

HUMAN RIGHTS FOUNDATION of TURKEY TREATMENT and REHABILITATION CENTRES REPORT 2018

İNSAN HAKLARI
HUMAN RIGHTS
FOUNDATION OF
TURKEY 1984





HRFT
Human Rights Foundation of Turkey

TREATMENT AND REHABILITATION CENTRES REPORT 2018

Ankara, November 2019

Human Rights Foundation of Turkey Publications 129

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ISBN: 978-605-9880-24-4

Human Rights Foundation of Turkey, which has been founded under the Turkish Civil Code,
is an independent non-governmental organization.
Its statute has become valid when it was published in the *Official Gazette* No: 20741 dated
30 December 1990.

BULUŞ Tasarım ve Matbaacılık Hizmetleri San. Tic., Ankara
Tel: (312) 222 44 06 • Faks: (312) 222 44 07
www.bulustasarim.com.tr

This report has been prepared and published thanks to the financial support of the following institutions:

Swedish International Development Cooperation Agency (SIDA)
Norwegian Embassy in Ankara
European Union

The content of this report is under the sole responsibility of Human Rights Foundation of Turkey and can under no circumstances be regarded as reflecting the position of the organisations that provided a financial contribution.



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INTRODUCTION

Metin Bakkalci¹

Turkey has been experiencing a deep destruction in democracy, rule of law, and human rights categories particularly in recent years. The armed conflict, which resumed in July 2015, and the State of Emergency declared as a response to the coup- attempt on 15 July 2016-although it has been claimed that the SoE was lifted on 19 July 2018-and also the de facto State of Emergency, which has already become permanent, resulting from the “security law” dated 31 July 2018 causes gross/serious human rights violations.

Taking the limits of the introduction into consideration and having several statements on human rights issues, I will not go into the details of the categories in this section.

Having said that it is considerably relevant to draw attention to the criminal cases against human rights defenders in general and Human Rights Association (İHD) activists as well as the President and executive board members, volunteers of the HRFT; Academics for Peace signatories including the President and several other founders of the HRFT; the Executive Council Members, which include the HRFT board members, Van Representative and volunteers; of the Turkish Medical Association (TTB).

As for 2018, particularly two important developments made the state of emergency permanent/perpetual and deepened the level of destruction of democracy and human rights categories:

The first development is the “new regime” which is the constitutional change and has been approved by the referendum-which was held under an anti-democratic environment-on 16 April 2017 and has come into force following the General Elections’ results on 24 June 2018. Within the scope of the “new regime”, all authorities are centralized by one person viz the President; the guarantees of the separation of powers have been eliminated; the President has been equipped with the authorities to appoint the ministers; to prepare the budget; to elect and appoint most of the judges; to introduce new laws through decrees; the Parliament has lost its function as a political power to operate as a check and balance mechanism; has turned into a simple tool to legitimize/approve the executive power.

1 Dr., HRFT General Secretary

The second turning point in 2018 is the “new security” law that has come into force following its publication in the Official Gazette on July 31, 2018. The Official State of Emergency has ended on 19 July 2018. However, it was extended for at least three years as a result of the new security law that came into force only 12 after the official lift of the State of Emergency. There is an attempt to normalize the State of Emergency mentality and practices that aim to eliminate fundamental rights.

As a result, the idea of a rights-based regime was abandoned because of these two developments in 2018; there is an attempt to the legal body to silence and intimidate social groups that do not consent and express their gratitude. The regime, which was institutionalized and tried to be established via the State of Emergency, directs abolish rather than a systematic violation of human rights. The situation, which has become a severe crisis and threatens our humanity, causes destructive impacts on both individuals and civil society, and the society as a whole. The country has experienced a serious political, cultural and economic crisis resulting from, on the one hand, the influence of militarist and pro-war policies inside and outside the country, on the other hand; due to the neoliberal economic policies that have been implemented for many years.

The local elections held on 31 March, 2019 particularly present the present day and give certain ideas about the future. As of the night of 31 March, the value of the hope albeit in a cautious manner, which is felt again in many segments, is obvious for us. However, the destruction of the rules and institutions, which are based on values, has reached a level (although HDP’s candidates were approved by the relevant institution, they were not allowed to obtain their mandate following their success in the elections and HDP mayors were replaced with the other parties’ candidates; the dismissal of the elected mukhtars and appointing trustees to their office; the Supreme Board of Election’s decision to renew the elections of the Istanbul Metropolitan Municipality; all forms of attacks, including the physical one, against people be they party members or not; and the protection of the attackers that normalizes the impunity) that pushes our imagination limits, thus; we all should think about it.

As we mentioned in our previous reports that “although this process, which causes deep destruction, has not been prevented so far, there are three pillars to prevent this process and it is useful to think about them. The first pillar is that beyond the fact that we live in a short period of time within the historical dimension; all this problematic process, as we often say in the field of health, is human-made that is to say-as we underline in the field of medicine-it is not “fate” and can be prevented in a short period. The second pillar is that the human rights movement, which emerged under the “official” State of Emergency, has been accumulating a lot of experience in efforts to “protect and human rights under the extra-ordinary conditions.” It should be highlighted that the experience in question is a very important opportunity. Undoubtedly, the value of this opportunity is closely related to efforts to strengthen the long history of the human rights movement and the concepts per se in the light of fresh experiences as well as a with a critical point of view and to broaden the

impact of the human rights movement as much as possible. The third pillar is that there are highly valuable creative efforts, which are not limited with the human rights movement, to overcome this devastation. These efforts are made by different groups in the society. On the other hand, the sustainability of this atmosphere, which is full of “decay” in many levels, has objective limits. Needless to state that the realization of the above-mentioned three pillars will create another pillar to support the efforts.

It should be taken into consideration that even after this deeply destructive process, the effects of the process can last for a long period. For this reason, both protection&promotion of solidarity and cooperation for human rights defenders and improving the impact of their activities constitute a special and existential item in our agenda.

The HRFT annual report on treatment and rehabilitation shares its documentation of physical and mental treatment and rehabilitation services, which are carried out by all its centres, for those who are subjected to torture, other cruel, inhuman treatment throughout the year.

The HRFT, established in 1990 as a result of efforts in Turkish Medical Association (TTB) and Human Rights Association (iHD) circles, was founded by 32 human rights defenders and intellectuals and the legal entity of IHD. It is an internationally renowned human rights organization which has been contributing to access to treatment and rehabilitation services for torture survivors, documentation and prevention of torture. In addition, the HRFT’s purposes include, as Article 3 of the Statute states, periodicals and non-periodic publications, documentations, scientific research and trainings to prevent gross human rights violations defined by the international human rights instruments as well as national legislation.

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

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

The HRFT has served to 17.462 people, who were subjected to torture and other ill-treatment practices, and their relatives from its establishment to 2019. 584 people, who were subjected to torture, and their relatives applied to the HRFT treatment and rehabilitations centers in 2018. It has been classified that 533 out of 584 applications are people who suffered from torture (505 applicants were subjected to torture in the country, 18 cases occurred outside Turkey, 10 gross and serious human rights cases) and there were 51 cases where relatives of torture survivors applied. The 306 out of 505 cases (equal to 60.6 %) suffered from torture and other ill-treatment practices in Turkey (60.6%)

Furthermore, 144 people applied to our treatment and rehabilitation centers from cities where the HRFT has no centres. These applications were accepted as part of the HRFT policy, which began in 1993, about accepting applications from provinces other than treatment and rehabilitation centers exist. Similarly, 6 applications benefitted from the rehabilitation program within the scope of the Mobile Health Teams program that we have launched to respond to gross/serious torture and other human rights violations occurred in cities that the HRFT centres do not exist.

In 2018, a total of 28 new applications, 16 of which were children, were submitted to the special social support program and 6 new applications were included in our legal support program.

In line with the need for multidisciplinary and holistic approach to combat torture and human rights violations, we have prepared numerous alternative medical reports on torture allegations by torture survivors from Turkey as well as other countries. These reports, which were considered credible by international judicial bodies e.g. the European Court of Human Rights (ECHR), In this respect, the HRFT has become a school for documentation, reporting and rehabilitation of torture cases. In this context; 78 alternative medical report/epicrisis documents were issued by the treatment and rehabilitation centers in 2018.

The HRFT has played a leading role in drafting “Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol)” that is recommended by the United Nations (UN) to be used worldwide and is accepted as the standard in forensic examination in Turkey. Due to developments in health and legal fields and new torture methods across the world, the study about the Istanbul Protocol Supplement (Supplement IP to IPS) is ongoing. It is planned to complete the study, which is coordinated by the Physicians for Human Rights (PHR), International Rehabilitation Council for Victim (IRCT), REDRESS, and the HRFT and including UN bodies, by the end of the 2019 in other words on the occasion of 20th anniversary of the publication of the Istanbul Protocol.

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

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

Most of the people, who are subjected to torture and ill-treatment practices, are affected from other components of trauma. Recognizing the fact that there is need for more than medicine to accomplish the comprehensive treatment as much as possible, the HRFT has been carrying out activities to develop a comprehensive

and multidisciplinary program to address issues including the complex and ongoing social trauma since 2004. In this context, national and international trainings, panels, symposiums and other events and the program to cope with social trauma have been carried out within the framework of three main topics (truth, justice and repair) since 2000.

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

Considering that democracy and human rights values face a substantial danger in our time the HRFT Strategy Plan for 2015-2019 period makes special efforts to accomplish the requirements for prevention and repair of torture and other gross/serious human rights violations.

The HRFT has made special efforts to expand its legitimacy field, to improve activities quantitatively and qualitatively, and to contributions to create space for human rights institutions and dismissed academics and facilitate their activities in this period.

- In this respect, a special project for the sustainability of our activities including to consolidate and strengthen the Cizre center and Van reference as well as our activities in in Israel and Palestine;
- Another project of which title is “Institute for Trauma and Human Rights” that will provide an opportunity to human rights defenders and dismissed academics to carry out their activities albeit at a modest level as well as to realize our dream about the institute for trauma,
- Beginning the implementation of three projects, even though for a 2 year-period only, which supports to the activities of dismissed academics and make contributions to our “Institute for Trauma and Human Rights” has created a significant opportunity. These projects were prepared by academics “dismissed” from Ege University.

As a result of these developments, the volume of HRFT labour force increased by two and a half times for two years period. Considering the current circumstances, there are special efforts to make the organization of working structure and distribution of tasks transparent in order to accomplish the “quantitative” needs for “labour force” within the HRFT environment. On the other hand, development of “genuine” programs aimed at strengthening future activities “qualitatively” has become a priority subject for the HRFT Strategy Plan for 2020-2024 period. The preparation of the Strategy Plan has begun via the involvement of all units within the HRFT.

The fundamental mission of the HRFT is to fight against torture in all areas of life in order to contribute to the process of torture survivors coping with the trauma of

torture and reaching their physical - psychological - social well-being. In other words, creating a “collective apology” space for people and communities that are subjected to severe human rights violations.

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

The HRFT would like to express its heartfelt thanks to all our friends, in particular Human Rights Association and Turkish Medical Association, and organizations that have made contributions to our activities and have not left us alone in our efforts.

Ankara, May 2019

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

**2018
Evaluation Results**

Evaluation Results for Year 2018

In recent years, there are determinations and allegations that there has been a serious increase in the practice of torture and other ill-treatment as a means of punishment and/or intimidating individuals and/or establishing authority over them and/or as a means of criminal proceedings (to obtain confessions or to obtain information/gather evidence) against these people. Torture practices have become common in official detention centers and unofficial detention places, in streets and prisons in other words almost everywhere in the streets and prisons. In addition to these places, “excessive and disproportionate intervention” that amount to “torture” in demonstration have increased. Moreover, it is witnessed that torture and other forms of ill-treatment are practiced in order to increase the control and pressure of power over different segments of society and to spread terror and fear among them. On the other hand, there have been recent developments in the area of human rights laws, including regulations on the prohibition of torture and other forms of ill-treatment, which may have long-lasting and devastating effects.

A similar assessment was made by the United Nations Special Rapporteur on torture when the report on Turkey visit-from November 27 to December 2, 2016-was launched on 18 December 2017. The report in question has assessment and determinations as well as 31 recommendations. The UN Special Rapporteur on Torture did not stop with this report and expressed deep concerns about the same issue on 27 February 2018. Similar assessments were made also by the UN High Commissioner for Human Rights report of which title “Report on the impact of the state of emergency on human rights in Turkey, including an update on the South-East” issued in March 2018, and by the European Parliament report on Turkey published on 13 March 2019 and the European Commission report on 17 April 2018 and on 29 May 2019.

Besides, granting no permission to European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) to publish its reports on observations and determinations resulting from its “special/ad hoc” visit to Turkey from 29 August to 6 September 2016 and its periodic visit to Turkey from 10-23 May 2017 is another indicator of the problem of torture.

1. Torture and Other Forms of Ill-Treatment Practices

1.1. Torture and Other Forms of Ill-Treatment Practices in Official Detention Places

When 51 applicants who are the relatives of torture survivors and other people-who were subjected to torture outside the country-are deducted from 584 cases there are 505 cases in 2018. It should be noted that 257 out of 505 people (50.9%) applied to the HRFT on the ground that they were tortured in official detention places. Furthermore, it should be stated that 198 people (39.2%) were also tortured in the

vehicles of the security forces. As it has always been expressed, it is not appropriate to establish a linear relationship between the number and characteristics of the HRFT treatment centers and those subjected to torture throughout the country, yet; these data are important indicators of the prevalence and severity of torture practices in official detention facilities.

1.2 Torture and Other Forms of Ill-Treatment Practices in Unofficial Detention Places

There is evidence, including reports by human rights organizations and international observation bodies as well as video footage and media reports, to prove that the use of “Excessive and disproportionate force” (handcuffs and reverse handcuffed, pressurized cold water, batons, pepper spray and tear chemicals, canisters and gas bombs, plastic/ rubber bullets, firearms) against citizens who exercise freedom of assembly and public demonstration amount to the level of torture or other forms of ill-treatment.

In regard to this issue, in addition to the judgments of the ECtHR since 2012, the UN Special Rapporteur on Torture issued the report on 20 July 2017. The title of the report is “The ban on torture and other cruel, inhuman or degrading treatment or punishment in places other than detention facilities” and paragraph 47 of the report has an important assessment on the issue since the paragraph states “although there are not additional conditions which are required for the definition of “torture” as observed in official declarations, the deliberate use of excessive force, always aggravated, inhuman and degrading treatment or punishment (torture) against “helpless” people who exercise freedom of assembly and have no chance to escape from such practices.

Considering the fact that there are 221 (43.2%) applications for torture and ill-treatment cases in open spaces and during demonstrations and 80 (15,%) cases in houses and workplaces, it can be seen that torture and other ill-treatment practices in places other than official detention facilities reach a highly vehement level.

1.3. Abductions/Enforced Disappearance Attempts

It is considerably worrying that enforced disappearance cases, a disgrace in recent period and indeed our civilization, have occurred again.

According to the HRFT Documentation Centre there are 16 abduction cases in 2018. These people, who were also subjected to torture, were released after a while.

According to the Human Rights Association (İHD) Documentation Centre there are 28 cases of abductions or attempts to abduct people in 2018. These people, who were also subjected to torture, were released after a while. 160 people were forced to be an informer while they were under detention or out of detention places in 2018. For further details, İHD’s special report on abductions, pressure and threat oriented interrogation methods, having an informal conversation, force people to be an informer.

Considering the “Struggle against Enforced Disappearances” for several decades; this issue, which means violation of ban on “torture and cruel, inhuman and degrading treatment” for the relatives of “disappeared” people, becomes more meaningful. It is a priority issue for our organizations.

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

According to the Ministry of Justice figures; while there were 55.870 detainees and convicts in 2005 the population in prisons has increased to 260.144 in 2018. 202.434 of these people are convicts and 57.710 of them are detainees. The Ministry has not publicized the figures of people on remand pending appeal for a long period. The figures of convicts include people on remand pending appeal, as well.

As of 1 May 2019, there are 455.120 people who are under supervised release in Turkey. This fact demonstrates that the general atmosphere of the country *viz* the whole society is under supervised release and the freedom of the majority of the society is restricted or they are deprived of their liberty.

It is the first time that the population, detainees and convicts, in prisons has increased five times in 13 years. In a sense, the increase in question is the summary of the recent developments in our country. Moreover, these figures were published by the Turkish Statistical Institute (TÜİK) in 2017. Paying attention to aspect that while some people are released from prisons, some other citizens are sent to these facilities makes the vehement of the situation more visible. For example, 215.761 people were sent to prison and 193.662 people were released from these facilities between 1 January and 31 December 2017.

Considering the current capacity of prisons, which can accommodate 211.766 people in total, it is inevitable that the continuous increase in prison population leads to deterioration in physical conditions and violations of rights.

Moreover, there has been-unfortunately-a dramatic increase in torture and other ill-treatment practices in prisons for detainees and convicts particularly since the armed conflict resumed in July 2015 and the following the suppression of the military coup attempt.

- i. Beating, all other kinds of arbitrary treatment practices and arbitrary disciplinary punishments, solitary confinement, relocations of prisoners for various reasons (naked body search, handcuffed medical examination, ordering prisoners to stand up during roll call) during and after the entrance to prison have reached an unprecedented level.
- ii. Another long term problematic area is related to restriction on access to medical services, the refusal of right to see medical unit in prisons, ill-treatment practices including handcuffed transfer of prisoners to hospitals and the Forensic Medicine, and inability to treat and cure prisoners’ health problems in an efficient way and within required period. Involuntary transfer and relocation of prisoners, who have

difficulties in receiving treatment as required, to other prisons have an adverse effect on right to health.

- iii. It should be noted that another serious issue related to prisons is ill-prisoners' conditions. According to the İHD figures on 12 April 2019, there are 456 seriously ill-prisoners. In addition to lack of access to medical services, these prisoners suffer from several other problems including the Forensic Medicine's autonomy problem obstructs medical reports based on objective and qualified medical assessments. On the other hand, the amendment to the Law on Execution of Penalties and Security Measures led to an absolute arbitrariness of release of prisoners. In accordance with the amendment, which was introduced on 28 June 2014, "those who do not pose a serious and concrete threat to the society's security shall be released" creates certain problems and leads to arbitrariness resulting from the concept of "society's security."
- iv. The Emergency Decree Law no 696 (24 December 2017) introduced a new measure according to which convicts and detainees shall have to wear uniform while they are being taken from prisons to courts. It is a fact that there are so many problems related to prisons in this period. The measure *per se* amounts to a degrading punishment so that "Imposing wearing uniform on prisoners" may cause more serious problems in present time and future.
- v. According to the İHD Documentation unit there are at least 23 prisoners who lost their lives in a suspicious manner in 2018. Despite such allegations of suspicious deaths, as far as we know that there are no effective investigations.
- vi. Isolation for one-person or small-group/isolation practices, which have been implemented since 2000 and cause severe harm on physical and psychological integrity of detainees and convicts, gradually become a more serious and common problem. Furthermore, it is important to underline the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment's (CPT) following standard principle; "one should aim at ensuring that prisoners in remand establishments are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature. In this regard, for sentenced prisoners the regime should be even more favourable." Although Ministry of Justice's circular issued a circular on 22 January 2007 (45/1), which states 10 detainees and convicts shall come together and socialize for 10 hours a week, it is not being implemented.
- vii. Hunger strike protests, which aimed to protest the isolation of Abdullah Öcalan in the İmralı Prison and was initiated by Leyla Güven on 8 November 2018 and then spread to other prisons, ended on 26 May 2019. There were 3065 prisoners on hunger strike from 90 different prisons. It was an indefinite and non-alternating hunger strike. The hunger strikers stopped following a family and lawyer visit to the İmralı Prison.
- viii. **Blocking the visits** namely family visits of Abdullah Öcalan, who is a convict, from 27 July 2011 to 11 September 2016 and lawyer visits from 27 July 2011 to the late period of hunger strike protests is a violation of human rights.

1.5. In addition, Turkey hosts about 3.5 million Syrians, who had to leave their country due to armed clashes in Syria, as well as Iraqis and people from other countries. Needless to state that majority of these people suffered from serious/gross to human rights violations.

2. Prohibition on Torture and Other Forms of Ill-Treatment in Legislation

The adverse arrangements, which we have been observing in torture legislation since 2005, have become more systematic and evident at all levels-as stated and documented by previous reports--particularly in the atmosphere of armed conflict that resumed in July 2015 and under the State of Emergency declared right after the military coup attempt. The results of these regulations, which became more visible and permanent, were made in a manner so that they would make an impact even after the State of Emergency was lifted.

- i. In accordance with the Law on Changes in Several Laws and Emergency Decree Laws, which has been adopted by the parliament and come into force on 31 July 2018, the detention period can be extended up to 12 days by the judge's decision in every 4 day though it is contrary to the provisions of the Constitution.
- ii. With the enactment of the paragraphs added to Article 6 of the Decree Law No. 676 on 1 February 2018, if "these meetings endanger the security of the society and the penitentiary institution, directing the terrorist organization or other criminal organizations and giving orders and instructions to them, or if there is a possibility of sending direct or encrypted messages", upon the request of the Chief Public Prosecutor and the decision of the execution judge the following restrictions might be imposed on lawyers' visit to their clients.

