

HUMAN RIGHTS FOUNDATION of TURKEY TREATMENT and REHABILITATION CENTRES REPORT 2015





HRFT
Human Rights Foundation of Turkey

TREATMENT and REHABILITATION CENTRES REPORT 2015

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INTRODUCTION

Metin Bakkalcı¹

The year 2015 was a year when the democratic life extremely contracted; a year that witnessed from July onwards, the resume to clash environment, within which we lost close friends, and the practice of continuous curfews that are even difficult to imagine. To what extent is it possible to draft the report of such a year – and that is with all its spirit-? Therefore, as your friend bearing the duty of presenting this work, I would like to extend my apologies for shortcomings concerning what should have been done, as well as those of the present report.

Each person is invaluable, each human being is invaluable, natural environment within which we are living is invaluable. Keeping these in mind, our beloved friends Tahir (Elçi), who was among the founders of Human Rights Foundation of Turkey, and Aziz (Abdülaziz Yural), our Cizre reference centre volunteer, who lost their lives in the conflict environment that was re-launched in July 2015, are invaluable.

After dear Tahir and Aziz, can we really keep on with the “everyday life”, saying “where were we?” Hadn’t we said “so late we are” after getting the news of each one? We, however, were so willing to work together with these beautiful people to end the agonies, to relieve the pains experienced in such an atmosphere. How are we going to move on WITHOUT THEM? How are we going to keep on with our “everyday lives” with such a pain?

We will hold on to each other even more strongly than before, and in any case, will find channels to end these unsupportable pains. We will bind up our wounds to the extent possible, and we will ensure that the responsible people for all of these are accountable one day.

2015 was a year, when the democratic life was under immense pressures, and when severest human rights violations in our recent history occurred under the impact of the re-launched clash environment. Without doubt, the most urgent agenda is to reach an environment without conflict.

¹ Coordinator of HRFT Treatment and Rehabilitation Centres, M.D

Alongside this agenda of first priority, we endeavoured to strengthen HRFT's work under the following four headings:

1. Work towards prevention of torture and other severe human rights violations, which is the main *raison d'être* of HRFT
2. Work towards ending the atmosphere of conflict, and particularly "the incessant curfews"
3. Work for the process following the end of "incessant curfews"
4. Strengthening especially HRFT Diyarbakır Treatment Centre and Cizre Reference Centre's works by also considering changing the methods of the Foundation by taking into account the clashes.

It should be highlighted that despite limitations, the whole HRFT environment is in an overwhelming effort to conduct high quality work, while on the other hand experiencing a deep feeling of belatedness and of inadequacy in the face of the developments in our country, which are even difficult to imagine.

We would like to once again express that Human Rights Foundation of Turkey (HRFT) was established on 1990 with the purpose of providing physical and psychological treatment and rehabilitation services to individuals subjected to "torture and other cruel, inhuman, or degrading treatment and punishment", and of documenting human rights violations.

This service, HRFT provides for resolution of the physical, psychological, and social problems of the 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, and with a multidisciplinary approach.

Through numerous trainings, scientific studies, and activities for the improvement of the quality of treatment and rehabilitation services, HRFT has become an important experience-hub regarding the documentation of traces of torture and treatment of torture survivors. HRFT's leading role in the processes of formation of Istanbul Protocol -the sole guideline with an international scope for the investigation and documentation of torture, and other cruel, inhuman and degrading treatments and punishments-, its acceptance as a UN document, its promotion worldwide, and of provisioning of relevant trainings, is only a tangible example of this.

Alongside the treatment and rehabilitation services, HRFT has provided legal support to torture survivors, directly with its limited means, or on a voluntary basis through its lawyers, in scope of its activities for prevention of torture. HRFT has also developed an objective and reliable system for the documentation of severe/serious human rights violations, torture being in the first place, and as such, formed an important knowledge accumulation.

Many survivors of torture and other forms of ill-treatment are also affected by other components of complex trauma. HRFT is aware of the fact that more than medicine is needed to achieve redress to the greatest extent possible. Therefore, since 2004, HRFT is conducting work for developing an integrative and multidisciplinary program that also handles the problem of complex and social trauma.

HRFT is currently carrying out activities for treatment and rehabilitation of torture survivors at its four treatment and rehabilitation centres located in Ankara, Diyarbakır, İstanbul and İzmir. We deeply regret to announce the suspension of the works of our Adana Treatment Centre on 1 August 2015, until conditions required for the conduct of the activities up to the mark (a multidisciplinary and effective team work, by employees and volunteers in physical, psychological, and social fields, and the “state of mind” required, a precondition of such a team work, both of which are essential for providing high-quality treatment and rehabilitation services and for the medical documentation of torture), are met.

As a culmination of the preparations that began on 2014, HRFT Cizre Reference launched its activities on 17 October 2015, at the same workplace with the Şırnak Medical Chamber. Unfortunately, the 79-days incessant curfew in Cizre between December 14 – 2 March 2016, has not only affected our work but also our workplace. We are spending effort to strengthen our work in Cizre, which is now more meaningful than before.

Until 2016, HRFT has provided services in total, to 15,775 torture survivors and relatives of survivors. During 2015, 597 torture survivors and their relatives have applied to our centres.

In addition, following the bombing attacks on 20 July 2015 in Suruç, on 10 October 2015 in Ankara, and on 19 March 2016 in İstanbul, “Psycho-Social Solidarity Network” activities have been launched mainly on the basis of cities, and together with the institutions carrying out work towards individuals affected by the concerned bombing attacks (HRFT, Psychiatric Association of Turkey, Turkish Psychological Association, Psychologists for Social Solidarity, Turkish Medical Association, Association of Social Workers, Trauma Studies Association, and Couple and Family Therapies Association), and these works have been strengthened over time. Alongside applicants subjected to torture, and other forms of ill-treatment, HRFT received 47 applications due to the Suruc bombing on July 20, 2015, and 255 applications due to the bombing attack at the Ankara train station on October 10, within the scope of Psycho-Social Solidarity Network.

On the other hand, “five cities” program carried out since 1993, for the reception of applications from cities where HRFT does not have treatment and rehabilitation centres, has continued during 2015. 63 out of 69 applicants within the scope of this program in 2015, are applicants of our Diyarbakır centre. Again, “Mobile Health Teams” program targeting regions experiencing severe/serious torture and other human rights violations and launched on 2008, was carried on in 2015. We have

tried to enrich psycho-social activities for Yazidis, Diyarbakır Fidanlık Camp being in the first place, despite the limitations.

Alongside treatment and rehabilitation work, several trainings (Istanbul Protocol Training programs within the country and abroad; trainings in the field of trauma including art therapy) and scientific studies (“22-year Trends in Torture in Turkey”; “The place of bone scintigraphy in the diagnosis of torture”; “Comparative Study of Legal Framework of Torture in Turkey and Israel”; and publishing certain scientific studies that have been previously completed, etc.) have been conducted in 2015, within the scope of “Treatment and Rehabilitation Project”.

Again alongside treatment and rehabilitation work, integrative activities for prevention of torture are strengthened. Within this scope, alternative forensic reports/epicrisis are prepared by our Treatment and Rehabilitation centres on 2015. Work is carried out for the actualization of an effective National Prevention Mechanism, a requirement of UN Optional Protocol to the Convention against Torture (OPCAT), which offers an important opportunity for the eradication of torture.

