

HUMAN RIGHTS  
FOUNDATION of TURKEY  
**TREATMENT and  
REHABILITATION  
CENTRES REPORT  
2017**





HRFT  
Human Rights Foundation of Turkey

# **TREATMENT AND REHABILITATION CENTRES REPORT 2017**

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## INTRODUCTION

### Metin Bakkalci<sup>1</sup>

A fundamental fact making its mark on recent years is that democracy and human rights values have been facing a vital threat emanating from the presence of an “authoritarian” political power that is increasingly becoming more established. Comprehensive assessments regarding the human rights conditions that we currently live in were featured in many declarations and reports. The said conditions are summarized in the following paragraph which was featured in the final declaration of the 14th Conference on Human Rights Movement in Turkey, organized by the Human Rights Association (HRA) and the Human Rights Foundation of Turkey (HRFT) on November 24-26, 2017.

*“The minimum requirement for coherence and coexistence as a modern society is the ability of citizens to establish relations with each other based on their status as right holders. In the current state of affairs, citizens are deprived of their “right to hold rights”. In other words, they are deprived of their rights to be citizens under the State of Emergency Regime, leaving them unable to establish relations with each other. Depriving someone of their status as right-holding citizens is essentially dehumanizing them. This has become an obvious reality in Turkey and shows a tendency to scale up and become widespread in a way that showcases a global crisis of human rights. Manifesting itself in most parts of the world as an extraordinary state of emergency declared through economic, cultural, religious, ethnic “war” references, this crisis is indeed a humanitarian one.”*

The manifestation of this crisis in Turkey and the rest of the world alike is a systematization and proliferation of violence which is imposed upon societies as the sole reality of life.

We wish to reiterate once again that we were not able to prevent this process, which set human rights achievements back by decades. However, the exceptional efforts of human rights activists from various backgrounds to prevent this malicious process and strengthen the human rights environment should be taken into account. When the facts that many of our friends unfortunately lost their lives, got detained, arrested and sentenced, had to leave the country, got expelled from their civil service posts,

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

got prosecuted and had their institutions shut down or suppressed in this process are taken into account, the value of these exceptional efforts against past, present and future contexts become clear.

Although it was not possible, despite all efforts, to prevent this process, which has caused considerable damage, three premises may be laid out for its prevention in a reasonable amount of time. Firstly, beyond the reality that we are only living in a brief time span within the historical timeline, this malicious process can be prevented in a short amount of time since it is man-made and therefore not “fate” as we frequently express in the healthcare sector. Secondly, cumulative efforts of the human rights movement which made its presence felt in the “official” state of emergency environment of the 1980s and has been struggling to “defend and improve human rights under extraordinary conditions” constitute an important opportunity. Undoubtedly, the value of this opportunity is closely tied to the efforts to urgently strengthen the human rights movement and expand its sphere of influence by handling the long history and concepts of the human rights movement with a critical approach in the light of recent experience. Thirdly, the creative search efforts observed among various segments of society to overcome the recent damage, which is not exclusive to human rights, are of great value. On the other hand, the fact that the sustainability of this environment, in which the “rotting” on various levels gets more intense, has objective limits may constitute another premise on its own if the requirements of the aforementioned premises are met.

The fact that this negative process causing such a significant damage may have long-lasting effects even when it is successfully brought to an end should be taken into account. Consequently, it constitutes, as an existential matter, a key item on our special agenda to develop and strengthen solidarity and cooperation among human rights activists in addition to improving the effectiveness of their actions.

In its annual Treatment and Rehabilitation Centres Report, HRFT shares the documentation of physical and psychological treatment and rehabilitation services offered by all its centres to persons exposed to torture and other cruel, inhuman treatment and punishments during the year.

Founded in 1990 by HRA with 32 intellectuals and legal persons advocating human rights as a result of the collective effort by Turkish Medical Association (TMA) and HRA, HRFT is a human rights organization with international recognition and reputation that has been facilitating the access of tortured persons to treatment and rehabilitation services and delivering efforts for the documentation and prevention of torture for 28 years. Moreover, as stated in Article 3 of its statute, HRFT aims to issue periodical or non-periodical documentation and publications, deliver numerous trainings and perform scientific studies regarding the prevention of gross/serious human rights violations as defined in international human rights documents and domestic law.

HRFT currently continues to deliver efforts on the treatment and rehabilitation of tortured persons in its four treatment and rehabilitation centres in Ankara, Diyarbakır,

Istanbul and Izmir as well as its two “reference centres” which commenced operations in Cizre and Van on October 17, 2015 and January 13, 2018 respectively.

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

From its foundation until 2018, HRFT has provided treatment and rehabilitation services to a total of 16,878 torture survivors and their relatives. In 2017, 616 torture survivors and their relatives have applied to our centres. It was established that, among the 616 applications made to the HRFT Treatment Centres in 2017, 576 were filed by people subjected to torture and other ill-treatment while 40 were submitted by a relative of the tortured/ill-treated person. 12 applicants subjected to torture and other ill-treatment stated that they were tortured outside Turkey. 383 of the applicants who stated that they were tortured in Turkey (67.9%, (n=564)) were subjected to torture and other ill-treatment in 2017.

On the other hand, our work since 1993 for receiving applications from cities where HRFT does not have treatment and rehabilitation centres has continued during 2017. To that end, 109 torture survivors applied in 2017. Under our “Mobile Health Teams” program which was launched in 2008 to target regions where gross/serious torture and other human rights violations were experienced and where we do not have centres, 13 applications were referred into the rehabilitation program in 2017.

25 new applicants including 12 children were initiated into the special social support program while five new applicants were included in the legal support program in 2017.

As required by the holistic and multidisciplinary approach to struggle against torture and violation of rights, HRFT drafted numerous alternative medical reports for documenting torture upon the request of tortured persons from Turkey and various countries around the world. These reports are recognized and respected by many international judicial bodies such as the European Court of Human Rights. To this end, HRFT has emerged as a school of practice in terms of documenting/reporting torture and treating torture survivors. In the same vein, alternative forensic reports/epicrisis were prepared by our Treatment and Rehabilitation Centres for a total of 80 applications in 2017.

HRFT played a leading role in the preparation of the “UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol)”, which is recommended for global use by the United Nations (UN) and considered as the standard by the Republic of Turkey in forensic examinations. HRFT has also been organizing Istanbul Protocol Training Courses attended by many medical and legal experts both in Turkey and around the world.

The work on the Supplement to IP-IPS has been initiated due to recent developments in the fields of law and health as well as the emergence of new torture methods around the world since the Istanbul Protocol was initially prepared 19 years ago.

This effort, which is coordinated by the Physicians for Human Rights (PHR), International Rehabilitation Council for Torture Victims (IRCT), REDRESS and HRFT with the inclusion of UN bodies, is planned for completion in 2019 on the 20th anniversary of the Istanbul Protocol.

HRFT's leading work on documenting torture resonate with and is recognized on the international arena from a scientific and objective point of view. In addition, HRFT has been invited to or organized, on its own initiative, various scientific congresses and meetings.

Many survivors of torture and other forms of ill-treatment are also affected by other components of complex trauma. HRFT is aware that medicine per se is not sufficient to attain redress to the greatest extent possible. Therefore, since 2004, HRFT has been conducting work to develop a holistic and multidisciplinary program that also handles the problem of complex and ongoing social trauma. In this context, since 2000, it has been delivering its program on coping skills for social trauma under three interrelated pillars (truth, justice and redress) through various events such as national and international trainings, panels and symposia.

In order to regularly monitor the violations of rights in Turkey, reveal them rapidly, accurately and continuously and thus prevent them, HRFT publishes in two languages (Turkish and English) daily and annual human rights reports as well as reports dedicated to special violations and events. In this scope, HRFT has developed an objective and reliable system for the documentation of gross/serious human rights violations, especially torture, and has established a key base of know-how.

Special efforts are made in consideration of the HRFT Strategy Plan for 2015-2019 for the prevention of torture and other gross/serious human rights violations and to meet the requirements of the rehabilitation process at a time when democracy and human rights values face an existential threat. To this end, the volume of HRFT work has increased by two and a half times at least for the next two years, especially under the impact of our three recently-approved projects. When the existing conditions are taken into account, it is naturally required to clarify the organization of work processes and the distribution of tasks in order to meet the exigencies caused by the "work" volume of HRFT quantitatively increasing two and a half times. On the other hand, the development of "authentic" programs for the "qualitative" strengthening of our work in the upcoming period has been a primary item on our agenda.

The main mission of HRFT is to contribute to the struggle for the eradication of torture in all spheres of life and enable the attempts by tortured persons to cope with the trauma they endured and attain a complete physical, psychological and social recovery and wellness. In other words, HRFT aims to establish an environment of "social apology" towards the individuals and communities who have suffered from serious human rights violations.

We wish to reiterate that these are the collective efforts of the founders' committee, board members and personnel of HRFT, who have been serving with great selfless devotion both tangibly and intangibly for years, and hundreds of conscious people from different segments of society and various specialties, especially health professionals, lawyers and human rights activists who united throughout the country for the same cause.

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

Ankara, May 2018



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

**2017  
Evaluation Results**

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

The significant increase in cases of torture and other ill-treatment during the ongoing state of emergency, which was initiated in July 2015 due to the resuming conflict in the Southeastern and Eastern Anatolian Regions and the suppression of the coup attempt, continued during the period covered in this report.

### **I. Practice of Torture and Other Forms of Ill-Treatment in Legal Detention Places:**

272 (48.2%) of the 564 applicants among 616 persons who applied to the HRFT in 2017 (487 in 2016) because they directly suffered from torture and other forms of ill treatment, aside from the 40 relatives of applicants, applied because they were tortured in police headquarters, while 55 (9.8%) applied because they were tortured in legal detention places such as police stations. Additionally, it should be noted that 171 (30.3%) persons were tortured in law enforcement vehicles. As invariably expressed, while it is not appropriate to directly correlate the number of applicants to HRFT Treatment Centres with the number of persons who were tortured in the country, such data is a significant indicator of how common and serious torture is in official detention centres.

A similar version of this assessment based on those applying to HRFT centres is featured in the report published on December 18, 2017 and prepared by the United Nations Special Rapporteur on Torture in view of his visit to Turkey between November 27-December 2, 2016. In addition to assessing the situation, the aforementioned report also features 31 concrete proposals. Furthermore, the United Nations Special Rapporteur on Torture felt the need to reiterate his deep concerns regarding the matter on February 27, 2018. Similar assessments were also featured in the report by the Office of the United Nations High Commissioner for Human Rights entitled "Report on the impact of the state of emergency on human rights in Turkey, including an update on the South-East", published in March 2018 as well as the European Commission "Report on Turkey", published on April 17, 2018.

It is another indicator of Turkey's torture issue that the government has still not allowed the publication of the completed report by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) regarding the observations they made during their "special purpose/ad-hoc" visit to Turkey between August 29-September 6, 2016.

### **II. Practice of Torture and Other Forms of Ill-Treatment in Unofficial Detention Places:**

It is evident that torture and other forms of ill-treatment in unofficial detention places which has become evident in recent years has reached a grave state when the fact that 215 (38.1%) HRFT applicants in 2017 suffered from torture and other ill-

treatment in outdoor spaces and during demonstrations, while 70 (12.4%) received such treatment in indoor spaces such as houses and workplaces.

In the same vein, the European Court of Human Rights (ECHR) had considered Turkey's widespread use of "tear gas" on "persons and groups under control" as a violation of Article 3 of the European Convention on Human Rights (ECHR) regulating the prohibition of torture and other ill-treatment through its judgment on April 10, 2012 and thus convicted Turkey.

The ECHR had first ruled that the treatment of protestors by security forces reached the level of "torture" in Italy in 2001 with the April 7, 2015 judgment *Cestaro v. Italy* (application no: 6884/11). The Court's reiteration of their stance in another ruling on June 22, 2017 [GALLO ET AUTRES c. Italy (Application no: 43390/13)] set an important precedent regarding the issue.

Additionally, the special report "Extra-custodial use of force and the prohibition of torture and other cruel, inhuman or degrading treatment or punishment" published by the UN Special Rapporteur on Torture on July 20, 2017 on the matter, which has been discretely considered in the UN circles starting from 2013, contributed to an international clarification of this issue, which we have been emphasizing for a long time. The following statement featured in the 47<sup>th</sup> paragraph of the aforementioned report on treatment in "extra-custodial places", which specifically covers apprehension and intervention during demonstrations, is an important assessment regarding the issue: "*Notwithstanding any additional elements that may be required for a formal qualification as "torture" under the applicable treaty definition, any extra-custodial use of force that involves the intentional and purposeful infliction of pain or suffering on a "powerless" person as a vehicle for achieving a particular purpose will always amount to an aggravated form of cruel, inhuman or degrading treatment or punishment.*"

Reckless practices qualifying as torture that happen at least twice every day around the human rights monument on Yüksel Avenue in Ankara, which is still under blockade as mentioned in the statement made on behalf of our Founders' Committee in 2017, is a cruel example representing the levels of torture in our country. As is known, honourable and conscientious citizens, especially public workers, who refuse to accept the state of emergency practices as fate have been resisting the banalized evil across the country for days and months in order to express their concerns and retrieve their jobs, livelihoods and rights. Two of these people, Nuriye Gülmen and Semih Özakça, started a hunger strike to express themselves after being detained dozens of times and suffering from violence perpetrated by law enforcement officers. The hunger strike, which they ended on the 324<sup>th</sup> day (ended on the 248<sup>th</sup> day in the case of Esra Özakça) to continue their struggle in other respects, became a special agenda item not only for the HRFT based on its experience but also for the entire world.

### III. Practice of Torture and Other Forms of Ill-Treatment in Prisons:

Statistical information regarding prisons used to be annually published by the Ministry of Justice General Directorate of Prisons and Detention Houses. However, it is noted that the Ministry moved away from regular publications and that the most recent data on the website dates back to October 2, 2017. According to the Ministry of Justice data, the number of prisoners and convicts, which stood at 55,870 in 2005, has reached 228,993 as of October 2, 2017. The quadrupling of the number of prisoners and detainees in only twelve years, unprecedented in our country's history, can be considered as a summary of the developments in recent years. Continuous growth of the population of prisons in recent years has brought about the worsening of physical conditions and an increase in the deprivation of rights.

On the other hand, within the context of armed conflicts resuming in July 2015 and during the state of emergency period starting with the suppression of the coup attempt, the practices of torture and other forms of ill-treatment in prisons targeting detainees and arrestees have tremendously increased -unfortunately- once again. Major problems include beating upon entrance to and exit from prison, all forms of arbitrary treatment and arbitrary disciplinary punishments, cell confinements, exile and referrals, solitary or small group isolation/confinement, special practices regarding women, LGBTI+ individuals and children, restriction of access to medical services, denial of visits to jail infirmary, ill-treatment including handcuffing on the way to forensic medicine institution, courthouse and hospital; the failure to solve prisoners' health problems in a timely and effective manner, the presence of significant restrictions on the access of 1154 sick prisoners, 401 of whom are in critical condition, to healthcare services according to the latest Human Rights Association data of March 1, 2018, the difficulty in obtaining medical evaluation reports based on independent and qualified assessments, and the fact that the Forensic Medicine Institution is not independent.

The Decree in the Force of Law No. 696 of December 24, 2017 stipulates that the prisoners and convicts in relation to the anti-terror law to wear a uniform during their transfers outside prison for their referral to trials. "Enforcement of the uniform practice", which has been made a current issue in a time when problems about prisons are plentiful and is a humiliating punishment in its own right could have serious drawbacks for today and for the future. Efforts to end this practice before it begins were a very special agenda item for our institutions.

In addition to the information that 228,993 persons are in prison as of October 2, 2017, the fact that, as of April 2018 and according to Ministry of Justice data, 467,673 persons are on probation is another significant indicator about the general atmosphere of the country.

#### **IV. Resurgence of Abductions and Forced Disappearances**

The resurgence of forced disappearances, a black hole in our recent history and our civilization, during the latest state of emergency period is deeply concerning.

The HRA data announced on May 30, 2017 indicates that 11 cases of abductions and forced disappearances, mostly in Ankara, were recorded. Four of these persons were eventually released and one of them committed suicide. Additionally, many persons were abducted and threatened especially in Ankara and the region as well as being subject to torture and ill-treatment. Likewise, in October 2017, the Human Rights Watch (HRW) reported five abduction cases that may be “forced disappearances”. It was stated that in one of those cases, a person who was abducted in Ankara (and claimed that he was detained in a secret location for 42 days and was subject to torture) was subsequently found under detention by the police.

This constitutes a violation of the “prohibition of torture and other cruel, inhuman or degrading treatment” in terms of the relatives of “missing persons” and increases the value of efforts to “combat custodial disappearances” that have been ongoing for a long time. This issue is a top priority to our institutions.

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

As featured in our previous reports, unfavourable regulatory provisions included in the legislation on torture since 2005 became systematically apparent at all levels during the state of conflict that resumed in July 2015 and the state of emergency that was declared after the suppression of the military coup attempt. The consequences of these regulations took a more visible shape that would continue to be valid after the end of the state of emergency.

#### **VI. Fundamental/Procedural Guarantees Against Torture in the Process of Restriction of Freedom**

Procedural guarantees, which play a key role in the prevention of torture but have been largely neglected in practice for years, have been ravaged due to negative regulatory provisions in the legislation on torture as well as the statements and attitudes of the government. Based on these regulations, it is possible to say that the procedural guarantees such as informing individuals about detention, informing third persons, access to lawyers, access to physicians, carrying out appropriate medical examinations in appropriate circumstances and reporting properly, rapid access to a judicial authority for inspection of legality, keeping of detention records properly, and possibility of independent monitoring have recently been eliminated to a large extent and an entirely arbitrary environment has been created to this end.

## VII. Human Rights and Equality Institution of Turkey, Allegedly Functioning as the National Prevention Mechanism

The most recent example of story of the national human rights institution (in no way compatible with Paris Principles and OPCAT principles), a concept rendered completely meaningless for so long, has been the Human Rights and Equality Institution of Turkey, which was founded with its respective law that entered into force upon publication in the Official Gazette of April 20, 2016. Despite numerous recent human rights violations, chiefly torture, no information could be obtained regarding this institution's activities that may be regarded as meaningful.

In the meantime, the Regulation on Human Rights and Equality Experts was published on November 11, 2017, while the Regulation on Procedures and Principles Regarding the Implementation of the Law on Human Rights and Equality Institution of Turkey was published on November 24, 2017. Both regulations are incompatible with Paris Principles and OPCAT principles considering their legal basis.

## VIII. Culture of Impunity

Impunity remains the biggest obstacle in the struggle against torture. Impunity can still be considered as one of the most basic elements that make torture possible, for reasons such as perpetrators not being investigated at all, existing investigations not followed by prosecution, issuing of indictments not for torture but for crimes requiring less punishment than torture, defendants not being sentenced at all or being sentenced for crimes other than torture and the postponement of sentences. The issue of impunity has recently become even deeper due to impunity being provided under a complete guarantee, legal regulations that pave the way for complete arbitrariness regarding government officials as well as the statements of certain government representatives.