Meetings between the detainees and their lawyers may be recorded via technical devices,

Officers may attend to watch meetings between lawyers and detainees,

the documents and copies of documents, files and notes-about their chat-detainees and lawyers exchange may be seized,

Time and days of meetings might be restricted,

Meetings shall be terminated if officers realize that there is such an issue,

If there is a report on the detainee, upon the request of the Public Prosecutor the lawyer shall be barred from advocating by the Criminal Peace Judgeship and a request for another lawyer shall be submitted to the Bar Association. The Public Prosecutor may ask the Bar Association to change a lawyer appointed from the free legal service unit.

Therefore, even after the State of Emergency was lifted, it is still a fact that meetings between detainees and lawyers, who are under similar investigation, files and documents are checked by officers.

3. Fundamental/Procedural Guarantees Against Torture in the Process of Restriction of Freedom

Procedural safeguards, which have an important role in the prevention of torture but have been highly neglected in practice for many years, have been considerably eliminated by the recent negative regulations in the legislation on torture and as a result of the influence of the discourse and attitudes of the political power representatives. Based on these regulations, informing a person about his/her detention, informing third parties about the detention in question, access to lawyers and physicians, conducting proper examinations in suitable environments and preparing medical reports in line with procedures, being able to apply to the judicial authority for a quick judicial review, keeping records of custody properly, and making independent monitoring possible were completely eliminated. It is possible to state that the arbitrariness amounts to an absolute level.

4. Human Rights and Equality Institution of Turkey, which supposedly has a function of the National Prevention Mechanism

Human Rights Institute of Turkey (TİHK) was abolished in 2016, and was replaced with Human Rights and Equality Institution of Turkey (TİHEK); while even the establishment law, structure, function, activities, structural, functional and financial independence, independence of the board members, membership safeguards and election criteria were not in compliance with the Paris Principles, the Emergency Decree Law no 703 issued on 9 July 2018 authorizes the President to appoint all board members as well as the President and the Second President of the Institution. Even some of the existing criteria were eliminated by the regulation in question. It should be noted that TİHEK has been linked with the Ministry of Justice with the introduction of the first Presidential decree on 15 July 2018. It is known that there are reports to express concerns about the TİHEK's structural, functional and financial independence. TİHEK has not solved the independency issue, which was raised in the case of previous institute called TİHK, in this period. On the contrary, it has enabled to establish a board that is completely dependent on the executive power.

It is also an important indicator that the Institute did not carry out effective monitoring and investigation activities about common and intense human rights violations occurred under the armed conflict period in 2015 and the State of Emergency declared as a response to the coup attempt.

Although the national preventive mechanism should have been established by the Constitution or at least by a law, this function has been transferred to the Human Rights and Equality Institute of Turkey (TİHEK) in 2016. However, as explained above, TİHEK, which has taken the function of a national prevention mechanism, was completely controversial in terms of its independence, competence and functionality. Needless to state that following the amendment by the Emergency Decree Law in 2018, it moved further away from the OPCAT and Paris Principles with regard to its independency, competency, and functionality.

In conclusion, it is clear that due to its structure and activities TİHEK, which is envisaged acting as the national preventive mechanism, is far away from a position to solve human rights violations though there are so many violations particularly in the case of torture are in Turkey.

5. Impunity Culture

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

- i. Instead of abolishing legal restrictions on investigations of torture, extrajudicial executions and enforced disappearance cases, which are executed by public officers, the Government has introduced further legal restrictions since 2015. In accordance with the Law no. 6722 issued on 14 July 2016, the investigation of torture and other forms of ill-treatment in the case of military personnel involved in the operations shall be subjected to special permission *viz* the shield of impunity was established retrospectively. Similarly, public officers who make decisions and carry out tasks related to the State of Emergency shall have no legal, administrative, financial and criminal that amount to absolute immunity in fact impunity.
- ii. The law on investigation of torture cases and allegations is still ambiguous. Criminal complaints filed for torture are investigated in line with legal provisions applied to actual bodily harming, excessive use of force or misconduct in office that which imposes less sentences and are subjected to time limit.
- iii. In addition, counterclaims, which are launched to intimidate torture victims in order to prevent the investigation of the crime of torture, have considerably increased considerably in this period. For example, according to the data of the General Directorate of Judicial Register and Statistics of the Ministry of Justice; In 2017, 7 of the 85 prosecutions, which were launched in accordance with the TCK Article 94 (Torture), resulted in the conviction of prison sentence, no court case were launched in accordance with Article 95 of the of Turkish Penal Code, while 10 officers were sentenced on the basis of Article 256 (the use of excessive force), 17.793 citizens were sentenced on the basis of Article 256 (resist to prevent officers). As can be seen, launching these court cases, even under the State of Emergency, serve to protect so many police officers by means of the curtail torture and ill-treatment practices. These statistics demonstrate that the level and

depth of impunity in the system. It also shows that the sentence against 1000 more times citizens-as a response to the sentence against 1 law enforcement officer-is used as a weapon to intimidate the society.

iv. Even some cases in 2019 show level of impunity:

- 75-year-old Ms Perihan Pulat was subjected to ill-treatment during the demonstrations widely known as “I want my job back” on 1 May 2018 in Ankara. The police officers appeared before the court. The court imposed 3000 Turkish Lira administrative fine on police officer on 7 February 2018. The administrative fine was postponed by the court.
- Ethem Sarısülük was shot in the head during “the Gezi Park protests” by police officer Ahmet Şahbaz. The police officer received 15.200 Turkish Lira administrative fine that was approved by the Court of Cassation on 11 April 2019.
- On 8 February 2019, two police officers were acquitted of charges in the court case launched on the basis of the complaint of Gökçe Algan, who was wounded by pressurized water from a TOMA on 31 May 2013 during the Gezi Park protests in Harbiye neighbourhood, Istanbul.
- Police forces intervened in the 700th week of Saturday Mothers’ protest in August 2018. Aydın Aydoğan’s arm was broken by the officers in the intervention. Following the investigation, verdict of non-prosecution was made on 12 April 2019.
- In June 2017, 4 villagers who were returning from mushroom picking were subjected to severe torture, and the photos of the traces of assault were clearly seen and publicly criticized. Yet, a court was launched against only 1 police officer. The court delivered its judgement on 24 April 2019 and the police officer was acquitted of charges on the ground that images “were not clear.”
- In another case, three children O.D. (17, m), Ş.Y. (16, m) and O.S. (14, m) were arrested by the Van Public Security Branch Directorate. These children were subjected to torture and other ill-treatment; the Governor’s Office in Van filed a criminal complaint against the Bar Association in Van for making the case public.

As a result;

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

In recent period, torture and other forms of ill-treatment practices, which are a result of heavy destruction of democratic life as well as a reason for, have highly increased and become common to increase control and pressure on various segments of society.

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

On the other hand, there is a risk of prevalence of the feelings of despair and shrinkage in an environment where violence policies have rising every day since 2015 viz the search for civilian and political solutions to issues particularly the Kurdish issue.

In the face of these conditions, where uncertainty and unpredictability are dominant, the continuation of the human rights struggle in an effective and efficient manner is based on the development and dissemination of an approach that emphasizes the “constitutive role” of human rights.

In this respect, the HRFT aims to deepen and improve its quantitative and qualitative activities to treat and rehabilitate torture survivors and to prevent torture a world without torture, the main reason for the existence of the HRFT, and efforts “to cope with ongoing social trauma.” The HRFT has already initiated its preparatory process of the “HRFT 2020-2024 Strategic Plan.” In this context, it is even more important to meet new generations and to be part of the works that will make the society feel better from the grip of despair and despair yet lead to “hope”. In addition to our work in Turkey, our objective includes to develop programs to respond to current needs of the international mechanisms, which are under attempts to dysfunction. The needs in question include actions to reinforce these mechanisms.

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

Finally, it is clear that we will work harder to achieve the ideal of a shared life based on human rights and to end this vicious cycle in Turkey and in the world, as it is man-made, therefore preventable.

TREATMENT and REHABILITATION CENTRES EVALUATION RESULTS 2018

1. METHODOLOGY

584 people applied to the HRFT Treatment and Rehabilitation Centers² (HRFT TRM) in 2018. The data of these people were obtained from the records in the application files containing the information of the interview, examination and other diagnostic examinations made by the medical secretary, physicians, social workers and specialist physicians working in these centers.

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

In addition to those who have been subjected to torture and other ill-treatment, the relatives of torture survivors apply for medical support from the HRFT. In order to analyze the torture and other ill-treatment practices during the year and the traumas resulting from these practices and to rehabilitate the processes, the Treatment and Rehabilitation Centers Data for 2018 were evaluated under two categories namely **“those who were subjected to torture and ill-treatment practices”** and **“relatives of torture survivors.”** In total, there were 584 applications made to the HRFT Treatment Centers in 2018. The number of applications subjected to torture and other ill-treatment practices was 533 and the number of applicants whose relatives were tortured is 51, and the number of applications who were subjected to gross and serious human rights violations is 10. Since there were 18 applicants stated that they were subjected to torture and other ill-treatment practices out of Turkey their data were removed from total applicants (533 applicants).

Specific tables and graphics were prepared by statistical SPSS and Excel analysis of data on 505 people who were subjected to “torture and other ill-treatment cases in Turkey” and 18 people who were subjected to “torture and other ill-treatment cases out of Turkey” and 51 people who were the “relatives of torture survivors” in Turkey. The data of 10 people who suffered from gross and serious human rights violations were separately assessed by the team. However, 9 of these applications were also subjected to torture and other ill-treatment practices. It should be taken into consideration that total number of people torture survivors is 514 includes these 9 cases.

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

² The HRFT Treatment and Rehabilitation Centres (İstanbul, Diyarbakır, Ankara and İzmir Treatment and Rehabilitation Centres and Cizre and Van Reference Centres)

2. INFORMATION ON APPLICATIONS

241 people (41.3%) out of 584 cases applied centers the Istanbul Treatment and Rehabilitation Center, 131 people (22.4%) to the Diyarbakır Treatment and Rehabilitation Center, 73 people (12.5%) to the İzmir Treatment and Rehabilitation Center, 50 people (8.6%) applied to the Cizre Reference Center, 45 people (7.5%) to the Van Reference Center and, 44 people (7.5%) to the Ankara Treatment and Rehabilitation Center. Comparing to 2017 (total number of applications 616), the number of applications slightly decreased in this period.

The HRFT treatment and rehabilitation activities are carried out by two main centers (Istanbul and Diyarbakır) and other treatment and reference centres (Ankara, İzmir, Cizre, Van). The distribution of applications among the centres is as follows: 38.6 % of the applications was evaluated by Diyarbakır (Diyarbakır, Van, and Cizre) while 61.4% of them were evaluated in Istanbul (Istanbul, Ankara, İzmir) centers.

The number of applications made for medical support and documentation of torture and ill-treatment cases is 505 (86.5%), the number of applications made as relatives of torture victims 51 (8.7%), and there are 10 (1.7%). The number of applications made due to the violation was 10 (1.7%). 18 of the applications (3.1%) were subjected torture out of Turkey (refugees etc.). The distribution of applications is shown in Table 1.

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

Office	Torture Victims		Torture Victims out of Turkey		Relatives of Torture Victims		Victims of Gross Human Rights		Total	
	n	%	n	%	n	%	n	%	n	%
Diyarbakır	115	20.0	-	-	9	1.5	7	1.2	131	22.4
Cizre	37	6.0	-	-	13	2.2	-	-	50	8.6
Van	42	7.2	2	0.3	1	0.2	-	-	45	7.7
İstanbul	212	36.3	12	2.1	15	2.6	2	0.3	241	41.3
Ankara	39	6.7	2	0.3	2	0.3	1	0.2	44	7.5
İzmir	60	10.3	2	0.3	11	1.9	-	-	73	12.5
Total	505	86.5	18	3.1	51	8.7	10	1.7	584	100.0

3. APPLICATIONS FOR TORTURE AND OTHER FORMS OF ILL-TREATMENT IN TURKEY

The data on 505 applications made to the HRFT Treatment Centers in 2018 for torture and other ill-treatment practices were assessed comparatively in terms of application time, application method, socio-demographic data, physical and mental evaluation processes, and torture and other ill-treatment practices.

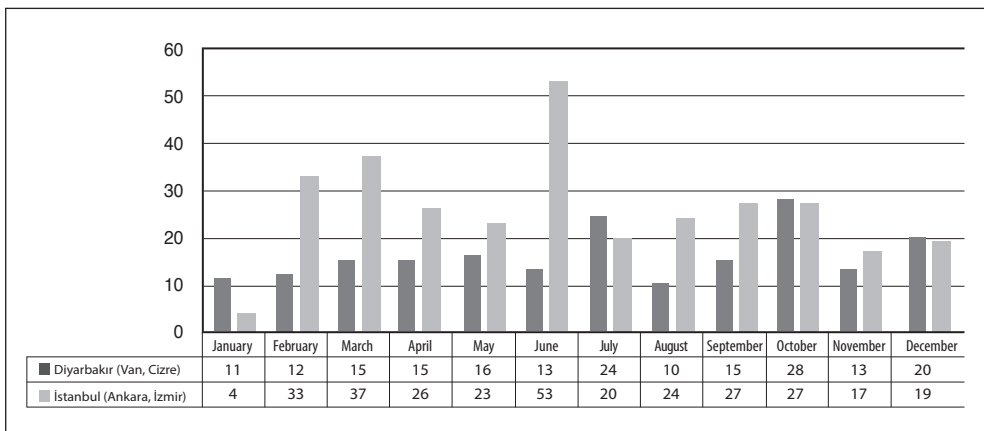
I. Monthly Breakdown of Applications

When the distribution of the applications by months is evaluated; the number of applications was above average in March, May, June and October. It is observed that more applications were made to Istanbul, Ankara and Izmir in February, March and June compared to the other center. Distribution of the number of applications made to the main centers by months is shown in Graphic 1.

In 2018, obstacles to investigations into violations of the right to life, torture and other ill-treatment practices, freedom of thought, expression and association as well as the increased pressure on human rights organizations, the arrest and detention of human rights defenders, professional chamber representatives and lawyers, and violence have become the main characteristic of the regime. The increase in applications made to Istanbul, Ankara and Izmir centers in June indicates that the incidents occurred related to the presidential elections held on June 23, 2018 might have caused the increase in question.

II. Distribution of Applications by Methods

When the methods applicants who were subjected to torture and other ill-treatment practices to reach the HRFT Treatment Centers are examined, it is observed that



Graphic 1: Distribution of Applications Made to the HRFT Treatment and Rehabilitation Centres by Months (n=502)

123 people (24.4%) directly applied to the HRFT upon recommendation of other applicants and 109 people (21.6%) applied directly. The application methods to the HRFT are given in Table 2.

In 2018, the majority of the applicants were made directly or upon the recommendation of former HRFT applicants (46%) to the HRFT centres. The percentage of applications made through lawyers, non-governmental organizations, media and other means is 16.2%. The application percentage directed to the HRFT by lawyers has not changed compared to the previous year. This fact indicates the need to concentrate on activities for institutions and individuals working in the field of law.

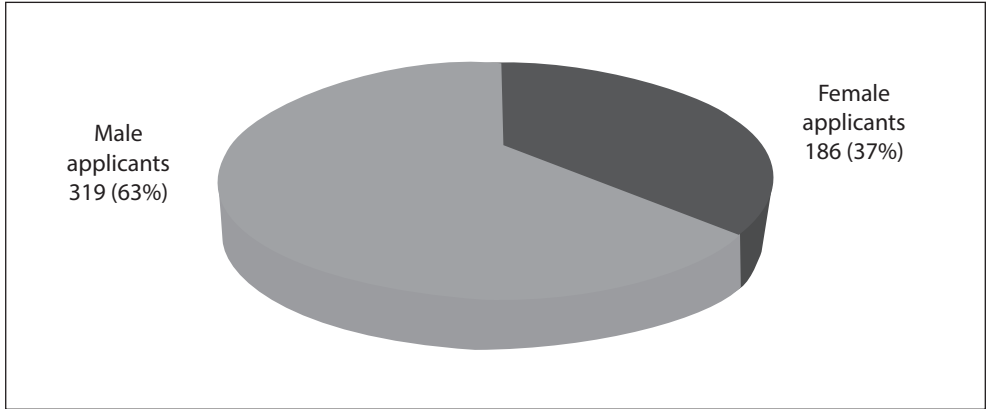
Table 2: Distribution of applications by source information

Method	Number of Application	%
Recommendation of HRFT applications	123	24.4
Former application	58	11.5
Recommendation of HRFT staff	48	9.5
Recommendation of HRFT volunteers	32	6.3
Through IHD channel	53	10.5
Direct	109	21.6
Through lawyers recommendation	33	6.5
Through other democratic organizations and/or parties	32	6.3
Through Media	5	1.0
Other methods	12	2.4
Total	505	100.0

3.1 Sociodemographic Information

3.1.1 Age and Sex

When the distribution of 505 applicants in 2018 is examined according to gender (Graphic 2); it is observed that 186 applicants (36.8%) are female and 319 (63.2%) are male. Compared to data from 2017, the rate of female applications decreased [238 women (42%); 326 men (58%) for 2017]. In terms of gender, the number of applications for torture and other forms of ill-treatment practices allegations was not statistically different regarding representative offices in 2018 ($p > 0.05$).



Graphic 2: Distribution of applications by gender (n=505)

In 2018, it is noticed that the youngest applicant was 4 years old while the oldest applicant was 76 years old, the average age was 35.53 (Ss=14.027), (the age average of female applicants was 37.25, and the age average of male applicants was 34.52). Compared to previous years, it was observed that the age average was similar (age average: 34.85 in 2017). The comparative distribution of 2017 and 2018 applications by age groups is shown in Table 3.

Age group	2018 Applications		2017 Applications	
	n	%	n	%
0-18*	24	4.8	22	3.9
19-25	126	25.0	127	22.5
26-30	74	14.7	96	17.0
31-35	64	12.7	75	13.3
36-40	49	9.7	72	12.8
41-45	34	6.7	61	10.8
46 ve üstü	134	26.5	111	19.7
Total	505	100.0	564	100.0

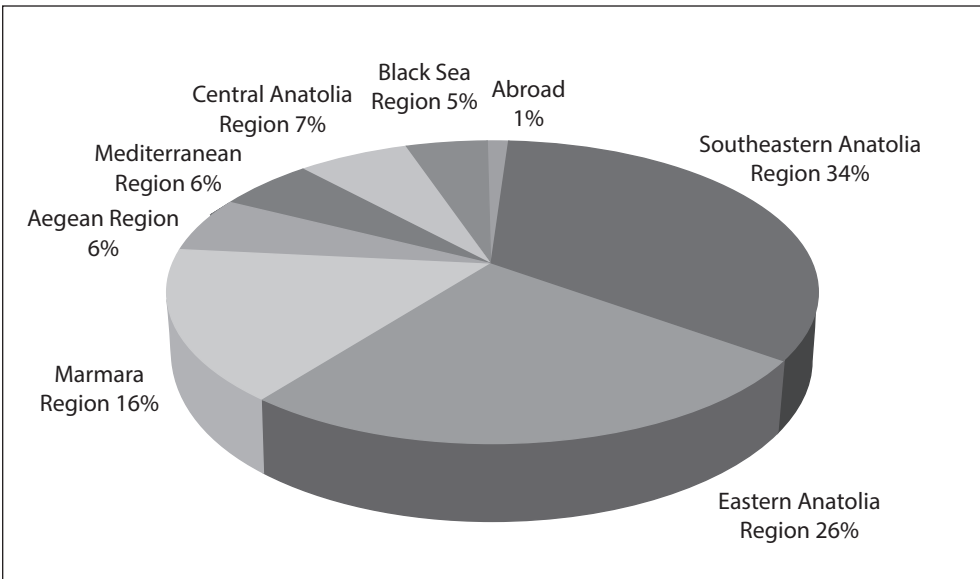
**In the years before 2018, there were applications younger than 18 in the age group 0-18. The evaluation of 2018 applications was completed by the team after the applications 18 years were removed from this age group.*

4.8% of all torture applications are those under the age of 18 (24 applications). Compared to 2017 data, it is observed that the number and percentage of applicants increased for torture under custody under the age of 18 (22 applications* for 2017; 3.9%). It is observed that there is an increase in the applications between the ages

of 19-25 and 46 and older while there is a decrease in the applications between the ages of 26 and 45. This change observed in age groups remains an issue to be evaluated.

3.1.2 Place of Birth and Region

When the cities where the applicants were born were examined, it is noticed that 73 of the applicants (14.5%) were born in Diyarbakır, 71 of the applicants (11.1%) were born in İstanbul, 44 of them were born in Şırnak, 28 of them were born in Van and 21 of them were born Mardin. It is determined that 60% of the application was born in Southeastern Anatolia and Eastern Anatolia Region. The distribution of applications according to regions of birth is shown in Graphics 3.