We have also drafted the “Report to the UN Human Rights Council Universal Periodic Review (2nd cycle)” and presented it to the UN Council of Human Rights’ session on Turkey, that took place on 29 January 2015. Beside, preparations for the “Alternative Report to the UN Committee against Torture for its Consideration of the 4th Periodic Report of Turkey” have been carried out. Within the scope of the treatment and rehabilitation project, joint works with our partners in Palestine and Israel, have been strengthened.

In order to achieve our ultimate goal mentioned above, the main mission of HRFT, is to contribute to the struggle for eradication of torture in all spheres of life, to the coping by torture survivors with the trauma they experienced, and to a full recovery – physical, psychological, and social- of the torture survivors, in other words, to create an environment of “social apology” towards the individuals and communities who have been subjected to severe human rights violations.

We would like to express that, by no doubt, all these works are a result of joint efforts of members of the Founders’ Committee and the Board of Directors, and HRFT employees, alongside hundreds of sensitive people from different social segments and different areas of expertise gathered together for the same cause, particularly health and legal professionals and human rights defenders from all over the country.

We once again extend our gratitude to all our friends who contributed to these works and who did not leave us alone, and to all concerned institutions that supported our work Human Rights Association and Turkish Medical Association being in the first place.

Ankara, April 2016

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

**2015
Evaluation Results**

ASSESSING THE YEAR 2015

Prologue

Each year, the Human Rights Foundation of Turkey (HRFT) shares on its Treatment and Rehabilitation Centres Report, the documentation of physical and psychological treatment and rehabilitation services offered by all its centres to persons exposed to torture, other cruel, inhuman treatment and punishment. This section introduces an assessment of what has been experienced within the framework of the prohibition on torture and other ill-treatment through 2015 to facilitate the detailed documentation in the upcoming chapters. At this point we have to underscore that we will try to refer to some rights and freedoms violations in 2015, not all them, since our assessments on torture and ill-treatment cannot be considered apart from human rights and freedoms. The assessment here will be the HRFT's note in history on what happened in the field of human rights and freedoms in 2015, particularly about the prohibition on torture and ill-treatment. We also believe that such an assessment of 2015 will be helpful in giving us a greater picture, making the data on the treatment and rehabilitation of people, who have applied to our centres for torture and ill-treatment, more comprehensible. We would like to emphasize that the assessment hereby is limited to the year 2015 and some events that occurred before and after the given date have been excluded.

We can say that Turkey entered a new state of emergency period in 2015, in which the arbitrary powers of police was broadened, human rights and freedoms were increasingly violated, many people were killed or wounded in cities under curfew following an end to the period of no-clashes, those who wanted to use their rights to demonstrate and rally faced police violence that amounts to torture and ill treatment, freedom of speech and thought was increasingly limited and all oppositional voices were oppressed by violence and tyranny and discriminative and hateful stances against all oppositional groups were encouraged. The most prominent feature of the recent period that includes the year 2015 is an approach that prioritizes "public/state order" at all costs, which has existed for long years in Turkey but apparently peaked in 2015. This means that authoritarian political power is getting stronger and lasting day by day and that universal human rights values are therefore facing a vital danger.

1. Torture and Other Forms of ill-Treatments in 2015

As is known, torture and ill-treatment are absolutely prohibited in international documents, declarations and agreements and domestic law. But unfortunately, as in many countries around the world, the prohibition on torture and ill-treatment is

¹ Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Universal Declaration of Human Rights (Article 5), UN International Covenant on Civil and Political Rights (Article 7), European Convention on Human Rights (Article 3), UN Convention Against Torture, International Penal Court Rome Statute (Article 7), and in domestic law, Constitution (Article 17)

still being violated in Turkey. 2015 was a year that the prohibition on torture and ill-treatment was violated, and on the contrary, no positive steps were taken to prevent it and impunity on torture continued. A consequence of the severe destruction of democratic life was that torture and other ill-treatment practices became widespread at a concerning level.

We believe that it will be useful to conduct an assessment of torture and ill-treatment in three contexts in a bid to better understand the continuing torture and other forms of ill-treatment in 2015 and their causes and targets. We can summarize these headlines as what happened in legislation in the practices of torture and other forms of ill-treatment, what we have encountered by means of both the implementation of the legislation and the practices of torture and other forms of ill-treatment, and finally the stances and attitudes of state/public and government officials, ranging from prosecutors and judges to lawmakers. We think that looking at the violations of prohibition on torture and other forms of ill-treatment in 2015 under these main headlines will also be beneficial for us to display the aims and the tendencies of use of torture. However, apart from these main titles, we strongly believe that particularly the period of clashes that has restarted, the bomb attacks that even hit the daily life and introduce serious differences in approaches to human rights and freedoms and the flow of migrants and related problems that occurred worldwide and that had serious impacts and consequences for Turkey, should also be handled while assessing the year 2015.

1.1. Prohibition on Torture and Other Forms of ill-Treatment in Legislation

As mentioned above, 2015 was a year when positive steps were not taken in the legislation on human rights and freedoms, including the prohibition on torture and other forms of ill-treatment, and even developments which would result in extremely destructive and irreversible effects were experienced. In this section we will try to assess the developments regarding those become prominent in torture and other forms of ill-treatment since it is not possible to address all. We should note that in 2015 freedoms of expression and demonstration were limited both in law and in practice. As stated in the EU's 2015 Progress Report on Turkey, freedom of expression has been restricted through new laws, arbitrary and limited interpretations of the laws, political pressures and cases against many journalists and academics². In addition, a strong pressure on the media continued with the arrest of journalists and probes, huge fines on newspapers, magazines and other media outlets, censorship, closures and dismissals.

One of the most fundamental steps toward limiting freedoms, putting pressure on opposition groups, increasing the authority of the police and even almost leaving lifting the principle of rule of law aside was the enactment of the Law on Amending the Police Duties and Powers Law, including some certain Laws and Decree Laws,

² EU 2015 Progress Report on Turkey, SWD (2015), p.22

which is also known as the Homeland (Domestic) Security Package. The law, which entered into force on April 4, 2015, is also very worrying about the prohibition of torture and other forms of ill-treatment. This law, which consists of a total of 68 articles, brings amendments in 13 codes, including the “Law on the Duties and Powers of the Police,” “Law on Gendarmerie Organization, Duties and Authorities,” “Law on Meetings and Demonstrations,” “Anti-Terrorism Law”, “Turkish Penal Code” “Code of Criminal Procedure” and “Provincial Administration Law.”