Official statistics by the Ministry of Justice for 2016 suggest that the number of lawsuits filed in relation to Article 94 of the Turkish Penal Code, i.e. **torture**, is 42 and the number of lawsuits filed in relation to torment, which is due for less punishment, is 340. On the other hand, the number of lawsuits filed in relation to Article 265 of the Turkish Penal Code, i.e. "resisting a police officer", is 26,195. As is evident, the vast number of lawsuits filed to protect police officers during the state of emergency although there is no reason to resist a police officer (the police already disperse demonstrators by using water, pepper spray and brute force at all events, and the demonstrators can in no way resist the police) indicate an attempt to cover up practices of torture and ill-treatment. These statistics showcase the extent of impunity under the state of emergency.

The European Court of Human Rights judgment of May 17, 2018 finding the application regarding the Roboski Massacre "unacceptable" was an unforgettable breaking point that showed the level the issue of impunity had reached at an

international mechanism level. The ECHR judgment suggested an attempt to “bury in history” a massacre that took place in the glare of publicity on December 28, 2011 and was a special example indicating the state of international mechanisms including the ECHR which have turned into heavily bureaucratic structures against the crisis regimes of today.

## **IX. Conclusion**

Torture has become a common practice felt by everyone in daily life in an environment where violence has become systematic and ordinary; the rule of law, which had been questioned for many years, has become completely dysfunctional in the light of the developments during the state of emergency which is declared on a premise to suppress the military coup attempt on July 15, 2016 but is ongoing; constitutional principles, legal rules and guarantees which are not put into practice even to the extent that they appear on paper have been fully rendered dysfunctional; and liable public officers have availed themselves of all kinds of impunity.

During the period covered in this Treatment and Rehabilitation Centres report hereby, practices of torture and other ill-treatment as both a reason and consequence of the destruction of democracy have been normalized and become recklessly common to increase government control and repression on various segments of society.

Additionally, the recent negative legal regulations and the teaching of torture to law enforcement officers at every level pose a major risk for the mindset that normalizes torture and the practices and legal regulations based on the said mindset to become permanent and destructive after the state of emergency will be over.

It is obvious that we will endeavour further to end such pernicious times in Turkey and the world which can be prevented because they are man-made and to improve our ideal for a common social life based on human rights.

## HRFT TREATMENT AND REHABILITATION CENTRES 2017 EVALUATION RESULTS

### 1. METHODOLOGY

Data regarding the 616 persons who applied to the HRFT Treatment and Rehabilitation Centres<sup>1</sup>(HRFT TRC) in 2017 was obtained from the records in the application files featuring the information of interviews, examinations and other diagnostic assessments carried out with the applicants by medical secretaries, physicians, social service experts and specialist physicians working at these centres.

In addition to socio-demographic data regarding the applications, the application files feature information, medical and social assessments regarding the incident and monitoring of the process. The data featured in year-end application files was fed to the database prepared on Excel by medical secretaries, and data from all centres was put together in the common data table.

In addition to the persons who were subjected to torture and other forms of ill-treatments, relatives of tortured persons also apply to the HRFT to receive medical support. 2017 data of Treatment and Rehabilitation Centres was separated into two databases entitled “**subject of torture and other forms of ill-treatment**” and “**relative of the tortured persons**” in order to analyse torture and other forms of ill-treatment during the year, the trauma caused by them and the rehabilitation process. It was established that, among the 616 applications made to the HRFT Treatment Centres in 2017, 576 were by people subjected to torture and other ill-treatment while 40 were by a relative of the tortured/ill-treated person. As 12 applicants who were subjected to torture and other forms of ill-treatment stated that they were tortured outside Turkey, the data belonging to said persons was removed from the grand total of tortured persons (576 applicants).

Data of 564 applications from “persons subjected to torture and other forms of ill-treatment in Turkey”, 12 applications from “persons subjected to torture and other forms of ill-treatment outside Turkey” and 40 applications from “relatives of tortured persons” were statistically analysed in SPSS and Excel and distribution tables and graphs were prepared.

Unlike previous years, the assessment of HRFT Treatment and Rehabilitation Centres’ 2017 data was not handled in two separate parts as “**all data**” and “**2017 data**” and data from previous years was instead assessed on the tables by being presented in other columns.

The Social Support area, which is maintained at treatment centres, and studies with children were presented in the report as additional sections.

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

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



## 2. INFORMATION ON APPLICATIONS

The reignited state of conflict and the state of emergency declared after the coup attempt on July 15 in Turkey are still going on. Turkey lived through 2017 under the same violent climate and torture and other forms of ill-treatment continued as before. Not all persons who are subjected to torture and other forms of ill-treatment in Turkey apply to HRFT Treatment Centres. However, taking into account the results obtained from past studies as regards data belonging to the applications makes it possible to comment on the widespread and prevalent torture and other forms of ill-treatment during the period as well as their results.

250 (40.6%) of the 616 persons who applied to treatment centres in 2017 applied to the Diyarbakır Office, 203 (35.9%) applied to the Istanbul Office, 81 (13.1%) applied to the Ankara Office while 64 (10.4%) applied to the Izmir Office. An approximate increase of 27% in the number of applications compared to 2016 is noted (the number of applications in 2016 was 487).

HRFT Treatment and Rehabilitation activities are handled via the coordination of two main centres (Istanbul and Diyarbakır). The data was separated based on the coordination of the two main centres in order to assess regional differences during data analysis. Differences in data from the main centres of Istanbul (Ankara and Izmir) and Diyarbakır (Cizre) were observed. It was noted that, according to regional distribution, 40.6% of the applications to the HRFT centres were assessed via the coordination of the Diyarbakır main centre, while 59.4% were assessed via the coordination of the Istanbul main centre. Table 1 provides a breakdown of applications.

**Table 1: Breakdown of applications for HRFT Treatment and Rehabilitation Centres (n=616)**

HRFT Centre	Torture Survivors		Survivors Tortured Abroad		Relatives of Torture Survivors		Total Applications	
	Number	%	Number	%	Number	%	Number	%
Diyarbakır	183	29.7	2	0.3	23	3.7	208	33.8
Cizre	42	6.8	0	0.0	0	0.0	42	6.8
Istanbul	203	33.0	6	1.0	12	1.9	221	35.9
Ankara	77	12.5	4	0.6	0	0.0	81	13.1
Izmir	59	9.6	0	0.0	5	0.8	64	10.4
<b>Total</b>	<b>564</b>	<b>91.6</b>	<b>12</b>	<b>1.9</b>	<b>40</b>	<b>6.5</b>	<b>616</b>	<b>100.0</b>

The number of applications for medical support and documentation filed by the subject of torture and other forms of ill-treatment was 576 (93.5%), while the number of applications for medical support filed by the relative of the tortured person was 40 (6.5%).

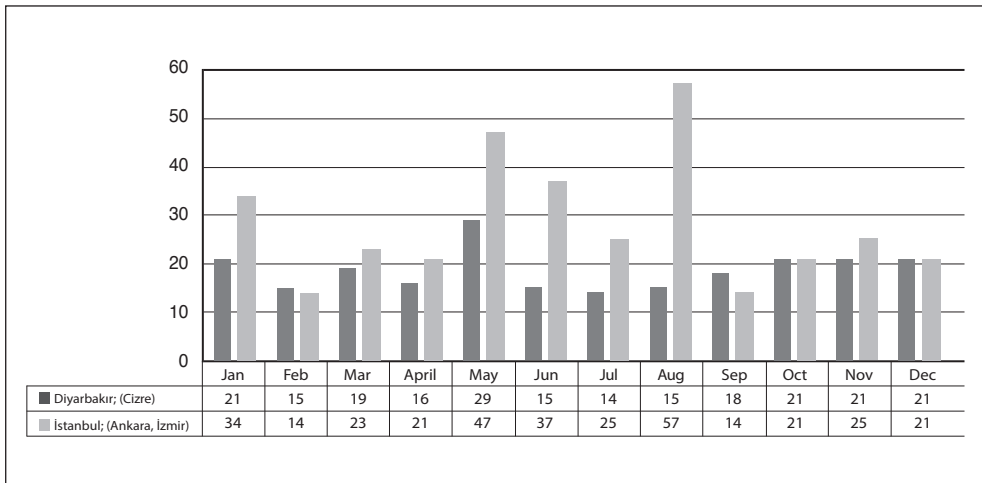
### 3. APPLICATIONS RESULTING FROM TORTURE AND OTHER FORMS OF ILL-TREATMENT IN TURKEY

564 applications made to the HRFT Treatment Centres in 2017 as a result of torture and other forms of ill-treatment were comparatively assessed as per information regarding the application, time of application, channel of application, socio-demographic data, physical and mental assessment processes as well as in terms of methods of torture and other forms of ill-treatment.

#### I. Monthly Breakdown of Applications

In terms of the monthly distribution of applications; the number of applications was above average in January, May, June and August. While no significant variability regarding monthly distribution was noted in applications to Diyarbakır, it was assessed that applications to Istanbul, Ankara and Izmir were above average in May and August and that this increase was statistically significant. With that being said, it would be more accurate to relate monthly variability in the number of applications to periods in which public demonstrations and opposition activities are intensified, rather than seasons or months, when a comparison is made with the information featured in the reports published by the HRFT in previous years.

It is thought that interventions to public demonstrations regarding May 1, freedom of thought and freedom of expression as well as the demonstrations of public workers in 2017 caused a spike in the number of applications. The monthly distribution of applications to main centres is presented in Chart 1.



**Chart 1: Monthly breakdown of applications to HRFT Treatment and Rehabilitation Centres**

## II. Distribution of Applications by the Channel of Application

In order to find suitable channels to ensure persons subjected to torture and other forms of ill-treatment can access the HRFT Treatment Centres, assessments regarding the channels of applications are carried out. In 2017, 192 applicants (34%) directly applied to the HRFT Treatment Centres for medical support and documentation. Considering that 35 applicants who had previously received support from HRFT reapplied, it is noted that 40.2% of the applicants directly reached out to the HRFT. It is thought that, aside from its corporate identity and works being recognized, the HRFT's current works in the field of human rights, campaigns and use of social media make direct application easier.

**Table 2: Distribution of applications by source of notification (n=564)**

Application	Number of Applications	%
Direct	192	34.0
Previous applicants	35	6.2
Upon recommendations of previous HRFT applicants	149	26.4
Upon recommendations of HRFT staff	23	4.1
Upon recommendations of HRFT volunteers	30	5.3
Via Human Rights Association	28	5.0
Lawyers	36	6.4
NGOs or political parties	64	11.3
Media	2	0.4
Other	5	0.9
<b>Total</b>	<b>564</b>	<b>100.0</b>

Applicants who applied upon the recommendation of previous HRFT applicants (149 applications - 26.4%) rank second. Applicants' channels of application to the HRFT are featured in Table 2.

Data regarding the channels of application shows that 6.4% of the applications to HRFT in 2017 were made through lawyers, while 0.9% were through media. The data shows that the HRFT needs to carry out works toward channels from which relatively less applications were received. To this end, ties with law associations and bars should be strengthened and joint trainings and seminars should be organized in order to improve the recognition and use of the Istanbul Protocol and to raise awareness regarding the works of the HRFT.

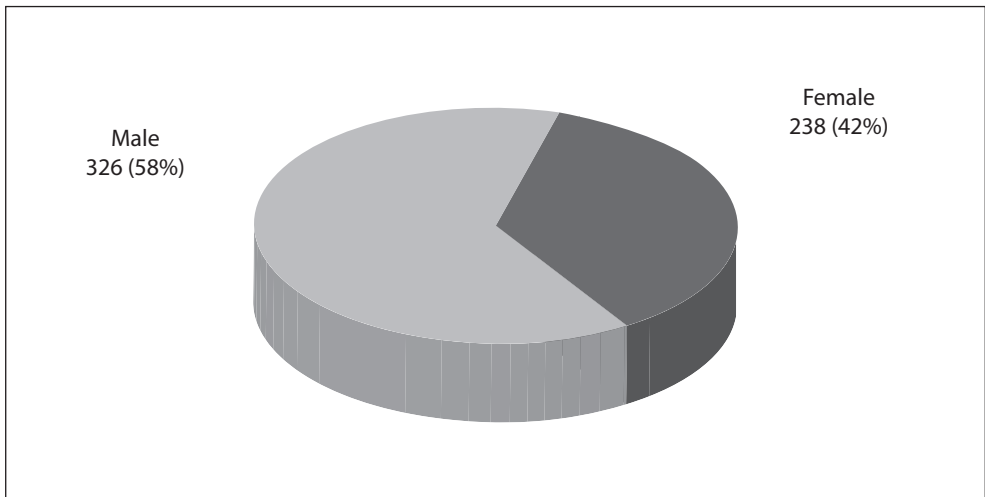
### 3.1 Socio-demographic Information

#### 3.1.1 Age and Sex

The assessment of 564 applicants' distribution by sex (Chart 2) shows that 238 (42.2%) applicants are female, while 326 (57.8%) are male. Compared to 2016 [156 female (36%), 281 males (64%)], the number of female applicants has increased.

It is established that the percentage of female applicants in Istanbul, Ankara and Izmir treatment centres is significantly higher than in Diyarbakır main centre ( $X^2$  (n=564) = 8,706, p = ,003), while no statistically-significant variability was found in terms of male applicants.

Age of persons who applied to treatment centres in 2017 varies between 2 and 82 and the average age is 34.85 (Sd = 12.43). Compared to the previous year's data (average age: 32), it is understood that the average age has increased. Comparative distribution of 2016 and 2017 applications by age groups is shown on Table 3.



**Chart 2: Distribution of applicants by sex (n=564)**

**Table 3: Distribution of applicants in 2016-2017 by age groups**

Age Group	2017 Applications		2016 Applications	
	Number	%	Number	%
0-18	22	3.9	24	5.5
19-25	127	22.5	119	27.2
26-30	96	17.0	96	21.9
31-35	75	13.3	77	17.6
36-40	72	12.8	42	9.6
41-45	61	10.8	21	4.8
46 +	111	19.7	59	13.5
<b>Total</b>	<b>564</b>	<b>100.0</b>	<b>438</b>	<b>100.0</b>

Applicants aged 18 and under make up 3.9% of all applicants subjected to torture (22 applicants). Compared to the previous year, it is noted that, while the number of persons under the age of 18 who were subjected to torture during detention has not decreased, the percentage has dropped (19 applicants in 2016, 6.6%).

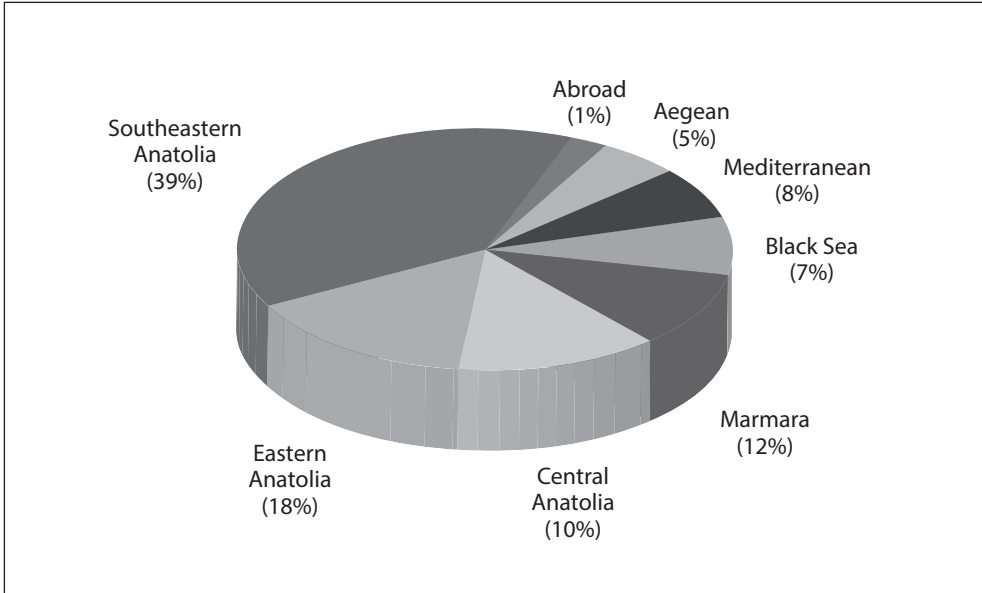
Looking at the age groups of persons who applied to treatment centres in 2017, it is understood that numerical increase has taken place in all age groups compared to the previous year and that this increase is especially notable for persons aged 36 and above.

### 3.1.2 Place of Birth

Examining the distribution of applicants by the region of birth, the region with the highest number of applicants is the Southeastern Anatolia Region. 221 (39.2%) applicants were born in provinces located in the Southeastern Anatolia Region. 113 (20%) applicants were born in Diyarbakır, while 43 (7.6%) were born in Şırnak. İstanbul is the birth place of most (84.3%) applicants in the Marmara Region with 59.

Distribution according to the place of birth at provincial level shows that the provinces in which the HRFT Centres and Reference Centres are located rank first. It was assessed that the presence of the HRFT centres reduced the obstacles standing in the way of applications by tortured persons living in the provinces and their neighbours (recognition, trust, access, etc.), resulting in an increase of applications. It is understood that the HRFT's presence and visibility constitute a significant option to extend medical support, rehabilitation and documentation to persons subjected to torture.

In terms of the regions of birth, the Southeastern Anatolia Region is followed by the Eastern Anatolia Region with 99 applicants (17.6%) and the Marmara Region with 70 applicants (12.4%). Distribution of the applicants' places of birth by region is shown on Chart 3.



**Chart 3: Distribution of applicants by the region of birth (n=564)**

56.8% of the applicants were born in the Southeastern and Eastern Anatolia Regions. Compared to the data of previous years, the percentage of persons born in the Southeastern and Eastern Anatolia Regions among those who were subjected to torture has increased (43% in 2016, 40% in 2015).

### 3.1.3 Educational Background and Employment/Professional Status

Assessment of the literacy rates of 2017 applicants shows that, while 19 applicants (3.4%) were illiterate, most of the applicants (67.0%) had received high school education and above. 173 (30.7%) applicants were high school graduates, while 143 (25.4%) were vocational school/university graduates. Distribution of applicants' employment status by educational status is shown on Table 4.

Data of applicants whose education is still going on should be taken into account during the assessment of educational status. It was established that 82 applicants considered to be "high school graduates" (47.4% of high school graduates) were continuing their university education, and 10 were primary and secondary school students.

**Table 4: Distribution of applicants by educational status (n=564)**

Education Level	Application	
	Number	%
Illiterate	19	3.4
Literate	18	3.2
Primary school	68	12.1
Secondary school	81	14.4
High school	173	30.7
Vocational school/University drop-out	30	5.3
Vocational school/University graduate	143	25.4
Master's/ PhD graduate	32	5.7

Unlike the tables prepared in previous years; analysis was carried out after removing 102 applicants who were students and under the age of 18, in order to assess the employment status indicated by 2017 applicants during their application.