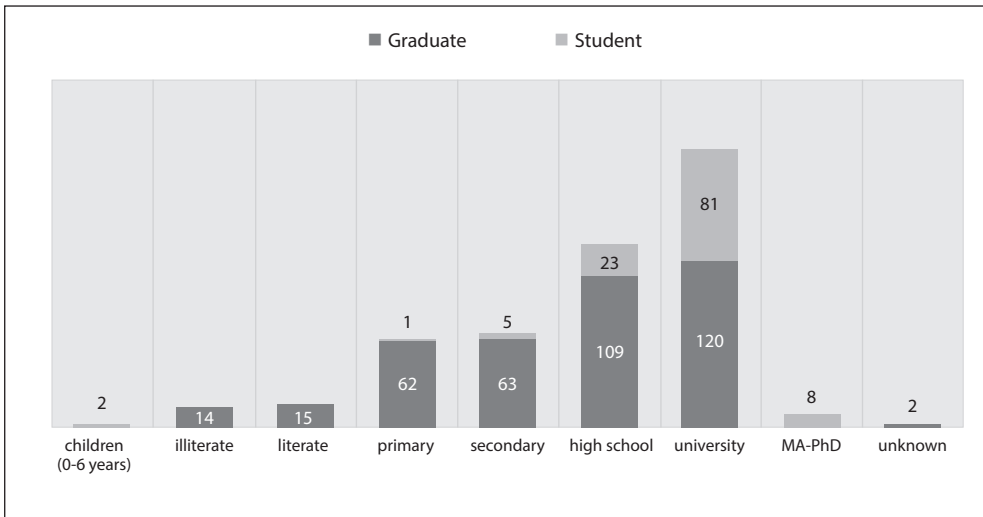


Graphic 3: Distribution of applications by regions of birth (n=505)

It is noteworthy that the population density of the Southeastern and Eastern Anatolia Regions is the lowest among the regions, while those who were born in these regions form 60% of the applicants. When the birth regions are evaluated together with the languages of the applicants, this fact indicates that the number of applications with Kurdish ethnic identity has increased over the years and they have been more subjected to torture and other ill-treatment in applications to the HRFT.

3.1.3 Education, Job/Profession and Currently Employed or not

Considering the last school from which applicants graduated, it was determined that 318 people (63.0%) received education from high schools and above, and 14 applicants (2.8%) were illiterate. 118 of the applications are still part of the education system; 89 (17.6%) of them are students in higher education institutions (81 universities, 8 MA and Doctorate students). The distribution of applicants according to their educational is shown in Graphic 4.



Graphic 4: Distribution of applications by education status (n=505)

It is understood that the number of applicants who dropped out of their education was 78 (15.4%).

The distribution of applications by their working and educational status is shown in Table 4. 29 applicants whose education and employment status could not be determined and under the age of working were not evaluated in this category. Despite the fact that most of the applicants are educated, 325 of them (68.3%) are unemployed. It is observed that 65 of the applicants (13.7%) are full-time employed while 18 of them (3.8%) have part-time works, 14 (2.9%) were employed informally and 18 (3.8%) were unpaid family workers/domestic workers. In addition, it was understood that 31 people (9%) are retired and 4 people (0.8%) had other income.

Table 4: Distribution of applications by working and education status

	Full-time	Part-time	Informal	Domestic-worker	Retired	Other income	Unemployed	Total
High-school students	0	0	1	1	0	0	19	21
University-vocational school	6	12	3	1	0	0	58	80
MA-PhD	1	0	0	0	0	1	5	7
Illiterate	1	0	0	4	0	1	7	13
Literate	1	0	1	1	0	0	6	9
Dropped from primary school	2	1	0	0	0	0	2	5
Primary school	3	1	3	5	3	0	35	50
Dropped from secondary school	1	0	0	0	1	0	7	9
Secondary school	10	1	1	2	1	0	17	32
Dropped from high school	3	1	1	0	2	1	18	26
High school	8	1	4	3	9	0	48	73
Dropped from university-vocational school	1	0	0	0	4	1	26	32
University-vocational school	22	1	0	1	9	0	66	99
MA-PhD	6	0	0	0	3	0	10	19
Total	65	18	14	18	32	4	325	476

3.2 Process of Torture

505 applications made for torture and other forms ill-treatment practices were divided into two as of 2018 and before 2018 and analysis were made on the basis of this distinction in order to address torture and other ill-treatment practices in a wholistic manner and to find out the changing aspects of the torture process over the years.

In 306 (60.6%) out of 505 applications for torture and ill-treatment practices, the applicants stated that they had been subjected to torture (under formal and informal detentions, and in prison, etc.) in 2018, while 199 (39.4%) people were subjected to torture before 2018. Compared to previous years [in 2017 (32.1%), in 2015 and 2016 (34%)], it is observed that applications for torture and ill-treatment allegations increased in 2018.

The oldest torture application among all applications dates back to 1982. However, 74.9% of previous torture applications for torture and other ill-treatment practices were made by people during the past three years [2017 (62), 2016 (58), and 2015

(29)]. Judicial decisions draw attention to the fact that applications and efforts made as soon as possible following the torture incident occurs are important to prove torture allegation; refer to the need to obtain a medical report by making a complaint at the earliest opportunity. As time passes, some of the traces of torture may disappear and the claims of torture may not be approved unless a comprehensive and wholistic medical assessment is made. Data indicate that an effort is needed to inform the relevant actors and stakeholders in order to carry out a medical assessment and documentation in accordance with the Istanbul Protocol in the early period.

3.2.1 Detention and Reasons for Torture under Detention

Similar to the results of the HRFT reports from previous years, 2018 data demonstrate that politically-oriented torture is the most common reason for torture. 468 (92.7%) of 505 people who applied to the HRFT stated that they were tortured for political reasons. It is observed that the number of torture applications for political reasons is similar in 2018 and before 2018 (93.5% for 2018, 91.5% for before 2018).

Table 5: Distribution of applications by reasons for torture

	Torture victims in 2018 (n=306)		Torture victims before 2018 (n=199)		Total (n=505)	
	n	%	n	%	n	%
Political	286	93.5	182	91.5	468	92.7
Legal	6	2.0	4	2.0	10	2.0
Sexual identity and orientation	1	0.3	1	0.5	2	0.4
Asylum seeker	2	0.7	0	0.0	2	0.4
Ethnic reasons	5	1.6	7	3.5	12	2.4
Other reasons	6	2.0	2	1.0	8	1.6
No record	0	0.0	3	1.5	3	0.6

Although applications for politically-oriented torture cases to the HRFT are not categorized according to which groups were targeted, it is assumed that the leftist opposition groups and the Kurds represent the majority. On the other hand, we believe that the number of LGBTI +, religious/conservative, etc. cases is relatively lower. The distribution of the applications by the reasons for torture is shown in Table 5.

3.2.2 Duration of Detention and Torture under Detention

When the last duration of detention that applications were kept is examined; 226 (44.8%) of the applicants stated that their detention was less than 24 hours. Those who stated that they had been tortured during the year had a higher rate of detention

for less than 24 hours compared to those who had been tortured before 2018 (49.0% for 2018) 38.2% for before 2018; $X (n = 505) = 29,389, p < 0.001$ is also statistically more meaningful.

In addition to extending the period of detention, restrictions on procedural safeguards (violation/ non-recognition of the right to access to lawyers, and relatives, etc.); it creates a more suitable atmosphere for people to be subjected to torture and other ill-treatment practices. Whenever there is an intensification in pressure and violence in Turkey, detention period is extended and procedural safeguards are violated in the country. Together with the State of Emergency, which had been declared following the coup attempt, in accordance with the changes the detention period was increased to 30 days first, and reduced to 14 days later that was the beginning of 2017. With the enactment of decrees issued under the State of Emergency on 25 July 2018, the detention period was increased from 48 hours 4 days for collective crimes. Furthermore, the new regulation authorizes the peace criminal judgeship to extend the period of detention twice that makes 12 days in total.

While no application was made for being held under detention for more than 1 month in 2018, there were 7 cases (3.5%) that were tortured in such a long detention period before 2018. The last detention periods of tortured persons are shown in Table 6. Two applicants stated that they were held under detention for more than 15 days; while one of the applicant was held under detention for 20 days and the other one was held under detention for 29 days.

Table 6: Distribution of applications by detention period

	Torture victims in 2018 (n=306)		Torture victims before 2018 (n=199)		Total (n=505)	
	n	%	n	%	n	%
Less than 24 hours	150	49.0	76	38.2	226	44.8
24-48 hours	41	13.4	21	10.6	62	12.3
49-72 hours	24	7.8	14	7.0	38	7.5
73-96 hours	26	8.5	27	13.6	53	10.5
5-7 days	32	10.5	20	10.1	52	10.3
8-15 days	31	10.1	23	11.6	54	10.7
16-30 days	2	0.7	9	4.5	11	2.2
More than 1 month	0	0.0	7	3.5	7	1.4
No record/unknown	0	0.0	2	1.0	2	0.4

3.2.3 Detention Places

185 applicants (60.5%) out of 306 who applied to the HRFT for torture and other ill-treatment in 2018 referred to street or open area as their last detention place while 64 people (20.9%) told it was their home. When detention places in previous years were included in the evaluation in terms of place of detention (505 applications); it is observed that the rate of applicants taken into custody from the open area and the street decreased to 51.1%, and the rate of detention from home increased to 30.5%.

The fact that there has been an increase in the number of people, who who applied for torture and other forms of ill-treatment practices, for being detained in open areas and streets comparing to other detention indicates a significant factor *viz* torture and other ill-treatment practices are no longer occur in places with the four walls only and the changing face of torture. In the 2017 Treatment and Rehabilitation Centers Report, it was emphasized that the rates of detention from home and street/open areas have been tripled in 2017 applications though it was very similar in previous years. In terms of detention places, the house/street/open area still compose 1/3 of the applications in 2018.

Violent and arbitrary interventions in demonstrations organized within the scope of freedom of thought and expression have become widespread with the State of Emergency practices. The information provided by the applicants demonstrate that the State of Emergency obtained its permanent legal ground and there has been no change in terms of torture and human rights violations. The data suggest that the open space and the street, which is an important public space for freedom of thought and expression, were removed from being a space of freedom in 2018 and turned into new places of torture and an open prison. Furthermore, as a common space, it was determined that the rate of detention from the places used by the institutions and non-governmental organizations increased in 2018. Table 7 shows the distribution of the places where the applicants were detained.

Table 7: Distribution of applications by detention places

	Torture victims in 2018 (n=306)		Torture victims before 2018 (n=199)		Total (n=505)	
	n	%	n	%	n	%
Home	64	20.9	90	45.2	154	30.5
Workplace	7	2.3	3	1.5	10	2.0
Organization (media office, association)	19	6.2	3	1.5	22	4.4
Official space (airport etc)	17	5.6	9	4.5	26	5.1
Street/open space	185	60.5	73	36.7	258	51.1
Other	14	4.6	19	9.5	33	6.5
No record/Unknown	0	0.0	2	1.0	2	0.4

3.2.4 Torture by Detention Time

When the applicants' detention time was questioned, 319 out of 505 people (63.2%) were detained between 08:00 and 18:00 during the day, 51 of them (10.1%) were between 18:00 and 24:00 at evening and 131 of them (25.9%) were detained between 24: 00-08: 00 at night. Table 8 shows the distribution of time zones for detention of groups in 2018 and before 2018.

Table 8: Distribution of applications by detention time

Detention Time	Torture victims in 2018 (n=306)		Torture victims before 2018 (n=199)		Total (n=505)	
	n	%	n	%	n	%
08:00–18:00	202	66.0	117	58.8	319	63.2
18:00–24:00	32	10.5	19	9.5	51	10.1
24:00–08:00	72	23.5	59	29.6	131	25.9
Applicant does not know/remember	0	0	4	2.0	4	0.8

Analyzing the data of recent years; Midnight (24: 00-08:00) detention rate increased from 14% in 2016 to 18.3% in 2017 and 23.5% in 2018. The shift of the detention clock towards midnight highlights ***the purpose of threats and intimidation in practice, and also strengthens the perception that there is no place where the person will feel safe.***

3.2.5 Torture in Detention Places

Analyzing information provided by the 505 people who applied to the HRFT Representatives in 2018 about the places where they were tortured, “police departments” were ranked first with a rate of 50.7%, and this category is followed by “street or open space” (43.8%) and “in-vehicle” (39.2%) (Table 9).

Table 9: Distribution of applications by detention places

	Torture victims in 2018 (n=306)		Torture victims before 2018 (n=199)		Total* (n=505)	
	n	%	n	%	n	%
Security Directorate	160	52.3	97	48.7	257	50.9
Street or outdoor space	176	57.5	45	22.6	221	43.8
In vehicle	163	53.3	35	17.6	198	39.2
Police Station	74	24.2	11	5.5	85	16.8
Victim’s place (house, workplace etc.)	44	14.4	36	18.1	80	15.8
Demonstration area	15	4.9	1	0.5	16	3.2
Gendarmerie commandership	2	0.7	7	3.5	9	1.8
Prison	1	0.3	4	2.0	5	1.0
Gendarmerie Station	1	0.3	3	1.5	4	0.8
Unknown closed area	1	0.3	2	1.0	3	0.6
Other	21	6.9	3	1.5	24	4.8
Those who say no torture in the last detention**	15	4.9	33	16.6	48	9.5
Lack of data/no record	4	1.3	4	2	8	1.6

**In cases where torture is practiced in more than one place, data is recorded separately for each place.*

***In the applications stating that there was no torture in the last detention, the stories of the previous detention processes were taken into consideration.*

However, when we analyze the applications for torture cases in 2018, the rankings of torture places changed. While “street or open space” (57.5%) is on the first place, it is observed that those who were subjected to torture and other ill-treatment practices (53.5%) are followed by “police departments” in fourth place. There is lack of data (1.6%) in 8 applications. The Distribution of applications by number of units that they were subjected to torture in the last detention is shown in the Table 10.

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

	Torture victims in 2018 (n=306)		Torture victims before 2018 (n=199)		Total (n=505)	
	n	%	n	%	n	%
Single location	88	28.8	106	53.3	194	38.4
Two locations	60	19.6	36	18.1	96	19.0
Three locations	112	36.6	17	8.5	129	25.5
Four locations	26	8.5	4	2.0	30	5.9
Five locations	2	0.7	0	0.0	2	0.4
Lack of data	18	5.9	36	18.1	54	10.7

As in previous years; it has been determined that torture is not limited to one place frequently. While 194 (38.4%) out of 505 applicants stated that they were tortured in one place; 257 people (50.9%) stated that they were tortured in more than one place. During the detention period, all of the “people in the vehicle”, “street / open area” and “home / workplace” were subjected to torture also in another unit.

It is understood that torture has become common in such places. Furthermore, it is observed that applicants were subjected to torture in places that they were taken. In recent years, it is thought that the use of impunity armor is responsible for the spread of torture practices in social spaces and living spaces. There are attempts to legitimize violence by the law enforcement under the name of “proportional force is applied”, no action is taken against those responsible or those who are tortured are prevented from obtaining legal results by means of the counterclaim cases. Exercising torture in streets and in more than one place is an important data to understand the changing aspect of impunity at every stage of the torture.

The applicants reported that they had been tortured in different places ranging from 2 to 5. Compared to previous year, the rate of torture in more than one place increased in this period. Similarly, compared to those who were tortured before 2018, the rate of torture in multiple places increased in 2018 while the torture limited to one place decreased. There is an opposite trend regarding those who were tortured before 2018. This situation was found statistically significant ($X^2 = 35.094$, $p < 0.001$).

3.2.6 Distribution of Torture by Regions and Provinces

The distribution of torture by regions and provinces regarding the cases 505 people who applied to HRFT centers for torture and other ill-treatment practices in the country is shown in Table 11. 48 of the applicants stated that they had not been tortured in the last detention, and the assessments were made over 455 applications since there were lack of data about 2 cases.

Table 11: Distribution of application by regions and provinces

	Torture victims in 2018 (n=291)		Torture victims before 2018 (n=164)		Total (n=455)	
	n	%	n	%	n	%
Marmara	157	54.0	31	18.9	188	41.3
Southeastern Anatolia	42	14.4	62	37.8	104	22.9
Eastern Anatolia	31	10.7	24	14.6	55	12.1
Aegean	25	8.6	26	15.9	51	11.2
Central Anatolia	32	11.0	12	7.3	44	9.7
Mediterranean	4	1.4	4	2.4	8	1.8
Black Sea	0	0	5	3.0	5	1.1

The region with the highest intensity of torture and other ill-treatment practices in 2018 is the Marmara Region with 157 applications (54%). No application was made from the provinces of the Black Sea Region. There were 4 applications (1.4%) from the Mediterranean Region. Unlike previous years, the rates of Southeast, East Anatolia and Central Anatolia were close to each other. Considering all applications including allegations from the past are evaluated, the Marmara Region (41.3%) and the Southeastern Anatolia Region (22.9%) are the two key regions. Yet, it was the Southeaster Anatolia Region (37.8%) in the cases before 2018.

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

	Torture victims in 2018 (n=291)		Torture victims before 2018 (n=164)		Total (n=455)	
	n	%	n	%	n	%
İstanbul	157	54.0	28	17.1	185	40.7
Ankara	32	11.0	10	6.1	42	9.2
Diyarbakır	28	9.6	29	17.7	57	12.5
Van	27	9.3	10	6.1	37	8.1
İzmir	21	7.2	20	12.2	41	9.0
Şırnak	5	1.7	19	11.6	24	5.3
Şanlıurfa	3	1.0	4	2.4	7	1.5
Batman	2	0.7	5	3.0	7	1.5
Hakkari	0	0.0	5	3.0	5	1.1
Other Provinces	13	4.5	29	17.7	42	9.2

*(The provinces with less than 5 applications in total are shown as "Other provinces" line in the table.)

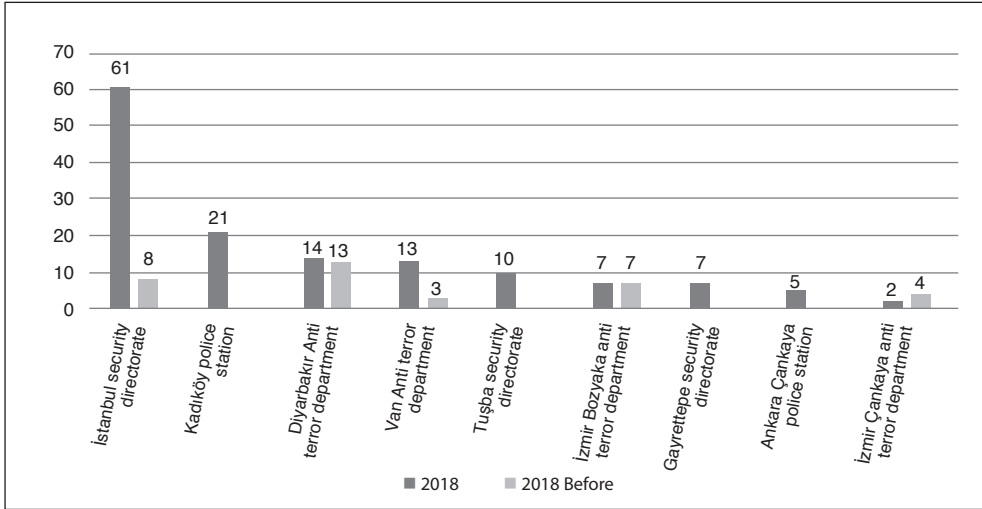
In the evaluation made according to the provinces where the applicants were tortured under custody; it is observed that the provinces where HRFT Representatives and Reference Centers are located have higher numbers of applications. It demonstrates that the presence of HRFT centers reduces the obstacles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

The distribution of the provinces in which 455 applicants were subjected to torture and other ill-treatment while they were under the last detention is given in Table 12. It is evaluated that 185 (40.7%) of the applicants lived in Istanbul and 57 people (12.5%) were subjected to torture while they were under detention in Diyarbakır. Compared to the data of previous years, it is noticed that there is a significant difference in the rankings and rates of the provinces that applicants were subjected to torture in 2018. While Istanbul was the province with the highest rate of torture with 157 applications (54%), it is considerably remarkable that all the allegations of torture in the Marmara Region point to the province of Istanbul.

The rate of torture applications in Diyarbakır and Ankara provinces has decreased compared to the previous year. The rate has decreased from 17.2% to 9.6% in Diyarbakır and from 18.8% to 11% in Ankara. However, Van has a rate of 9.3% in this order that is equal to the 4th in the ranking.

3.2.7 Units where Torture Takes Place

Analyzing the units where applicants were subjected to torture for last time, it is noticed that as in 2017, torture was practiced in more than 100 units, especially in the Police Departments, Anti-Terror Departments. The distribution of the centers where the applicants stated that they were tortured last is shown in Graphic 5.



Graphic 5: Distribution of applications by units that torture takes place

The Istanbul Security Directorate ranked the first with 61 applications (19.9%) in the torture practices in 2018. Unlike 2017, Kadıköy Rıhtım Police Station ranked second with 21 applications and Diyarbakır Security Directorate Anti-Terror Department was third unit with 14 applications.

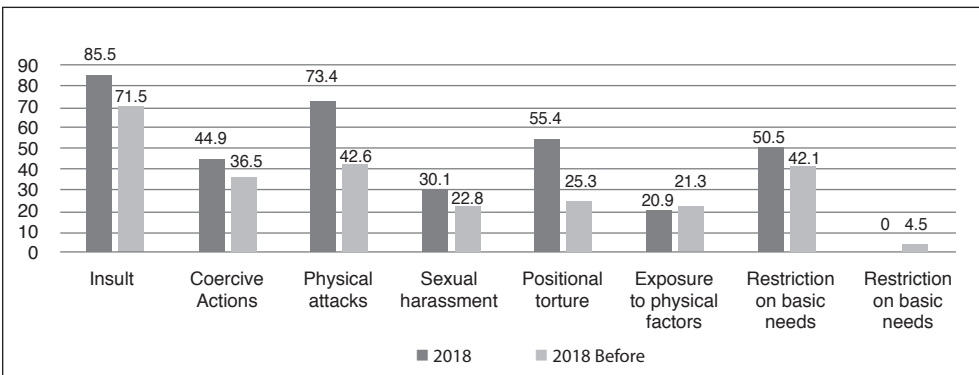
3.2.8 Methods of Torture

The prevalence of torture methods categorized under eight main headings among torture survivors is given in Table 13 and the distribution of these methods is shown in Graphic 6. The vast majority (88.8%) of the applicants have been subjected to more than one torture method. Especially this rate is higher among the applications for torture cases in 2018 (92.5% in 2018, 81.8% before 2018). The data show that the most commonly used method is classified under the title of insult (80%), followed by torture methods grouped as physical attacks (59.8%).