It would be correct to interpret this amendment law, which might result in an increase in the practices of torture and other forms of ill-treatment, as the political power’s attempt to narrow down freedoms, oppress social opposition and increase police powers along with an effort to liquidate the judiciary entirely from state order. First of all, the law gives the authority to conduct “preventive detention” to police for 48 hours without the permission of the prosecutor with the amendment in the Code of Criminal Procedure (CCP) and raises the period of detention back to 4 days. As stated by in the HRFT’s January 2015 assessment on the draft of the mentioned code³, such extension of detention authority of the law enforcement officers without the judicial supervision would lead to the spread of torture and other forms of ill-treatment in informal detention practices, thereby violating the prohibition of torture due to its nature. Secondly, with this code, which is dubbed as “preventive law enforcement,” a verbal order by the law enforcements chiefs has become sufficient to stop people and search their bodies, belongings and vehicles, under “reasonable doubt based on police experience.” Moreover, it projects that that the law enforcement chiefs, who will use the authority to search, would be appointed by “the administrative chiefs in accordance with the principles to be determined by the Ministry of Interior.” Granting the 24-hour timeframe to the law enforcement chief to submit his/her decision to the judge in change bluntly paves ground for unrecorded retention. What is more, the law grants the police two additional powers -”to protect” and “to remove” persons- according to the nature of the action, in addition to its authority to seize mentioned in the existing Law on the Duties and Powers of the Police(LDPP). It is clear that these uncertain powers will also mean waiving in procedural safeguards that must be fulfilled from the moment of detention in order to prevent torture, thereby making unrecorded detention a viable practice. Third, the law broadens the police’s existing authority to use weapons. Before the amendment, the LDPP stated that this authority could be used in the event of an attack against the police and others and sought the conditions for legitimate defence. The amendment adds the possibility of attacks on workplaces, houses, public buildings, places of worship, schools, dormitories and vehicles to the attacks on police or others, and it does not refer by any means to the right to legitimate defence but mentions “proportionality.” The likelihood of attempted assaults also brings in legal grounds for the use of weapons. Another point worth noting is that the attacker is not required to have a firearm in his/her hand

3 For the complete assessment by HRFT: <http://www.tihv.org.tr/wp-content/uploads/2015/01/HRFT-Critique-on-Internal-Security-Package-Draft-Law.doc>

for police to use guns. Explosives such as fireworks, Molotov cocktails (firebombs), drilling and cutting tools, stones, sticks, iron and rubber bars, other injuring tools such as iron marbles and slings are also included in this scope. In 2015, 217 out of the 222 people who lost their lives due to use of firearms by the security forces died after this cone came into force. This figure is important to show the extent of the danger posed with this law.

As one may observe, these changes pose a great danger to human rights and freedoms, including the prohibition of torture and other forms of ill-treatment. In addition to the Homeland Security Package, a draft of “Law on the Security Services of the Penal Execution Institutions,” which is version of this internal security code adapted for prisons, was also introduced to the agenda in 2015. Almost all of the articles of this code passed in parliament but it has still held pending in the General Assembly during the last legislative period, thus the draft, clearly granting all kinds of torture and killing power to the execution guard officers in the prisons, has not become law yet.

The draft envisions the establishment of an intervention unit based on the internal security and external security units, in addition to these two existing units that work under the Ministry of Justice, and names tear gas, pressurized water and firearms as basic intervention equipment. The use of chemical tear gas, which is strictly banned indoors and against people under control, and of pressurized water, which is banned in narrow places created for isolation, is certainly the violation of prohibition of torture. Secondly, security officers are granted a gradual and increasing authority to use of force for “preventing incidents that disrupt public order” or against show of passive resistance, situations limits of which have not been defined. As such, under the headline of use of force, handcuffed transport and transfer is becoming the principle. This is an official announcement of the disregard of prohibition of torture in a country where prisoners waive their rights to health since the transportation procedures have turned into torture practices and where they burned to death in a transport vehicle because the locked-up doors could not be opened during a fire. Thirdly, the draft also states that the intervention unit and external security officers can enter the prison with firearms. This authorization, previously granted for the events requiring armed intervention, is legalizing a right that can threat lives of prisoners constantly, including cases of “refusal to deliver substances that are suitable for resisting although they are demanded to be delivered.” Fourthly, the draft regulates warning shots, saying that firearms can be fired in a “moderate” and “proportional” manner and external security forces can use firearms “without hesitation” if they are attempted to be attacked by weapons. In particular, the use of firearms by the officials is regulated in an article that depends on a possibility of an attack against them regardless of whether the weapon is a firearm or not. It is clear that under the new “security” regime, which regards slings as a weapon, all tools for extrajudicial executions in prisons are provided by the state. Fifthly, the draft regulates that law enforcement officers will be appointed in prison “in cases of widespread resistance and violence movements that seriously disrupt order and order, or in other serious

dangerous situations". This regulation also clearly reinforces the legal grounds for operations in prisons. Finally, it is envisaged that the general provisions will apply to the investigation and prosecution of security officers, while the identification information of all officials will be kept confidential. In a judicial system, in which no act of torture in prison is effectively investigated, and in which impunity is the basis, decorating suspects with limitless authorities and granting them with an armour of secrecy by law will make accountability absolutely impossible.

In addition to the above-mentioned law and legislation, it would be incomplete to address developments related to the prohibition of torture and other forms of ill-treatment in the legislation without touching on the National Prevention Mechanism, which has a vital role in the prevention of torture. As it is known, the task of establishing the National Preventive Mechanism (NPM) was granted to the National Human Rights Institution of Turkey (TNHRI) with the Decree of the Council of Ministers dated 28 January, 2014, in accordance with the Optional Protocol to the Convention against Torture (OPCAT) of the United Nations. However, the TIHK is far from being a human rights institution by even not fulfilling the criteria set out in the United Nations Paris Principles. The appointment of such an institution as a national preventive mechanism made such a mechanism meaningless and dull, which could have provided an important opportunity for the prevention of torture. In addition, granting of the TNHRI the authorization of establishing the national preventive mechanism, which has to be established by the constitution / law as a requirement of the international human rights law also makes this authorization defective⁴.

Relevant national and international institutions, including the HRFT, have repeatedly stated that the TNHRI, established without respect for the Paris Principles, can not fulfil the NPM function based on the OPCAT, thus amendments to the law should be made to ensure its structural, financial independence in full compliance with the Paris Principles. After the preparation of the "Draft Law on Amending the Law on the Human Rights Institution of Turkey" by TNHRI on 20 January 2014, a new "Draft Law on Amending the Law on the Human Rights Institution of Turkey" was prepared on 06 March 2015. But in this draft bill, the proposed changes were far from meeting the Paris Principles and the United Nations proposals in terms of the structure, functioning and assurances of a National Human Rights Institution should have, and provided no assurances in terms of national preventive mechanisms. Within this framework, the mentioned draft was reviewed by HRFT in all its dimensions, and a comprehensive evaluation note was prepared, including the opinion that it would be the most appropriate way to draft a new integrative law for structuring the Institution on the basis of minimum principles. In addition, Mari Amos, Head of the

4 As HRFT, we have appealed the Council of State for the cancellation of the administrative act granting, by the government decree, the authorization of establishing the national preventive mechanism – which has to be established by the constitution / law as a requirement of the international human rights law- to the National Human Rights Institution of Turkey (TNHRI). Our request for suspension of execution is rejected, yet our process of appeal is on-going.

Delegation of the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment of the UN, once again expressed the need for a “special law for the NPM secured with independence” at the end of a visit that included meetings with the HRFT and other related human rights institutions between October 7 and 9, 2015. However, a draft law on the establishment of a new “Turkish Human Rights and Equality Institution” draft which includes the National Preventive Mechanism and designed as a “visa exemption condition” was declared on the Official Gazette on April 20, 2016, without any consideration of these criticisms, concerns and suggestions. Looking in the light of all these developments, it would be correct to say that the year 2015 was again a failure in terms of creating an effective National Preventive Mechanism that would have a significant place in the prevention of torture. In addition, the entire process has once again demonstrated that the state has no sincere approach to the eradication of torture and other forms of ill-treatment.

Finally, the 19-article Prime Ministry “Anti-Terrorism and Peace and Security Circle of Our Citizens” published in August 2015 emerged to be an output of the tendency to expand and obscure the concepts of “terror” and “terrorist” in the field of legislation and was a worrying development in terms of human rights and freedoms. The expressions that “the funeral ceremonies will be prevented from being used for terrorist propaganda by terrorist organizations and terrorist-linked groups” and “those who act against the country’s interests or for the benefits of the terrorist organizations inside the international civil society organizations will be closely watched” are extremely concerning.