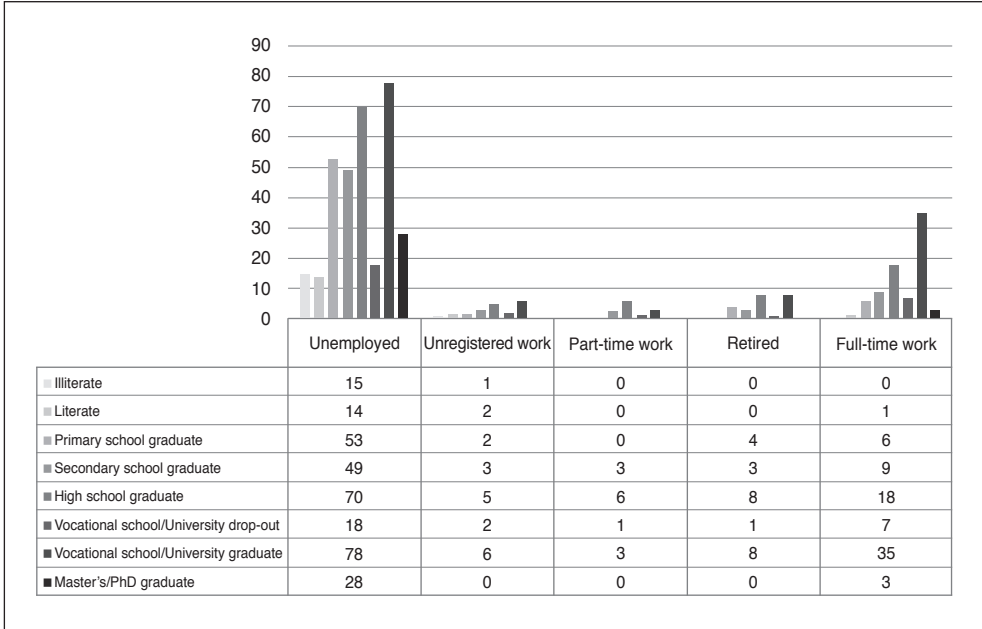
The results show that 325 (70.3%) of the 462 applicants were unemployed. 79 (17.1%) applicants worked full-time, 13 (2.8%) applicants worked part-time, 21 (4.5%) applicants worked informally and 24 (5.2%) applicants were retired. Chart 4 shows the distribution of applicants by educational status and employment status. The high percentage of high school and vocational school graduates in the unemployed group (194 of the 325 unemployed persons, 59.7%) was found to be noteworthy considering the level of education in the country.

### 3.2 Process of Torture

In order to have a holistic perspective on the issue of torture and other forms of ill-treatment and to identify the changes in the direction of the torture process, the data on the tables and charts was separated into “2017” and “pre-2017” based on the stated year of torture and analyses were carried out by comparing the separated data.

383 (67.9%) of the 564 persons who applied due to torture and other forms of ill-treatment in Turkey stated that they were tortured in 2017 (during official and unofficial detentions, in prison, etc.). It is noted that 2/3 of the applications to the HRFT Treatment Centres were made due to claims of torture during the year and the results were similar when compared to the previous years (66% in 2015 and 2016).

The number of applicants stating that they were subjected to torture and other forms of ill-treatment in the previous years was 181 (32.1%) in 2017. Application for



**Chart 4: Distribution of applicants by educational status and employment status (n=462)**

torture with the oldest date was filed in 1980, and it was established that 128 (71%) of the applications to the HRFT were made due to torture in 2016 and 2015. If a study featuring all data from the applications assessed by the HRFT up to this point is carried out, it will be possible to assess the basic features and changes in the direction of torture by analysing torture in Turkey with all of its aspects.

### 3.2.1 Reasons for Detention and Torture During Detention

537 (95.2%) of the 564 persons who applied to the HRFT because they were subjected to torture in Turkey stated that they were tortured due to political reasons. This ratio is 97.4% among the persons who applied in 2017 because they were subjected to torture. The ratio among those subjected to torture in previous years was 90.6%. Applicants state that they were subjected to torture due to political reasons. Political reasons were the most prominent or among the most prominent reasons pointed out by applicants as the cause for the torture they were subjected to in previous years as well (94% in 2015, 96% in 2016). Distribution of applicants by the reason of torture is featured on Table 5.



**Table 5: Distribution of applicants by the reason of torture (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Political	373	97.4	164	90.6	537	95.2
Legal	5	1.3	1	0.6	6	1.1
Sexual identity and orientation	0	0.0	1	0.6	1	0.2
Asylum seeker	2	0.5	1	0.6	3	0.5
Ethnic	3	0.8	13	7.2	16	2.8
Religious	0	0.0	1	0.6	1	0.2

When the interventions against human rights and practices of torture in Turkey are assessed, it is noted that the number of applications filed by other persons and communities of opposing views (LGBTI+, religious/conservative, etc.) to the HRFT is lower compared to other applications.

### 3.2.2. Duration of Detention and Torture in Detention

Among the first matters in which “regulations” are made during the periods of intensified human rights violations is detentions. Maximum duration of detention, which had been extended under the state of emergency declared in the aftermath of the military coup on September 12, 1980, was reduced from 30 days to 10 days in 1997, and then to 7 days in 2002. After the state of emergency was declared on July 20, 2016, the duration of detention was regulated with the first decree law on July 23, 2016 and extended to 30 days. The duration of detention was then reduced to 14 days with the regulation on January 23, 2017. Data regarding the duration of detentions regulated by state of emergency laws since 1980 are featured on Chart 5.

230 (40.8%) applicants stated that the duration of their most recent detention was less than 24 hours, while 97 (17.2%) applicants stated that they were detained for 24 to 48 hours. It is of note that the duration of detention is extended among the persons who applied because they were subjected to torture in 2017. Detentions of 5 days and beyond, of which there was none in 2015, made up 8% of detentions in 2016 and 21.9% in 2017. Extension of detention durations during the ongoing state of emergency, which was declared after the coup attempt in July 2016, and the restriction of procedural security (violation/restriction of the right to access lawyers, physicians and relatives) makes it easier for persons to be subjected to torture and other forms of ill-treatment.

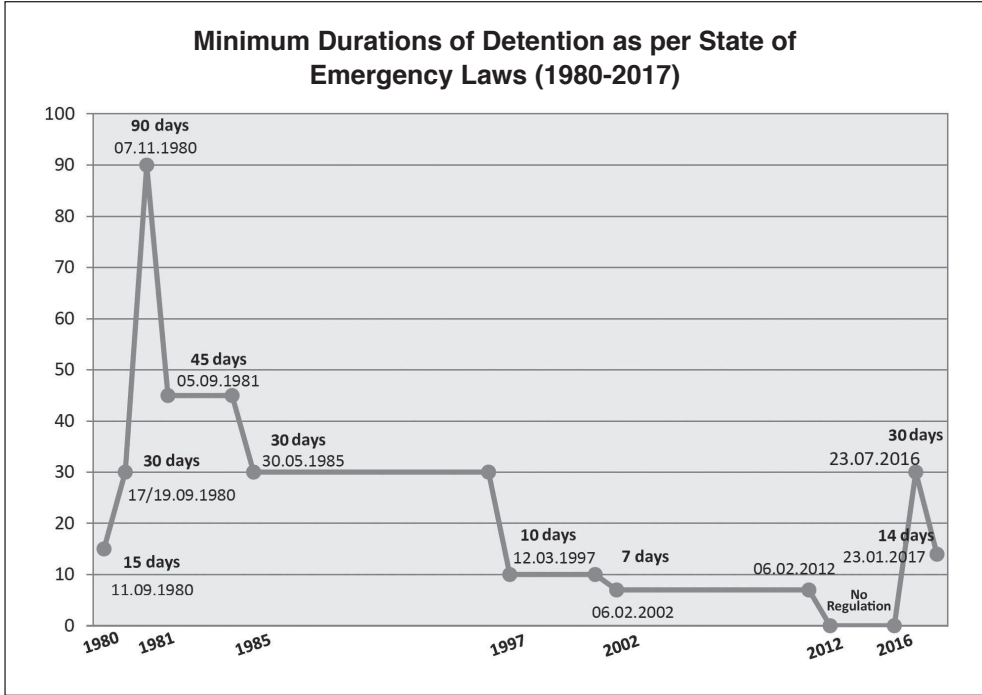


Chart 5: Minimum Durations of Detention as per State of Emergency Laws (1980-2017)

Table 6: Distribution of applicants by duration of most recent detention (n=564)

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Less than 24 hours	174	45.4	56	30.9	230	40.8
24-48 hours	67	17.5	30	16.6	97	17.2
49-72 hours	34	8.9	19	10.5	53	9.4
73-96 hours	24	6.3	19	10.5	43	7.6
5-7 days	45	11.7	22	12.2	67	11.9
8-15 days	32	8.4	14	7.7	46	8.2
16-30 days	7	1.8	9	5	16	2.8
More than a month	0	0	13	7.2	13	2.3

It was found out that the duration of detention of 13 (2.3% of all tortured persons) applicants who were subjected to torture in 2017 was more than 1 month. Duration of most recent detentions of persons subjected to torture is featured on Table 6.

### 3.2.3 Places of Detention

56% (316 persons) of the 2017 applicants stated that their most recent place of detention was a street or an outdoor space, 27% (154 persons) stated that it was home, while 6% stated that it was a government agency (airport etc.). Additionally, there are persons indicating that they were detained at an establishment (magazine, association, etc.), a workplace or other areas.

*Table 7* features the place of applicants' most recent detention.

**Table 7: Distribution of applicants by the most recent place of detention (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Street / Outdoor Space	236	61.6	80	44.2	316	56.0
Home	86	22.5	68	37.6	154	27.3
Institution	18	4.7	8	4.4	26	4.6
Workplace	7	1.8	0	0	7	1.2
Public office	23	6	10	5.5	33	5.9
Other	13	3.4	15	8.3	28	5.0

The rate of detentions from home, which was nearly equal to detentions from streets/outdoor spaces before 2017, was three times the amount of detentions from streets/outdoor spaces in 2017 applications. This is notable as it shows the change of purpose and method in torture practices. A similar figure concerning the places of detention in the treatment centres report of 2016 shows that violent and arbitrary interventions toward public demonstrations in relation to the freedom of thought and freedom of expression have started to increase with the state of emergency. Within the scope of the changing outlook of torture, streets and outdoor spaces have turned into new areas of torture.

### 3.2.4 Torture by the Time of Detention

It was assessed upon examination of the time of most recent detention for applicants applying in 2017 that 364 (64.5%) of the 564 applicants were detained between 8 am and 6 pm, 91 (16.1%) were detained between 6 pm and midnight, while 107 (19.0%) were detained between midnight and 8 am.

**Table 8: Distribution of applicants by the most recent time of detention (n=564)**

Time of Most Recent Detention	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
08:00–18:00	239	62.4	125	69.1	364	64.5
18:00–24:00	73	19.1	18	9.9	91	16.1
00:00–08:00	70	18.3	37	20.4	107	19.0
Not known	1	0.3	1	0.6	2	0.4

Table 8 separately shows applicants who filed an application due to torture during the year, before 2017 and by their time of detention. According to the previous year’s data, detentions between midnight and 8 am increased from 14% to 18.3%. Detention times’ shift toward night hours *emphasizes the intention to threaten and scare and strengthens the perception that the person does not have any place where he/she can feel safe.*

### 3.2.5 Torture in the Places of Detention

When the information provided by all applicants regarding the place of torture is assessed, it is seen that “police directorate” rank first (48.2%) (Table 9). Following police directorate are “streets/outdoor spaces” with 38.1% and “in-vehicle” with 30.3%. The ranking among those applying because they were subjected to torture in 2017 changed to “streets/outdoor spaces”, “police directorate” and “in-vehicle”. Streets and outdoor spaces, which were indicated as the place of torture at a rate of 12.2% in previous years, rose to the second place as the most common place of torture (Table 10).

**Table 9: Distribution of applicants by the most recent place of torture under detention (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total* (n=564)	
	Number	%	Number	%	Number	%
Police Directorate (PD)	184	48.0	88	48.6	272	48.2
Police Station (PS)	52	13.6	3	1.7	55	9.8
In vehicle	147	38.4	24	13.3	171	30.3
Street/outdoor space	193	50.4	22	12.2	215	38.1
Gendarmerie command	2	0.5	8	4.4	10	1.8
Gendarmerie station	4	1.0	4	2.2	8	1.4

**Table 9 continued**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total* (n=564)	
	Number	%	Number	%	Number	%
Prison	3	0.8	0	0.0	3	0.5
Personal space (home, workplace, etc.)	43	11.2	27	14.9	70	12.4
Unidentified indoor space	0	0.0	5	2.8	5	0.9
Other	42	11.0	23	12.7	65	11.5
Unknown/not remembered	13	3.4	9	5.0	22	3.9

\*The data was separately recorded for all places in cases where torture occurred in multiple places.

281 (49.8%) of the 564 applicants stated that they were tortured in one place only. Police Directorate and streets/outdoor spaces make up the vast majority (70.1%) among persons tortured in one place only with 197 applicants.

**Table 10: Distribution of applicants by the most recent place of torture under detention (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
<b>Single Location</b>	<b>156</b>	<b>40.7</b>	<b>125</b>	<b>69.1</b>	<b>281</b>	<b>49.8</b>
Police Directorate (PD)	67	17.5	64	35.4	131	23.2
Police Station (PS)	2	0.5	2	1.1	4	0.7
In vehicle (V)	5	1.3	7	3.9	12	2.1
Street/outdoor space (S/OS)	57	14.9	9	5.0	66	11.7
Gendarmerie command (G)	2	0.5	8	4.4	10	1.8
Gendarmerie station	4	1.0	4	2.2	8	1.4
Prison	3	0.8	0	0.0	3	0.5
Personal space (home, workplace, etc.)	12	3.1	22	12.2	34	6.0
Unidentified indoor space	0	0.0	5	2.8	5	0.9
Other	4	1.0	4	2.2	8	1.4

Table 10 continued

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
<b>Multiple Locations</b>	<b>214</b>	<b>55.9</b>	<b>47</b>	<b>26.0</b>	<b>261</b>	<b>46.3</b>
Police Directorates + In-vehicle + Street/Outdoor space	52	13.6	3	1.7	55	9.8
Police Directorates + Police Station + In-vehicle + Street/Outdoor space	18	4.7	0	0.0	18	3.2
Police Directorates+ In-vehicle + Personal space	15	3.9	0	0.0	15	2.7
Police Directorates + In-vehicle	9	2.3	10	5.5	19	3.4
Police Directorates + Street/Outdoor space	7	1.8	6	3.3	13	2.3
Police Directorates + Personal space	16	4.2	5	2.8	21	3.7
In-vehicle + Street/Outdoor space	27	7.0	3	1.7	30	5.3
Police Station + In-vehicle + Street/Outdoor space	21	5.5	1	0.6	22	3.9
Police Station + Street/Outdoor space	11	2.9	0	0.0	11	2.0
Other	38	9.9	19	10.5	57	10.1
Unknown/not remembered	<b>13</b>	<b>3.4</b>	<b>9</b>	<b>5.0</b>	<b>22</b>	<b>7.8</b>

It is known that torture is not limited to one place and continues in multiple places. 261 (46.3%) of all applicants filing an application due to torture stated that they were tortured in multiple places. This rate rose to 55.9% among applicants filing an application because they were tortured in 2017. The data suggests that in recent years, torture is not limited to only one place, has become more widespread and continues in different places during detention.

### 3.2.6 Distribution of Torture by Region and Province

Regional distribution of places in which applicants were tortured in Turkey is presented on Table 11. The table suggests that 187 (33.2%) of the 564 HRFT applicants were tortured in the Southeastern Anatolia Region, while 183 (32.4%) were tortured in the Marmara Region (Table 11).

**Table 11: Regional distribution of applicants' most recent torture under detention (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Marmara	160	41.8	23	12.7	183	32.4
South- Eastern Anatolia	84	21.9	103	56.9	187	33.2
Aegean	29	7.6	13	7.2	42	7.4
Central Anatolia	73	19.1	8	4.4	81	14.4
Eastern Anatolia	14	3.7	8	4.4	22	3.9
Mediterranean	9	2.3	6	3.3	15	2.7
Black Sea	2	0.5	2	1.1	4	0.7
Missing data	12	3.1	18	9.9	30	5.3

It was noted that the Marmara Region ranked first among applicants filing an application because they were subjected to torture in 2017 with a rate of 41.8%, while the Southeastern Anatolia Region ranked first in applications filed before 2017 with a rate of 56.9%. Compared to the previous year's data, it is noteworthy that, in terms of the place of torture, the Central Anatolia Region rose from 6.6% to 19.1% while a proportional decrease was recorded in the Marmara and Aegean Regions.

Upon ranking the provinces in which 564 applicants who filed an application due to torture were most recently tortured under detention, it was established that 174 (30.9%) persons lived in Istanbul, while 125 (22.2%) went through their most recent detention and torture process in Diyarbakır. The first four rankings show the provinces in which HRFT Treatment Centres are located (Table 12).

**Table 12: Distribution of applicants by the province in which they were most recently tortured under detention (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Istanbul	154	40.2	20	11	174	30.9
Ankara	72	18.8	7	3.9	79	14.0
Diyarbakır	66	17.2	59	32.6	125	22.2
Izmir	25	6.5	12	6.6	37	6.6
Şırnak	7	1.8	29	16	36	6.4
Hakkari	7	1.8	2	1.1	9	1.6
Mardin	6	1.6	9	5	15	2.7
Mersin	6	1.6	2	1.1	8	1.4
Missing data	12	3.1	18	9.9	30	5.3
Other cities*	28	7.3	23	12.7	51	9.0

\*(Cities with 5 or fewer applications on the table were shown in the "Other cities" row.)

Istanbul ranked the highest among applicants filing an application because they were subjected to torture in 2017 with a rate of 40.2%, followed by Ankara with 18.8% and Diyarbakır with 17.2%. Compared to the data of the previous year, a significant increase in torture applications is noted in Ankara and Diyarbakır. Sit-in protests of those expelled with the state of emergency decree laws in front of the Human Rights Monument on Yüksel Avenue; attempts to open stands and pitch tents; interventions of security forces, which reached the level of torture, toward persons fighting for their rights during Nuriye Gülmen and Semih Özakça's hunger strike caused a spike in the applications made to the Ankara centre. The numerical increase of applications in Ankara resulted an approximate proportional decrease of 10% in the torture applications made to Istanbul and Izmir.

### 3.2.7 Units in Which Torture Took Place

It was stated, upon assessing the unit in which the most recent torture took place, that torture was carried out, as was the case in 2016, in more than 60 units, particularly in Police Directorates and Anti-terror Branches (ATB). Distribution of centres in which the most recent torture took place is provided on Table 13.

**Table 13: Distribution of applicants by centres in which their most recent torture took place (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Istanbul Police Directorates	62	16.2	8	4.4	70	12.4
Diyarbakır Anti-terror Branch (ATB)	40	10.4	31	17.1	71	12.6
Istanbul Arnavutköy Police Station	11	2.9	0	0	11	2.0
Ankara Police Headquarters-Anti-terror Branch	8	2.1	4	2.2	12	2.1
Şırnak Anti-terror Branch	0	0	5	2.8	5	0.9
Cizre Treatment Centre	2	0.5	5	2.8	7	1.2
Other Police Headquarters-Anti-terror Branches	95	24.8	52	28.7	147	26.1
Other Police Stations	32	8.4	5	2.8	37	6.6
Other Gendarmerie Stations and Stations	9	2.3	9	5	18	3.2
Prison	3	0.8	0	0	3	0.5
Unit info missing	62	16.2	8	4.4	70	12.4

\*Units with 5 or more applications were featured in the data table.



Istanbul Police Directorate once again ranked first with 60 (16.2%) applicants, while the number of applicants stating that they were subjected to torture in the Diyarbakır Police Headquarters Anti-Terrorism Branch (ATB) was 40 (10.4%). Among the applicants filing an application because they were subjected to torture in previous years, Diyarbakır Police Headquarters Anti-Terrorism Branch ranks first with 17.1%.