Table 13: Distribution of applications by torture methods

	Torture victims in 2018 (n=306)		Torture victims before 2018 (n=199)		Total (n=505)	
	n	%	n	%	n	%
Insult	262	85.6	142	71.4	404	80.0
Physical attacks	224	73.2	84	42.2	302	59.8
Restriction on basic needs	154	50.3	85	42.7	239	47.3
Positional torture	169	55.2	50	25.1	219	43.4
Coercive Actions	138	45.1	72	36.2	210	41.6
Sexual harassment	91	29.7	46	23.1	137	27.1
Exposure to physical factors	64	20.9	42	21.1	106	21.0
Other	-	-	9	4.5	9	1.8

15 (4.9%) out of 306 people who applied for allegations of torture and other ill-treatment in 2018 stated that they were not tortured in their last detention. This number was 33 (16.5%) out of 199 applicants for the allegations before 2018. However, the applications considered that they were unjustly deprived of their liberty.



Graphic 6: Distribution of applications by rate of methods of torture in the last detention (n=505)

The distribution of applications on the basis of comparative rate of the group of the torture methods that the applicants stated they had been subjected to is given in Graphic 6. As the graphic shows the number and percentage of applicants that were exposed to physical interventions ($X(N = 468) = 36.327, p < 0.001$) and positional torture ($X(N = 469) = 34.866, p < 0.001$) are higher in 2018 than those who were tortured before 2018. It is observed that the methods applied in previous years were

proportionally similar. The distribution of torture methods among the applicants, both in and before 2018, is presented in 8 subtitles in Table 14.

Table 14: Distribution of applications by the methods of torture

	306 people who were subjected to torture in 2018		199 people who were subjected to torture before 2018	
	n	%	n	%
Insult				
Insulting-degrading words	257	84.0	131	65.8
Death threat	59	19.3	53	26.6
Threat to applicants	112	36.6	63	31.7
Threat to applicants' relatives	25	8.2	38	19.1
Other	8	2.6	4	2.0
Coercive Actions				
Forcing applicants to witness torture in an audio-visual way	105	34.3	31	15.6
Forcing applicants to listen to music and songs in high volume	19	6.2	10	5.0
Forcing applicants to obey senseless orders	37	12.1	10	5.0
Forcing applicants to be an informer	15	4.9	32	16.1
Practicing torture while applicants' relatives are present	69	22.5	17	8.5
Blindfolded	10	3.3	16	8.0
Other	1	0.3	1	0.5
Physical Attacks				
Beating	203	66.3	61	30.7
Continuous hitting in one part of the body	34	11.1	19	9.5
Squeezing testicles	1	0.3	6	3.0
Falanga	4	1.3	3	1.5
Beating with a whip and/or a hose	1	0.3	3	1.5
Other forms of physical attacks	17	5.6	4	2.0
Pulling out hair/beard/mustache	18	5.9	9	4.5
Tightening handcuffs	69	22.5	25	12.6
Attempt to strangle	7	2.3	3	1.5
Hurting with sharp objects	1	0.3	1	0.5
Hurting with firearms	0	0.0	7	3.5
Firearms	2	0.7	6	3.0

Table 14 continued

	306 people who were subjected to torture in 2018		199 people who were subjected to torture before 2018	
	n	%	n	%
Rubber bullets	10	3.3	1	0.5
Gas canisters	0	0.0	3	1.5
Forcing applicants to excessive exercise	3	1.0	0	0.0
Other	1	0.3	2	1.0
Sexual Harassment				
Verbal sexual harassment	31	10.1	34	17.1
Insulting with sexually explicit words	71	23.2	40	20.1
Sexual attack/Rape threat	18	5.9	7	3.5
Other verbal attacks	0	0.0	4	2.0
Physical sexual harassment	11	3.6	8	4.0
Rectal/Naked Body Search	1	0.3	1	0.5
Stripping Naked	17	5.6	10	5.0
Touching different parts of the body	14	4.6	4	2.0
Rape	2	0.7	1	0.5
Other physical sexual harassment	1	0.3	0	0.0
Positional Torture				
Reverse handcuffed	156	51.0	46	23.1
Reverse handcuffed hands and feet	1	0.3	1	0.5
Hanging	2	0.7	1	0.5
Hanging or crucifix	2	0.7	1	0.5
Reverse hanging by feet	1	0.3	0	0.0
Palestinian Hanging	0	0.0	2	1.0
Forcing applicants to remain in the same position for too long	17	5.6	6	3.0
Other positional forms of torture	8	2.6	3	1.5
Exposure to physical factors				
Tear gas chemicals (pepper gas, CN, CS, etc)	20	6.5	10	5.0
Respiration problems	12	3.9	12	6.0
Holding applicants in cold/hot environment	32	10.5	25	12.6
Pressurized/cold water	3	1.0	8	4.0
Electricity	4	1.3	4	2.0
Other	4	1.3	2	1.0

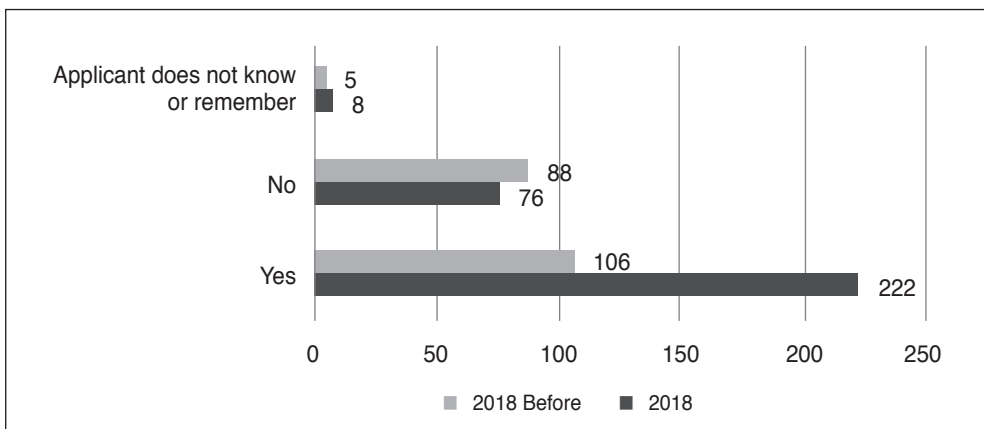
Table 14 continued

	306 people who were subjected to torture in 2018		199 people who were subjected to torture before 2018	
	n	%	n	%
Restriction on basic needs				
Prevention of urination and defecation	78	25.5	34	17.1
Restriction on food	102	33.3	49	24.6
Isolation in cell	13	4.2	23	11.6
No hygiene conditions	90	29.4	46	23.1
Depriving applicants of sleep	34	11.1	35	17.6
Prevention of access to health	90	29.4	34	17.1
Other	2	0.7	1	0.5
Other	0	0.0	9	4.5

3.3 Legal Procedures During and After Detention

3.3.1 Access to Lawyers

In the analysis of legal practices, 328 (65%) out of 505 applicants stated that they had met with a lawyer during their last detention. The rates were 222 people out 306 applicants (72.5%) for torture in 2018; and 106 applicants (53.3%) out of 199 before 2018. It is understood that the rate of lawyers visit increased in 2018 compared to those who were subjected to torture in previous years. Percentages of the visit with lawyers are presented in Graphic 7.



Graphic 7: Situation about applicants' ability to meet with their lawyers (n=505)

3.3.2 Arrests After Detention

In 2018, 172 out of the 505 applicants (34.1%) stated that they were released without being brought to the prosecutor's office, 208 people (41.2%) told that they were arrested, 112 people (22.2%) were released from the prosecutor's office or by the court. The rate of *"being released without being taken to the prosecutor's office"* and *"being released from the prosecution or court"* is (56.3%); this fact shows that as in the previous years, the arbitrary detention in 2018 was a widespread form of violation among applicants for being subjected to torture during this period. However, when the 2018 data and 2017 data are compared; despite a relative decrease in the rates of *"being released without being taken to the prosecutor's office"* and *"being released from the prosecutor's office or court"*, a slight increase was observed in the arrests (27.1%). The arrest data after detention is presented in Table 15.

Table 15: Situation of applications after applicants are released from detention

	306 people who were subjected to torture in 2018		199 people who were subjected to torture before 2018		Total (n=505)	
	n	%	n	%	n	%
Released without being taken to the public prosecutor's office	130	42.5	42	21.1	172	34.1
Released from the public prosecutor's officer or from the court	88	28.8	24	12.1	112	22.2
Arrested	83	27.1	125	62.8	208	41.2
Applicant does not know/remember	5	1.6	8	4.0	13	2.6

3.3.3 Legal Cases After Detention

Analyzing applications to the HRFT Treatment and Rehabilitation Centers in 2018 to find out whether applicants faced any court case after their detention indicates that 14.7% of the applicants faced no lawsuits were while 46.1% of them stated that they did not know whether a lawsuit was filed. The number and distribution of applications by court cases after their detention are shown in Table 16.

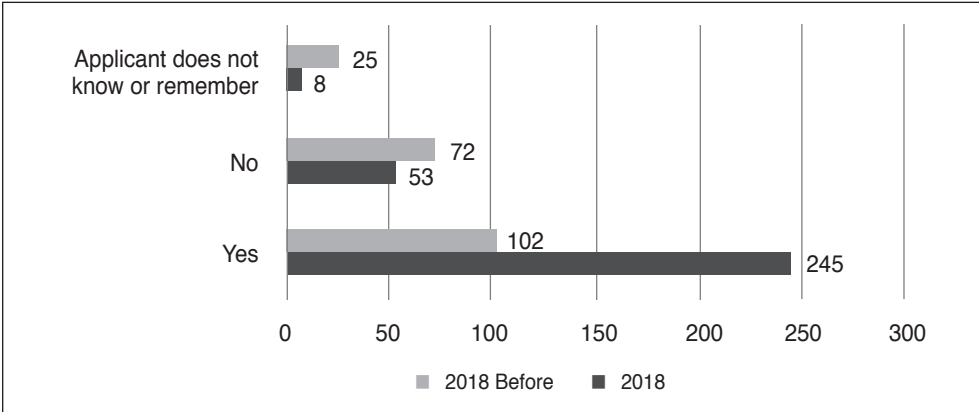
Table 16: Distribution of applications by court cases after their detention

	306 people who were subjected to torture in 2018		199 people who were subjected to torture before 2018		Total (n=505)	
	n	%	n	%	n	%
Applicant does not know whether a court case is launched or not	141	46.1	16	8.0	157	31.1
No court case	45	14.7	38	19.1	83	16.4
A court case was launched pending case	75	24.5	66	33.2	141	27.9
A court case was launched sentence is given	36	11.8	65	32.7	101	20.0
A court case was launched resulted in acquittal	3	1.0	10	5.0	13	2.6
Verdict of non-prosecution	0	0.0	2	1.0	2	0.4
A court case was launched	6	2.0	2	1.0	8	1.6

While 39.2% of the applicants for torture faced court cases for during the year, 1.0% of the cases resulted in acquittal or non-prosecution and 11.8% were sentenced. Convictions in previous years were three times higher (32.7%).

3.3.4 Forensic Reports and Places of Examination Under Detention

Analyzing the frequency of issuing forensic reports in detention shows that 347 applicants (68.7%) obtained reports upon the initiative of officials after the last detention. While the rate for these reports is 80.1% (245 applications) for torture applications in in 2018, it was 51.3% (102 applications) with regard to similar allegations before 2018 (Graphic 8). Lack of official detention procedures in public demonstrations can be considered as one of the reasons for this low rate.



Graphic 8: Distribution of applications by obtaining forensic medicine

In regard to forensic examinations, it is determined that there are 435 applications (86.1%) in the application files. It is noticed that 297 (68.3%) of the registered applications were made at hospital, and 21 of them (4.8%) were made places where they were being held under detention. Table 17 shows the comparative distribution of applications for torture cases in and before 2018.

Table 17: Distribution of applications by places that forensic examination is carried out

	People who were subjected to torture in 2018 (n=289)		People who were subjected to torture before 2018 (n=146)		Total (n=435)	
	n	%	n	%	n	%
No examination	38	13.1	36	24.7	74	17.0
Detention place	8	2.8	13	8.9	21	4.8
Family Practice Center	6	2.1	10	6.8	16	3.7
Hospital	224	77.5	73	50.0	297	68.3
Forensic Medicine Branch	8	2.8	11	7.5	19	4.4
Forensic Medicine	5	1.7	3	2.1	8	1.8
No examination	38	13.1	36	24.7	74	17.0

The regulations, which were introduced in 2018, about the State of Emergency did not significantly change the situation in terms of procedural safeguards. The information provided by the applications indicate that there are still barriers to procedural safeguards as well as the violation of the Istanbul Protocol principles. Carrying out forensic examination in places, which do not have health units yet are under the control of security officers, prevents healthcare officers from performing their professional responsibilities independently and freely.

Carrying out examinations in these places leads to a serious violation in the aspect of health officers and makes the environment fragile to torture by eliminating trust issue, privacy and autonomy for those who are under detention.

Information about the forensic examinations after the detention and about the forensic examinations of the applications in the files are presented in Table 18.

Table 18: Assessment of applications, which have forensic examination after the detention, from the forensic medicine perspective

		People who were subjected to torture in 2018			People who were subjected to torture before 2018		
		Yes	No	NK/NR*	Yes	No	NK/NR*
Were law enforcement officers taken from the office during the forensic examination? (n=368)	n	106	141	5	30	69	17
	%	42.1	56.0	2.0	25.9	59.5	14.7
Did the forensic physician listen to the complaints? (n=368)	n	97	149	6	28	74	14
	%	38.5	59.1	2.4	24.1	63.8	12.1
Did forensic physician take medical history? (n=368)	n	56	191	5	17	85	14
	%	22.2	75.8	2.0	14.7	73.3	12.1
Did the forensic physician carry out the examination properly? (n=368)	n	32	216	4	10	94	12
	%	12.7	85.7	1.6	8.6	81.0	10.3
Did the forensic physician issue a report that was in accordance with the findings? (n=368)	n	16	232	4	2	104	10
	%	6.3	92.1	1.6	1.7	89.7	8.6

*Not know/Do not remember

The information provided by the applicants who had their forensic examinations for torture cases in 2018 demonstrate that the current situation has become a permanent problem in the field of health with regard to the basic international regulations, the principles of the Istanbul Protocol, the national regulations as well as the ethical and professional standards of the medical profession in the medical assessment process.

The following information are provided by the applicants;

- In 141 applications (56.0%) law enforcement officers were not taken out during the forensic examination,
- In 149 applications (59.1%), the forensic physician did not listen to complaints,
- In 191 applications (75.8%), the forensic physician did not take medical history,
- In 216 applications (85.7%), the forensic physician did not examine properly,

- In 232 applications (92.1%), the forensic physician did not issue a medical report in line with findings,
- In 4 applications, the applicants stated that they had no information whether there was any proper report or not.

In 2018, only 15 applications (3.0%) out of all applications asked for a forensic report while 476 applicants (94.3%) did take no action for any report. The rest of the applicants that is 14 cases (2.8%) did not find any information about their file records regarding their requests for a forensic report.

60 people (19.7%) who applied for torture in 2018 filed a criminal complaint while they were making statement before the public prosecutor's office or the court and told that they were tortured under detention. 15 of the applications (4.9%) filed a criminal complaint independently.

The total number of applications for which a "counter lawsuit" is 3 and one of the applicants stated that there is a pending court case.

3.4 Prison Period

In 2018, 270 out of the 505 applicants (53.5%) stated that they had a previous prison history (it was 44.3% with 250 people in 2017). It is observed that there is an increase in the number of applications with a prison history compared to previous years. In addition, it is understood from 2018 cases that 208 applicants (41.2%) were arrested after their last detention. This rate is 35.5% (200 applications) in 2017.

It was learned that 126 out of 306 applications (46.7%), which are made for torture cases in 2018, had a prison history and 83 of the applicants (27.1%) were arrested after the last detention. With regard to 199 applicants who applied to the HRFT for torture cases before 2018, 144 applicants (53.3%) had a prison history and 125 of them (62.8%) were arrested after their last detention. The distributions show that the more applicants were arrested for being subjected to torture before 2018.

The length of applicants' period in a prison is shown in Table 19. Approximately 50% of applicants remains in prison for less than a year. Two of the applicants stated that they had been in prison for over 20 years.

Table 19: Distribution of applications by the applicants' period in prison

Period	People who were subjected to torture in 2018 (n=126)		People who were subjected to torture before 2018 (n=144)		Total (n=270)	
	n	%	n	%	n	%
0 - 2 months	8	6.3	3	2.1	11	4.1
3 months - 1 year	53	42.1	41	28.5	94	34.8
1 - 3 years	26	20.6	42	29.2	68	25.2
3 - 5 years	10	7.9	10	6.9	20	7.4
5 - 7 years	7	5.6	19	13.2	26	9.6
7 - 9 years	10	7.9	17	11.8	27	10.0
9 - 11 years	6	4.8	5	3.5	11	4.1
11 - 20 years	4	3.2	6	4.2	10	3.7
20 more years	2	1.6	1	0.7	3	1.1

The types of release of the applicants for torture that they had suffered in 2018 and before 2018 are given in Table 20.

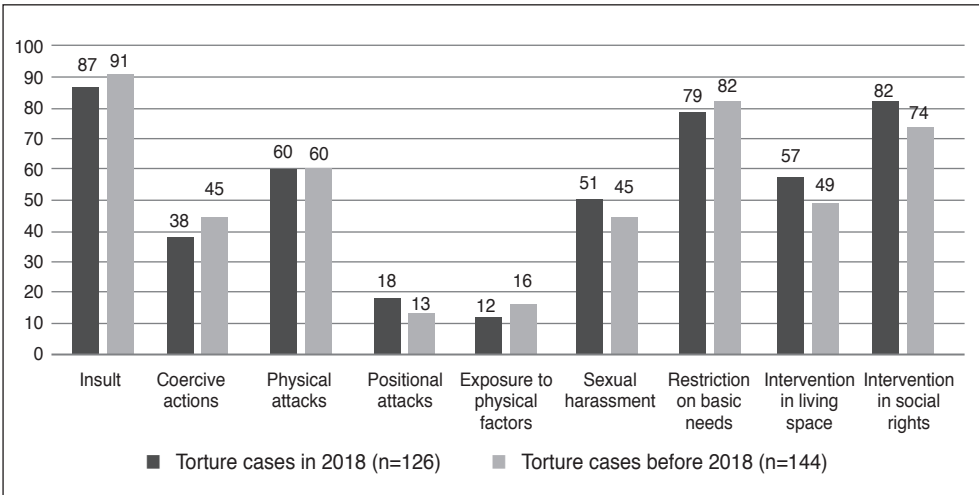
Table 20: Types of release of the applicants with prison history

Type of release	People who were subjected to torture in 2018 (n=124)		People who were subjected to torture before 2018 (n=137)		Total (n=261)	
	n	%	n	%	n	%
Released for a pending trial	30	24.2	50	36.5	80	30.7
Released after completing the sentence	81	65.3	81	59.1	162	62.1
Acquittal	5	4.0	4	2.9	9	3.4
Amnesty/conditional release	8	6.5	2	1.5	10	3.8

122 out of 270 applicants (24.2%) with a prison history stated that they were held in an F-type prison. While the rate of applicants for torture cases is 58.2% in 2018 among those with a prison history, the rate of the same applicant group is 41.8% for torture cases before 2018, and their stay in prison extends from 1 month to 174 months (14.5 years).

35 out of the 270 applicants (13%) with a prison history reported that they were kept in a single cell for periods ranging from 1 day to 18 months. It is 5.9% for torture cases in 2018 and 7% for torture cases before 2018.

222 out of 270 people (82.2%) with a prison history stated that they suffered from torture in prison. It is 42.2 % for torture cases in 2018 and 40% for the applications before 2018. Comparative percentages of torture categories that these two groups were subjected to are shown in Graphic 9, and the numbers and distribution of people subjected to torture in these categories are shown in Table 21.