1.2. The Practices of Torture and Other Forms of ill-Treatment

In recent years, including the year 2015, violence methods applied by security officers to persons who use the right to demonstrate and march during social demonstrations have reached the dimensions of torture and ill-treatment. In 2015, the “excessive and disproportionate use of force” by the security forces, which reaches the level of “torture” in interventions in all kinds of meetings and demonstrations attended by many different sections of the country, has become even more intense. In 2015, 326 of those who applied to the HRFT for torture and other ill-treatment complaints, mentioned that they were exposed to torture and ill-treatment on the street, in open-air and during public demonstrations.

The police violence against those who used their rights to demonstrate and march during the May 1 International Workers’ Day celebrations and the 13th LGBTI Pride Walk came to the fore as an example of torture and ill-treatment practices in 2015. At least 408 people, including 16 children, were detained during the police interventions on groups who wanted to celebrate the May 1 International Workers’ Day at the Taksim Square in Istanbul, according to the 2015 Human Rights Violations report by the Human Rights Association (HRA). It was alleged that all 408 detainees were subjected to torture and other forms of ill-treatment in detention vehicles or detention

centres while at least 18 people were injured during the attacks. On the other hand, it was claimed that eight persons detained around Taksim Square were taken to a warehouse and released after being kept there for three days without any legal process⁵. During the 13th LGBTI Pride Parade on the İstiklal Avenue in Istanbul on 28 June, the police attacked the participants with tear gas bombs, plastic bullet guns and pressurized water. According to the HRA report, two people were injured by gas bomb canisters in the intervention in which a large number of people were affected by tear gas. In addition to the parade, police also intervened with tear gas to the closure party, which was organized as part of the Pride Week⁶.

Besides these two prominent demonstrations, security forces used force that amounted to torture and ill-treatment against the participants in interventions in the “Boycott for Secular, Scientific Democratic Education in Mother Tongue” activities organized throughout Turkey in February, the march and demonstrations aimed at condemning the “Suruç Massacre” in July, particularly between July 20 and 25, the events held on September 13, 14 and 15 September to protest the massacres in Kurdish provinces and the October 10, 11 and 12 demonstrations to protest the “Ankara Massacre.”

Unfortunately, the “Domestic Security Package”, which entered into force on April 4, 2015, provided further incentives for torture practices and other human rights violations by the security forces against participants to all kinds of meetings and demonstrations, and become a protective basis for the perpetrators. It has been observed that the spaces for the application of torture and other ill-treatment practices to persons deprived from freedom are expanded (streets, open space, police cords, police vehicles, pre-registration detention places in addition to the “official detention” centres) and the tools (clamps, pressurized cold water, clubs, pepper gas, other tear gas chemicals, tear gas canisters and gas bombs, plastic and rubber bullets firearms) have been improved. In this context, the fact that the European Court of Human Rights sentenced Italy on 7 April 2015 for the security forces’ ill treatment that reached to the level of torture of protesters at a school during the G8 summit in Geneva in 2001, which came after a February 14, 2014 United Nations General Assembly resolution on the concerned issue that directly referred to the word “torture,” shows that the matter has a priority in the world. (*Cestaro v. Italy*, application no. 6884/11). In addition, demonstration control agents, including pepper spray, were not used in any cases. The World Medical Association (WMA) once again voiced in its General Assembly in Moscow between October 14 and 17, 2015 that demonstration control agents, including pepper gas, should not be used in any case.

In 2015, torture and other forms of ill-treatment continued in detention centres. Some 371 people applied to the HRFT for complaints of torture and other ill-

5 Human Rights Association, Human Rights Violations Report 2015 (in Turkish)

6 Human Rights Association, Human Rights Violations Report 2015 (in Turkish)

treatment in detention centres in 2015. The death of a refugee (Lutfillah Tajik), who was detained for deportation on May 31, 2015 due to torture and ill treatment, once again demonstrated the continuing practice of torture and ill-treatment in police detention⁷. Torture and other forms of ill-treatment as well as in detention centres continued in prisons. Along with physical and psychological violence against the inmates, the physical conditions of the hospitals, the restrictions to access to health services, hygiene and nutrition problems, cell punishments, small group isolations caused severe damage to the physical and psychological integrity of them in 2015. In recent years, the gradual increase in the population of prisons has both worsened the physical conditions and caused increased deprivation of rights. According to the Ministry of Justice, the population of prisons, which were around 128,604 in 2011, rose to 180,256 in 2015, according to the Ministry of Justice dated February 18, 2016. In Turkey, however, there are 362 prisons with a total capacity of 180,256.

Another issue with prisons is about the sick arrestees and convicts. According to HRA data dated December 15, 2015, a total of 300 patient people are in prisons. There are also 605 prisoners with serious and chronic illnesses in prisons, according to a response to the parliamentary question in June 2014⁸. The release of sick prisoners is regulated under the Code on the Execution of Penalties and Security Measures. At the same time, the Article 104 of the Constitution, which is titled "The President's Duties and Authorities", tells about the president authority to "relieve or eliminate the punishment of certain persons on the basis of constant illness, disability and old age." According to Article 16 of the Code on the Execution of Penalties and Security Measures, the postponement of sick arrestees and convicts' punishment has been tied to two basic conditions. The first condition is that "If the execution of the sentence poses a definite danger for the life of the prisoner, the execution is postponed until the convict recovers." The other condition was added to law with an amendment made on January 31, 2013. With this amendment, it is said that the execution of the sentences are postponed until the convict recovers if his or her release does not pose a heavy and concrete danger for the public safety. The condition of "danger to the public safety" in the amendment is incompatible with international standards and invalidates the right of release of heavy patient detainees or convicts. With this amendment, public safety has turned into a condition that it is often referred to in refusals to the postponing demands even in the existence of sickness reports. With a new amendment to the law on June 28, 2014, the condition of danger was shifted from an ordinary danger to a heavy and concrete one. In an action report on Gülay Çetin vs. Turkey verdict presented by the Ministry of Justice to the Cabinet, it is mentioned that the execution of the sentences of 242 arrestees or the convicts were postponed between January 28, 2013 and August 5, 2014. Although this figure does not include an explanation for the term public safety, a Ministry of Justice

7 <http://bianet.org/bianet/insan-haklari/165736-afganistanli-multeci-cocugun-olumunden-sorumluiki-polise-dava> (in Turkish); <https://www.amnesty.org.uk/blogs/childrens-human-rights-network/turkey-teenage-asylum-seeker-dies-others-risk-return>

8 <http://www2.tbmm.gov.tr/d24/7/7-36022sgc.pdf> (in Turkish)

representative stated that as of January 17, 2014, the assessment of 61 prisoners continued in the Forensic Medicine Institution and 7 requests for release were rejected. Considering that the total figure is 605, these figures show us that this amendment had a limited effect.

In 2015, there were cases of sexual torture against women. Because of the existence of such cases, the establishment of an investigation commission was proposed to parliament. The proposal was presented to the General Assembly on the grounds that sexual torture was widely used against women in custody and that an investigation was needed to prevent it⁹. In this justification, some main example cases, which were also reported in different news sources, was mentioned. These cases are:

- The exhibition of the tortured and murdered body of Kevser Ertürk in the Varto district of Van province,
- A woman in Adana who was subjected to sexual torture in custody,
- Two women exposed to sexual torture in Şanlıurfa Police Headquarters¹⁰
- A woman taken into custody at Erzurum Atatürk University is exposed to torture after having been stripped to her underwear,
- A letter from a woman detained in Diyarbakır on September 6, who said that women taken into custody in Diyarbakır were being subjected to systematic torture,
- On November 8, a woman who was detained in the Bismil district of Diyarbakır was exposed to sexual torture.

