities, legal organizations, and other civil society organizations, facilitating applicants' access to the services they needed. Thus, regular in-kind/cash assistance has been provided to some applicants who meet the criteria of the referred institutions.

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