Graphic 9: Percentage of applications by methods of torture in prisons

	People who were subjected to torture in 2018 (n=126)		People who were subjected to torture before 2018 (n=144)	
	n	%	n	%
Insult	87	32.2	91	33.7
Insulting/degrading words	82	30.4	90	33.3
Threats to applicants	28	10.4	30	11.1
Death threats	8	3.0	18	6.7
Coercive Actions	38	14.1	45	16.7
Forcing applicants to witness torture in an audio-visual way	24	8.9	19	7.0
Forcing applicants to obey senseless orders	23	8.5	32	11.9
Forcing applicants to listen to music and songs in high volume	3	1.1	9	3.3

Table 21a continued

	People who were subjected to torture in 2018 (n=126)		People who were subjected to torture before 2018 (n=144)	
	n	%	n	%
Forcing applicants to be an informer	2	0.7	6	2.2
Practicing torture while applicants' relatives are present	9	3.3	6	2.2
Blindfolded	3	1.1	4	1.5
Other	0	0.0	2	0.7
Physical Attacks	60	22.2	60	22.2
Beating	55	20.4	48	17.8
Continuous hitting in one part of the body	5	1.9	16	5.9
Whip, hose	0	0.0	6	2.2
Falanga	5	1.9	4	1.5
Squeezing testicles	0	0.0	2	0.7
Other	1	0.4	3	1.1
Tightening handcuffs	5	1.9	13	4.8
Pulling out hair/beard/mustache	1	0.4	5	1.9
Attempt to strangle	3	1.1	3	1.1
ASMC	1	0.4	2	0.7
Involuntary medical intervention	1	0.4	3	1.1
Sexual Harassment	51	18.9	45	16.7
Verbal sexual harassment	9	3.3	18	6.7
Swear/insult	12	4.4	16	5.9
Rape threats	2	0.7	5	1.9
Physical sexual harassment	15	5.6	15	5.6
Stripping naked	42	15.6	35	13.0
Rectal/Naked body search	2	0.7	5	1.9
Touching different parts of the body	7	2.6	3	1.1

Table 21b: Distribution of applications by methods of torture in prisons

	People who were subjected to torture in 2018 (n=126)		People who were subjected to torture before 2018 (n=144)	
	n	%	n	%
Positional torture	18	6.7	13	4.8
Reversed handcuffed	11	4.1	7	2.6
Reversed handcuffed hands and feet	3	1.1	2	0.7
Hanging	2	0.7	1	0.4
Hanging or crucifix	2	0.7	0	0.0
Reversed hanging by feet	0	0.0	1	0.4
Palestinian hanging	0	0.0	2	0.7
Hanging connected with the ground	0	0.0	1	0.4
Hogtie	0	0.0	1	0.4
Forcing applicants to remain in the same position for too long	2	0.7	5	1.9
Other positional forms of torture	5	1.9	3	1.1
Exposure to physical factors	12	4.4	16	5.9
Holding applicants in cold/hot environment	4	1.5	11	4.1
Pressurized water	5	1.9	3	1.1
Respiration problems	1	0.4	1	0.4
Electricity	3	1.1	4	1.5
Burning	1	0.4	0	0.0
Cigarette	0	0.0	1	0.4
Other physical factors	1	0.4	2	0.7
Tear gas chemicals	1	0.4	1	0.4

Although the applicants stated that the most common form of torture and ill-treatment practices is “insult” while they were being held in prison, it is observed that the basic needs were restricted in second place in terms of violations.

In accordance with the changes made in the application file and the classification system, interventions in the social environment, where the prisoners live, are separately categorized. 270 applicants’ response to prison conditions is shown in Table 22.

Table 22: Distribution of applicants' response to prisons conditions

	People who were subjected to torture in 2018 (n=126)		People who were subjected to torture before 2018 (n=144)	
	n	%	n	%
Restriction on Basic Needs	79	29.3	82	30.4
Isolation in cells	26	9.6	34	12.6
Restriction on food and drink	38	14.1	35	13.0
Prevention of applicants from access to toilets	2	0.7	7	2.6
Prevention of applicants from access to health	66	24.4	60	22.2
No hygiene conditions	42	15.6	38	14.1
Other	2	0.7	2	0.7
Intervention in Living Space	57	21.1	49	18.1
Raiding wards and cells	50	18.5	43	15.9
Damaging/seizure of personal goods	37	13.7	29	10.7
CCTV in private areas	14	5.2	7	2.6
Other	0	0.0	4	1.5
Intervention in Social Rights	82	30.4	74	27.4
Ban on sending/receiving of letters	47	17.4	39	14.4
Ban/restriction on visit	56	20.7	44	16.3
Forcing applicants to wear uniforms	1	0.4	8	3.0
Ban on shopping from the canteen	5	1.9	11	4.1
Restriction on outdoor and exercise period	53	19.6	32	11.9
Ban on newspapers and publications	63	23.3	49	18.1
Prevention of applicants from chats with other inmates	53	19.6	35	13.0
Other	4	1.5	3	1.1

3.5 Medical Assessment

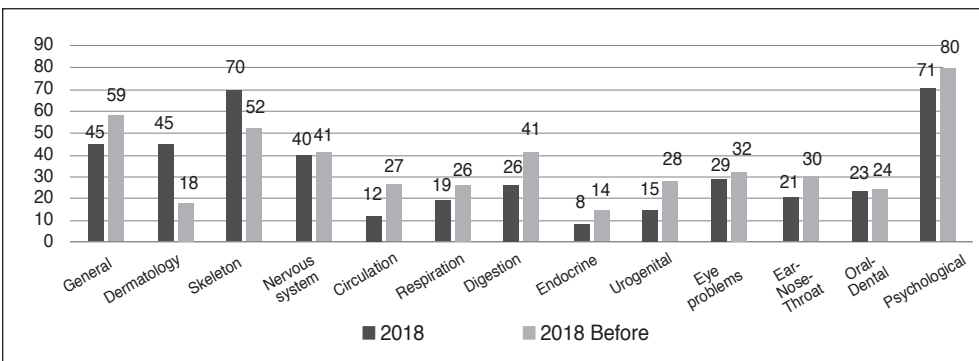
Physical examination, medical examinations and medical story, which are collected through examination of applicants, in the treatment and rehabilitation centers of the applicants and medical assessments made by specialist physicians in fields such as psychiatry, orthopedics, dermatology, neurology, physical therapy and rehabilitation, eye diseases, ear-nose-throat disorders, cardiology, and general surgery are shown in this section.

3.5.1 Medical Complaints of the Applicants

483 people (95.6%) out of 505 cases who applied to the HRFT in 2018 reported that they had at least one physical or mental complaint while they during their first application. 15 applicants (3%) did not identify any physical or mental complaints during their first application. When the medical records of the applicants are examined; it is determined that applicants often had more than 1 complaint and the average number of complaints in an application was 14.41.(Ss=14.19).

3.5.1.1 Physical Complaints

In terms of physical complaints examined within the scope of 12 sub-systems, in parallel with previous years, it was determined that the applicants mostly complained about the musculoskeletal system. The other most common complaints include fatigue and weakness, nervous system and dermatology complaints. The Graphic 10 presents the percentages of the systems defined by the complaints, and the Table 23 shows the most common complaints about the systems in the medical systematic and the number and percentages of the people with these complaints.



Graphic 10: Distribution of physical complaints by percentages (data of 505 applicants)

Those who were subjected to torture in 2018 and those who suffered from torture before 2018 have “different complaints according to the systems.” In regard to applications for cases in 2018, while the applicants had more complaints about the

musculoskeletal system ($X^2 = 17.588$, $p < 0.001$) and skin ($X^2 = 41.374$, $p < 0.001$), while they had less general complaints ($X^2 = 8.639$, $p = 0.004$), circulation ($X^2 = 16.493$, $p < 0.001$), digestion ($X^2 = 12.765$, $p < 0.001$) and the urogenital system ($X^2 = 11.279$, $p = 0.001$).

Table 23: The most common physical complaints

	People who were subjected to torture in 2018 (n=306)		People who were subjected to torture before 2018 (n=199)	
	n	%	n	%
Musculoskeletal system	215	70.3	82	41.2
- Backache	90	29.4	51	25.6
- Shoulder ache	85	27.8	22	25.6
- Back pain	74	24.2	38	19.1
- Neck ache	61	19.9	31	15.6
- Knee pain	37	12.1	30	15.1
- Hand, wrist pain	44	14.4	13	6.5
- Chess pain	28	9.2	11	5.5
- Back-leg pain	42	13.7	35	17.6
- Leg pain	34	11.1	16	8.0
- Arm pain	30	9.8	14	7.0
- Neck, arm pain	29	9.5	15	7.5
- Hip pain	20	6.5	11	5.5
Skin complaints	139	45.1	35	17.6
- Lesions-bruises	77	25.2	7	3.5
- Scratch	45	14.7	-	-
- Swelling	29	9.5	6	3.0
- Scar	11	3.6	13	6.5
General complaints	138	45.1	117	58.8
- Fatigue and weakness	85	27.8	102	51.3
- Getting tired too fast	36	11.8	53	26.6
- Pain in the whole body	34	11.1	25	12.6
- Losing weight	27	8.9	18	9.0
- Loss of appetite	26	8.5	30	15.1
Complaints about nervous system	122	39.9	82	41.2
- Headache	85	27.8	66	22.2
- Pins and needles, tingling	33	10.8	23	11.6
- Dizziness	25	8.2	30	15.1

Table 23 continued

	People who were subjected to torture in 2018 (n=306)		People who were subjected to torture before 2018 (n=199)	
	n	%	n	%
Complaints about eyes	89	29.1	66	32.2
- Visual impairment	76	24.8	49	24.6
- Eye pain	11	3.5	20	10.0
Complaints about digestive system	78	25.6	81	40.7
- Stomachache	48	15.6	59	29.6
- Burning sensation	37	12.1	54	27.1
- Distention, indigestion	28	9.1	39	19.5
- Stomach acidity	16	5.2	31	15.6
- Nausea	18	5.9	22	11.1
- Constipation	17	5.5	26	13.1

Complaints made by 20 and more applicants are listed here.

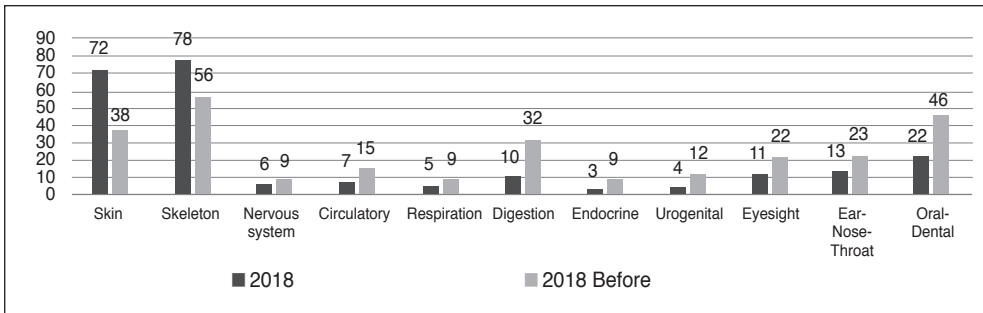
Complaints about respiratory system	57	18.6	52	26.1
- Asthma	28	9.1	32	16.1
- Coughing	28	9.1	31	15.6
Complaints about cardiovascular system	38	12.4	53	26.6
- Throb	17	5.5	31	15.6
- Chest pain	10	3.2	22	11.1
Complaints about oral and dental problems	69	22.5	47	23.6
- Cavity-missing tooth	44	14.4	32	16.1
Complaints about Urogenital system	47	15.4	55	27.6
- Dysuria, burning and bifurcation during urination	19	6.2	19	9.5
- Thauria	17	5.5	32	16.1
Complaints about ear-nose-throat	64	20.9	59	29.6
- Ringing in the ears	16	5.2	24	12.1
- Reduce in hearing	18	5.8	27	13.5
Complaints about endocrine system *	24	7.8	27	13.6
- Menstrual irregularity	12	3.9	10	5.0
- Goitre	5	1.6	10	5.0

Complaints made by 20 and more applicants are listed here.

*Complaints made by 10 and more applicants are listed here.

3.5.1.2 Findings of Physical Examination

In the medical assessment of 505 applicants, at least one physical finding was found in 349 applications (69.1%). There were physical findings in 232 of 306 (75.8%) of applications for torture in 2018, and 117 of 199 applicants (58.8%) for torture before 2018. These rates differ statistically; people who were subjected to torture in 2018 have more physical symptoms ($X^2(N = 452)=18.897, p < 0.001$).



Graphic 11: Percentage of findings of applications (Rates determined in 349 applications)

Although the number of physical findings recorded in the applications varies between 1 and 27, the average number of symptoms is 3.22 ($S_s = 3.53$). The total number of physical findings detected in the applications is 1469. Similar to physical complaints, it is observed that most of the applicants (81%), who have symptoms, have more than one physical finding. Similar to the previous year, the musculoskeletal system and the skin are the two fields with most common findings in this category. While “tenderness and pain in muscles” and “pain in neck movements, tenderness” are the most defined findings, “ecchymosis and abrasion” is the most common finding related to skin. Graphic 11 shows the percentages of findings by systems in regard to 349 applications that physical findings were detected by our staff. Table 24, on the other hand, shows the most common findings in these systems, and the number of people who have these findings, and the ratio of these people among all applicants.

It is determined that the rates of people, who applied for torture cases in 2018 and before 2018, change; it is noticed that applicants for cases in 2018 have less findings related to skin ($X^2=53.485, p < 0.001$), musculoskeletal ($X^2=33.648, p < 0.001$) and digestion ($X^2=13.680, p < 0.001$) systems than those applied for cases before 2018.

Table 24: Most common physical findings				
	Data of 232 torture victims in 2018		Data of 117 torture victims before 2018	
	n	%	n	%
Musculoskeletal system findings	180	77.6	65	55.6
- Pain tenderness in muscles	122	52.6	30	25.6
- Pain and limitations in neck movements	50	21.5	23	19.7
- Pain and tenderness in shoulder movements	48	20.7	13	11.1
- Pain and limitations in back movements	35	15.1	24	20.5
- Painful trigger point in the muscles	35	15.1	17	14.5
- Pain referred from trigger point	23	9.9	5	4.3
- Pain and limitations in wrist	23	9.9	4	3.4
- Pain and limitations in knee movements	17	7.3	15	12.8
Skin findings	167	72.0	44	37.6
- Ecchymosis	95	40.9	2	1.7
- Scar	89	38.4	2	1.7
- Scar tissue	52	22.4	25	21.3
- Edema	24	10.3	-	-
- Other	7	3.0	7	5.9
Oral and dental findings	51	22.0	54	46.2
- Missing tooth	26	11.2	31	26.5
- Broken tooth	12	5.2	17	14.5
- Filled tooth	7	3.0	13	11.1
Ear-Nose-Throat findings*	31	13.4	28	23.9
- Ear Tenderness	8	3.4	7	6.0
- Deviation in nose	5	2.2	3	2.5
Digestive system findings	24	10.3	37	31.6
- Epigastrium tenderness	14	6.0	22	18.8
- Abdomen tenderness	4	1.7	17	14.5
Eye findings	25	10.8	26	22.2
- Visual impairment	11	4.7	16	13.6

Table 24 continued

	Data of 232 torture victims in 2018		Data of 117 torture victims before 2018	
	n	%	n	%
Cardiology findings*	15	6.5	17	14.5
- Hypertension	7	3.0	6	5.1
- Tachycardia	3	1.3	7	6.0
Nervous system findings	14	6.0	11	9.4
- Superficial tissue disorder	12	5.2	1	0.9
Respiratory system findings	11	4.7	10	8.5
- Wheezing	5	2.2	2	1.7
Urogenital system findings*	10	4.3	14	12.0
- Pelvic tenderness	4	1.7	6	5.1
Endocrine system findings	7	3.0	10	8.5

Findings more than 10 are listed.

*Findings more than 5 are listed.

3.5.1.3 Physical Examination Diagnoses

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

165 applicants (76 applicants who were subjected to torture in 2018 and 89 applicants who were subjected to torture before 2018) out of 505 people were excluded from the evaluation for missing information resulting from the ongoing treatment processes.

There are 340 diagnosed applicants [230 people (75.2%) for 2018; 110 people (55.3%) before 2018]. The number of diagnoses made for these applications is 1330 (2018: 904, before 2018: 426). The average number of diagnoses per application is 3.9. The highest number of diagnoses made for an application in this category is 15 for those who were subjected to torture in 2018, and it is 11 diagnoses for those who were subjected to torture before 2018.

The most common diagnoses are listed in Table 25. When all diagnoses are evaluated, it is observed that the diagnoses related to “injury and musculoskeletal system” is on the first rank for the applicants who were subjected to torture in 2018 while musculoskeletal diagnoses are on the first rank for the applicants who were subjected to torture before 2018.

Table 25: Distribution of applications by physical diagnoses

ICD 10 Code	Physical Diagnose	Applicants who were subjected to torture in 2018 (230 people)		Applicants who were subjected to torture before 2018 (110 people)	
		n	%	n	%
S40	Shoulder and upper arm superficial injury	75	32.6	-	
S00	Head superficial injury	69	30.0	-	
M79	Other soft tissue disorders not classified in somewhere else	54	23.5	18	16.4
S50	Superficial injury of forearm	52	22.6	-	
S20	Thorax superficial injury	49	21.3	-	
S60	Wrist and hand superficial injury	47	20.4	-	
S80	Calf superficial injury	40	17.4	1	0.9
M75	Shoulder lesions	24	10.4	10	9.1
M54	Dorsalgia	23	10.0	6	5.5
H52	Refraction and accommodation disorders	22	9.6	26	23.6
H10	Conjunctivitis	18	7.8	10	9.1
S30	Abdominal, back and pelvis superficial injury	13	5.7	1	0.9
R51	Headache	9	3.9	11	10.0
K21	Gastro-oesophageal reflux	8	3.5	22	20.0
M50	Cervical disk disorders	7	3.0	15	13.6

Diagnoses which are observed in 10 and more applications are listed.

Table 26: Distribution of diagnoses by their relation to the act of torture

	Applicants who were subjected to torture in 2018 (230 people)		Applicants who were subjected to torture before 2018 (110 people)	
	n	%	n	%
Not defined	60	6.6	54	12.7
No relation	108	11.9	97	10.7
One of the etiological factors	84	9.3	201	22.2
Aggravated/revealed	117	12.9	53	5.9
One etiological factor	535	59.2	21	2.3

When an evaluation is made in terms of the relationship between the physical diagnoses and the story of torture in these applications, it is observed that the earlier applications, the stronger relationship between diagnoses and the story of torture. As time passes, the rate of making physical diagnosis decreases and establishing a causal link becomes more difficult.

3.5.2 Mental Assessment

3.5.2.1 Mental Complaints

378 out of 505 people (74.9%), who applied for torture cases in 2018, described at least one mental complaint. While there are 218 applicants (71.2%) for torture cases in 2018, there are 160 applicants (80.4%) for torture cases before 2018. This rate is comparatively lower for people who applied for torture cases in 2018 than those who applied for cases that took place before 2018 ($X^2 (N=505) = 5.375, p=0.02$). Majority of people (94%) who describe psychological complaints referred to more than one mental complaint. The number of mental complaints in a person varies between 1 and 31. The average number of complaints is 5.61 ($Ss=5.28$).

As in the case of previous years, the most common mental symptoms observed among the applicants are: tension, sleep disturbances and anxiety (Table 27). When the percentages are examined, there are more psychological complaints among people who applied for torture cases before 2018. From the statistically perspective, this group described the following complaints more than the applicants from the other group; sleep disorders ($X^2 (N=476) = 16.055, p<0.001$), crying spells ($X^2 (N=476) = 15.973, p<0.001$), nightmares ($X^2 (N=471) = 16.880, p<0.001$), distress ($X^2 (N=473) = 25.651, p<0.001$), having no pleasure from life ($X^2 (N=472) = 35.957, p<0.001$), forgetfulness ($X^2 (N=474) = 25.241, p<0.001$) and concentration disorder ($X^2 (N=476) = 21.371, p<0.001$).

Table 27: Distribution of applicants with mental complaints (Data of 505 people)

Mental Complaints	Applicants who were subjected to torture in 2018 (306 people)		Applicants who were subjected to torture before 2018 (199 people)	
	n	%	n	%
Tension	127	41.5	90	45.2
Sleep disorders	116	37.9	111	55.8
Depression	107	34.9	97	48.7
Nervousness	96	31.4	81	40.7
Feeling uncomfortable with police officers	86	28.1	87	43.7
Anxiety	85	27.8	99	49.7
Concentration disorder	76	24.8	89	44.7
Memory impairment	63	20.5	80	40.2
Worried about future	63	20.5	65	32.6
Fear	64	20.9	65	32.6
Anger bursts	49	16.0	54	27.1
Flashback	48	15.6	43	21.6
Crying spells	45	14.7	58	29.1
Nightmare	44	14.3	58	29.1
Moving away from people	41	13.4	64	32.2
Having no pleasure from life	40	13.1	71	35.7
Being alert	36	11.7	36	18.1
Difficulty in adjustment	36	11.7	49	24.6
Irritation response	33	10.8	29	14.6
Sense of alienation	27	8.8	45	22.6
Coercive remembering	15	4.9	14	7.0
Emotional heaviness	11	3.6	19	9.5
Excessive alertness	9	2.9	12	6.0
Lack of sexual drive	7	2.3	18	9.0
Suicidal ideation	7	2.3	13	6.5
Other	12	3.9	11	5.5

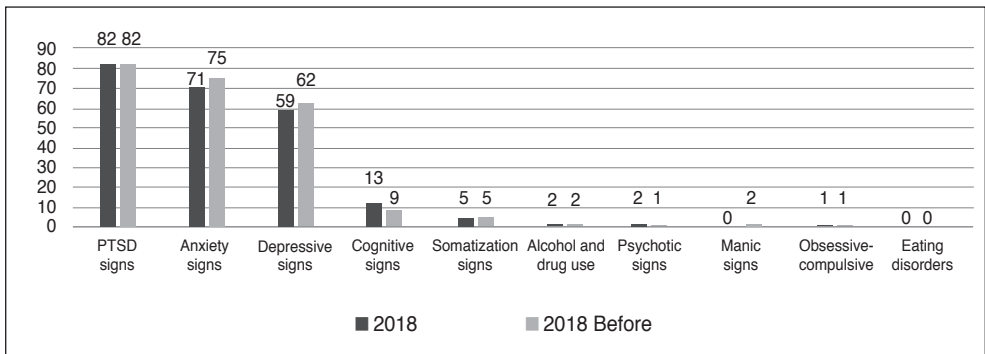
3.5.2.2 Mental Findings and Symptoms

The analyzes for 2018, as in the case of previous year, were made based in psychiatric evaluations of the findings, symptoms and diagnoses obtained through “psychiatric interviews” that the applicants allowed.