Unfortunately, the proposal to establish a parliamentary research commission was not accepted.

1.3. State / Public and Government Officials' Approach to the Issue of Prohibition of Torture and ill-Treatment

The discourse, attitudes and approaches of state and public officials play an important role in the prevention of torture and other ill-treatment practices. Assuring that torture is strictly forbidden, condemning the crime of torture in the public arena, clearly expressing the warning that those who commit this crime will be responsible in person and will be sentenced are among the most important things to be done

⁹ <http://www2.tbmm.gov.tr/d26/10/10-11868gen.pdf> (in Turkish)

¹⁰ That S.Ç. and L.T. were subjected to torture was revealed after they were transferred to from Urfa to Sincan Prison. Ş.Ç was raped but the Şanlıurfa Republic Chief Prosecutor's Office decided nonsuit on her complaint. The objection to the decision was rejected, and the case is still pending at the Constitutional Court. The case of L.T., who was beaten and subjected to sexual harassment is pending at Urfa Prosecutor's Office.

to prevent torture. But as in the past, in 2015, the negativity in the attitudes and approaches of public and government officials toward the prohibition of torture and other forms of ill-treatment continued, contrary to what should have happened.

Effective, speedy and impartial investigations have not been conducted on officers who have been involved in torture and ill-treatment practices, and such practices were almost ignored, while security officers have been encouraged by the rhetoric and approaches of the government and public officials to practice torture and other forms of ill-treatment. For example; we can say that Turkish President Recep Tayyip Erdoğan put the security officials under a protective shield, by denying all allegations against them, when he said “Anyone who tries to tear down our police and consider their sacrifice small has to encounter me. Thus, your issue is my issue,” during a ceremony held on the occasion of the 171th anniversary of the founding of the Police Organization. In the same speech he again encouraged the security forces saying “If you target to the union of the nation, to the values of the flag, to the indivisibility of the country, you will face our security forces”, “You will bow or you will give your head.”

It is possible to observe the tendency to continue the culture of impunity by ignoring the guilt of torture and other forms of ill-treatment especially in the attitudes and verdicts of judges and prosecutors. In torture and ill-treatment allegations, the 256th and 86th Articles of the Turkish Penal Code (TPC) continued to be taken into account instead of the 94th and 95th Articles. As is known, in cases mentioned in the 94th and 95th Articles, it is expected that there will be a trial against torture, not disproportionate use of force. However, in practice, judges and prosecutors evaluate the illegal torture practices of public officials under Article 256 and this contributes to the continuation of the impunity system. For example, in the Lütfillah Tajik case mentioned above, eyewitnesses, camera shootings and hospital reports show that the subject's health condition deteriorated and that he lost his life after being beaten when in custody. However, a case was opened at the Van Heavy Penal Court for crimes in the Article 86/2 (intentional injury) and Article 87 (grievous bodily harm) of the Turkish Penal Code (TPC), not for TPC 95/4 (torture resulting in death)¹¹.

On the other hand, examples of investigations that resulted in decision of non-prosecution continued to multiply, whether they are about torture or extortion of use of force authority. In 2015, the investigations could not be turned into effective criminal cases. The abandonment of the announcement of the verdict, the suspension of the execution or the amnesty continued to be a general practice. For example, in 2015, two torturers of the Uğur Kantar, who lost his life due to torture and ill-treatment during the military service in the disciplinary ward in 2011, were sentence to life in jail for the violation of Article TCK Article 94 in a hearing in 2015, but the superior commander, who ordered the humiliation and torture was tried for abuse of power and his sentence was postponed. The complaints about the acts of

11 Van Prosecution Office, indictment No: 2015/239 (in Turkish)

torture and ill-treatment during the “Hopa Protest” which took place in Ankara also resulted in dismissal, except for Dilşat Aktaş’s complaint. The Ankara Chief Public Prosecutor found that the police intervention in compliance with the law as he found the statements of those exposed to torture, abstract and unreliable, despite all the medical reports, video footages and witnesses. The objections to Magistrate Judge were also rejected. The files are currently in the Constitutional Court process.

The tendency to adhere to the opening of an inquiry about senior officials to permission even in allegations of torture continued in 2015. This trend continues to prevent the investigation of allegations of torture and other forms ill-treatment and trial of public officials, leading to the continuation of the rooting of impunity culture. According to Article 161 of the Code of Criminal Procedure, the public prosecutor may conduct all kinds of investigations directly or through law enforcement officers under his command. Investigations of public officials, however, are subject to separate and different procedural rules that require permissions for the investigation of committed offenses in relation to public duties. But the Article 94 and 95 of the Turkish Penal Code which define torture, Article 256 which defines the excess of power and Article 86, which defines intentional injuring says the prosecutors can launch direct investigations in cases of related offenses. The Article 161/5 states that public officials and security forces are left out of Law No. 4483 and can be taken under legal probe directly by the public prosecutor. According to the mentioned legislation, it can be said that there is no need for an administrative permission to open a probe into public officials and security officers within the scope of these crimes. However, in practice, an investigation into the governors, administrative officers and high-ranking security officers is conducted under the law 4483. It is clear seeking permission that is not asked for by law is an indicator of prosecutors’ tendency that support impunity in torture cases.

When a torture claim is encountered, the person who is tortured is automatically prosecuted under Article 265 of the TPC for “resisting to prevent execution of duty”, and this continues to be one of the important tactics used both for intimidating those who faced torture and protecting the perpetrators. As stated in the EU 2015 Turkey Progress Report, “when launching proceedings for ill-treatment by law enforcement bodies, protestors continue to face counter-claims, which receive priority from the judiciary”¹². In addition, while the cases of torture and ill-treatment are going on for many years, these cases, which are called counterclaims, are rapidly concluded and in most cases and people are being sentenced. Although the data for the year 2015 have not been published by the Ministry of Justice, the rate of the torture cases against the public officials stood at 1/25 of the cases launched for “resisting to prevent execution of duty” in the previous years. In addition, no investigations have been launched over “Gezi Park Protests” in 2013, during which 3,894 people were injured and eight people were killed, but lawsuits have been launched against the

¹² EU 2015 Progress Report on Turkey, SWD (2015), p.62

participants to the protests. According to HRFT 2015 data, 121 indictments brought before the court as counter lawsuits in Gezi Park protests and 6,377 people's cases are ongoing.

There are also new approaches to the similar to the state's counterclaim lawsuits. It is possible to find an example of this in the case of Veli Saçılık¹³. This case is noteworthy as it exemplifies the methods of efforts to prevent the tortured persons from placing lawsuits and protecting the torturers. The Antalya Administrative Court had ruled on compensation in the case of Veli Saçılık for the quasi delict of the state. However, the Council of State ruled on the return of the compensation to the state, citing that "the person himself is faulty because of throwing stones at the working equipment that was opening a hole on the wall of the prison." In the case launched at the Burdur 1st Civil Court, which ended in 2015, the applicant and the other heavily injured arrestees were asked to pay compensation because they damaged public property. After that verdict, Saçılık appealed to the ECtHR. In the ECtHR decision on April 14, 2015, it was stated that the debate of the local court about the Saçılık's "fault" was invalid. The court stated that this debate was closed in the final decision in 2011, and no faults could be attributed to Saçılık. Despite this decision, proceedings are underway to have Saçılık pay back the compensation. As seen in this case, the concept of "personal fault" hampers the justice seekers' efforts, helping the culture of impunity continue.