### 3.2.8 Methods of Torture

Unlike the tables prepared in previous years, methods with which the applicants were tortured were grouped under eight sections. Table 14 features the distribution of torture methods by main sections, while Tables 15 and 16 feature the distribution of torture methods by subsections.

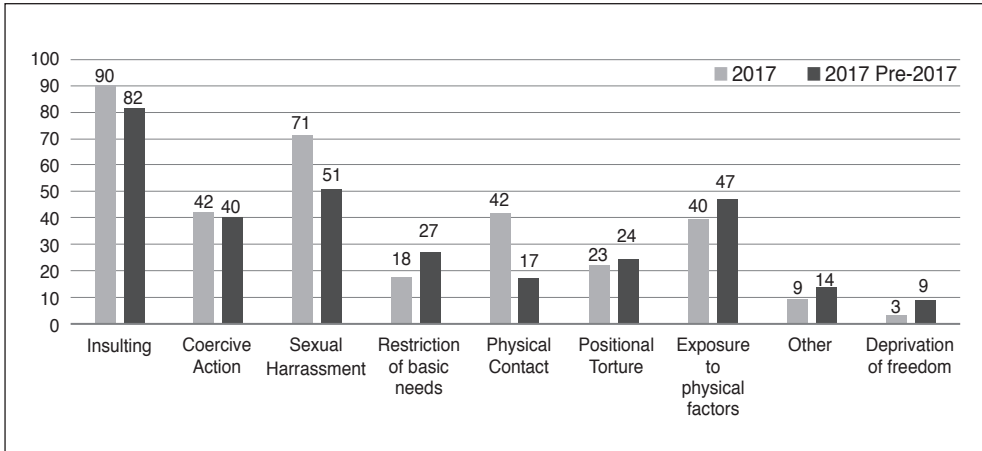
**Table 14: Group distribution of methods with which the applicants were tortured (data of 564 persons)**

	Tortured in 2017 (383 persons)		Tortured before 2017 (181 persons)		Total (564 persons)	
	Number	%	Number	%	Number	%
Insulting	346	90.3	148	81.8	494	87.6
Coercive Action	161	42.0	73	40.3	234	41.5
Physical Contact	273	71.3	92	50.8	365	64.7
Sexual Harassment	67	17.5	49	27.1	116	20.6
Positional Torture	160	41.8	31	17.1	191	33.9
Exposure to physical factors	86	22.5	44	24.3	130	23.0
Restriction of basic needs	152	39.7	85	47.0	237	42.0
Other	35	9.1	25	13.8	60	10.6
Deprivation of freedom	12	3.1	16	8.8	28	5.0

12 (3.2%) of the 383 persons filing an application because they were subjected to torture in 2017 stated that they were not tortured during their most recent detention. This number is 16 (9.7%) among the 181 persons who applied because they were subjected to torture before 2017. However, these persons indicated that they were unjustly deprived of their freedom.

Proportional comparative distribution of torture method group distribution is featured on Chart 6.

As the chart suggests, 87.6% of the 2017 applicants stated that they were subjected to at least one method of torture under the insult category (93.3% in 2017, 89.7% before 2017). The data suggests that methods under the insult category constituted the most prevalent method used (87.6%). It was followed by methods under the physical contact category with 64.7%.



**Chart 6: Percentages of the methods of torture the applicants were subjected to during their most recent detention (data of 564 persons)**

	<b>383 persons tortured in 2017</b>		<b>181 persons tortured before 2017</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
<b>Insulting</b>	346	90.3	148	81.8
Insulting	305	79.6	141	77.9
Humiliating	307	80.2	128	70.7
Death threat	71	18.5	54	29.8
Other threats against the applicant	130	33.9	58	32.0
Threats against relatives	32	8.4	29	16.0
Burning/raiding home	14	3.7	7	3.9
Mock execution	3	0.8	4	2.2
<b>Coercive Action</b>	161	42.0	73	40.3
Forced to witness (visually/aurally) the torture of others	96	25.1	29	16.0
Forced to listen to marches or high-volume music	52	13.6	14	7.7
Forced to obey nonsensical orders	46	12.0	31	17.1
Asked to act as an informer	22	5.7	23	12.7
Torture in the presence of relatives/friends	19	5.0	7	3.9
Blindfolded	10	2.6	21	11.6

Table 15 continued

	383 persons tortured in 2017		181 persons tortured before 2017	
	Number	%	Number	%
<b>Physical Contact</b>	273	71.3	92	50.8
Beating	259	67.6	82	45.3
Dropping out of, hitting or dragging by a vehicle	56	14.6	7	3.9
Continuous hitting on one part of the body	43	11.2	21	11.6
Pulling out hair/beard/moustache	20	5.2	12	6.6
Taking body sample by force	18	4.7	9	5.0
Using firearms	5	1.3	8	4.4
Forced to excessive physical activity	3	0.8	7	3.9
Squeezing testicles	2	0.5	8	4.4
Falanga	2	0.5	3	1.7
Electricity	1	0.3	10	5.5
Medical intervention by force	1	0.3	1	0.6
<b>Sexual harassment</b>	67	17.5	49	27.1
Sexual harassment	44	11.5	44	24.3
Stripping naked	34	8.9	22	12.2
Verbal sexual harassment	33	8.6	38	21.0
Physical sexual harassment	31	8.1	24	13.3
Rectal/naked search	9	2.3	4	2.2
Threat of rape	7	1.8	8	4.4
Rape	3	0.8	2	1.1

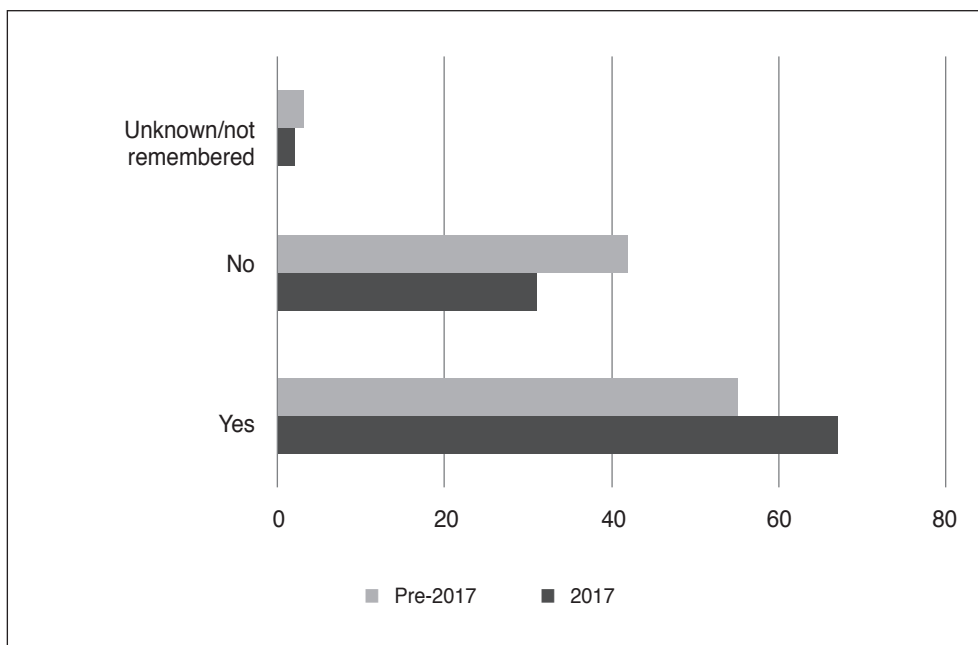
**Table 16: Distribution of torture methods the 564 applicants were subjected to during their most recent detention**

	383 persons tortured in 2017		181 persons tortured before 2017	
	Number	%	Number	%
<b>Positional Torture</b>	160	41.8	31	17.1
Other positional torture methods	159	41.5	26	14.4
Hanger	1	0.3	8	4.4
Hanging or crucifix	0	0.0	4	2.2
Strappado	1	0.3	3	1.7
Hanging by feet	0	0.0	1	0.6

Table 16 continued

	383 persons tortured in 2017		181 persons tortured before 2017	
	Number	%	Number	%
<b>Exposure to physical factors</b>	86	22.5	44	24.3
Exposure to tear-inducing chemicals (tear gas, CN, CS, etc.)	47	12.3	9	5.0
Restricted respiration	25	6.5	21	11.6
Forced to wait in a very cold or hot environment	23	6.0	30	16.6
Pressurized/cold water	2	0.5	10	5.5
Burning	1	0.3	1	0.6
Pressurized water coloured by chemicals	0	0.0	1	0.6
Other	0	0.0	1	0.6
<b>Restriction of basic needs</b>	152	39.7	85	47.0
Restriction of basic needs	116	30.3	61	33.7
Restriction of urination and defecation	96	25.1	45	24.9
Restriction of food and drink	90	23.5	59	32.6
Solitary confinement	13	3.4	26	14.4
<b>Other</b>	35	9.1	25	13.8
<b>Deprivation of freedom</b>	12	3.1	16	8.8

2017 data and pre-2017 data have partial variability in terms of torture methods. It was deemed statistically significant that the instances of positional torture ( $X^2=27,287$ ;  $p < 0.01$ ) and torture methods involving physical contact ( $X^2=14.63$ ,  $p < 0.01$ ) were more frequent in 2017 than they were before 2017. Besides, it is statistically significant that the instances of sexual harassment ( $X^2=10,233$ ;  $p < 0.01$ ) and the restriction of basic needs ( $X^2=7,277$ ;  $p < 0.01$ ) were less frequent in 2017 than they were before 2017. As regards comparisons between Diyarbakır (*Diyarbakır, Cizre*) and Istanbul (*Istanbul, Ankara, Izmir*) main centres carried out to assess whether the results stemmed from a regional variability or not, Fisher's tests indicate that the use of "sexual harassment" and "restriction of basic needs" methods is on the rise concerning Istanbul-based (Istanbul, Ankara, Izmir) applications ( $p < 0.01$ ).



**Chart 7: Percentages of applicants' ability to talk to a lawyer during their most recent detention (n=564)**

### 3.3 Legal Procedures During and After Detention

#### 3.3.1 Access to Lawyer

Analyses carried out regarding legal procedures indicate that 356 (63.3%) of the 564 applicants were able to talk to a lawyer during their most recent detention. This rate is 66.7% among the 256 persons filing an application because they were subjected to torture in 2017, and 55.2% among the 100 persons filing an application because they were subjected to torture before 2017. Percentages of the ability to talk to a lawyer are presented on Chart 7.

#### 3.3.2 Arrests After Detention

217 (38.5%) of the 564 persons filing an application in 2017 stated that they were released before prosecution, 200 (35.5%) stated that they were arrested, while 183 (24.5%) stated they were released by the prosecutor's office or the court. The fact that the rates of "*release before prosecution*" (44.3%) and "*release by the prosecutor's office or the court*" (30.2%) are twice higher among persons filing an application due to torture in 2017 than they are among those filing an application due to torture in previous years indicates that arbitrary detentions have become a

widespread violation. It was also established during the comparison of 2017 data and 2016 data that a partial decrease occurred in the rates of “*release*”, while the number of arrests (24%) increased threefold. The data on arrests after detention is presented on Table 17.

**Table 17: State of applicants after most recent detention (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Released without facing a prosecutor	170	44.4	47	26.0	217	38.5
Released by the prosecutor’s office or the court Released	116	30.3	22	12.2	138	24.5
Arrested	92	24.0	108	59.7	200	35.5
Unknown/not remembered	5	1.3	4	2.2	9	1.6

### 3.3.3 Lawsuits After Detention

In the assessment carried out to establish whether lawsuits were filed against persons applying to the HRFT Treatment and Rehabilitation Centres in 2017, 17.2% of the applicants stated that no lawsuit was filed against them, while 52.2% stated that they did not know whether any lawsuit had been filed against them or not. Table 18 features the number and distribution of applicants by their lawsuit status after their most recent detention.

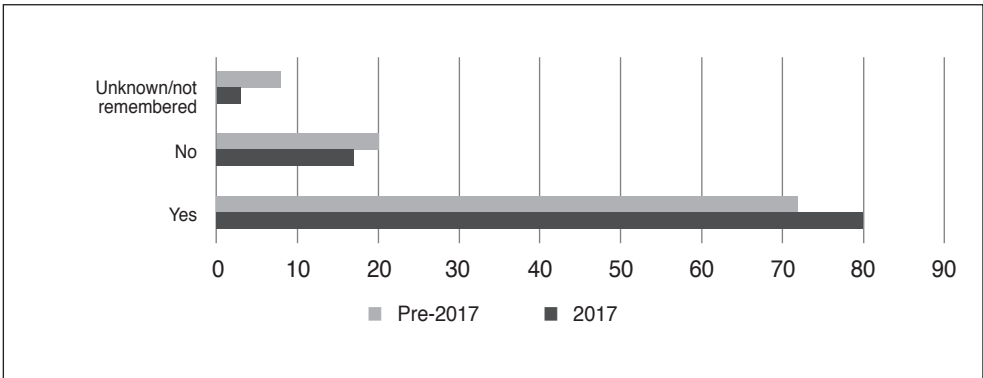
**Table 18: Distribution of applicants by their lawsuit status after their most recent detention (n=564)**

	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Whether a lawsuit was filed against the applicant is unknown	200	52.2	22	12.2	222	39.4
No legal proceedings	66	17.2	31	17.1	97	17.2
Trial in progress	84	21.9	68	37.6	152	27.0
Applicant was tried and convicted	26	6.8	44	24.3	70	12.4
Applicant was tried and acquitted	4	1.0	12	6.6	16	2.8
Trial resulted with non-prosecution	1	0.3	2	1.1	3	0.5
Applicant was tried, the result is unknown	2	0.5	2	1.1	4	0.7

Lawsuits were filed against 30.5% of the applicants filing an application due to torture during the year. 1.3% of the lawsuits resulted in the acquittance or dismissal of charges, while 6.8% resulted in conviction. The rate of conviction is three times higher (24.3%) among persons subjected to torture in previous years.

**3.3.4 Judicial Reports and Places of Examination During Detention**

The assessment of judicial report frequency during detention shows that 441 (78.2%) applicants received reports after their most recent detention at the initiative of officials. This rate is at 80.7% (309 applicants) among persons who applied because they were subjected to torture in 2017, and 72.9% (132 applicants) among those who were subjected to torture before 2017 (Chart 8). The fact that no official detentions are carried out in public demonstrations could be pointed out as one of the reasons for this low rate.



**Chart 8: Distribution of applicants by the receipt of judicial reports (n=564)**

It was established that forensic examination records of 441 (78.2%) applicants were featured in application files. It was found out that the forensic examinations of 391 (88.7%) applicants with records were carried out in hospitals, while the examinations of 39 (8.8%) applicants were carried out in their place of detention. Table 19 shows the distribution of both the persons who applied because they were subjected to torture in 2017 and the persons who applied because they were subjected to torture before 2017.

**Table 19: Distribution of applicants by the place of forensic examination (n=441)**

	Tortured in 2017 (n=309)		Tortured before 2017 (n=132)		Total (n=441)	
	Number	%	Number	%	Number	%
Hospital	280	90.6	111	84.1	391	88.7
Place of detention	24	7.8	15	11.4	39	8.8
Branch office of the Council of Forensic Medicine	2	0.6	2	1.5	4	0.9
Council of Forensic Medicine	0	0.0	0	0.0	0	0.0
Health Centre	3	1.0	3	2.3	6	1.4
Unknown/not remembered	0	0.0	1	0.8	1	0.2

It was stressed in the 2016 Treatment and Rehabilitation Centres report that procedural security was restricted after the state of emergency was declared and the principles of Istanbul Protocol started to be violated. Forensic medicine assessments being carried out in places that do not feature health units and are under the control of security guards hinder the healthcare personnel’s ability to independently and freely fulfil their professional obligations. The assessments carried out in these places constitute a significant violation regarding healthcare professionals and pave the way for torture by eliminating the confidence, privacy and autonomy of detainees. Information regarding forensic examinations after detention, provided by 441 applicants whose data is featured in the files is presented on Table 20.

**Table 20: Considerations of applicants who received forensic examination after their most recent detention (n=441)**

		Tortured in 2017 (n=309)			Tortured before 2017 (n=132)			Total (n=441)		
		Yes	No	DK/DR*	Yes	No	DK/DR*	Yes	No	DK/DR*
Were the security guards removed during forensic examination?	<b>No</b>	145	153	11	35	92	5	180	245	16
	<b>%</b>	46.9	49.5	3.6	26.5	69.7	3.8	40.8	55.6	3.6
Did the forensic physician listen to the complaints?	<b>No</b>	136	163	10	34	94	4	170	257	14
	<b>%</b>	44.0	52.8	3.2	25.8	71.2	3.0	38.5	58.3	3.2
Did the forensic physician take medical history?	<b>No</b>	75	212	22	27	99	6	102	311	28
	<b>%</b>	24.3	68.6	7.1	20.5	75.0	4.5	23.1	70.5	6.3



Table 20 continued

		Tortured in 2017 (n=309)			Tortured before 2017 (n=132)			Total (n=441)		
		Yes	No	DK/ DR*	Yes	No	DK/ DR*	Yes	No	DK/ DR*
Did the forensic physician carry out the examination appropriately?	<b>No</b>	63	215	31	23	101	8	86	316	39
	<b>%</b>	20.4	69.6	10.0	17.4	76.5	6.1	19.5	71.7	8.8
Did the forensic physician draft a report that was in accordance with the findings?	<b>No</b>	29	61	219	13	52	67	42	113	286
	<b>%</b>	9.4	19.7	70.9	9.8	39.4	50.8	9.5	25.6	64.9

\*DK/DR (Does not Know/ Does not Remember)

The information provided by applicants regarding forensic examinations suggests that main international regulations, the principles of Istanbul Protocol, national regulations as well as ethical and professional standards of medicine are not taken into consideration.

- 245 (55.6%) applicants stated that security guards were not removed during forensic examination,
- 257 (58.3%) applicants stated that the forensic physician did not listen to complaints,
- 311 (70.5%) applicants stated that the forensic physician did not take medical history,
- 316 (71.7%) applicants stated that the forensic physician did not carry out the examination appropriately,
- 113 (25.6%) applicants stated that the forensic physician did not draft a report that was in accordance with the findings,
- 286 applicants stated that they did not know whether the report was drafted appropriately or not.

Only 15 (2.7%) applicants in 2017 asked for a judicial report after their most recent detention, while 535 (94.9%) applicants stated that they did not ask for a judicial report. No information regarding judicial report requests was found in the records of the remaining 14 (2.5%) applicants.

102 (18.1%) applicants filed a criminal complaint, stating that they were tortured during their interrogation in the court or the prosecutor's office. 56 (9.9%) applicants filed a criminal complaint independently of HRFT, while 5 (0.9%) applicants stated that they filed a criminal complaint with the prosecutor's office with the support of HRFT.

### 3.4 Imprisonment Process

250 (44.3%) of the 564 persons who applied in 2017 stated that they had a history of imprisonment (The number for 2016 is 139 applicants - 32%). It is understood from the 2017 records that 200 (35.5%) applicants were taken under arrest after their most recent detention. The rate for 2016 is 26% (115 applicants).