202 out of 505 people (40%), who applied to the HRFT in 2018, were evaluated by a specialist in mental health. The following cases were excluded from the evaluation; 153 people (30.3%) for not accepting mental treatment and 155 people (30.7%) for not being seen by any specialist in mental health, did not come to the interview and/or were missing records. 104 out of 306 applications (34.0%), who applied for torture cases in 2018, and 98 out of the 199 people (49.2%), who applied for torture cases before 2018, agreed to have a session.

At least one mental finding was found in 179 out of 202 applicants (88.6%), who accepted the psychiatric evaluation and whose evaluation was made by the specialist. When the distribution of the interviewed applications is examined, a psychological finding was found in 91 out of 104 people (87.5%), who applied for torture cases in 2018, and 88 out of 98 applicants (89.8%) for torture cases before 2018.

75 different symptoms were analyzed in 10 main clusters. Accordingly, a total of 1734 psychiatric symptoms were detected in 176 people that have psychiatric symptoms. Although the number of findings in a person varies between 1 and 40, the average number of symptoms is 12.89 (Ss = 10.36). One symptom was detected just in one application viz 99% of the applicants had multiple mental symptoms.



Graphic 12: Distribution of percentages of signs of applications with mental signs

The highest rates are Post-Traumatic Stress Disorder (PTSD), anxiety and depressive signs among the applications in this category. Graphic 12 presents percentages of the signs from 202 people whose psychiatric evaluation was made. On the other hand, Table 28 shows the number of people with these signs and the ratio of these numbers among all applications.

Table 28: Distribution of mental signs that were detected in 202 applications

Mental Signs	Applicants who were subjected to torture in 2018 (104 people)		Applicants who were subjected to torture before 2018 (98 people)		Total	
	n	%	n	%	n	%
PTSD	85	81.7	80	81.6	165	81.7
• Signs of relive	71	68.3	62	63.3	133	65.8
• Signs of avoidance	35	33.7	32	32.7	67	33.1
• Negative cognition and change in mood	60	57.7	61	62.2	121	59.9
• Excessively stimulated	71	68.3	71	72.4	142	70.3
• Dissociative signs	6	5.8	8	8.2	14	6.9
Signs of anxiety	74	71.2	73	74.5	147	72.7
Depressive Signs	61	58.7	61	62.2	122	60.4
Cognitive Signs	13	12.5	9	9.2	24	11.9
Somatization Signs	5	4.8	5	5.1	10	5.0
Alcohol and drug use disorders	2	1.9	2	2.0	4	2.0
Psychotic signs	2	1.9	1	1.0	3	1.5
Obsessive, compulsive signs	1	0.9	1	1.0	2	0.9
Manic signs	-	-	2	2.0	2	0.9
Eating disorder	-	-	-	-	-	-

3.5.2.3 Mental Examination Diagnoses

Analyzing the 202 application, it is observed that the most common diagnosis (58 applications) is “Post-Traumatic Stress Disorder” in this category. The total number of diagnoses is 179 in these applications. Moreover, it is determined that 170 diagnoses are related to the torture process.

Table 29: Distribution of applications by diagnoses observed from the adult applicants' cases

	Applicants who were subjected to torture in 2018 (104 people)		Applicants who were subjected to torture before 2018 (98 people)	
	n	%	n	%
PTSD	21	20.2	38	38.8
Adjustment Disorder	27	26.0	9	9.2
Major Depressive Disorder-One Episode	12	11.5	19	20.4
Acute Stress Disorder	14	13.5	0	0.0
Generalized Anxiety Disorder	5	4.8	9	9.2
Major Depressive Disorder-Recurrent	4	3.8	4	5.1
Other diagnoses	8	4.8	9	9.2

Table 30: Distribution of applications by diagnoses observed from the children applicants' cases

	Applicants who were subjected to torture in 2018 (24 children)		Applicants who were subjected to torture before 2018 (28 children)	
	n	%	n	%
Trauma and Disorders Related to Triggering Factor	8	30.8	6	21.4
Anxiety Disorders	3	11.5	4	14.3
Depression Disorders	5	19.2	1	3.6
Communication Disorder	2	7.7	1	3.6
Elimination Disorders	2	7.7	2	7.1
Attention Deficit Disorder with Hyperactivity	3	11.5	2	7.1
Disruptive Behaviors, Impulse Control, and Behavior Disorders	0	0.0	1	3.6
Nutrition and Eating Disorders	1	3.8	0	0.0

There are 56 applications for children; 24 of them applied to the HRFT for torture cases, 28 of them are the relatives of people who were subjected to torture, and 2 applications for children were about gross human rights violations. The diagnoses of the children, who directly were subjected to torture, are presented comparatively with the diagnoses made for the children who are the relatives of people suffering

from torture. More diagnosis were made for cases that children are the direct victims than the relatives. Trauma and Disorders Related to Triggering Factor are on the first place in both applicant groups, while Depression and Anxiety Disorders are holding the second and the third place (Table 30).

3.5.3 Treatment and Rehabilitation Process

3.5.3.1 Applied Treatment

Examining the treatment processes of 505 applications demonstrates that making recommendations to applications about the daily life and drug therapy are the two most common methods. In addition, it is determined that psycho-pharmacotherapy and psychotherapy are among the frequently applied methods (Table 31).

Table 31: Distribution of treatment methods for applicants

Applied Treatment Methods	Applicants who were subjected to torture in 2018 (306 people)		Applicants who were subjected to torture before 2018 (199 people)		Total (505 people)	
	n	%	n	%	n	%
	Daily life recommendations	211	68.9	78	39.2	289
Drug therapy	122	39.8	92	46.2	214	42.4
Psychopharmacology	53	17.3	59	29.7	112	22.2
Psychotherapy	25	8.2	46	23.1	71	14.1
Eyeglass	25	8.2	13	6.5	38	7.5
Exercise	20	6.5	20	10.0	40	7.9
Physiotherapy	15	4.9	10	5.0	25	5.0
Orthopedic device	9	2.9	3	1.5	12	2.4
Surgical intervention	7	2.3	5	2.5	12	2.4
Plaster/splint	1	0.3	-	-	1	0.2
Dental treatment	1	0.3	-	-	1	0.2
Hearing aids	1	0.3	-	-	1	0.2
Other	6	2.0	4	2.0	10	2.0
No treatment	34	11.1	34	17.1	68	13.43

3.5.3.2 Treatment and Rehabilitation Processes Results

In the analyzes made about the applicants' treatment processes course, it is seen that 35 of the applicants (6.9%) did not accept the physical examination. Almost half of all applicants' (223 people - 44.2%) physical treatment was completed by the staff.

It is understood that there are still ongoing processes of some other applicants; 39 applicants (7.7%) are still under making diagnosis process; 56 applicants (11.1%) are still receiving treatment; however, there are 26 applicants (5.1%) who left the treatment process after the process began (Table 32). In the cases of 32 applicants (6.3%), no disease related to torture and prison processes was detected by the teams.

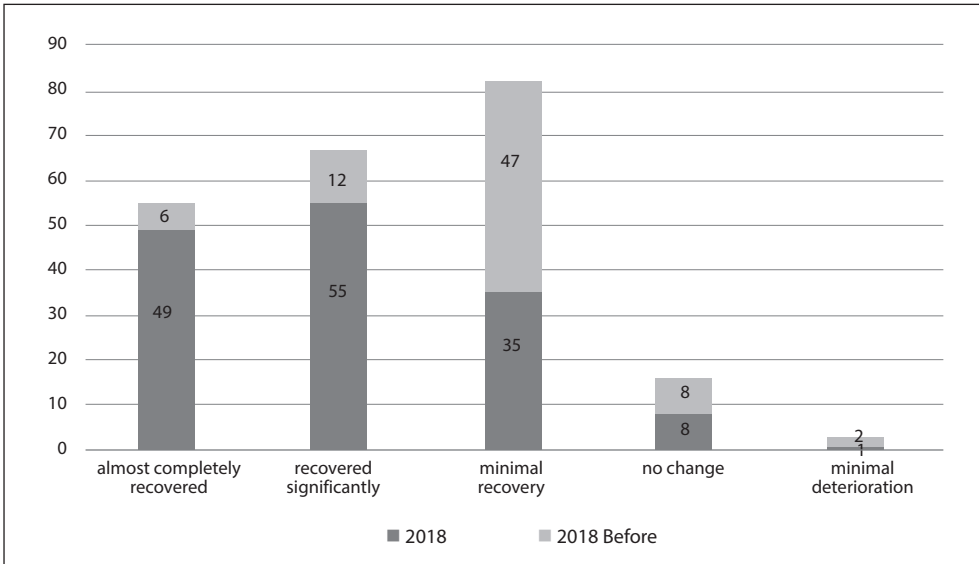
Table 32: Distribution of applications in regard to the treatment process course

Treatment Process	Applicants who were subjected to torture in 2018 (n=306)		Applicants who were subjected to torture before 2018 (n=199)	
	n	%	n	%
No consent was given to the physical examination	20	6.5	15	7.5
Diagnosis practices are going on	21	6.9	18	9.0
Treatment was left unfinished after it began	21	6.9	5	2.5
Treatment is going on	35	11.4	21	10.6
Treatment was completed	148	48.4	75	37.7
No disease related to torture and prison processes was detected	40	13.1	54	27.1
Other	21	6.9	11	5.5
Nutrition and Eating Disorders	1	3.8	0	0.0

When the physical treatment results of 223 applicants, whose treatment was completed were examined, out of all applicants is examined, it is observed that 55 people (24.7%) recovered almost completely, 67 people (30.0%) recovered significantly, 82 people (36.8%) have minimal recovery; no change was observed in 16 people (7.2%) and 3 people (1.3%) have minimal deterioration. The distribution of applications for cases both in 2018 and before 2018 is in Graphic 13. It is seen that the recovery rate of the applicants, who were subjected to torture in 2018, is higher than cases before 2018 ($X^2=45.391, p<0.001$).

The evaluation of the psychological treatment process of the applicants is given in Table 33 and Table 34.

When we look at data of psycho-pharmacotherapy process that specialist carried out for 202 applicants' mental examination and the psychotherapy processes for 179 applicants, who received a psychiatric diagnosis, by the specialist; the highest rates are observed under two categories namely "ongoing treatment processes" and "refusing the treatment." These rates demonstrate that the mental service works can take a long time and there is need for attention to the applications attitudes to the therapy processes.



Graphic 13: Distribution of completed therapy results of applicants

Table 33: Distribution of applications by the course of psycho-pharmacotherapy processes

Mental Treatment Process	Applicants who were subjected to torture in 2018 (n=104)		Applicants who were subjected to torture before 2018 (n=98)	
	n	%	n	%
Applicant did not want to receive any treatment	23	22.1	19	19.4
Treatment was completed	11	10.6	9	9.2
Diagnosis process is going on	1	1.0	0	0.0
Treatment is going on	42	40.4	44	44.9
After diagnosis began, it was left unfinished	4	3.8	6	6.1
After treatment began, it was left unfinished	10	9.6	12	12.2
No disease related to torture and prison processes was detected	5	4.8	4	4.1
Applicant did not come to the first appointment	6	5.8	4	4.1

Table 34: Distribution of applications by the course of psychotherapy processes

Mental Treatment Process	Applicants who were subjected to torture in 2018 (n=91)		Applicants who were subjected to torture before 2018 (n=88)	
	n	%	n	%
Applicant did not want to receive any treatment	46	50.5	33	37.5
Treatment was completed	7	7.7	8	9.1
Treatment is going on	18	19.8	32	36.4
Treatment was left half finished after it began	2	2.2	8	9.1
Applicant did not come to the first appointment	18	19.8	7	8.0

4. APPLICATIONS FOR GROSS HUMAN RIGHTS VIOLATIONS OTHER THAN TORTURE AND OTHER ILL-TREATMENT

The data of 10 individuals, whose cases were evaluated within the scope of gross human rights violations other than torture and other ill-treatment, were separately evaluated in 2018. 9 of these applications were also subjected to torture and other ill-treatment practices. Together with these numbers, the number of applicants stating that they were subjected to torture and ill-treatment becomes 514 in 2018.

4 of the applications reached the HRFT through the recommendations of other HRFT applicants, 3 of them made their applications via the democratic organization and/or parties, 1 one of them contacted us through lawyers and 1 case reached the HRFT through another channel. 1 of them applied to Ankara, 2 of them applied to Istanbul, and 7 of them applied to Diyarbakır.

The applicants' age varies between 5 and 56 years old, with an age average of 33.8. 5 of the applicants are males (2 are children) and the other 5 are females. With regard to their marital status, 7 of them were single and 3 of the people were married.

When the educational status is analyzed; it is observed that 1 applicant is illiterate; 1 of them is in pre-school education level; 2 of them are high school students; 1 of them is a high school graduate; 1 dropped out of vocational high school/university; 1 of them is a vocational high school/university student, 3 of them are a vocational high school/university graduate. Analyzing the working status of these applicants, it is seen that except for 1 applicant in the pre-school education level, that 1 applicant has a full-time job, 1 of them is an unpaid family worker, 1 of them works in an informal way and 6 of them are unemployed.

4.1 Torture Process

There are 10 applicants in total. 9 of them stated that they were subjected to gross human rights violations in the country while the other applicant's case took place abroad. 2 cases took place in 2018; 2 cases took place in 2017; 2 cases took place in 2016, and 2 cases took place in 2015. With regard to the last torture situation or conditions, 3 people stated that they were in prison; 3 people indicated that they were unable to leave their home/living area; 2 people were under official detention; and 1 of them complained about informal detention process.

Applicants' detention periods vary from 1 day to 9 days. The street/open space (5 people) and the house (5 people) are places where they are detained. 6 people stated that they were detained between 08:00-18:00, 1 person was detained between 18:00-24:00 and 3 people were detained between 24:00-08:00. In regard to the reason for detention, the most common case-as in the group who was subjected to torture and ill-treatment-(5 people) was political. In addition, ethnic reasons (2 people), asylum seekers (1 person) and other causes (2 people) were listed as reasons for detention.

In regard to the place where these applications were subjected to torture in the last detention; 3 people stated that they suffered from torture in more than one place, the distribution of the tortured places is as follows: 6 applicants were subjected to torture in the vehicle; 5 applicants were in an unspecified closed space; 4 applicants were in their own space; 2 applicants were in the vehicle; 2 applicants were in the security directorate; 1 applicant was an indoor/outdoor area; 1 application was in an unspecified indoor area.

When we analyze the situation from the perspective of regions where torture cases occurred: 5 people stated that they suffered from torture in the Southeastern Anatolia Region; 1 person was in the Central Anatolia; 1 person was in Marmara; 1 person was in abroad. 2 people stated that they had not suffered from torture in the last detention period. Distribution of the provinces where these 8 people were subjected to torture: 4 cases were in Diyarbakır, 1 case was in Şırnak, 1 case was in Ankara, 1 case was in Istanbul and 1 case was in abroad.

The cases of 10 people for gross human rights violations other than torture and other forms of ill-treatment were analyzed by the HRFT in 2018. 1 of them was subjected to torture from 1 to 7 days ago, 3 of them were subjected to torture from 4 to 6 months, 4 of them were subjected to torture more than a year ago.

It was determined that 9 out of 10 people were subjected also to torture and other ill-treatment in their detention processes. Analyzing the torture methods demonstrates that there were positional torture (6 people) cases and exposing applicants to physical factors (6 people). These methods were the most often reported torture methods in this group. Apart from these torture methods, physical attacks (4 people), insults (3 people), coercive actions (3 people) were reported and restrictions on basic needs were part of the methods.

4 out of 10 people, who were subjected to gross human rights violations other than torture and other ill-treatment in 2018, stated that they had met with their lawyer after their last detention. 4 out of 10 people were arrested after detention, 3 of them were released without being brought to the prosecutor's office and 3 of them were released from the prosecution or court. When we look at the situation about obtaining a forensic report upon the initiative of officials or on their own efforts, 3 people stated that they obtained a forensic report. Only 1 of the applications filed a criminal complaint.

4 people stated that they had been taken into custody in the past, as well. 3 out of these 4 people have also a history of torture. Insults, death threats, brutal beatings and restrictions on basic needs are among the methods that applicants were exposed. Similarly, 4 people stated that they had previously been in prison. 1 out of these 4 people had a history of torture. Insult, forcing applicants to witness torture, restrictions on basic needs, intervention in social rights are listed among torture methods.

4.2 Medical Assessment and Examination Processes

From the medical complaints perspective, there are 3 people who described the physical complaints. These 3 people referred to musculoskeletal system problems such as pain, walking difficulty, and respiratory system such as chest pain and respiratory distress; digestive system problems such as swelling, stomach acidity; ear-nose-throat system such as fatigue; and general complaints such as lose of weight.

According to the physical evaluations; 2 people had skin related findings such as scars and rash; and 2 people dental health findings such as a missing tooth. In addition, it was reported that 1 applicant had findings related to the musculoskeletal system; 1 applicant had digestive system; 1 applicant had respiratory system; and 1 person had urogenital system.

A total of 20 different physical diagnoses were made to 10 applicants. While 3 of these diagnoses were one factor effective torture process, 4 of them is one of the effective factors and 3 of them are factors to aggravate or reveal the existing pathology.

5 of the applicants described at least one mental complaint. Sleep disorders, tension, distress, concentration difficulties, emotional heaviness, and having no pleasure from life are the most common the complaints among the applicants. According to the psychiatric examination, it was determined that 4 people had psychiatric findings. The most common mental findings among the applicants are as follows: Experiencing traumatized events; remembering traumatized memories in a compelling way; experiencing feelings of moving away from people; sleep disorders, agitation, anhedonia and depressive mood. Generally, it can be said that the symptoms of post-traumatic stress disorder, depressive symptoms and anxiety symptoms are observed in these applications.

When the mental diagnoses were examined, 5 people were diagnosed with a mental diagnosis. 3 people were diagnosed with PTSD acute, 3 people with Major Depressive Disorder (single episode) and 1 person with Major Depressive Disorder (recurrent). Torture is the one etiological factor for all these diagnoses.

Drug therapy was applied to 3 applicants, 1 applicant was physically treated, 1 applicant had a surgical operation, and 1 applicant was provided with an orthopedic device. 1 of the physical treatments was completed and 2 of them were still ongoing. No physical problems related to torture and prison processes were detected in 5 applications. On the other hand, psychopharmacological treatment was applied to 4 applicants. Psychiatric treatment of 2 people was ongoing, and 2 of them have stopped psychiatric treatment. One person was given psychotherapy, the therapy of this person was still going on.

5. APPLICATIONS SUBMITTED TO THE HRFT RESULTING FROM TORTURE AND OTHER FORMS OF ILL-TREATMENT THAT TOOK PLACE OUTSIDE TURKEY

There are 19 applications for torture and other ill-treatment practices, which took place outside Turkey, to the Treatment Centers in 2018. One of these applications was subjected to serious human rights violations and 18 cases of torture processes were separately evaluated from 505 applications in terms of torture process, exposed practices, and results so that differences of these cases can be shown.

The distribution of the applications for cases out of Turkey by the HRFT center is as follows: 12 people applied to Istanbul, 2 people applied to Ankara, 2 people applied to İzmir and 2 people applied to to Diyarbakır Treatment and Rehabilitation Center in 2018 .

5 of the applicants reached the HRFT through the advice of other HRFT applicants, 4 of them applied to our centers through the democratic organization and/or parties, 2 of approached to us through lawyers, 2 of them via the press, and 1 case was submitted by the HRFT staff channels. 4 applicants were made to the HRFT centers through the other channels.

5.1 Socio-Demographic Information

5.1.1 Age, Sex, Marital Status

The applications' age varies between 10 and 51. The age average is 28 among these applicants. There were 6 female and 8 male, 4 trans-woman applicants. Two of the applications were under 18 years old. With regard to their marital status; 7 of them were married and 11 of them were single.

The mother tongue of 7 applicants are Persian, 3 applicants are Kurdish, 1 applicant is Arabic and 1 applicant is Azerbaijani.

5.1.2 Education, Job/Profession and Having a Current Job or not

When the educational status of the applicants is examined; it is observed that 2 of them are primary school students, 1 of them is primary school graduate, 1 of them is secondary school graduate, 1 of them is a high school student, 2 of them are high school graduates, 4 of them are vocational high school graduates, 1 of them dropped out of vocational high school/university, 3 of them are vocational high school/university graduates, 2 of them are post-graduate graduates and 1 applicant's information is missing in this category.

With regard to the employment status, it was determined that 3 applications had full-time job, 1 application had a part time job and 12 applications were unemployed.

5.2. Torture Process

5.2.1 Process of Detention and Torture under Detention

1 applicant stated that s/he was subjected to torture in 2018, and 17 of them stated it took place before 2018.