Another practice demonstrating prosecutors' tendencies and approaches is that they are completely ignoring the principle of ex officio investigation in the cases of torture and other forms of ill-treatment. According to Article 160 /1 of the Code of Criminal Procedure, which defines the principle of ex officio investigation, a probe is launched in the cases of crime regardless of whether the person tortured places a complaint or not. But in practice this does not work. In 2015, prosecutors continued to play ostrich in the practice of torture and ill-treatment. Many torture news or images on many media outlets also did not lead prosecutors to take action and launch probes.

Another example of the existence of the tendency not to punish the offense of torture is that the ECtHR rulings concerning the crime of torture are not even put into practice. As seen in the Veli Saçılık file, the Turkish government has almost ignored the ECtHR verdicts. The ECtHR states that in the cases all kinds of physical force used when people are deprived from freedom harms the human dignity and means violation of Article 3, which regulates the offense of torture. With this assumption, it ruled in the Veli Saçılık case that the state should pay compensation, but the state

¹³ Veli Saçılık's arm was amputated during a military operation on the Burdur Prison on July 5, 2000. The European Court of Human Rights ruled July 5, 2001 on conviction of Turkey in the 43044/05 and 45001/05 Saçılık and others vs. Turkey case, for violating the prohibition of torture in the operation conducted on the Burdur Prison. Concerning a fourth applicant, Antalya Administrative Court ruled on compensation payment by the state for faulty act. However, the Council of State ruled on the return of the compensation citing that "the person himself is faulty because of throwing stones at the working equipment that was opening a hole on the wall of the prison."

ignored the ECtHR decision and concluded that the person himself was faulty. This decision was finalized after ECtHR's violation of Article 3 verdict.

The statute of limitation is also used as an important tool for maintaining impunity in cases of severe and serious human rights violations, including torture and other forms of ill-treatment in the past. As is known, with the amendment made in Article 94 of the Turkish Penal Code, the statute of limitation was abolished for the crime of torture. But in practice, statute of limitation is still implemented for serious human rights violation cases. Despite the amendment, there are still legal gaps regarding the retrospective application of the law article. For example, following the Supreme Court of Appeals' statute of limitation verdict on the September 12, 1980 coup d'état case, the legal processes related to these allegations began to be closed one by one. The case of T.C., also observed by the HRFT, is one of the cases that illustrates this situation. T.C., who was released in 2013 after 32 years in jail, applied to the Istanbul office of the HRFT for treatment and legal support due to torture during 1980 coup. The HRFT was involved in the case with the alternative forensic report it prepared. However, a complaint to the Gaziantep Prosecutor's Office for "torture during the military coup" was concluded with decision of non-prosecution due to statute of limitation. After this decision, the file was brought before the Constitutional Court. We can say that one of the problems attached to the statute of limitation in torture cases is about legal regulation. It is possible to explain the problem with the absence of appropriate legislation that separates torture from the violation of a law that was valid in the past. But even in the lack of proper legislation, states must be capable of trying those who violated the supreme legal norms of law in accordance with the international law on human rights. Thus, the lack of legislation takes Turkey's responsibilities to a level of international law because of its international liabilities and the absoluteness of the prohibition of torture. However, it seems that the Turkish state has preferred not to act in accordance with this responsibility, leaving the torturers unpunished.

As one can see, the legislative shortages, torture and other ill-treatment practices and methods and state and public officials' approaches toward torture remained unchanged in 2015. While the torture and other ill-treatment practices continued in different ways and places, positive steps to have torturers account for their acts and prevent torture were not taken, but on the contrary, grounds were laid for new practices of torture with the new legal practices and the discourses and tendencies of the officials and all means and methods continued to be used to for the impunity of the torturers. For this reason, and especially when we consider the further developments in 2015 here-in-below, it will be correct to say that the practices of torture and other forms of ill-treatment continues and will continue in the years to come.

2. The Resume of Clash Environment

It will be incomplete to try to assess torture and other forms of ill-treatment or any

violation of rights in 2015 without including one of the most important developments in 2015, the comeback of the conflict process. For this reason, we will try to show the grave point reached in 2015 by briefly summarizing the process of the restart of the conflicts that led to the violation and limitation of many rights and freedoms, especially the right to life and the prohibition of torture and other forms of ill-treatment.

The tendency of authoritarianism, which we mentioned above, became more worrying especially after the June 7 elections. It was possible to see the restrictive approaches and even footsteps of the increasingly growing violence policies in the spectrum of rights and freedoms, in the course of the general elections, which are considered as democracy criteria at a time the country was expected to pass a threshold. In the June 7 elections, the inured, routine practices that have not been abandoned once again surfaced. The detainees, attacks, lynching attempts against those who take part in election campaigns and other attempts to destroy party buildings were the clues that show how fragile the social peace has become. The rallies of the opposition parties were blocked and their concerts were banned. The Democratic Peoples' Party (HDP) managed to pass the anti-democratic 10 percent election threshold and as a result the number of lawmaker seats held by each party introduced a necessity of establishing a coalition government instead of a single-party government, making the tension and disturbances on the political scene felt strongly. The process which started with the elections and continued with the election results, constituted a milestone for the rapid regress of human rights and freedoms throughout the country.

The solution process, which was launched in 2013, ended in July 2015 due to what happened inside the country and the Middle East after the June 7 elections and to the fact that concrete and comprehensive steps were not taken in the resolution process of the Kurdish issue, with the period of clashes restarting. With the resume of clashes, the environment of violence spread especially in Eastern and South-eastern regions. Starting from July 2015, 1984 security forces, 414 militants and 222 civilians –a total 834 people- lost their lives after the end to clashes. As stated in the EU 2015 Turkey Progress Report, increasing violence has brought in serious concerns over human rights violations.

As the resume of the clashes itself caused worrying consequences in terms of human rights and freedoms, by this time the state began to implement an extremely frightening method. Curfews were declared in the Kurdish cities and towns as of August 16, this became an indefinite practice all day long and without any legal base. In this ongoing process, indefinite day-long curfews have been declared a total of 35 times in Diyarbakır, 11 times in Mardin, 10 times in Şırnak, five times in Hakkari and two times in Batman, one time in Muş, one time in Elazığ and 65 times in 22 towns. Due to these prohibitions, the most basic living and health rights of at least 1,642,000 people known to live in the related districts according to the 2014 census have been violated and although no healthy information could have been gathered, 355,000 people have forcefully left their hometowns, according

to a February 27 statement by the Health Ministry. Between August 16, 2015, the date for the first curfew, and April 20, 2016, at least 338 civilians (78 women, 69 children, 30 over 60 years old) lost their lives in conflict situations during the curfew hours in the districts under curfew. In addition, at least 78 bodies in Cizre and at least 15 bodies in Idil were buried before their identity was diagnosed, and they are not included in the previous figures. Certain cities have still been besieged under the name of curfews and all democratic rights and freedoms have been lifted, with unbelievable tortures, repression, racist and aggressive destruction policies being imposed. Tanks, cannons, artillery, rocket launchers, automatic weapons and sniper guns targeted living environments without any distinction between civilians and armed man, nature was destroyed. People were forced to leave their living spaces. Hundreds of thousands of people were forcibly displaced in provinces and districts where curfews were or could be declared.