The simultaneous assessment of imprisonment history and arrests after torture in the applications filed due to torture shows that 127 (33.2%) of the 383 applicants who applied because they were subjected to torture during the year had a history of imprisonment, while 105 (27.4%) applicants were taken under arrest after their most recent detention. It was established that 123 (68%) of the 181 persons who applied because they were subjected to torture before 2017 had a history of imprisonment, while 115 (63.5%) applicants were taken under arrest after their most recent detention. These distributions show that the rate of arrest is higher among persons who applied because they were subjected to torture before 2017.

Duration of the imprisonment of applicants who have a history of imprisonment varies between 1 month and 20 years. Table 21 features the distribution of applicants who have a history of imprisonment by the time they spent in prison.

**Table 21: Distribution of applicants with a history of imprisonment by the time they spent in prison (n=250)**

Duration	Tortured in 2017 (n=127)		Tortured before 2017 (n=123)		Total (n=250)	
	Number	%	Number	%	Number	%
0-2 months	9	7.1	6	4.9	15	6.0
3 months - 1 year	46	36.2	41	33.3	87	34.8
1-3 years	21	16.5	22	17.9	43	17.2
3-5 years	11	8.7	14	11.4	25	10.0
5-7 years	15	11.8	19	15.4	34	13.6
7-9 years	16	12.6	8	6.5	24	9.6
9-11 years	1	0.8	8	6.5	9	3.6
11-20 years	8	6.3	5	4.1	13	5.2

146 (58.4%) of the 250 persons who applied in 2017 and have a history of imprisonment were released pending trial (The figure in 2016 was 66 persons - 48%).

Table 22 features the types of release for persons who applied because they were subjected to torture in 2017 and before 2017.

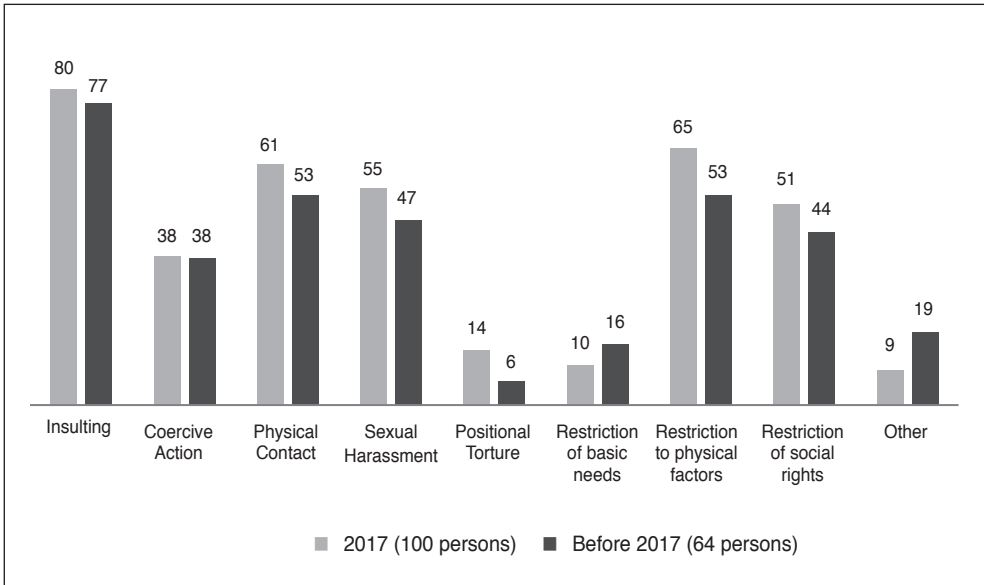
**Table 22: Release types of applicants with a history of imprisonment (n=250)**

Type of Release	Tortured in 2017 (n=127)		Tortured before 2017 (n=123)		Total (n=250)	
	Number	%	Number	%	Number	%
Released pending trial	82	64.6	64	52.0	146	58.4
End of sentence	31	24.4	49	39.8	80	32.0
Acquittal	10	7.9	6	4.9	16	6.4
Amnesty / conditional release	4	3.1	4	3.3	8	3.2

95 (38%) of the 250 applicants with a history of imprisonment stated that they stayed in F-type prisons. This figure was 36% among persons who applied because they were subjected to torture in 2017, and 40% among persons who applied because they were subjected to torture before 2017 and the duration of their time in prison varies between 1 month and 112 months.

53 (21.2%) of the 250 applicants who stayed in prison stated that they were kept in solitary confinement cells for periods ranging from 2 days to 24 months. The rate among 28 applicants who were tortured in 2017 is 22%, while the rate among 25 applicants who were tortured before 2017 is 20.3%.

164 of the 250 persons with a history of imprisonment stated that they were tortured in prison. The rates show that the number of persons who applied because they were subjected to torture in 2017 is higher than the number of persons who applied because they were subjected to torture before 2017 ( $X^2 = 20,777$ ,  $p = 0.000$ ). The comparative percentages of torture categories these two groups were subjected to are shown on Chart 9, while the numbers and distribution of persons who were subjected to the methods of torture featured in these categories are shown on Table 23.



**Chart 9: Distribution of percentages of torture methods the applicants were subjected to in prison (n=164)**

**Table 23: Distribution of torture methods the 164 applicants who were tortured in prison were subjected to**

	Tortured in 2017 (n=100)		Tortured before 2017 (n=64)	
	Number	%	Number	%
<b>Insult</b>	<b>80</b>	80.0	<b>49</b>	76.6
Insulting	77	77.0	44	68.8
Humiliating	72	72.0	41	64.1
Other threats against the applicant	20	20.0	19	29.7
Death threat	17	17.0	8	12.5
Threats against relatives	3	3.0	1	1.6
<b>Coercive action</b>	<b>38</b>	38.0	<b>24</b>	37.5
Forced to witness (visually/aurally) the torture of others	18	18.0	13	20.3
Forced to obey nonsensical orders	18	18.0	16	25.0
Forced to listen to marches or high-volume music	7	7.0	3	4.7
Asked to act as an informer	5	5.0	3	4.7
Torture in the presence of relatives/friends	2	2.0	1	1.6
Blindfolded	1	1.0	0	0.0

Table 23 continued

	Tortured in 2017 (n=100)		Tortured before 2017 (n=64)	
	Number	%	Number	%
<b>Physical contact</b>	<b>61</b>	<b>61.0</b>	<b>34</b>	<b>53.1</b>
Beating	61	61.0	33	51.6
Continuous hitting on one part of the body	7	7.0	8	12.5
Pulling out hair/beard/moustache	2	2.0	1	1.6
Forced to excessive physical activity	2	2.0	2	3.1
Falanga	2	2.0	2	3.1
Electricity	1	1.0	1	1.6
Medical intervention by force	0	0.0	1	1.6
<b>Sexual harassment</b>	<b>55</b>	<b>55.0</b>	<b>30</b>	<b>46.9</b>
Stripping naked	54	54.0	30	46.9
Sexual harassment	13	13.0	5	7.8
Physical sexual harassment	11	11.0	4	6.3
Verbal sexual harassment	8	8.0	3	4.7
Rectal/naked search	0	0.0	2	3.1
Threat of rape	1	1.0	0	0.0
<b>Positional torture</b>	<b>14</b>	<b>14.0</b>	<b>4</b>	<b>6.3</b>
Other positional torture methods	14	14.0	4	6.3
Hanger	1	1.0	0	0.0
<b>Exposure to physical factors</b>	<b>10</b>	<b>10.0</b>	<b>10</b>	<b>15.6</b>
Forced to wait in a very cold or hot environment	7	7.0	9	14.1
Restricted respiration	5	5.0	0	0.0
Exposure to chemicals	1	1.0	3	4.7
Exposure to tear-inducing chemicals (tear gas, CN, CS, etc.)	1	1.0	3	4.7
Pressurized/cold water	0	0.0	2	3.1
<b>Restriction of basic needs</b>	<b>65</b>	<b>65.0</b>	<b>34</b>	<b>53.1</b>
Restriction of basic needs	54	54.0	31	48.4
Restricting food and drink	29	29.0	19	29.7
Solitary confinement	25	25.0	13	20.3
Restricting urination and defecation	17	17.0	8	12.5
<b>Restriction of social rights</b>	<b>51</b>	<b>51.0</b>	<b>28</b>	<b>43.8</b>
Inhibiting meetings	49	49.0	24	37.5
Inhibiting sending/receiving letters	35	35.0	16	25.0
Cafeteria ban	23	23.0	9	14.1
Forced to wear uniform	1	1.0	1	1.6
<b>Other</b>	<b>9</b>	<b>9.0</b>	<b>12</b>	<b>18.8</b>

It was established that insult ranked first among applicants who stated that they stayed in prison as well, but the restriction of basic needs ranked second. It was also established that the number of torture and other forms of ill-treatment that the applicants were subjected to in prison was proportionally higher in 2017 applications (Table 23).

Table 24 shows the distributions of answers given by 250 persons with a history of imprisonment regarding the conditions in the prison they most recently stayed in. Aside from a few exceptions, the considerations of applicant as regards the prison conditions were negative.

**Table 24: Distribution of answers given by applicants regarding the conditions in the prison they most recently stayed in (250 persons)**

	Tortured in 2017 (127 persons)						Tortured before 2017 (123 persons)					
	Positive		Partly Positive		Negative		Positive		Partly Positive		Negative	
	n	%	n	%	n	%	n	%	n	%	n	%
Accommodation	1	0.8	10	7.9	116	91.3	3	2.4	12	9.8	108	87.8
Nutrition	1	0.8	22	17.3	104	81.9	0	0.0	26	21.1	98	79.7
Air ventilation	1	0.8	28	22.0	98	77.2	3	2.4	27	22.0	94	76.4
Hygiene	2	1.6	29	22.8	96	75.6	2	1.6	43	35.0	78	63.4
Communication	1	0.8	24	18.9	102	80.3	4	3.3	30	24.4	89	72.4
Health	1	0.8	9	7.1	117	92.1	0	0.0	21	17.1	102	82.9
Health	1	0.8	8	6.3	118	92.9	0	0.0	14	11.4	109	88.6
Access to media materials	1	0.8	23	18.1	101	79.5	4	3.3	26	21.1	93	75.6

### 3.4.1 Hunger Strike

117 (46.8%) of the 250 applicants who stayed in prison stated that they went on hunger strikes in prison for various reasons for periods varying between 1 day and 180 days. 90 (76.9%) of the 117 persons with a history of hunger strikes stated that their hunger strike was non-stop, 17 (14.5%) stated that it was rotating and 9 (7.7%) stated that it was intermittent.

### 3.5 Medical Assessment

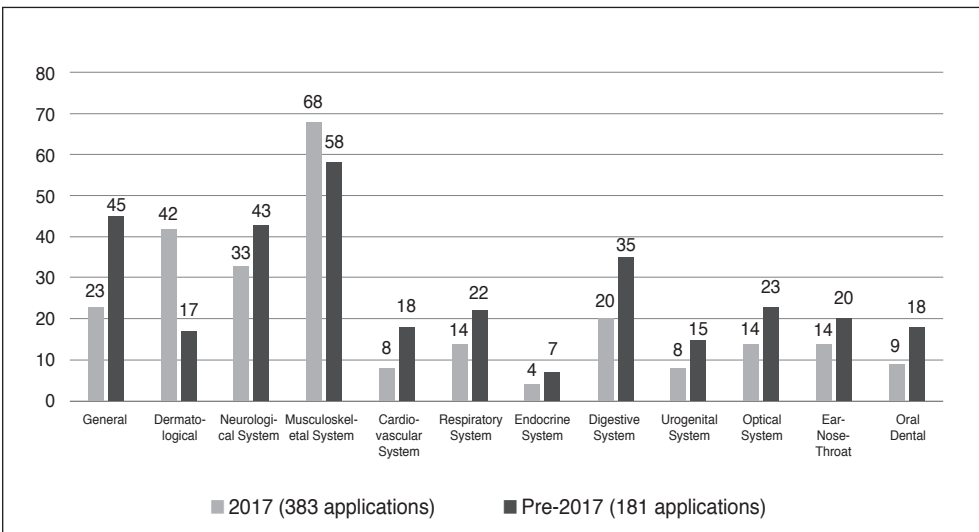
This chapter contains information on the health conditions of the TID applicants, as revealed by medical histories taken, physical examination, and tests during medical examination conducted by medical doctors working at the HRFT's Centres, and consultant physicians (psychiatrists, orthopedists, dermatologists,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

### 3.5.1 Medical Complaints of the Applicants

543 (96.3%) of the 564 persons who applied because they were subjected to torture in Turkey had at least one physical or mental complaint during their initial application. 21 (3.7%) applicants did not specify a physical or mental complaint during their initial application. The assessment of medical records belonging to the applicants shows that the applicants often had multiple complaints, that the number of complaints by one person varied between 1 and 47, and that the total number of complaints by 543 persons who made complaints was 2,941.

#### 3.5.1.1 Physical Complaints

Physical complaints were examined under 12 systems. Complaints regarding the musculoskeletal system ranked first among the applicants. Other frequent complaints include general ones such as exhaustion and fatigue, as well as dermatological complaints. Chart 10 features the percentages of systems in which the applicants specified complaints, while Table 25 features the most frequent complaints in the medical systems as well as the numbers and percentages of persons with said complaints.



**Chart 10: Distribution by physical complaint percentages (data of 564 applicants)**

It was noted that the complaints varied in terms of systems between persons subjected to torture in 2017 and persons subjected to torture before 2017. Persons who applied because they were subjected to torture in 2017 had more complaints in relation to the musculoskeletal system ( $X^2 = 6,149$ ,  $p = 0.013$ ), nervous system and

dermatology ( $X^2 = 33,966$ ,  $p = 0.000$ ) compared to the persons who were subjected to torture before 2017, while having less general ( $X^2= 27,572$ ,  $p = 0.000$ ) complaints and complaints in relation to the digestive system ( $X^2 = 13,671$ ,  $p = 0.000$ ).

**Table 25: Most frequent physical complaints (data of 564 applicants)**

	Data of 383 persons tortured in 2017		Data of 181 persons tortured before 2017	
	Number	%	Number	%
<b>Dermatological complaints</b>	161	42.0	31	17.1
- Ecchymosis, contusions	111	29.0	1	0.6
- Abrasion	49	12.8	0	0.0
- Swelling	48	12.5	2	1.1
- Contusion	12	3.1	0	0.0
<b>Nervous system complaints</b>	127	33.2	78	43.1
- Headache	93	24.3	58	32.0
- Dizziness	23	6.0	22	12.2
- Numbness tingling	22	5.7	22	12.2
<b>Musculoskeletal system complaints</b>	261	68.1	104	57.5
- Shoulder pain	89	23.2	14	7.7
- Lower back pain	71	18.5	53	29.3
- Back pain	55	14.4	19	10.5
- Neck pain	63	16.4	30	16.6
- Knee pain	50	13.1	35	19.3
- Rib pain	41	10.7	4	2.2
- Hand - wrist pain	39	10.2	4	2.2
- Leg pain	34	8.9	12	6.6
- Arm pain	30	7.8	4	2.2
- Waist and leg pain	22	5.7	17	9.4
- Neck and arm pain	20	5.2	11	6.1
- Elbow pain	20	5.2	2	1.1
- Rest pain	16	4.2	3	1.7
- Hip pain	15	3.9	4	2.2
- Pain exacerbating by movement	13	3.4	8	4.4



Table 25 continued

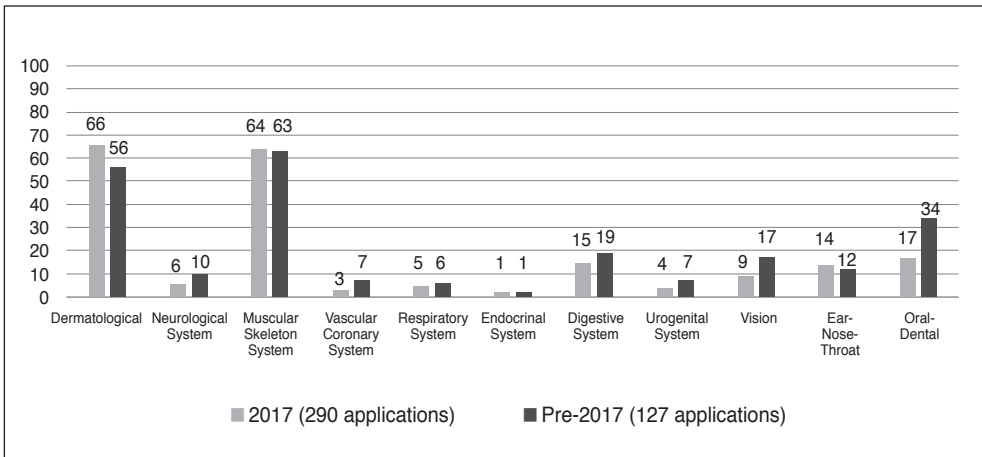
	Data of 383 persons tortured in 2017		Data of 181 persons tortured before 2017	
	Number	%	Number	%
<b>General complaints</b>	90	23.5	82	45.3
- Exhaustion, fatigue	66	17.2	62	34.3
- Quick fatigue	35	9.1	45	24.9
- Weight loss	20	5.2	18	9.9
<b>Digestion complaints</b>	78	20.4	63	34.8
- Abdominal pain	50	13.1	44	24.3
- Burning sensation	40	10.4	29	16.0
- Intumescence, indigestion	30	7.8	23	12.7
- Heartburn	25	6.5	20	11.0
- Nausea	21	5.5	13	7.2
- Constipation	16	4.2	15	8.3
<b>Respiratory complaints</b>	54	14.1	40	22.1
- Shortness of breath	37	9.7	23	12.7
- Cough	31	8.1	16	8.8
<b>Ophthalmic complaints</b>	54	14.1	41	22.7
- Visual impairment	35	9.1	38	21.0
<b>Cardiovascular complaints</b>	31	8.1	34	18.8
- Palpitations	21	5.5	26	14.4
<b>Oral and dental complaints</b>	36	9.4	32	17.7
- Tooth decay - missing tooth	20	5.2	21	11.6
<b>Urogenital complaints</b>	31	8.1	27	14.9
- Aching, burning and bifurcation during urination	18	4.7	15	8.3
<b>Ear-nose-throat complaints</b>	53	13.8	35	19.3
Nasal obstruction	15	3.9	9	5.0
- Reduction of hearing	13	3.4	12	6.6
<b>Endocrine system complaints*</b>	15	3.9	14	7.7
- Menstrual irregularity	7	1.8	4	2.2

Complaints with more than 10 instances were listed.

\*Complaints with more than 5 instances were listed.

### 3.5.1.2 Physical Examination Findings

At least one physical finding was identified in the medical assessment for 417 (73.9%) of the 564 persons who applied in 2017. Rate of physical findings among persons who applied because they were subjected to torture in 2017 is 75.7% (290 applicants), while the rate among persons who were tortured before 2017 is 70.2% (127 applicants).



**Chart 11: Physical findings of applicants (rates established in 417 applications)**

The number of physical findings recorded in the applications varies between 1 and 18. Total number of physical findings in the applications is 1,579. Similar to physical complaints, multiple physical findings were detected in the vast majority of applications (86%). Similar to previous years, musculoskeletal and dermatological physical findings ranked first. “*Muscular pain and sensitivity*”, “*shoulder movement pain and sensitivity*” were the most frequent physical findings, while “*ecchymosis and abrasion*” was the most frequent dermatological finding. Chart 11 features the physical finding percentages of 417 applicants by systems. Table 26 features the most-frequently identified findings in the systems, the number of persons with these findings, and the percentages of these persons among all applicants. It was established that the rates varied between persons tortured in 2017 and before 2017, and that the number of applications with dermatological ( $X^2 = 5,290, P = 0.021$ ) findings was significantly higher among persons subjected to torture in 2017.