Detention periods range from 1 day to 840 days.

In regard to the place where they were detained; 5 people stated that they were taken into custody from the street/open space, 7 of them were detained from the house, 2 of them were taken into custody from a public institution and 4 of them were in another place.

In regard to the time when they were detained; 8 people stated that they were detained between 08:00-18:00, 5 people were detained between 18:00-24:00 and 5 people were detained between 24:00-08:00.

The applicants were asked about any given reason for their detention, 6 applicants stated that they were detained for sexual orientation, 5 of the applicants referred to political reasons, 5 applicants were detained for religious reasons, 1 of them was detained for ethnic reasons, and 1 of them was detained for judicial reasons.

With regard to the place where they were subjected to torture during the last detention; 6 applicants stated that they were subjected to torture in the street/open space, 6 of them told that it took place in the vehicle, 5 stated that it took place in an unspecified closed space, 4 people were subjected to torture in their own place. Only 2 people in this category stated that they suffered from torture in an official institution.

All 18 applicants from abroad were subjected to torture at least 4-6 months before; 9 people stated more than 1 year passed since the incident took place.

Analyzing the torture practices in detention points out that 17 people were physically and mentally subjected to torture, and 1 person suffered from mental torture only.

In the light of the information provided by the applicants, it is understood that physical attacks, sexual harassment and assault, prevention of basic needs, exposure to physical factors are common acts in this category.

5.3 Legal Procedures During and After Detention

None of the 18 applicants had access to the lawyer during the detention process. 16 people stated that they did not obtain forensic medical reports following their detention either as a result of the initiative from officials side or their own efforts; and 1 person did not remember these processes. The only applicant, which had the examination, told that he was examined while security officers were present, and the medical doctor did not listen to his complaints and the story. The applicant, also, added that the medical doctor prepared the report without examination and recording the findings.

2 of the 18 applicants told the public prosecutors or the court that they were subjected to torture. Yet, other applicants did not file a criminal complaint after the detention period was over.

13 people stated that they had been detained only for once. In case of 4 applicants, they were detained was more than twice. The applicants listed the following torture methods while they were under detention; insults, degrading, death threats, threats to relatives, forcing applicants to act as an informer, beating, prevention of eating-drinking and urination-defecation, restriction on basic needs, and throwing from the vehicle/dragging with the vehicle and crashing.

5.4 Prison Process

10 out of the 18 applicants have a prison history. The detention period of these applicants is as follows: 6 of them were held in prison for 0-2 months, 3 of them were held in prison for 3-12 months and 1 of them was held in prison for more than three years. 7 of the applications stated that they were released in the last two years.

9 out of 10 applicants with a prison history stated that they were subjected to torture/ill-treatment practices in prison. The following torture methods are listed under the category of torture and ill-treatment practices in prison: blindfold, insult, degrading statements, threats against the applicant, forcing applicants to obey senseless orders, beating, continuous hitting in one part of the body, other types of positional tortures, isolation in the cell, prevention of eating-drinking and urination-defecation, restriction on basic needs, ban on interviewers, letters, and shopping from canteen.

5.5. Medical Assessment

Applicants' Medical Complaints

18 applicants, who applied for torture and other ill-treatment cases outside Turkey, had medical 242 complaints in total namely 146 mental and 96 physical complaints., There is a missing information about the complaints in 1 case. Complaints about the musculoskeletal system is on the first place in this category (Table 35).

Table 35: Distribution of applications, for torture and other ill-treatment practices outside Turkey in 2018, by physical and mental complaints

Systems	Numbers of applicants with complaints	%
Mental	16	94.1
Musculoskeletal	9	52.9
General	9	52.9
Ear-Nose-Throat	7	41.2
Nervous System	6	35.3
Skin	6	35.3
Eye	5	29.4
Oral and Dental	5	29.4
Cardiology	5	29.4
Digestion	3	17.6
Urogenital	2	11.8
Respiratory	2	11.8

5.5.1 Physical Assessment

5.5.1.1 Physical Complaints

The most common physical complaints are fatigue-weakness, feeling fatigue too quick; back pain, elbow pain, knee pain; headache, weakness (loss of strength); visual impairment.

5.5.1.2 Physical Examination Findings

As a result of the physical examinations of 17 people, in total 37 physical findings were detected by the staff. 9 of applicants had dermatological, and 7 of them had oral-dental system findings. On the other hand, the musculoskeletal system ranks first with 12 findings (30.8%) in this category. These findings are as follows: pain and tenderness in the muscles, painful trigger point in the muscles, pain from the trigger point, pain referred from trigger point, pain-limitation in neck movements, pain-limitation in the waist movements, the slump finding, pain-limitations in shoulder movements, pain-limitations in knee movements, instability in the knee, pain-limitations in the ankle and fingers, tenderness in the sole of the feet, bone deformity (Table 36).

Table 36: Distribution of findings from applications for torture and ill-treatment practices took place out of Turkey in 2018

Systems	Numbers of applicants with findings	%
Skin	9	56.3
Oral and Dental	7	43.8
Mental	6	37.5
Musculoskeletal	4	25.0
Ear-Nose-Throat	2	12.5
Cardiology	2	12.5
Digestion	1	6.3
Eye	1	6.3
Endocrine	1	6.3

5.5.1.3 Physical Examination Diagnoses

21 different physical diagnosis were made in the cases of 18 applications for torture and other ill-treatment that took place out of Turkey. These diagnosis were made according to ICD-10 coding system. When it is examined whether torture or prison experiences are an effective factor for diagnosis; it is determined that

- there are 3 diagnoses (16.7%) evaluated as “one etiological factor”,
- there are 6 diagnoses (33.3%) evaluated as “aggravated or revealed existing pathology”,
- there are 3 diagnoses (16.7%) evaluated as “one of the factors”.

The symptoms and findings of musculoskeletal system, digestive system, dermatological and head and neck regions were detected in 12 people who had a physical diagnosis .

All of the musculoskeletal diagnoses are related to trauma as one of the factors, one of the factors that aggravate or reveal the existing pathology.

All of the digestive system diagnoses are related to trauma as one of factors that aggravate or reveal existing pathology.

5.5.2 Mental Assessment

5.5.2.1 Mental Complaints

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

In the first interview, a total of 146 mental complaints were stated by the applicants, and 1 person applied to the HRFT solely for mental complaints.

The most common psychological complaints are: “anger bursts, sleep disturbance, irritability, distress, forgetfulness, concentration disorder, distancing from people, feeling of alienation, feeling tense and being worried about the future.”

5.5.2.2 Mental Symptoms and Findings

In regard to 9 out of 18 applications, 146 mental symptoms and findings were detected in the evaluation of by the psychiatric specialists. The following problems were commonly observed in this category: “anxiety, difficulty in falling asleep or having a smooth sleep, depressed mood”; “Emotions and behaviors as if experiencing flashback or traumatic process recurs again, severe feelings of restlessness, hopelessness, despair when faced with any incident that reminds the trauma”; “Severe fear, hopelessness or horror response related to traumatic event(s) experienced or witnessed, physiological responses significantly decreased in interest or participation in important activities when faced with reminder of trauma.”

5.5.2.3 Mental Examination Diagnoses

9 of the 18 applicants, who met with the psychiatric staff, received at least one mental diagnosis in total. All diagnoses are directly related to trauma as one of the factors that aggravate or reveal the existing pathology.

The traumatic incident was evaluated as one etiological factor in the cases of 5 applicants, who were diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, and in the cases of 3 applicants, who were diagnosed with one episode, and in the case of 1 applicant, who was diagnosed with Adjustment Disorder. The traumatic process was evaluated as a factor that aggravates or reveals existing pathology in the case of 1 applicant who was diagnosed with Persistent Depressive Disorder.

5.5.3 Treatment and Rehabilitation Process

5.5.3.1 Applied Treatment

Drug treatment was applied to 3 out of 18 people, 8 people received psychotherapy, 8 people received psycho-pharmacotherapy, and 1 person received dental treatment. Treatment of 6 people was supported by daily life recommendations.

5.5.3.2 Results of the Treatment and Rehabilitation Processes

Treatment of 2 of the applicants with physical complaints was completed and 3 other applicants' treatment process still continues. The treatment of 1 person was not completed without completing the diagnosis phase. 1 person left after the treatment started. In the case of 1 person no disease related to torture and prison processes was diagnosed.

Treatment of 3 of the 7 mentally diagnosed applicants still continues; treatment of 4 applicants stopped after process began, the therapy process of 1 case still continuous without diagnosis. It is recommended to all people, who apply to the HRFT Treatment and Rehabilitation Centers, to be seen a physician specialized in the field of mental health. 7 of the applications did not come to the first appointment, 1 person refused to meet with the specialist and 2 of them left the treatment before the diagnosis was made.

One of the 2 people whose physical therapy was completed was almost completely and the other partly healed. Treatment of 6 people continues.

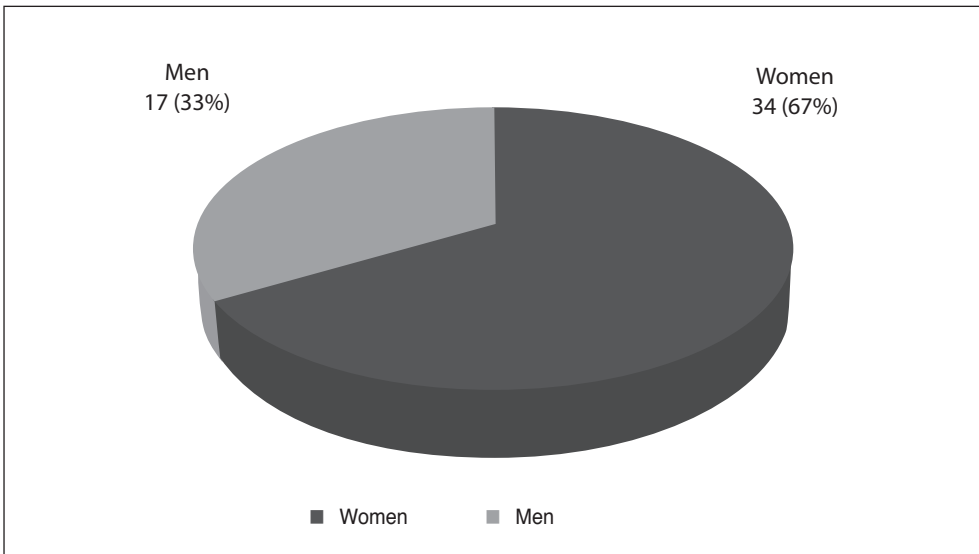
6. APPLICANTS WHOSE RELATIVES WERE SUBJECTED TO TORTURE

There are 51 applications from people, whose relatives who were subjected to torture, to HRFT Treatment Centers in 2018. It is a fact that the torture and other ill-treatment practices are traumatic process also for the applicants' relatives (mother, father, spouse, child, etc.), and traumatic process' impact level on the these people is learned via the detailed story taken during the first interview with the applicants. The application method of people whose relatives are torture victims, and socio-demographic data and psychological evaluation processes of these people were evaluated by the team member.

It is noticed that 39.2% of applications (20 people) in this category was made upon HRFT employees' advice and 27.5% (14 people) of these applications came through HRFT applicants' advice; and 78.5% of these applications is related to the HRFT. Compared to applications from torture victims, it is observed that channels for relatives of such victims are less effective.

6.1 Age and Sex

The age of the people, whose relatives who were subjected to torture, varies between 2 and 58 in 2018. The average age is 22.43 (Ss: 22.43). Applicants from under 18 years old people constitutes 54.9% (28 applicants) of all applications in this category.



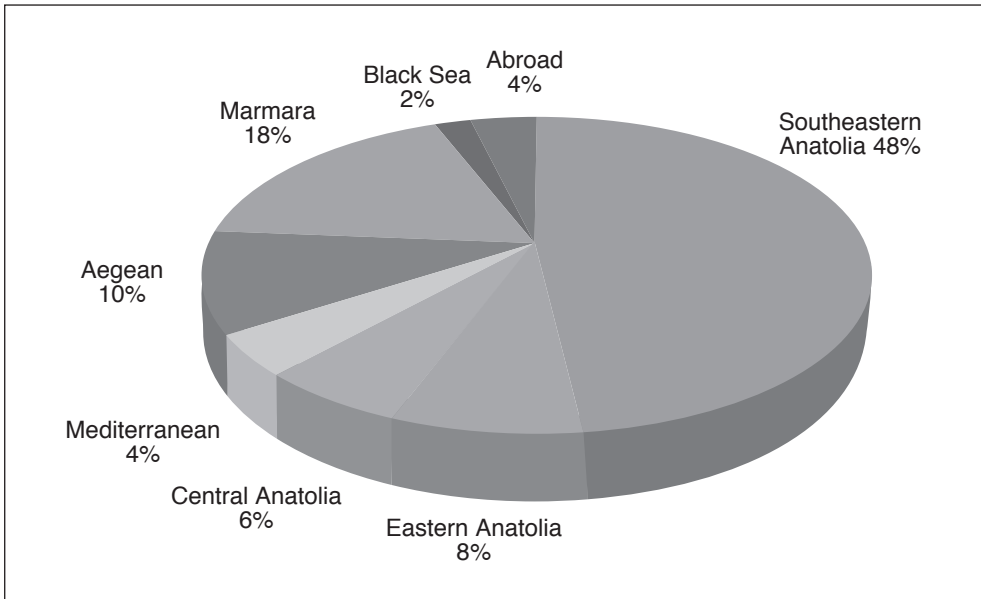
Graphic 14: Distribution of age by applicants' gender

34 of the applicants, whose relatives were subjected to torture, are female and 17 of them are male. The distribution of applicants by gender is shown in in Graphic 14. While there is a gender equality in the case of children applicants in this category, the percentage of women applicants is 87.0% (20 people).

6.2 Place of Birth

Analyzing the distribution of applications by the birth places in this category shows that the Southeastern Anatolia Region has the highest number of cases; 23 of the applicants (43.1%) were born in the provinces of the Southeastern Anatolia Region. 23.5% of the applicants (12 people) from this region is from Şırnak; 17.6% (9 people) of the applicants is from Diyarbakır.

Analyzing the birth places from perspective of the HRFT Treatment and Rehabilitation Center and Reference Centres availability, it is determined that the provinces where HRFT Treatment and Rehabilitation Center and Reference Centers are present have the highest numbers of applications.



Graphic 15: Distribution of applications by birth place

Following the Southeastern Anatolia Region, Marmara Region have 5 applications, Aegean and the Eastern Anatolia Regions have 3 applications (Graphic 15). Birth place information is missing in the case of fifteen applicants whose relatives were subjected to torture.

6.3 Medical Assessment

This section presents information about the complaints, psychiatric symptoms and findings and treatment processes of the applicants, whose relatives were subjected to torture, were collected through medical assessment made by the physicians and psychologists in the treatment and rehabilitation centres.

6.3.1 Mental Complaints

Applicants (particularly children), whose relatives were subjected to torture, (especially children) can be directly referred to directly to the specialist who provide mental support at the HRFT Treatment and Rehabilitation Centers. 14 out of 23 adult applicants, whose relatives were subjected to torture, in this category complained about mental 257 complaints out of 76 complaint sets belonging to adults; similarly 18 out of 28 applicants complained about 116 mental complaints out of 53 complaints clusters.

The most common psychological complaints observed from these applications are shown in Table 37.

The case 32 of the applicants in this category were evaluated by a mental health specialist. 4 out of the 19 people who were not seen by the mental health specialist did not come to the first appointment, 14 of them refused psychiatric examination and one person's information is missing.

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

The Most Common Mental Complaints	Number of Complaints (32 people)	% (32 people)
Sleep disorders	25	78.1
Distress	22	68.8
Anxiety	20	62.5
Having no pleasure in life	18	56.3
Concentration disorder	18	56.3
Have a tantrum	17	53.1
Fear	16	50.0
Tension	15	46.9
Crying spells	14	43.8
Nightmares	14	43.8
Memory impairment	12	37.5
Worried about future	11	34.4
Feeling uncomfortable with police officers	10	31.3

*19 people, who did not see the psychiatry specialist, were excluded from this evaluation. The table shows complaints of 10 and more people.

6.3.2 Mental Symptoms, Findings, and Diagnoses

5 out of 32 applicants, whose relatives were subjected to torture, were not evaluated by mental health specialists. These 5 people were not included in the evaluation for missing information. 26 out of 27 applicants referred to 46 different symptoms-at least 1 symptom from each applicant-and 245 symptoms in total were determined by the specialists. Distribution of the symptoms and findings of mental symptoms, among 245 symptoms and findings, with a percentage of symptoms of 50% and above is shown in Table 38.

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

Mental Symptoms and Findings	Number of Symptoms and Findings (14 people)	% (14 people)
Sleep disorders	10	71.4
Anxiety	9	64.3
Learning that a family member or a friend suffered from incidents amount to trauma	7	50.0
Concentration difficulties	7	50.0
Depressive mood	7	50.0
Increase or decrease in sleeping time	7	50.0

All 14 adult applicants, including those who are still receiving treatment as well as psychiatric evaluation was made, have at least one psychiatric diagnosis. The distribution of applications by diagnosis frequency is shown in Table 39.

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

Mental Symptoms	Number of Applications (14 people)	% (14 people)
Post-traumatic stress disorder acute	6	42.9
Major depressive disorder-one episode	6	42.9
Major depressive disorder-recurrent	2	14.3
Generalized anxiety disorder	1	7.1
Somatic symptom disorder	1	7.1

Examining the relationship between the diagnoses and the trauma process demonstrates that all diagnoses made by mental health specialists are found interconnected with trauma as *“the only etiological factor, one of the factors or the*

factor that aggravates / reveals the existing pathology". It was determined that 3 out of 6 people diagnosed with Post Traumatic Stress Disorder had one etiological factor; 1 out of 2 people diagnosed with Major Depressive Disorder and Recurrence had one etiological factor.

The data of the complaints from the 18 children applicants, whose relatives were subjected to torture and mental evaluation was made, are shown in Table 40.

Table 40: Distribution of application for children by complaints

Mental Symptoms and Findings	Number of Symptoms and Findings (18 people)	% Among Applicants (18 people)
Learning that a family member or a friend suffered from traumatic incidents	9	50.0
Witness incidents experienced by other people	8	44.4
Facing unpleasant details of traumatic incidents	8	44.4
Fear of loss, whom they love	6	33.3
An extreme level of anxiety fear, worry about separation from those with whom they are connected	5	27.8
Limited, introversion oriented emotional response to adult care givers; being in a situation that seeks for too rare and too limited relief when they are asked to react	4	22.2
Experiencing traumatic incidents directly	4	22.2
Unwilling to move away from home for separation anxiety	4	22.2
Although s/he speaks in other environments, being unable to speak in social situations where he is expected to speak (e.g. at school)	4	22.2
Losing interest	4	22.2

It is observed that except for 1 child all 18 applications of children, whose relatives were subjected to torture, had a diagnosis. Table 41 shows the distributions of applications for children by frequency of diagnosis.

Table 41: Distribution of applications for children by mental diagnosis

Mental Symptoms	Number of applicants (18 people)	% Among Applicants (18 people)
Trauma and Disorders related to precipitating causes to trauma	6	33.3
Anxiety disorders	4	22.2
Depressive disorders	1	5.6
Communication disorder	1	5.6
Disruptive behaviors, impulse control, and behavior disorders	1	5.6
Elimination disorders	2	11.1
Attention deficit/hyper-mobility	2	11.1

In the cases applications for children, not only the relationship between “Disruptive Disorders, Impulse Control and Behavioral Disorders” and trauma was determined but also it is found that one etiological factor is related to trauma as one of the factors or the factor that aggravated/revealed the existing pathology.

6.3.3 Treatment and Rehabilitation Process

The evaluation and therapy process of 32 applications, which were seen by psychiatrists, and therapies carried out by psychology specialists were evaluated together (Table 42). The number of people whose therapy processes have been completed is 14.0% for psychotherapy and 7.4% for psycho-pharmacotherapy.

20.9% of relatives did not approve of psychotherapy and in the case 18.6% percentage of applications, the therapy process was interrupted. In addition to the therapy they received, 13 people were supported by daily life recommendations by the specialists.

Table 42: Results of mental therapies provided to people whose relatives were subjected to torture

Therapy Process	Children		Adults	
	n=18	%	n=14	%
Treatment completed	0	0.0	2	14.3
Treatment is going on	8	44.4	10	71.4
Treatment was not completed though it began	2	11.1	2	14.3
s/he did not accept therapy/come to the session	8	44.4		

The psychotherapy support was provided to all children who were interviewed during the therapy process; the details such support is as follows: psychopharmacotherapy in 1 case and daily life recommendations in 3 cases. With regard to adults, 12 people received psychotherapy, 7 people received psychopharmacotherapy and 7 people recommended daily life, and 1 person received medical treatment recommendations. It is observed that 2 people, whose treatment processes were completed in this category, seemed quite healed in 2018.

7. ACTIVITIES FOR CHILDREN WITHIN HRFT

7.1 Principles of Activities for Children

Torture is not only a violation against the person who is subjected to torture but also a form of a form of violation that deeply affects the immediate family of the tortured person as well as the society at large. Children are in a state of mental and physical development and they are more vulnerable to mental sufferings than adults as the defense mechanisms of children are not yet settled/protective. Moreover, their relatively “passive” state compared to adults makes them more “vulnerable” to traumatic impacts. These injuries may obstruct children’s development and have long-lasting effects for the future. Children are indirectly and passively subjected to the violence that their relatives suffer their tortured relatives. In this respect, children live in an environment of sufferings, tense and depressive emotions that are dominant over the family. Additionally, the loss of relatives (death, imprisonment, being far away from home for various reasons etc.) are important to children or the depressive state of their relatives have multidimensional impacts on them. Not only tortured person himself/herself, the state of children that are related to them should be taken into account. Accordingly, special programs to reach out to them and treat them should be developed.