Curfews have been illegally applied in terms of legal bases and still continue to be implemented. Curfews are based on general security measure authorities granted to governors and district governors, by the Clause C of Article 11 and Clause Ç of Article 32 of Law No. 5442. But according to Articles 13 and 15 of the Constitution, fundamental rights and freedoms can only be stopped partly or completely without violation of the obligations arising from international contracts, only with a clear regulation by law and only during periods of war, mobilization, martial law and emergency situations and under Article 90 of the Constitution. For this reason, prohibitions to leave the streets, which lead to permanent violations of human rights, were proclaimed and enforced by the governors based on the Law No. 5442. The appointed governors and district governors have seized the authority of the parliament by acting against law in a field under the authority of parliament and the Cabinet.

The right to life, prohibition of torture, right to security, respect for private life and family life, freedom of travel, right to access to court, health and educational rights have been constantly violated in the process of the administrative practices of curfews. No legal criteria were considered for arrests and detentions and the enemy law approach continued. Torture practice arrears expanded to streets, living spaces, schools and hospital buildings, almost everywhere in the occupied cities. News and hearings about increasingly terrible practices of torture and other forms of ill-treatment during curfews increased day by day¹⁴. It was found that civilians, who were trying to be protected in their own living spaces outside the conflict zone in Silopi, were taken out of their houses and filled in sports halls, tortured at these collection places for hours and forced to leave their living spaces. In letters sent from prisons, torture and heavy human rights violations were frequently mentioned. As it

14 On August 10, 2015 Kader Kevser Ertürk (Elçin Wan) was captured wounded by the special police force members in Muş, Varto, and was tortured and killed before her nude body was displayed on social media. Hacı Lokman Birlik, killed by the special police forces in central Şırnak, on October 2, 2015, was tied to an armoured police vehicle, dragged and kicked.

is in the case of Şırnak Prison, even lawyers could not reach their clients during the periods of curfews. During the curfews, the right to defence was lifted, detainees and prisoners were isolated, all kinds of ill-treatment was repeatedly mentioned.

The right to health in the places curfew has been completely abolished. Hospitals were turned into headquarters, medical centres were destroyed, health workers were held almost hostage in hospitals turned into military headquarters. Elderly, pregnant women, children, people with chronic illnesses have frequently often faced obstacles in access to treatment and unfortunately some of these cases resulted in death. It is estimated that at least 76 civilians –information about whom has been accessible- lost their lives because their right to health was violated. Bodies of people who lost their lives remained on the streets for days, the ambulance and treatment calls by the wounded were not answered. Those who lost their lives remained on the streets or kept in fridges for days, as seen in the case of Taybet İnan. Many people, who had been shot for by sharpshooters and wounded, did not get an ambulance for hours and bodies of those who died were not collected. Some of the bodies of the dead became unrecognizable because animals ate some of their limbs and body parts on the streets. On the other hand, health workers who wanted to interfere with their occupational interests were declared “terrorists,” arrested and killed just because they were trying to do their profession¹⁵.

In addition, new legal regulations were made and bodies were buried hastily. The former 15-day period to hand over bodies of the lonely and the death people whose bodies were not received by their families or kin, to the municipalities was reduced to three days with an amendment in the Regulation of the Forensic Medicine Institution. Beside the municipality, the local authorities –namely governor and local governor offices- were authorized to take over the bodies. It was also ruled that the funeral could be handed over directly to the head of the local administration in cases assessed by the local authorities that public order could be deteriorated during the handover and burial process or “social events” could take place or crimes could be committed. As a result of the amendments to the regulation, it is considered that at least 79 bodies are still waiting for identification, or that they are buried in places at graves of the nameless or places not known to their families or kin.

The right to education was also severely violated during curfews. Educational institutions were closed, teachers were removed from the towns, schools were turned into headquarters. The slogans with racist and hateful content were written on the

¹⁵ Şeyhmus Dursun, an emergency ambulance driver, died when the ambulance was raked by special police forces. Health professional Eyüp Ergen was shot in the head and died while trying to provide first aid a civilian in Şırnak, Cizre. On December 30, 2015, nurse Abdulaziz Yural, a HRFT volunteer, was also shot in the head and killed, while trying to provide first aid to a civilian shot on the street in the Cizre district. In both incidents, there are strong evidence that the fire was from special police members. The testimonies of the eye-witnesses are also in this direction. In addition, MD Abdullah Bıroğul, died when PKK militants fired at an escaping car they wanted to stop on the highway linking Diyarbakır's Kulp and Lice districts on August 31, 2015.

walls of the school's classrooms and on the blackboards and these were shared on the social media. It was declared that schools would not be emptied and continued to be used as security headquarters in the regions where the curfews ended. For this reason, children were forced to go to schools away from their hometowns with the start of the new semester. The education life of the students, who could not enter key examinations for their lives and spent their preparation time in places of conflicts, suffered profound damage. While all these children witnessed heavy human rights violations, many of them lost their lives or were left without parents. Hundreds of fatherless and motherless children were left homeless, without school, without a future. Another great concern about the current process is the possibility of the waste materials from clashes left behind in the neighbourhoods and towns where intense conflicts took place.

Numbers of violations of human rights caused directly or indirectly by security forces, some of which we referred to above, during the curfews have not been enlightened by the Turkish authorities, as stated in the report dated 18.11.2015 of the Council of Europe Human Rights Commissioner Nils Muižnieks. Even no investigations into the alleged violation allegations were launched. On the other hand, the lack of temporary measures over the curfews by the Turkish Constitutional Court once again showed the ineffectiveness of domestic remedies. For this reason, a large number of applications were made to the European Court of Human Rights (ECtHR). However, most of the temporary measures taken by the Court have not been applied. Among the ECtHR injunction decision in cases of Serhat Altun, Hüseyin Paksoy, Cihan Karaman, Helin Öncü and Orhan Tunç, who were injured in the attacks during the curfews, only the verdict over Öncü was implied and she was hospitalized. Decisions on other people were not applied and they lost their lives because they were not taken to the hospital in due time.

In regions where intense conflicts are occurring, we can say that the civilians are not excluded from conflict zones and that even the entire local population is declared potential criminal. More than twenty mayors in the province were also arrested and/or removed from office. The approach of declaring guilty, hostile or "terrorist" was not limited to those living in these regions alone. Along with the serious/heavy human rights violations, many journalists, human rights defenders, and academics who wanted to make peace calls were declared "terror supporters" and investigations have been launched about them.

Eventually, what has been lived through since July 2015, when the non-conflict period ended, resulted in heavy and serious human rights violations, severe oppression on everyone, with the human rights advocates being in the first place, and the climb of discrimination and hatred in the society with the increasing number of death among the civilians, guerrillas and security forces. In such a time of increasing discrimination, oppression and hatred, the methods of torture and other forms of ill-treatment also increased and became heavier inevitably.

3. Bomb Attacks

Along with the resume of clashes and its outcome, bomb attacks also fuelled fear, hatred, and dissolution in society in 2015. The bombed attacks that occurred throughout the year and continued in the following year led to irreparable consequences for the entire community, as well as those who lost their lives, the injured ones and their relatives. On the other hand, the bombed attacks also strengthened the environment of oppression which we expressed above, and made it embraced under the pretext of “public safety.”