**Table 26: Most frequent physical findings (data of 417 applicants)**

	Data of 383 persons tortured in 2017		Data of 181 persons tortured before 2017	
	Number	%	Number	%
<b>Dermatological findings</b>				
- Ecchymosis	144	49.7	0	0.0
- Abrasion	119	41.0	0	0.0
- Scar tissue	57	19.7	32	25.2
- Edema	38	13.1	2	1.6
- Other	18	6.2	20	15.7
<b>Musculoskeletal system findings</b>				
- Muscular pain and sensitivity	104	35.9	15	11.8
- Pain and sensitivity in shoulder movements	78	26.9	11	8.7
- Pain and sensitivity in neck movements	41	14.1	19	15.0
- Pain and sensitivity in waist movements	37	12.8	24	18.9
- Painful trigger points in muscles	31	10.7	1	0.8
- Pain and sensitivity in knee movements	28	9.7	18	14.2
- Referred pain from trigger point	26	9.0	2	1.6
- Pain and sensitivity in wrists	18	6.2	3	2.4
- Pain and sensitivity in elbow movements	13	4.5	2	1.6
<b>Digestive system findings</b>				
- Epigastric sensitivity	27	9.3	24	18.9
- Abdominal sensitivity	12	4.1	14	11.0
<b>Oral and dental findings</b>				
- Missing tooth	25	8.6	28	22.0
- Filled tooth	12	4.1	18	14.2
<b>Ophthalmic findings</b>				
- Visual impairment	16	5.5	7	5.5
<b>Ear-nose-throat findings</b>				
- Deviation in nose	10	3.4	0	0.0
- Swelling on nose	10	3.4	2	1.6
<b>Respiratory system findings</b>				
- Rale	11	3.8	5	3.9
<b>Nervous system findings*</b>				
- Superficial tissue impairment	9	3.1	2	1.6
<b>Cardiovascular findings*</b>				
- Hypertension	3	1.0	6	4.7

**Table 26 continued**

	Data of 383 persons tortured in 2017		Data of 181 persons tortured before 2017	
	Number	%	Number	%
<b>Urogenital system findings*</b>				
- Pelvic sensitivity	5	1.7	6	4.7
<b>Endocrinal system findings</b>				
	-	-	-	-

Findings with more than 10 instances were listed.

\*Findings with more than 5 instances were listed.

### 3.5.1.3 Physical Examination Diagnoses

Physical diagnoses were made concerning 428 (75.9%) of 564 applicants as per the ICD-10 coding system (International Statistical Classification of Diseases and Related Health Problems). Most frequent diagnoses were listed on Table 27. The total number of diagnoses is 1,780.

**Table 27: Distribution of applicants by physical diagnoses (data of 428)**

ICD 10 Code	Physical Diagnoses	Tortured in 2017 (304 persons)		Tortured before 2017 (124 persons)	
		Number	%	Number	%
S40	Superficial injury of shoulder and upper arm	81	26.6	0	0.0
S80	Superficial injury of lower leg	79	26.0	0	0.0
S60	Superficial injury of wrist and hand	74	24.3	2	1.6
S50	Superficial injury of forearm	50	16.4	0	0.0
S00	Superficial injury of head	47	15.5	2	1.6
S20	Superficial injury of thorax	44	14.5	0	0.0
M79	Other soft tissue injuries	23	7.6	13	10.5
H52	Refraction and accommodation	23	7.6	39	31.5
S30	Superficial injury of abdomen, lower back, and pelvis	23	7.6	0	0.0
M75	Shoulder lesions	22	7.2	8	6.5
M54	Dorsalgia	20	6.6	12	9.7
M50	Cervical disc disorders	18	5.9	14	11.3
K21	Gastro-esophageal acid reflux	14	4.6	14	11.3
H10	Conjunctivitis	13	4.3	12	9.7
R51	Headache	7	2.3	15	12.1

Diagnoses made on 10 or more applicants were listed.

304 (79.4%) of the 383 persons tortured in 2017 received at least one physical diagnosis. 52 of these persons received one diagnosis, while the diagnoses received by the remaining 252 varied between 2 and 13. The total number of diagnoses on these persons is 1,375.

124 (68.5%) of the 181 persons who applied to HRFT treatment and rehabilitation centres because they were subjected to torture before 2017 received at least one physical diagnosis. 28 applicants received a single diagnosis, while physical diagnoses received by the remaining 86 applicants varied between 2 and 11. The total number of diagnoses on these persons is 405.

The examination regarding whether ***“torture or prison conditions had an impact on the physical diagnoses”*** of persons tortured before 2017 shows that:

- The number of “only etiological factor” diagnoses is 792 (58%),
- The number of “factor worsening or making apparent a pre-existing pathological state” diagnoses is 187 (14%)
- The number of “one of the factors” diagnoses is 157 (11%),
- The number of “irrelevant” diagnoses is 155 (11%),
- And the number of unidentified diagnoses is 84 (6%).

The assessment of the ***“relation between torture or prison conditions and physical diagnoses”*** of persons subjected to torture before 2017 shows varying results.

- The number of “only etiological factor” diagnoses is 28 (7%),
- The number of “factor worsening or making apparent a pre-existing pathological state” diagnoses is 34 (8%),
- The number of “one of the factors” diagnoses is 169 (42%),
- The number of “irrelevant” diagnoses is 80 (20%),
- And the number of unidentified diagnoses is 94 (23%).

Factors such as the time elapsed, the failure to carry out medical assessment at the right time and the failure to remember medical history details result in the inability to relate physical diagnoses with torture and to establish the etiology. Rates of physical diagnoses, which are either only related to torture or thought to be worsened by torture, were found to be low among persons who were subjected to torture before 2017.

### 3.5.2 Mental Assessment

#### 3.5.2.1 Mental Complaints

270 (47.9%) of the 564 persons who applied in 2017 and had medical complaints specified at least one mental complaint. This number was 140 (36.6%) among persons who applied because they were subjected to torture in 2017, and 130 (71.8%) among persons who applied because they were subjected to torture before 2017. It was established that the rate of mental complaints among persons who were tortured in 2017 was lower than that of persons who applied because they were subjected to torture in previous years, and that there was a significant relationship between the groups ( $X^2 = 61,270$ ,  $p = 0.000$ ). Vast majority (90%) of applicants who had mental complaints reported multiple mental complaints. The number of mental complaints by one person varies between 1 and 17. The total number of mental complaints was 1,378.

As was the case in previous years, the most common mental symptom among the applicants (175 applicants, 31.0%) was sleep disorders. Anxiety was the second most common mental symptom (149 applicants, 26.4%). Other mental complaints include anxiety, stress and irritability (Table 28).

**Table 28: Distribution of persons with mental complaints (data of 564 persons)**

Mental Complaints	Tortured in 2017 (383 persons)		Tortured before 2017 (181 persons)	
	Number	%	Number	%
Sleep disorders	94	24.5	81	44.8
Anxiety	68	17.8	73	40.3
Stress	67	17.5	61	33.7
Irritability	65	17.0	64	35.4
Distress	60	15.7	89	49.2
Difficulty in concentration	52	13.6	49	27.1
Memory impairment	48	12.5	66	36.5
Irritation by police	47	12.3	48	26.5
Sense of foreshortened future	38	9.9	42	23.2
Fear	37	9.7	34	18.8
Flashbacks	34	8.9	40	22.1
Tantrums	34	8.9	39	21.5
Nightmares	33	8.6	42	23.2
Hypervigilance	30	7.8	27	14.9
Excessive crying	30	7.8	39	21.5

Table 28 continued

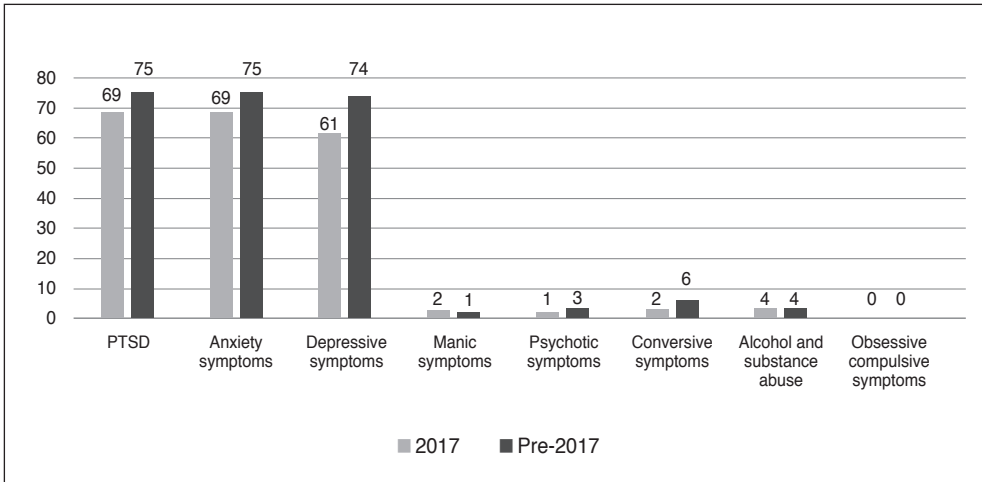
Mental Complaints	Tortured in 2017 (383 persons)		Tortured before 2017 (181 persons)	
	Number	%	Number	%
Not finding pleasure in life	30	7.8	39	21.5
Feelings of detachment	21	5.5	28	15.5
Adaptation difficulties	18	4.7	19	10.5
Startle response	14	3.7	18	9.9
Feelings of estrangement	13	3.4	22	12.2
Compulsive recollection	10	2.6	9	5.0
Other	10	2.6	5	2.8
Hypervigilance	6	1.6	4	2.2
Lack of sexual drive	3	0.8	9	5.0
Suicidal thoughts	3	0.8	4	2.2

### 3.5.2.2 Mental Findings and Symptoms

In the treatment centre reports of previous years, rates of mental findings, symptoms and diagnoses were provided taking into account the “total number of applications”. In the 2017 treatment centre report, rates of mental findings, symptoms and diagnoses identified in mental assessments were provided based on the “applicants that agreed to the psychiatric interview”. “Applicants that did not receive psychiatric assessment or did not agree to the assessment” were left out of epidemiological assessments in order to more accurately comment on the “mental findings, symptoms and diagnoses”. As such, there is no significant difference between the rates of 2017 and the rates of previous years in terms of mental complaints, findings, symptoms and diagnoses.

Mental health experts carried out mental interviews with 180 (32%) of the 564 applicants. 250 (44%) applicants refused to make an interview, while 134 (24%) applicants were kept out of the assessment either because they were not seen by the mental health experts, did not show up for the interview and/or had missing records. 111 (29%) of the 383 applicants who were subjected to torture in 2017, and 69 (38%) of the 181 applicants who were subjected to torture before 2017 agreed to the mental interview.

At least one mental finding was identified in 138 (76.7%) of the 180 applicants who agreed to the psychiatric assessment. Examination for the distribution of applicants with whom interviews were carried out shows that a mental finding was identified in 78 (70.3%) of the 111 persons who applied because they were subjected to torture in 2017, and 60 (87.0%) of the 69 persons who applied because they were subjected to torture before 2017.



**Chart 12: Symptom percentages of applicants with mental symptoms (symptoms of 180 persons)**

51 symptoms within the scope of examination were analysed in 8 main clusters. A total of 1,734 mental symptoms were identified in 148 persons with mental findings. While the number of findings for one person varied between 1 and 36, 99% of the applicants had multiple mental symptoms.

Anxiety, Post-traumatic Stress Disorder (PTSD) and depressive symptoms were the most common mental symptoms identified. Chart 12 shows the percentages of symptoms in 148 persons with mental symptoms, while Table 29 shows the number of persons with symptoms as well as the percentage of this number among all applicants.

**Table 29: Distribution by mental symptoms identified in 180 applicants interviewed**

Mental Symptoms	Tortured in 2017 (111 persons)		Tortured before 2017 (69 persons)		Total (180 persons)	
	Number	%	Number	%	Number	%
<b>PTSD</b>	76	68.5	52	75.4	128	71.1
• Re-experience symptoms	50	45.0	37	53.6	87	48.3
• Aversion symptoms	29	26.1	23	33.3	52	28.9
• Negative swings in cognition and mood	67	60.4	47	68.1	114	63.3
• Hyper-alertness symptoms	35	31.5	22	31.9	57	31.7
• Dissociative symptoms	8	7.2	4	5.8	12	6.7



Table 29 continued

Mental Symptoms	Tortured in 2017 (111 persons)		Tortured before 2017 (69 persons)		Total (180 persons)	
	Number	%	Number	%	Number	%
Anxiety symptoms	76	68.5	52	75.4	128	71.1
Depressive symptoms	68	61.3	51	73.9	119	66.1
Manic symptoms	2	1.8	1	1.4	3	1.7
Psychotic symptoms	1	0.9	2	2.9	3	1.7
Conversive symptoms	2	1.8	4	5.8	6	3.3
Alcohol and substance abuse	4	3.6	3	4.3	7	3.9
Obsessive compulsive symptoms	0	0.0	0	0.0	0	0.0

### 3.5.2.3 Mental Examination Diagnoses

144 (80%) of the 180 applicants interviewed by psychiatrists received a mental diagnosis. This rate makes up for 25,5% of all applications (n=564). Some applicants received multiple mental diagnoses and the total number of diagnoses is 180. PTSD-chronic and Major Depressive Disorder-single episode were the most common diagnoses in both applicant groups (Table 30).

Table 30: Distribution of 180 applicants interviewed by diagnoses

	Tortured in 2017 (111 persons)		Tortured before 2017 (69 persons)		Total (180 persons)	
	Number	%	Number	%	Number	%
Acute stress disorder	17	15.3	1	1.4	18	10.0
PTSD (Acute)	9	8.1	5	7.2	14	7.8
PTSD (Chronic)	26	23.4	26	37.7	52	28.9
Major Depressive Disorder-Single Episode	21	18.9	11	15.9	32	17.8
Mixed Anxiety-Depressive Disorder	8	7.2	7	10.1	15	8.3
Major Depressive Disorder-Recurrent	6	5.4	7	10.1	13	7.2
Generalized anxiety disorder	3	2.7	6	8.7	9	5.0
Other diagnoses	22	19.8	15	21.7	37	20.6
No mental diagnosis	29	26.1	7	10.1	36	20.0

### 3.5.3 Treatment and Rehabilitation Process

#### 3.5.3.1 Treatment Methods Applied

The examination of treatment methods used for 564 persons who applied in 2017 shows that the most common methods include medication and lifestyle recommendations. Additionally, psycho-pharmacotherapy and psychotherapy are also among the commonly-used methods (Table 31).

**Table 31: Distribution of treatment methods used for the applicants (564 persons)**

Applied Treatment Methods	Tortured in 2017 (383 persons)		Tortured before 2017 (181 persons)		Total (564 persons)	
	Number	%	Number	%	Number	%
Medication	230	60.1	99	54.7	329	58.3
Lifestyle recommendations	232	60.6	94	51.9	326	57.8
Psycho-pharmacotherapy	64	16.7	45	24.9	109	19.3
Psychotherapy	26	6.8	30	16.6	56	9.9
Glasses	24	6.3	22	12.2	46	8.2
Physiotherapy	11	2.9	10	5.5	21	3.7
Orthopaedic implants	10	2.6	4	2.2	14	2.5
Exercise	27	7.0	28	15.5	55	9.8
Surgery	16	4.2	10	5.5	26	4.6
Cast / splint	5	1.3	1	0.6	6	1.1
Dental treatment	7	1.8	0	0.0	7	1.2
Other	6	1.6	2	1.1	8	1.4
No treatment	58	15.1	57	31.5	115	20.4

#### 3.5.3.2 Results of the Treatment and Rehabilitation Processes

The analyses carried out regarding the treatment processes of applicants show that the physical treatment of most applicants (334 persons - 59.2%) was completed. On the other hand, the number of applicants who gave up the treatment before diagnosis or after the treatment had begun is 87 (15.4) (Table 32).

**Table 32: Progression of applicants' treatment processes (n=564)**

Treatment Process	Tortured in 2017 (n=383)		Tortured before 2017 (n=181)		Total (n=564)	
	Number	%	Number	%	Number	%
Diagnostic stage continues	9	2.3	4	2.2	13	2.3
Treatment left incomplete before diagnosis	28	7.3	22	12.2	50	8.9
Treatment left incomplete after commencement	25	6.5	13	7.2	38	6.7
Treatment continues	24	6.3	22	12.2	46	8.2
Treatment was completed	257	67.1	77	42.5	334	59.2
No disease related to torture or prison processes was detected	40	10.4	43	23.8	83	14.7

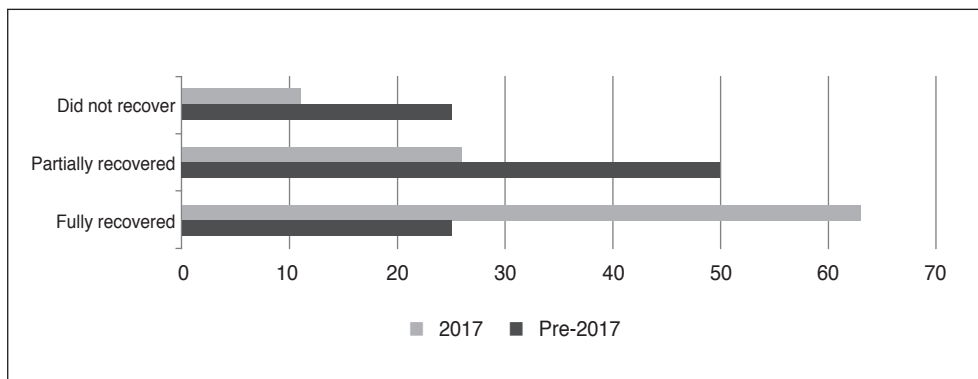
Table 33 features assessments regarding the mental treatment process of the applicants. Highest rates in the psycho-pharmacotherapy and psychotherapy groups are featured under the “ongoing treatment” heading. These rates show that the elimination of mental damages caused by trauma is a long process.

**Table 33: Progression of applicants' mental treatment processes**

Mental Treatment Process	Psycho-pharmacotherapy		Psychotherapy	
	Number	%	Number	%
Diagnostic stage continues	1	0.9	0	0.0
Treatment left incomplete after commencement	38	34.9	7	12.5
Treatment continues	63	57.8	37	66.1
Treatment was completed	5	4.6	6	10.7
Refused therapy	2	1.8	2	3.6
Refused to continue psychotherapy	0	0.0	2	3.6
Did not show up for the first appointment	0	0.0	2	3.6

It was established that 224 (51.1%) of the 438 applicants whose physical and mental treatment was completed fully recovered, 147 (33.6%) applicants partially recovered, while 67 (15.3%) applicants did not recover at all.

Chart 13 shows the numbers and distribution of persons subjected to torture in 2017 and before 2017. It is noted that the recovery rates of applicants who were tortured in 2017 were higher ( $X^2 = 54,695$ ,  $p = 0.000$ ).