7.2 Applications for Children Submitted to HRFT

Since its foundation, the HRFT has offered treatment/rehabilitation services not only to tortured persons, but also to the relatives of tortured persons, taking the social aspect of health into account. Following the recruitment of a child psychologist in the Istanbul Treatment and Rehabilitation Center of Human Rights Foundation of Turkey in 2016, the activities for child assessment, reporting and rehabilitation began. According to DSM-V for child applications, psychological symptoms, findings and diagnoses section was added to the psychiatric evaluation section of the application files that has been renewed in 2018. As a result of the evaluations, there is an objective to prepare a separate application file for children in the coming years.

In this section, the data of children who were subjected to torture or witnessed torture in 2018 or grew up in a traumatic life for having a relative suffering from torture were shared; we aim to inform children about physical and mental health problems caused by the various the forms of torture and also to put forth recommendations for the development protection/rehabilitation programs in the future.

56 children (or their family members/relatives) applied to the Human Rights Foundation of Turkey in 2018. 26 of these cases are about torture; 28 of them are relatives of victims suffering from torture and 2 of them are children who have been subjected to gross human rights violations. Considering the age and gender distribution of child applications; the number of girls who were subjected to torture was 11 (youngest: 4 - the oldest: 17 years old), the number of boys was 15

(youngest: 7 - the oldest: 17 years old); the child applications who are relatives of the people suffering from torture; 14 female (youngest: 3 - oldest: 16 years old), 14 male (youngest: 2 - oldest: 17 years old) children; The remaining two applications are 2 boys (5 and 16 years old) who have been subjected to gross human rights violations. In the following section of this report, there are two parts, which are about the characteristics of children who are subjected to torture and children who are relatives of people suffering from torture.

7.2.1 Children Who Are Subjected to Torture

The number of children who applied to the HRFT for torture is 26 in 2018; 2 of these children were subjected to torture abroad (in their respective country).

- The age average of girls who were subjected torture is 12.3; it is 14.6 in the case of boys.

When we analyze the torture methods that can be called physical and psychological, the following observations are made;

- o 7 insults and humiliation, 9 death threats, 2 threats against children, 2 of them received threats to their relatives;
- o coercive actions e.g. 12 blindfolded; forcing 2 children to obey senseless orders;
- o physical attacks e.g. 11 beating cases, 6 continuous hitting one part of the body, 1 whip /hose etc.
- o 2 cases suffered from verbal sexual abuse, (sexual swearing, insults, etc.), 1 person suffered from physical sexual harassment, 1 person was subjected to sexual attack in another form of harassment;
- o 2 people were isolated in their cells, 4 people were restricted from food, 1 person was not allowed to sleep that is to say various forms of torture types under the category of basic needs.
- o The rehabilitation team members (specialist psychiatrist and psychologist) made the following observations in their work with 9 children during their psychotherapy processes;
- o The treatment of 2 children were not completed; Treatment of 4 children is still going on; the process for 2 children was completed, the treatment of 1 child was not completed without diagnosis.
- o Besides, in the psychological assessment of 1 child, no disease related to torture and prison process was detected by the team; 3 children did not want to receive psychiatric treatment; 3 other children refused psychiatric examination.
- o 2 children did not come to the first appointment, and it was determined that 1 child had no request for treatment.

- When we look at applications for children from the perspective of relationship between their traumatic experiences and psychological diagnoses and temporality, we observe that the diagnosis of 7 children continues and 1 child meets the diagnostic criteria from the past only.
- When we look at applications for children from the perspective of relationship between psychological diagnosis and trauma; According to DSM-V diagnostic criteria;
 - o It is detected that there is a relationship between trauma and anxiety disorder diagnosed in 2 children and the traumatic life increases or reveals existing pathology
 - o It is found that there is a relationship between trauma and depression diagnostic in 4 children; between communication and trauma in 2 children; between nutrition, eating disorders and trauma in 1 child; between elimination disorders and trauma in 1 child; between attention deficit/hyper-mobility and trauma in 1 child.
- When we look at the course of treatment of applications for children, it is observed that the treatment of 8 children was completed, the treatment of 7 children are still going on, 2 children did not want to receive any treatment, the treatment of 9 children was not completed due to various diagnostic and treatment reasons.

Compared to the previous year, there is an increase in the number of applications for children suffering from torture in this period. Applying the DSM-V criteria as of 2018 might be one of the reasons for this increase since in accordance with these criteria; the definition of torture has been revised and if a child witnesses a house raid (e.g. witness at least one of family, entering the house by breaking the door, damaging children's belongings while searching for rooms etc) it is accepted to be part of the torture criteria and enough for the need for treatment processes. Furthermore DSM-V explains that experiencing direct problems as well as witness problems that others or learning that a family member is subjected to such violations may have an impact on traumatic processes.

It is observed that there is connection between traumatic life of children and psychological symptoms.

On the other hand, in the case of gross human rights violations other than torture and other ill-treatment; there are 2 boys (age 5-6). 1 of them was beaten and was still receiving psychotherapy and his treatment. The other child refused the psychiatric examination and his treatment was completed.

7.2.2 Children Who Are the Relatives of People Suffering From Torture

There are 28 applications for children, who have relatives suffering from torture, to the HRFT in 2018. Having a relative who has been tortured in his family (mother, father, a living in the same house), one of the parents in prison, a relative of enforced

disappearance case some of the reasons to apply as relatives of the people suffering from torture.

- Looking at the distribution of age and gender, children who are the relatives of the tortured; 14 of them are girls (youngest: 3 - oldest: 16 years old), 14 of them are boys (youngest: 2 - oldest: 17 age).

The rehabilitation team members (specialist psychiatrist and psychologist) made the following observations in their work with 18 children during their psychotherapy processes;

- o The treatment of 6 children is still going on, 1 child's diagnostic procedures still continues,
- o 1 case was not completed though the treatment after it began, and in another case the process was not completed with no diagnosis.
- o Besides, in the psychological assessment of 1 child, no disease related to torture and prison process was detected by the team; 2 children did not want to receive psychiatric treatment; 9 other children refused psychiatric examination.
- o It was determined that 3 children did not come to the first appointment.
- When we look at applications for children from the perspective of having a relative suffering from torture-of relationship between their traumatic experiences and psychological diagnoses and temporality, we observe that the diagnosis of 6 children continues.
- When we look at applications for children from the perspective of having a relative suffering from torture relationship between psychological diagnosis and trauma; According to DSM-V diagnostic criteria;
 - o It is detected that there is a relationship between trauma and anxiety disorder diagnosed in 2 children and it is one of the etiological factors in 3 children and in 1 case the traumatic life increases or reveals existing pathology.
 - o It is found that there is a relationship between attention deficit/hyper-mobility and trauma in 2 children; between trauma and depression diagnostic in 1 child; between communication and trauma in 1 child; between trauma and disruptive behaviors, impulse control, and behavior disorders in 1 child; between elimination disorder and trauma in 1 child as part of etiological factors; while it was not detected that there was a relationship between elimination disorder and trauma in 1 child.
- When we look at the course of treatment of applications for children, it is observed that the treatment of 2 children was completed, the treatment of 9 children are still going on, 2 children did not want to receive any treatment, the treatment of 13 children was not completed due to various diagnostic and treatment reasons.

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

8. SOCIAL ASSESSMENT

Social support aims to protect the rights of vulnerable people, to sustain their existence in the society and to regain their functionality. As part of these activities, while using the resources for positive changes in the applicant's situation and his/her surroundings, it does not cause any damage or loss of rights. Rather than establishing a direct cause-effect relationship in social work practices, individuals and their situation are handled as a whole in a mutual relationship. In case of individuals whose rights are violated, there is an attempt to draft a wholistic intervention plan in regard to their interaction with the environment of the individual.

8.1 Social Support Activities within the HRFT

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

Following the preliminary assessment by the physicians, these people are referred to social workers by any member of the team in charge of process. In the case that an applicant needs to be referred to a social worker, orphans, children who are abandoned and in need of care, disabled people, citizens with no social security for medical services, poor people, those who suffer from domestic violence, children who were subjected to negligence/abuse, refugees and asylum-seekers, elderly people and people from other provinces and in need of accommodation are prioritized by the teams.

Social workers determine the needs and resources for the solutions of the problems by means of obtaining comprehensive information about applicants' experiences related to the traumatic life as well as their social life. These needs are related to the systems which applicants and their families are in interaction namely education, employment, economic status and family relationship organizations. Activities for social work are carried out as a result of the need assessment that include consultancy regarding public and private institutions as well as civil society organizations; cash and in-kind assistance; referral to relevant institutions; follow-up and observation work. After the interview, required information are shared with the treatment team, and actions to be taken both in the long and short term in the field of social support are decided with the applicants.

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

The HRFT allocates a limited budget for strengthening the ongoing treatment and rehabilitation activities and also and to eliminate the possible effects of the trauma experienced/witnessed by applicants in their future lives by means of social support programs, Considering the needs of applications, social support programs, which are thought to contribute to the treatment process, are formed by the HRFT. The basic framework of the process of being included in the social support program can be formulated as:

- Unable to benefit from education/employment opportunities for torture and torture related health problems, and long-time imprisonment
- Unable to benefit from education/employment opportunities for torture process that someone experiences as a relative of the torture victim
- Assuming that it is preventive for future problems
- Assuming that it is a step to make applicant independent rather than someone depends on social aids in the future

Considering the subjective conditions of the application, such as contributing to the treatment process of the person, the decision is made by the treatment team; social work activities can be understood as a repair process.

In 2018, a total of 28 people were supported by budget in question. These people were selected among the applications made to the HRFT's Istanbul, Ankara, Diyarbakır Treatment and Rehabilitation Center and Cizre Reference Center. The distribution of socially supported applications by treatment and rehabilitation center is as follows:

8.1.1.1 HRFT İstanbul Treatment and Rehabilitation Center

In 2018, 13 applications were supported by the Istanbul Treatment and Rehabilitation Center as part of the HRFT's social support project. It should be noted that 8 of the applicants are women (5 of them are children) and 5 of them are men (3 of them are children). Support was provided to the applicants to cover their needs in sport courses, professional development courses, procurement of professional tools and equipment, payment of kindergarten and school fees, school service fees, stationery costs and language courses (Turkish, English). Contact with the institutions, with which people are related, has been maintained; the effects of the support provided were investigated; follow-up activities were conducted, when needed household/workplace/school visits were carried out, and the processes of these visits were reported.

8.1.1.2 HRFT Diyarbakır Treatment and Rehabilitation Center

In 2018, 9 applications were supported by the Diyarbakır Treatment and Rehabilitation Center as part of the HRFT's social support project. It should be noted that 3 of the applicants are women (2 of them are children) and 6 of them are men (4 of them are children). Support was provided to the applicants to cover their needs in sport courses, professional development courses, procurement of professional tools and equipment, payment of kindergarten and school fees, school service fees, stationery costs and language courses (Turkish, English). Contact with the institutions, with which people are related, has been maintained; the effects of the support provided were investigated; follow-up activities were conducted, when needed household/workplace/school visits were carried out, and the processes of these visits were reported.

8.1.1.3 HRFT Ankara Treatment and Rehabilitation Center

In 2018, 2 applications were supported by the Ankara Treatment and Rehabilitation Center as part of the HRFT's social support project. Due to the absence of a social worker at the Ankara Treatment and Rehabilitation Center, the applications that were planned to be given social support by the other members of the treatment team were determined and the social workers working at the Istanbul Treatment and Rehabilitation Center examined these applications so that the decision was made by the relevant teams.

It should be noted that 1 of applicant was a woman while the other one was a girl. Support was provided to the applicants to cover their needs procurement of professional tools and equipment, school service fees, and stationery costs. Contact with the institutions, with which people are related, has been maintained; the effects of the support provided were investigated; follow-up activities were conducted, when needed household/workplace/school visits were carried out, and the processes of these visits were reported.

8.1.1.4 HRFT Cizre Reference Centre

In 2018, 4 applications were supported by the Cizre Reference Centre as part of the HRFT's social support project. Due to the absence of a social worker at the Cizre Reference Centre, the applications that were planned to be given social support by the other members of the treatment team were determined and the social workers working at the Diyarbakır Treatment and Rehabilitation Center examined these applications so that the decision was made by the relevant teams.

It should be noted that 1 of applicant was a woman and the other three applicants were girls. Support was provided to the applicants to cover their needs procurement of professional tools and equipment, school service fees, and stationery costs. Contact with the institutions, with which people are related, has been maintained; the effects of the support provided were investigated; follow-up activities were conducted, when needed household/workplace/school visits were carried out, and the processes of these visits were reported.

8.1.2 Social Support Activities, which are carried out by the HRFT İstanbul Treatment and Rehabilitation Center

In 2018, social workers both had regular meetings with the applicants at the HRFT center and visited their home, school and workplaces in order to improve the functioning and to make positive contributions to the bio-psychosocial well-being of applicants who applied to the HRFT İstanbul Treatment and Rehabilitation Center.

- The physical and social environments of the applications are observed in these household visits so that problems caused by torture and other ill-treatment in the interaction of the application with the close social environment can be identified at first hand. The psycho-education is given to family members who are informed also about the traumatic effects of torture and other ill-treatment in these visits. Accordingly, awareness is created by the team. Efforts to strengthen are made by the HRFT social workers in order to overcome the traumatic processes related to torture and other ill-treatment that applicants and family members suffered. Moreover, these visits enable the social workers to provide consultancy to families in order to alleviate tensions and resolve conflicts among family members. If the treatment of the applicants is incomplete, the social worker try to understand whether the applicants still need any further treatment and look for solutions. In this respect, if there are other family members who are in need of psychosocial support, they are also included in the activities. In addition, applicants are referred to to appropriate resources in line with their needs through such visits.
- Workplace visits aim to eliminate unfavorable situations that may occur in professional life (e.g. dismissal, stigmatization, discrimination) for torture and other forms of ill-treatment. Furthermore, there were activities to prevent violations of rights resulting from dismissals on the ground that people are unable to fulfill requirements of their positions. In cases of the loss of income and inability to provide care to those under the applicants' responsibility, mediation works were carried out so as to ensure the applicants' access to public resources and the applicants' access to such funds were achieved through our efforts. When the applicants wee in need of vocational courses for being away from the professional life and for having criminal records, they were referred to relevant courses.
- It is possible that applicants suffer from the interruption of their education for torture and ill-treatment that they are subjected to. For the applications whose education life was interrupted, awareness about the right to education was created and training was given by the team so as to access to legal support for joining the education and training services again, and also to reach courses and activities that would facilitate the education and training within the scope of the HRFT's Social Support Project.

In 2018, the social workers of the HRFT İstanbul Representative Office provided services to respond to the problems of refugees. In this context, the following activities were carried to support refugees who were in need of socio-economic support;

visiting home, school and workplace; establishing relationships with institutions and organizations; providing aid in-kind and cash. Activities were carried out to ensure that they benefit from these services. Moreover, some of the refugee applicants were directly referred to the HRFT’s Social Support Project budget. The reason for this referring the refugees in questions directly to the is that social workers noticed that it would positively affect the physical, mental and social treatments of the applicants and contribute to their social functionality. All these services, which were carried out by the social worker TİHV Istanbul Treatment and Rehabilitation Center, were properly the team of the HRFT Istanbul Treatment and Rehabilitation Center.

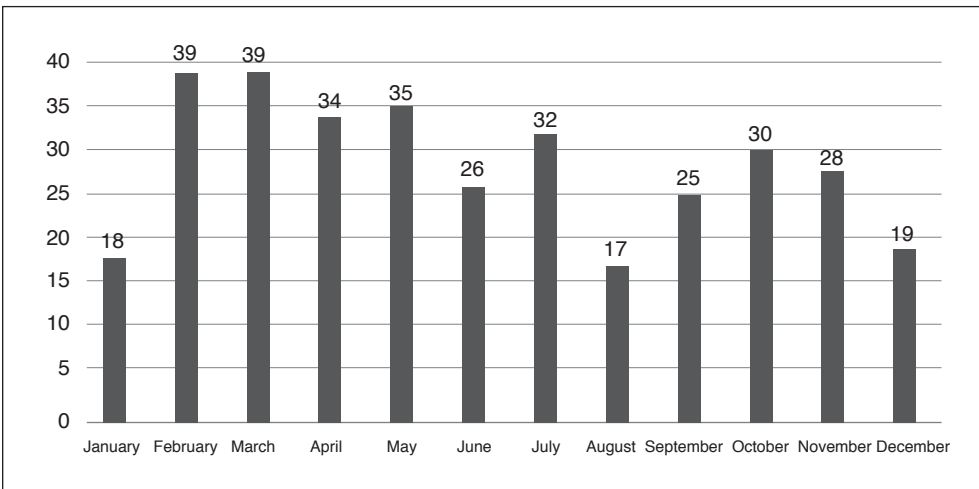
Descriptive statistical findings of 91 applicants, who submitted their applications to the HRFT for torture and other ill-treatment in 2018, is shown below.

47 of the applicants stated that they had been subjected to torture and other ill-treatment before 2018. Their cases were followed in 2018, as well. In 2018, 44 applications were evaluated by the social workers.

Considering the number of applications that are part of the follow-up cases previous years, it can be expressed that the remedy process of social effects after torture and ill-treatment is a long-term process and requires regular follow-up.

The profile of 91 applications, which were evaluated by the social workers, to the HRFT Istanbul Treatment and Rehabilitation Center is as follows: 29 women, 45 men, 3 trans women, 5 were girls and 9 were boys.

The distribution of applications as well as total interviews by the HRFT Istanbul Treatment and Rehabilitation Center social workers by the months is given in Graphic 16.



Graphic 16: Distribution of applications by monthly interviews at the HRFT İstanbul Treatment and Rehabilitation Center

In regard to 91 applications in need of social work in 2018, problems and needs resulting from the torture case were identified and individual response plans were made in order to reduce the psychosocial effects of the torture and to regain the functionality of the applications. Applicants and their families were interviewed by the team from the social work perspective. The interviews in question were structured on the empowerment-based approach and with the perspective of powers so that the applicants and families could overcome difficulties caused by torture and ill-treatment.

In total, 303 interviews were conducted in 2018. The average period of these interviews is one hour. Analyzing the monthly distribution of the interviews made with the applications, which received these services from the institution, demonstrates that there was an increase in February, March, April and May. The significance of these these months is related to the increase problems that refugees face. These problems are related to the satellite city where they were living, in other words; an increase in housing and asylum-seeking problems. The social workers made the needs analysis for the solution of the current problems. The analysis was made in cooperation with the UNHCR, Directorate General of Migration Management and relevant Provincial Directorates of the DGMM, Refugee Rights Center, SGDD (Association for Solidarity with Asylum Seekers and Immigrants). Similarly, activities were carried out in cooperation with İHD, TOHAV for case advocacy, mediation, consultancy, and case management. In addition, the increase in the number of cases under the social support in this period is a result of regular follow-up of these people and the number of interviews.

8.1.3 Documentation Activities

Since 2014, there is a special the social assessment section in annual alternative torture reports prepared by the HRFT tortures. In this chapter; torture, prison, detention, migration life cases and the effects of all these experiences on social life are evaluated by the team. This evaluation is carried out by the team in the psychiatric/psychological follow-up in the light of the Istanbul Protocol, and information about social workers are integrated by the team. The reports provide information, along with the torture, prison and detention conditions, about the detailed history of internal or external migration, education/job status, economic status, family/friendship relations, daily life activities and plans for the future, and how the applicants change before and after traumatic events. Although there is also information about the support mechanisms that a person receives after traumatic life events; a general opinion is also given about the support mechanisms that repair and justice need to be provided.

In addition to the effects of torture and other ill-treatment in the reports, the social assessment is based on the relevant articles of the law. The first of these article is the Right to Redress and Compensation defined by Article 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

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

The second one covers the refugees and immigrant people from the HRFT receives in limited numbers of applications every year; Article 67 of the Law on Foreigners and International Protection, which has come into force in 2014, defines the “Special Needs.” According to the article, the Special Needs refer to ‘the applicant and the persons with international protection status; unaccompanied minor, disabled, elderly, pregnant, with a childcare mothers or fathers alone or persons who have been subjected to torture, sexual assault or other serious psychological, physical or sexual violence’. In accordance with this article, people who are subjected to torture, sexual assault or other serious psychological, physical or sexual violence shall be provided with adequate treatment to eliminate the damage caused by such acts. In the defined rights and transactions, “people with special needs” shall be prioritized by the teams.

Particularly, the refugees referred by the United Nations High Commissioner for Refugees (UNHCR) and other non-governmental organizations; if they have any allegation that they have been tortured, they are referred to our institution for documentation as well as treatment. In addition to being tortured, if it is determined that they suffer from having different disadvantages, this information is included in the social evaluation section. A general opinion on being unable to benefit from housing, nutrition, hygiene, safety, language barrier in relation to environment and rights, health insurance, education/employment opportunities and reasons for prevention of the applicants from such services.

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ISBN: 978-605-9880-24-4