**Chart 13: Percentages of treatment results for the applicants whose treatment was completed (438 persons)**

## **4. APPLICATIONS FILED DUE TO TORTURE AND OTHER FORMS OF ILL-TREATMENT OUTSIDE TURKEY**

In 2017, HRFT Treatment Centres received 12 applications filed due to torture and other forms of ill-treatment outside Turkey. These applications were assessed separately from the 564 persons who applied because they were tortured in Turkey in order to assess the differences of torture processes, practices and their results.

Due to torture and other forms of ill-treatment they were subjected to in 2017 outside Turkey, 6 persons applied to the Istanbul Office, 4 persons applied to the Ankara Office and 2 persons applied to the Diyarbakır Office.

4 persons accessed HRFT upon recommendation of previous HRFT applicants, 2 persons accessed via HRFT volunteers, 3 persons accessed via NGOs/political parties and 3 persons accessed via other channels.

### **4.1 Socio-demographic Information**

#### **4.1.1 Age, Sex, Marital Status**

Ages of the applicants range from 5 to 56. 11 of the 12 persons under the age of 34 are male and 1 is female. 2 persons are under the age of 18. In terms of marital status, 6 applicants are married while 6 are single.

7 applicants speak Farsi as their native language, while 3 speak Kurdish, 1 speaks Arabic and 1 speaks Azeri.

#### **4.1.2 Educational Background, Employment/Profession Status**

In terms of educational background, it was noted that 2 applicants were illiterate, 1 was a secondary school graduate, 4 were high school graduates, 1 was a college/university drop-out, 3 were vocational school/university graduates and 1 was in preschool age.

Aside from the child who was in preschool age, 10 applicants were unemployed. One applicant was working informally.

### **4.2 Process of Torture**

#### **4.2.1 Process of Detention and Torture in Detention**

1 person stated that they were most recently tortured in 2017, while 11 stated that they were most recently tortured before 2017. Durations of detentions vary between 1 day and 66 days.

In terms of the place of detention, 5 persons stated that they were taken from a street/outdoor space, 4 were taken from home, 1 of the remaining 3 persons was taken from an unofficial establishment (magazine, association, etc.), 1 was taken from an official institution while 1 was taken from an uncategorized place.

In terms of the time of detention, 6 persons stated that they were detained between 8 am and 6 pm, 2 were detained between 6 pm and midnight, while 3 were detained between midnight and 8 am.

In terms of the reason of detention, 8 persons stated that they were detained for political reasons, 2 were detained for ethnic reasons, while 2 were detained for religious reasons.

As regards the place of most recent torture under detention, 7 persons stated that it was an indoor space, while 3 persons stated that it was a place that belonged to them. Only 1 person stated that they were tortured in an official institution.

All 12 applicants tortured outside Turkey were tortured at least 4-6 months ago, and 7 persons stated that at least a year had gone by since the last time they were tortured.

In terms of torture practices, 11 persons stated that they were physically and mentally tortured, while 1 person stated that s/he was only mentally tortured.

12 persons were subjected to a total of 109 methods of torture. The distribution of torture methods is provided on Table 34.

**Table 34: Group distribution of torture methods the applicants were subjected to (12 persons)**

Method of Torture*	Number (12 persons)	%
Insulting	10	83.3
Humiliating	10	83.3
Other threats against the applicant	8	66.7
Beating	8	66.7
Restricting food and drink	8	66.7
Blindfolded	7	58.3
Solitary confinement	7	58.3
Death threat	6	50.0
Restriction of basic needs (depriving of sleep, medication, etc.)	6	50.0
Restricting urination and defecation	5	41.7
Other methods of torture	34	-

\*Torture methods with 5 or more instances were featured.

### **4.3 Legal Proceedings During and After Detention**

Only 1 out of the 12 persons was able to access a lawyer during the detention process. 11 persons stated that they did not receive a judicial report, either at the initiative of officials or their own initiative after detention, while 1 person stated that s/he failed to remember these processes. None of the 12 persons filed a criminal complaint after detention.

9 persons stated that they were detained only once. Among the methods of torture used in previous detentions were: Insulting, humiliating, death threats, threats against relatives, asking to act as an informer, beating, restriction of food and drink, restriction of urination and defecation, restriction of basic needs, dropping out of, hitting or dragging by a vehicle.

### **4.4 Imprisonment Process**

4 of the 12 persons have a history of imprisonment. Duration of imprisonment varies between 4 months and 139 months. 2 persons were released before 2017, while 2 persons were released during 2017.

3 of the 4 persons with a history of imprisonment stated that they were subjected to torture/ill-treatment in prison. Among the methods of torture used in prison were: Blindfolding, insulting, humiliating, other personal threats, forcing to obey nonsensical orders, beating, continuous hitting on one part of the body, other positional torture methods, solitary confinement, restriction of food and drink, restriction of urination and defecation, restriction of basic needs, inhibiting meetings, inhibiting sending/receiving letters and cafeteria ban.

### **4.5 Medical Assessment**

#### **Medical Complaints of the Applicants**

12 persons who applied to our treatment and rehabilitation centres due to torture and other forms of ill-treatment in 2017 outside Turkey had a total of 85 complaints, 30 of which were mental and 55 of which were physical. 1 person only had mental complaints. Complaints regarding the musculoskeletal system rank first among physical complaints.

**Table 35: Distribution of physical and mental complaints of applicants tortured and subjected to other forms of ill-treatment in 2017 outside Turkey**

<b>Systems</b>	<b>Number of Complaints (12 persons)</b>	<b>Among Complaints %</b>
Mental	30	35.3
Musculoskeletal	19	22.4
Neurological	11	12.9
Digestive	7	8.2
General	5	5.9
Dermatological	3	3.5
Ophthalmological	3	3.5
Ear-Nose and Throat	2	2.4
Urogenital	2	2.4
Oral-Dental	2	2.4
Cardiovascular	1	1.2
<b>Total</b>	<b>85</b>	<b>100.00</b>

#### **4.5.1 Physical Assessment**

##### **4.5.1.1 Physical Complaints**

While musculoskeletal complaints rank first in distribution by systems, the most common physical complaints are exhaustion-fatigue, quick fatigue, lower back pain, back pain, elbow pain, knee pain, headache, weakness (loss of strength) and visual impairment.

##### **4.5.1.2 Physical Examination Findings**

After the physical examination of 12 persons, a total of 46 physical findings were identified in 11 persons. Findings regarding the musculoskeletal system rank first with 18 (39.1%). These findings are muscular pain and sensitivity, painful trigger points in muscles, referred pain from trigger points, pain/restriction in neck movements, slump, pain/restriction in shoulder movements, pain/restriction in knee movements, knee instability, pain/restriction in ankles and toes, sensitivity in soles and bone deformities.



**Table 36: Distribution of physical complaints of applicants tortured and subjected to other forms of ill-treatment in 2017 outside Turkey**

	Number of (12 persons)	%
Musculoskeletal	18	39.1
Neurological	8	17.4
Dermatological	7	15.2
Oral-Dental	5	10.9
Digestive	3	6.5
Ophthalmological	3	6.5
Urogenital	1	2.2
Ear-Nose and Throat	1	2.2
<b>Total</b>	<b>46</b>	<b>100</b>

#### 4.5.1.3 Physical Examination Diagnoses

39 different physical diagnoses were made for the 12 applications concerning the assessment of diagnoses for the applicants who filed an application due to torture and other forms of ill-treatment in 2017 outside Turkey, as per the coding system ICD-10. The examination regarding whether torture or prison conditions had an impact on the diagnoses shows that;

- The number of “only etiological factor” diagnoses is 10 (26%),
- The number of “factor worsening or making apparent a pre-existing pathological state” diagnoses is 8 (21%),
- The number of “one of the factors” diagnoses is 5 (13%),
- The number of “irrelevant” diagnoses is 11 (28%),
- And the number of “unidentified” diagnoses is 5 (13%).

Diagnostic findings were identified in the musculoskeletal systems, digestive systems, dermatological systems and head and neck regions of 12 persons who received physical diagnoses.

10 of the 14 diagnoses on the musculoskeletal system are directly related to trauma as one of the factors worsening or making apparent a pre-existing pathological state.

All diagnoses on the digestive system are directly related to trauma as one of the factors worsening or making apparent a pre-existing pathological state.

## 4.5.2 Mental Assessment

### 4.5.2.1 Mental Complaints

3 of the 12 persons who applied to our treatment and rehabilitation centres due to torture and other forms of ill-treatment in 2017 outside Turkey voiced out mental complaints to the application physician, while 6 applicants voiced out mental complaints to the mental health experts.

A total of 30 mental complaints were made in the first interview, while one applicant filed an application only due to mental complaints.

Most common mental complaints: *“bursts of rage, sleep disorders, irritability, anxiety, forgetfulness, concentration difficulties, feelings of detachment, feelings of estrangement, sense of foreshortened future and stress”*.

### 4.5.2.2 Mental Symptoms and Findings

The mental health expert’s assessment of 6 of the 12 applicants identified 81 mental symptoms and findings for 5 persons. *“Anxiety, difficulties in falling asleep or maintaining sleep and depressive mood”* were identified in 5 persons; *“flashback experiences and acting or feeling as if the traumatic event was recurring, physiological reactions to stimuli associated with the trauma, hopelessness and desperation”* were identified in 4 persons; *“response of intense fear, helplessness or horror to the traumatic event(s) experienced or witnessed, physiological reactions to stimuli associated with the trauma and markedly-diminished interest or participation in significant events”* were identified in 3 persons.

### 4.5.2.3 Mental Examination Diagnoses

6 of the 12 applicants who spoke to a mental health expert received at least one diagnosis, and the total number of diagnoses was 9. All diagnoses are directly related to trauma as one of the factors worsening or making apparent a pre-existing pathological state.

5 persons received Post-traumatic Stress Disorder diagnosis and the traumatic process was considered as the only etiological factor for diagnosis. Other diagnoses were Major Depressive Disorder-single episode (traumatic process being a factor worsening or making apparent a pre-existing pathological state), Major Depressive Disorder, recurrent (traumatic process being the only etiological factor), Bipolar I (traumatic process being one of the factors), and Other Psychotic Disorders (traumatic process being a factor worsening or making apparent a pre-existing pathological state).

### **4.5.3 Treatment and Rehabilitation Process**

#### **4.5.3.1 Applied Treatment Methods**

7 of the 12 persons were given medication, 5 were treated with psychopharmacotherapy, 4 were given glasses, 3 were treated with psychotherapy, 3 were treated with physical treatment, 2 had surgical operations and 1 was given orthopedic implants. 4 persons were supported with lifestyle recommendations.

#### **4.5.3.2 Results of the Treatment and Rehabilitation Processes**

The treatment of 4 applicants with physical complaints has been finished, while the treatment of 4 applicants is still going on. 1 applicant gave up treatment during the diagnosis stage, 1 applicant gave up treatment after the treatment had begun, and no disease related to torture or prison processes was detected in 2 applicants.

Physical injury of 1 person is at a degree that would cause bone fracture, while the physical injuries of 2 persons are at the level of sequelae. One of the two persons who completed their treatment recovered, while the other did not.

Among 6 applicants who received mental diagnoses, 4 are continuing their treatment. The treatment of 2 applicants was not completed. It is recommended to all persons applying to HRFT Treatment and Rehabilitation Centres that they be assessed by a mental health expert. 4 applicants refused to see the mental health expert.

Treatment of 2 persons was completed, while the treatment of 7 persons is still going on. 1 person gave up treatment during the diagnosis stage, while 2 persons gave up treatment after the treatment had begun.

## 5. RELATIVES OF TORTURED APPLICANTS

### 5.1 Socio-demographic Information

40 applications were filed to HRFT Treatment Centres in 2017 by the relatives of tortured persons.

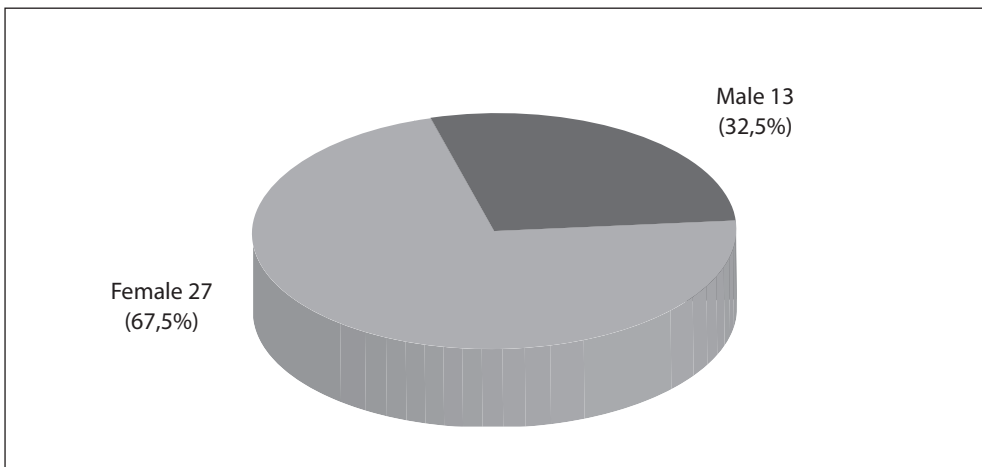
Torture and other forms of ill-treatment constitute a traumatic process for applicants' relatives (mother, father, partner, children, etc.) as well, and the extent of trauma is usually understood through the detailed history taken in the initial meeting or directly through applications.

Channels of application, sociodemographic information and mental assessment processes of applicants' relatives were assessed.

The number of persons among 40 applicant relatives who were given mental support upon the recommendation of previous HRFT applicants is 11 (27.5%). The examination carried out for the channels of application concerning the persons incorporated into mental support shows that 9 (22.5%) persons applied upon the recommendation of HRFT personnel, 4 (10%) persons applied upon the recommendation of HRFT volunteers, 1 (10%) person applied upon the recommendation of the Human Rights Association (HRA), 3 (7.5%) persons applied upon the recommendation of a lawyer, and 8 (20%) persons applied via NGOs/political parties.

#### 5.1.1 Age and Sex

The ages of applicant relatives' who applied to the centres in 2017 range from 3 to 68 and the average age is 27. Applicants under the age of 18 make up 40% of all applicant relative applications (16 persons).



**Chart 14: Distribution of applicants' relatives by sex**

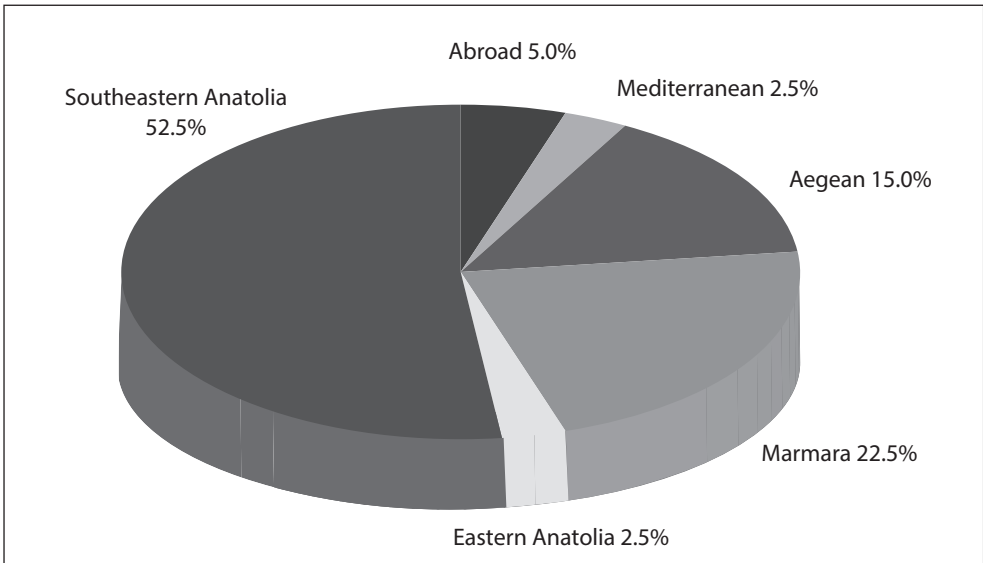
27 applicant relatives are female and 13 are male, and Chart 14 shows the distribution by sex.

**5.1.2 Place of Birth**

In terms of the distribution of applicants’ relatives by the place of birth, the region with the highest share is the Southeastern Anatolia Region. 21 (52.5%) applicants were born in provinces located in the Southeastern Anatolia Region. 27.5% (11 persons) of these persons were born in Diyarbakır, while 20% (8 persons) were born in Şırnak.

Considering the distribution according to the place of birth at provincial level, the provinces in which HRFT Centres and Reference Centres are located rank first, and the rates are similar to those noted in applications related to torture.

The Marmara Region is followed by the Southeastern Anatolia Region with 9 persons, and by the Aegean Region with 6 persons. It was noted that no applicant relative was from the Central Anatolia and Black Sea Regions, but that two of the relatives were born abroad.



**Chart 15: Distribution of applicant relatives by the place of birth**

## 5.2 Medical Assessment

### 5.2.1 Mental Assessment

This section features information regarding the complaints voiced out by applicant relatives during the medical assessment carried out by application physicians and mental health experts at treatment and rehabilitation centres, mental symptoms and findings as well as treatment processes.

#### 5.2.1.1 Mental Complaints

Applicant relatives (especially children) can be referred to an expert from whom they can get mental support at HRFT Treatment and Rehabilitation Centres. Among 40 persons assessed as applicant relatives, a total of 182 mental complaints from 25 complaint clusters were taken during the initial interview. Table 37 shows the most common mental complaints.

27 of the applicant relatives were assessed by a mental health expert. 9 of the 13 persons not seen by a mental health expert did not show up for the first appointment, while 4 did not want to be examined.

**Table 37: Distribution of applicant relatives' mental complaints**

Most Common Mental Complaints	Number of Complaints Reported (40 persons)	% (40 persons)
Fear	17	42.5
Anxiety	17	42.5
Stress	15	37.5
Distress	15	37.5
Sleep disorders	14	35.0
Difficulty in concentration	12	30.0
Memory impairment	11	27.5
Excessive crying	10	25.0
Not finding pleasure in life	10	25.0
Irritability	9	22.5
Nightmares	9	22.5
Other complaints	43	-

### 5.2.1.2 Mental Symptoms, Findings and Diagnoses

The assessment of applicant relatives by mental health experts identified a total of 245 and 46 distinct mental symptoms and findings, with 26 of the 27 applicant relatives (96.3%) having at least one symptom. Table 38 shows the frequency of the 10 most common symptoms and findings among all 245 symptoms and findings.

**Table 38: Distribution of mental symptoms and findings identified in applicant relatives**

Mental Symptoms and Findings	Number of Symptoms and Findings (27 persons)	% Among Applicants (27 persons)
Anxiety	21	77.8
Difficulties in falling or staying asleep	15	55.6
Depressive mood	15	55.6
Feelings of detachment or estrangement from others	12	44.4
Response of intense fear, helplessness or horror to the traumatic event(s) experienced or witnessed	11	40.7
Physiological reactions to stimuli associated with the trauma	10	37.0
Sense of foreshortened future	10	37.0
Decrease or increase in sleep duration	10	37.0
Hopelessness, desperation	10	37.0
Agitation (irritability, hyperactivity)	9	33.3
Other symptoms and findings	122	-

21 (77.8%) of the 27 applicant relatives who received mental assessment were diagnosed. Chart 39 shows the distribution of applicant relatives' diagnoses in terms of frequency.

**Table 39: Distribution of applicant relatives' mental diagnoses**

Mental Diagnosis	Number of Applications (27 persons)	Among Applicants % (27 persons)
Acute stress disorder	3	11.1
PTSD (Acute)	4	14.8
PTSD (Chronic)	5	18.5
Major depressive disorder - single episode	5	18.5

**Table 39 continued**

Mental Diagnosis	Number of Applications (27 persons)	Among Applicants % (27 persons)
Other anxiety disorders	2	7.4
Generalized anxiety disorder	1	3.7
Social anxiety disorder	1	3.7
Obsessive compulsive disorder	1	3.7

The examination of the relationship between trauma and diagnoses by the mental health expert shows that all diagnoses were directly related, as the only etiological factor, as one of the factors, or as a factor worsening or making apparent a pre-existing pathological state.

It was established that the diagnosis of Post-Traumatic Stress Disorder was the sole etiological factor for 5 persons, while the diagnosis of Major Depressive Disorder was the only etiological factor for 3 persons.

**5.2.2 Treatment and Rehabilitation Process**

Among the 27 applicant relatives who were interviewed, 11 were treated with psycho-pharmacotherapy, 13 were treated with psychotherapy, while 3 were treated with both psycho-pharmacotherapy and psychotherapy. In addition to the treatment, 13 persons were also supported via lifestyle recommendations.

**Table 40: Results of applicant relatives’ mental treatment processes (n=27)**

Mental Treatment Process	Psycho-pharmacotherapy (n=11)		Psychotherapy (n=13)		Psycho-pharmacotherapy and Psychotherapy (n=3)	
Treatment left incomplete after having started	3	27.3	3	23.1	2	66.7
Treatment continues	6	54.5	7	53.7	0	0.0
Treatment was completed	1	9.1	1	7.7	1	33.3
Refused therapy	0	0.0	2	15.4	0	0.0
Treatment left incomplete before diagnosis	1	9.1	0	0.0	0	0.0

2 of the 3 applicant relatives from 2017 whose treatment was completed fully recovered, while 1 partially recovered. 5 of the 6 persons whose treatment was discontinued partially recovered, while 1 did not recover.



## **6. SOCIAL ASSESSMENTS**

Social support is aimed at protecting the rights of vulnerable persons, resuming their existence within the society and regaining their social function. During the studies, attention is paid to prevent any damage to the society or cause the loss of others' rights while trying to use resources for the benefit of the applicant. Social support activities treat the individual and the situation as a whole in a mutual relationship rather than establishing a direct causality. A suitable intervention plan is established with the applicant by treating the interaction between the individual suffering from human rights violations and his/her environment as a whole.

### **6.1 Social Service Activities by the HRFT**

Since 1990s, the Human Rights Foundation of Turkey has adopted a holistic treatment approach to support applicants suffering from torture and ill-treatment or their relatives, so as to achieve a complete state of well-being. Possible problems that torture, prison and immigration processes may create with regard to individuals' social support mechanisms are identified by carrying out detailed social assessments for the individuals suffering from torture and other forms of ill-treatment as well as their relatives; and contributions are made to solution processes by making interventions at points of interaction in order to support positive changes for the applicant and his/her environment.

Aside from the referrals following the initial assessment of the application physician, persons whose physical/mental treatment is going on may also be referred to a social support expert by one of the members of the treatment team at any given stage during the treatment. In these referrals, priority is given to orphans, abandoned persons in need of help, disabled persons, persons without health insurance, poor persons, victims of domestic violence, neglected/abused children, refugees and asylum seekers, the elderly and persons who have come from different cities unaccompanied or in need of shelter.

Social service experts obtain, in addition to the applicant's traumatic life experiences, extensive information about the applicant's social life in order to identify the requirements to solve the problems and the resources that may be used. These needs are related to the systems which the applicants and their families are in interaction with such as education, employment, economic status and family relationship organizations. Activities carried out as a result of the need assessment include consultancy regarding public, private and civil society organizations' cash and in-kind assistance, referral to institutions, follow-up and observation work. After the interview, necessary information is passed on to the medical/treatment team. Actions to be taken both in the long and short term in the field of social services are decided upon with the applicants.

### **6.1.1 Works within the Scope of HRFT's Social Support Project**

HRFT features a limited budget in the Treatment Centres Project to reinforce treatment and rehabilitation works with social support programs and to eliminate the future impacts of trauma that the applicants experienced/witnessed. With regard to the needs of applicants, social support programs that could contribute to the treatment process are developed. General framework for admission, which does not include specific criteria such as age group, income level, diagnoses after trauma, the duration of treatment and the time elapsed after the trauma, is as follows:

- Inability to benefit from education/employment opportunities due to torture, health problems caused by torture and long-time imprisonment
- Inability to benefit from education/employment opportunities due to the process gone through as a relative of the torture victim
- Being considered as preventive concerning future victimizations
- Being considered as a step towards future independence rather than the development of dependency on help
- It may be thought of as a rehabilitation process carried out by social service experts, decided upon with the treatment team, taking into account the applicants' subjective circumstances such as contribution to the person's treatment process.

In 2017, a total of 25 persons among the applicants who received social service interventions in Istanbul, Ankara and Diyarbakır Offices of HRFT as well as its Reference Centre in Cizre, were supported by using the aforementioned budget. The distribution of applicants given social support via this budget by offices is as follows:

#### **6.1.1.1 HRFT Istanbul Office**

7 applications were supported in the Istanbul Office within the scope of the HRFT Social Support Project in 2017. It is noted that 5 applicants are children, 1 applicant is female and 1 is male. Aid was provided to the applicants to cover needs such as sports courses, private teaching institution, tuition fees, school bus fees, stationery expenses and language courses (Turkish, English). Contacts with the institutions connected to the people were maintained, impacts of the support provided were investigated, monitoring-tracking activities were carried out, home/workplace/school visits were made when necessary and the process was reported.

#### **6.1.1.2 HRFT Diyarbakır Office**

11 applications were supported in the Diyarbakır Office within the scope of the HRFT Social Support Project in 2017.

5 of the 11 applicants who received support from the HRFT Diyarbakır Office are children, 4 are female and 2 are male. Aid was provided to the applicants to cover

needs such as sports courses, private teaching institution, tuition fees, school bus fees, stationery expenses, language courses (Turkish, English) and vocational courses. Contacts with the institutions connected to the people were maintained, impacts of the support provided were investigated, monitoring-tracking activities were carried out, home/workplace/school visits were made when necessary and the process was reported.

#### **6.1.1.3 HRFT Ankara Office**

2 applications were supported in the Ankara Office within the scope of the HRFT Social Support Project in 2017. As no social service expert works at the Ankara Office, the support was provided by other members of the treatment team.

1 of the 2 applicants who received support is an adult female, while the other is a girl. Aid was provided to the applicants for university to cover needs such as private teaching institution, stationery expenses and school bus fees. Contacts with the institutions connected to the people were maintained, impacts of the support provided were investigated, monitoring-tracking activities were carried out, home/workplace/school visits were made when necessary and the process was reported.

#### **6.1.1.4 HRFT Cizre Reference Centre**

5 applications were supported in the Cizre Reference Centre within the scope of the HRFT Social Support Project in 2017. As no social service expert works at the Cizre Reference Centre, other members of the treatment team identified the applicants who were to be given social support, and the persons were supported with the assessments of the social service expert working at the Diyarbakır Office.

It is noted that 4 of the 5 applicants supported are female and 1 is male. Aid was provided to the applicants for university to cover needs such as private teaching institution, stationery expenses and school bus fees. Contacts with the institutions connected to the people were maintained, impacts of the support provided were investigated, monitoring-tracking activities were carried out, home/workplace/school visits were made when necessary and the process was reported.

#### **6.1.2 Social Support Activities at the HRFT Istanbul Office**

In order to improve the functioning and biopsychosocial well-being of applicants who applied to the HRFT Istanbul Office in 2017 due to torture and other forms of ill-treatment, social service experts paid home, school and workplace visits.

- Physical and social environments of applicants are observed via home visits and issues caused by torture and other forms of ill-treatment in the interaction between the applicant and his/her immediate social environment are observed on site. Through these visits, awareness is raised by informing family members with psychoeducation concerning traumatic effects that torture and other forms of

ill-treatment may have on the applicant and the family members. Strengthening activities are carried out in order for the applicants and their families to overcome the weakness caused by torture and other forms of ill-treatment, and counselling is provided to the families in order to curb tensions and clashes among family members. If the applicants' treatments were left unfinished, reasons and solutions are investigated during the home visit and other family members who were identified to be in need of psychosocial support are incorporated to the study. Additionally, applicants and individuals in their immediate social environments are referred to appropriate services through home visits.

- Workplace visits are aimed at eliminating unfavourable situations that may arise in business life (dismissal, stigmatization, discrimination) due to torture and other forms of ill-treatment. Additionally, applicants are protected against the loss of rights that may be caused by dismissals in cases where health problems due to torture and other forms of ill-treatment leave the person unable to function in a way required by work. Mediation works were carried out in order to ensure the access of applicants to public banks in cases of the loss of income and inability to provide care to those under the applicants' responsibility, and their access to resources was ensured. The applicants were referred to vocational courses in cases where they could not gain ground in their long-time field of work due to their criminal record.
- There also are cases where the applicants' education is disrupted due to torture and other forms of ill-treatment. Awareness was raised among applicants whose education was disrupted concerning their right to education, and it was ensured that they were able to get legal support in order to access education, and access courses and activities within the scope of the HRFT's Social Support Project that could help them continue their education.

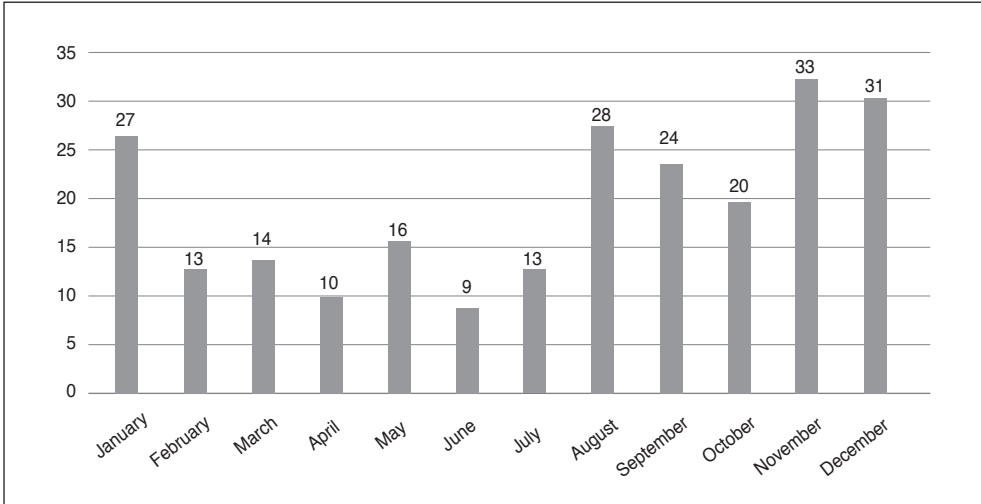
Social support activities were carried out within the HRFT Istanbul Office in 2017 towards solving the problems of refugees. In this respect, home, school and workplace visits were made, and activities were carried out to ensure the access of refugees in need of socio-economic support to such services by establishing relations with institutions and organizations providing aid in cash and in-kind. Additionally, some refugees directly received aid from the HRFT's Social Support Project and it is estimated to contribute to their physical, mental and social treatment and their social functioning. All of these activities carried out by social service experts were documented within the HRFT Istanbul Office.

Descriptive statistical findings of 103 applicants, among all applicants that applied to the HRFT Istanbul Office due to torture and other forms of ill-treatment in 2017, that received social service interventions are provided below.

23 applicants applied to the HRFT stating that they suffered from torture and other forms of ill-treatment before 2017 and they continued to be followed up in 2017. 80 applicants who stated that they continued to be subjected to torture and other forms of ill-treatment in 2017 were assessed by the social service expert.

35 of the 103 applicants who applied to the HRFT Istanbul Office and were assessed by the social support expert were female, 56 were male, 4 were girls and 8 were boys.

Chart 16 features the monthly distribution of interviews between the applicants and the social service experts at the HRFT Istanbul Office.



**Chart 16: Monthly distribution of social interviews at the HRFT Istanbul Office**

A total of 238 interviews, with the average interview per person lasting 1 hour, were carried out in 2017. The monthly distribution of interviews with the applicants at the HRFT Istanbul Office shows that November, December and August ranked first. It is assessed that this increase is caused by problems regarding satellite cities, sheltering and refugees. Needs analysis was carried out by the social service expert for the solution of present problems. Case advocacy, mediation, counselling and case management were carried out to solve the problems of refugees in cooperation with UNHCR, the Directorate General of Migration Management and affiliated Provincial Directorates, the Refugees’ Right Centre, ASASM (Association for Solidarity with Asylum Seekers and Migrants), HRA and TOHAV (Society and Legal Research Foundation). Needs identification was carried out in the social/individual studies with 28 persons who applied to our institution stating that they were tortured during the police’s intervention on the support demonstrations for the Platform for Solidarity with the members named Nuriye and Semih in Kadıköy, Istanbul in August 2017 and counselling was provided. Social/individual studies were conducted with some applications related to fields of problems in need of social support intervention.

### **6.1.3 Reporting Efforts**

As of 2014, a social assessment section is included in the reports drawn up by the Human Rights Foundation of Turkey to be presented to public offices and courts. The reports include information obtained in the interviews carried out within the scope of social assessments in accordance with the principles of the Istanbul Protocol and the notion of health, social changes caused by the traumatic process, whether there is any causality with the incident or not and the support mechanisms needed to ensure rehabilitation and justice.

## 7. WORK WITH CHILDREN BY THE HRFT

### 7.1 Principles on Working with Children

Torture is not only a violation of human rights toward the tortured person, but also a violent act that deeply impacts 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 susceptible to injury compared to adults as their defense mechanisms are not yet settled/protective. Additionally, their relatively “passive” state compared to adults makes them more “vulnerable” to traumatic impacts. These injuries may disrupt children’s development and have long-lasting effects for the future. Children are indirectly and passively subjected to the violence endured by their tortured relatives, as well as the bitter, tense and depressive emotional state draped over the family. Additionally, the loss of relatives that are important to them (death, imprisonment, detachment due to various reasons etc.) or the depressive state of their relatives have multidimensional impacts on them. As such, in addition to the tortured person himself/herself, the state of children that are related to them should be taken into account as well, and special programs to reach out to them and treat them should be developed.

### 7.2 Applications by Children to the Istanbul Office in 2017

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. However, special treatment and rehabilitation programs for children’s applications (tortured or related to the tortured persons) were not developed until 2016. Although general assessments of children’s applications were often carried out, and reports were prepared when necessary, the children were referred outside for treatment and rehabilitation. However, in-house assessment, reporting and rehabilitation of children was initiated in 2016 after a team of pediatric psychologist was assembled at the Istanbul Office of the Human Rights Foundation of Turkey. In this section, the data of 2017’s children’s applicants who suffered from torture, witnessed torture or are the relatives of the tortured persons and were growing up in a traumatic state is shared. This is to show the methods of torture towards children and the physical and mental health problems caused by them, as well as to develop long-term suggestions for protection/rehabilitation programs.

In 2017, **15 children** under the age of 18 applied to the Istanbul Office of the Human Rights Foundation of Turkey. 3 of the 4 refugee children were “unaccompanied child refugees”, while 1 was a “child refugee”. The 11 remaining applicants were children tortured in Turkey or are the relatives of a tortured person. The examination of these children’s sex shows that 6 of them were girls, and 9 of them were boys. This study will include two headings, data of tortured children and data of children who are the relatives of a tortured person.

### 7.2.1 Tortured Children

The number of children tortured in 2017 is 7 and 3 of them are unaccompanied refugees.

- The average age was 17.1. 6 of the children were boys, 1 of them was a girl.
- 5 children applied due to political reasons, while 2 of them applied because of the torture they were subjected to during their asylum request.
- These children were subjected to physical and psychological methods of torture, such as insulting, humiliating, beating, positional torture, forcing to witness (visually/aurally) the torture of others, being forced to listen to marches and the restriction of basic needs.

The most common symptoms, as per DSM-IV, identified in 5 children who were taken into the treatment program after being assessed by members of the mental team (psychiatry expert, psychologist) are as follows:

- Anxiety and concentration difficulties were observed in all children.
- Post-traumatic stress disorder symptoms and depressive symptoms were identified in 4 children. The most common symptom cluster among Post-traumatic stress disorder symptoms were re-experience symptoms and aversion symptoms. The most common depressive symptoms were anhedonia, hopelessness and increase or decrease in correspondence.

Psychological diagnoses of the tortured children, as per DSM-IV, shows that 4 children were taken into treatment due to Post-traumatic stress disorder (chronic), while 1 of them was taken into treatment due to disorders usually diagnosed initially during infancy, childhood or adolescence.

In terms of treatment progression, it was identified that 3 children were supported by medical treatment and regularly monitored by a psychiatry expert, 1 child continued weekly psychotherapy in addition to assessments by a psychiatrist, 1 child completed treatment, while 1 child discontinued treatment due to adverse physical conditions (access, living in a distant district).

2 children refused the mental assessment.

Additionally, 3 children with unaccompanied refugee status were identified to have physical diagnoses as per ICD-10. Other children did not have physical diagnoses.

### 7.2.2 Children who Are the Relatives of a Tortured Person

The number of children who applied as a relative of a tortured person in 2017 was 8. One of the children has “child refugee” status.



- The largest age gap was 18, and the smallest age gap was 4 (avg: 9.2). 3 of them are boys and 5 of them are girls.
- Among the reasons of application as a relative of a tortured person are: Presence of a tortured relative in the family (mother, father, a relative who lives in the same house), witnessing the detention of a relative during a home raid or elsewhere, having a relative in prison and losing a relative during detention.

7 children were assessed by members of the mental team. Application of 1 of them was taken within the scope of social support and mental assessment was not deemed necessary, while 3 of them continue regular (once a week) psychotherapy. Mental symptoms observed in these 7 children as per DSM-IV are as follows:

- Post-Traumatic Stress Disorder symptoms were observed in 5 children. The most common symptoms of Post-Traumatic Stress Disorder were negative swings in cognition and mood and re-experience symptoms.
- **Symptoms of depressive mood and anxiety were observed in 4 children.**
- **It was established that 1 child had psychotic symptoms, enuresis and encopresis.**

In terms of the psychological diagnoses of children who are the relatives of a tortured person, 3 children met the diagnostic criteria for Post-Traumatic Stress Disorder while one of them additionally received the diagnosis of Social Anxiety Disorder. 1 child with Post-Traumatic Stress Disorder gave up treatment, 2 children gave up treatment before diagnosis, while 1 child was mentally assessed with the diagnosis of Adjustment Disorder.

Assessment of treatment progression shows that 3 children continued weekly psychotherapy, 2 children did not continue treatment, the family of 1 child received psycho-education in monthly meetings, while the medical treatment of 1 child was completed.

It was established that similar psychological symptoms were present in tortured children and children who are the relatives of a tortured person alike. This suggests that individuals around the tortured person may show traumatic symptoms to the same extent as tortured persons themselves. Additionally, as it is possible for children to become introverted, passive or disinterested in traumatic situations, and for children who appear to “become quiet and do not cause problems” while the family takes care of directly-affected family members who show active voiced symptoms to go unnoticed, it is important that special studies towards children be carried out and a structured treatment program for children be developed within the foundation.



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