The first bomb attack last year was held against an HDP election rally on June 5, 2015. Some four people lost their lives in the attack as 100 others were injured. The second was a suicide bomb in the Suruç district of the province of Şanlıurfa and took place during a press statement on July 20 over the reconstruction work of Kobani after the Islamic State of Iraq and the Levant (ISIL) besiege in the Syrian town ended. During the attack, a total of 33 people lost their lives and 104 people were injured. The attack was claimed by ISIL. After the bomb attack, a quick and effective investigation was not conducted and a gag order was declared. In the following days, police heavily intervened in protests in several provinces. The third bombing attack took place on October 10, 2015 at the Ankara Central Railway Station, which is the meeting point of the DİSK (Confederation of Progressive Trade Unions), KESK (Confederation of Public Employees Trade Unions), TMMOB (Union of Chambers of Turkish Engineers and Architects) and TTB (Turkish Medical Association)’s Labour Peace and Democracy Meeting to protest the resuming conflicts and call for peace. As a result of two suicide bombers exploding themselves some 50-60 meters apart, 100 people lost their lives and hundreds were injured. Authorities said that the bombers were linked to ISIL.

These three bomb attacks in 2015 unfortunately were followed by several others in 2016. These successive attacks have created a massive social scar on behalf of those who lost their lives or were wounded dragging the society into a chaotic environment. The open security threat against the society led to the implementation of “security” policies even harder in the first hand. Second, the environment of fear, disturbance and chaos caused the increasing tendencies of discrimination, polarization and hatred in the society.

4. Refugees and Asylum Seekers

As is known, the world has experienced the most severe refugee crisis since the World War II in recent years. Approximately 20 million people live outside their countries as refugees. Most of these refugees live in a very few number of countries and Turkey is among them with a refugee and asylum seeker population of more than 3.1 million¹⁶. A large portion of this consists of Syrian refugees who have fled

¹⁶ http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf

their country since 2012, when the armed conflicts began in Syria. Still, a large number of refugees from other countries, the majority of them being Iraqi and Afghan refugees but also including Iranians, Somalis and Palestinians also reside in Turkey. According to the May 19th report of the United Nations High Commissioner for Refugees, there are 2,744,915 refugees from Syria in Turkey. About 10 percent of this figure lives in 25 camps located near Turkey's border with Syria as 90 percent lives with limited access to basic services outside the camps. While a large part of the Syrian refugees live in some cities near the Syrian border in South-eastern Anatolia Region, a noteworthy portion of them are living in big cities like Istanbul, Ankara and İzmir.

In the second half of 2015, the number of immigrants and refugees arriving from the unregulated routes to the Greek islands continued to increase, triggering a search for ways to preventing their entry to Europe or convincing them not to take the road to Europe. The ill-treatment refugees have faces while trying to make it to rich European countries and the tragic events in the Mediterranean Sea that cost lives of thousands of refugees, such as the awful fate of little Aylan Kurdi, also forced the European to find a rapid solution. In 2015, a series of negotiations with Turkey took place in this regard.

A series of joint decisions were made at the summit held on November 29 as a result of the talks with Turkey on these issues. Among these decisions were important topics such as accelerating the readmission processes, allocating 6 billion euro fund to Turkey, recognizing visa liberation for Turkish citizens and accelerating Turkey's EU accession negotiations.

The readmission to be imposed on the basis of decisions taken by the authorities creates deep concerns about the violation of the principle of non-repatriation, which implies a violation of the prohibition of torture. Even if the European countries send refugees back to Turkey depending on the classification that Turkey is a safe country, it is very difficult to say that Turkey is a safe country for refugees. Firstly, asylum seekers in Turkey cannot access a fair and effective status assessment procedure. The asylum system that is still being established does not have the capacity to assess individual applications made by thousands of asylum seekers. Asylum seekers and refugees in Turkey do not have the opportunity to access the mechanisms called "permanent solutions" on a timely basis. Asylum seekers and refugees living in Turkey cannot access the permanent solutions because Turkey refuses to grant refugee status to asylum seekers from non-European countries. In addition, Syrian refugees are allowed to live in Turkey under the provisional protection system. This means that they cannot have the full protection provided by the Refugee Convention. Third, asylum seekers and refugees living in Turkey cannot reach the necessary sources of livelihood, and therefore they cannot reach adequate human living standards.

Conclusion

In the light of the information above, it would not be wrong to say that 2015 was a year that the human rights and freedoms are seriously violated, what is more, these conceptions were placed as just the opposite of “security” and accordingly disregarded, social peace was shake from its roots, the discriminative and hateful language reigned and all oppositional groups were oppressed in the name of “state welfare and security.” The resume to conflicts, bombed attacks, the approach that turns the issue of the increasing number of refugees into a matter of bargaining and social problems introduced with this, the recent developments in the Middle East and their influence on the southeast and all the country have fed the environment of social fear and chaos, and oppressive security policies against everything and everyone have been legitimized as an output. The increasing practices of discrimination, repression, hate language and praise of public security have helped an understanding of the authoritarian state become rooted.

In such an environment, violations of human rights and freedoms, including torture and other forms of ill-treatment, are unfortunately becoming not surprising but increasingly inured. We can say that the practices of torture and ill-treatment are basically based on discrimination, hatred, oppression and chaos. For this reason, we are concerned that the ongoing torture and other forms of ill-treatment in 2015 will continue to increase in the following years. Considering this situation, the treatment of people who were tortured, making the torture issue an accountable one, taking measures to prevent torture as first steps along with prioritizing rights and freedoms without any compromises under any conditions and rebuilding the social peace are of utmost importance. We as Human Rights Foundation of Turkey would like to emphasize once again that we will continue to struggle to sustain this situation as we have done since our foundation.

HRFT TREATMENT AND REHABILITATION CENTRES 2015 EVALUATION RESULTS

METHODOLOGY

HRFT's Treatment and Rehabilitation Centres in Ankara, Diyarbakır, İstanbul, İzmir, and Adana (until August 1, 2015) received a total of 597 applications over the course of 2015. 38 of these applicants were relatives of torture survivors. The present report is based on the evaluation of information relevant to 559 torture survivors, out of the 597 individuals who applied to HRFT's five treatment and rehabilitation Centres during the year stating that they have been subjected to torture or other forms of ill-treatment. The data that the report draws on is obtained from interviews, medical examinations, and other diagnostic investigations conducted with the applicants by the physicians and social workers working at the HRFT Centres, and by consultant physicians.

The collected information was first assembled in the application files and the forms specifically created for data collection, and then transferred to the data software, designed in compliance with the application forms. As such, the information gathered is transformed into statistical data, and frequency distributions according to different parameters, and relevant tables and figures are obtained.

The work of the Treatment and Rehabilitation Centres has been evaluated in two sections. The first section includes interpretation and evaluation of the data for all torture survivor applicants in 2015. In order to picture and interpret in more detail the profile of torture and other forms of ill-treatment incidents in Turkey in 2015, the second section only contains information from 2015 applicants to the HRFT Treatment Centres, who stated that they were subjected to torture and ill-treatment within the year 2015.

In these two sections, the first subsection examines the social and demographic characteristics of the applicants, the following one discusses the results obtained from the narratives of the torture and ill-treatment, while the third one evaluates the medical processes of the applicants. Finally, the last subsection presents an evaluation of the health status of applicants, their illnesses and causes and the results of the treatment and rehabilitation activities.

DISTRIBUTION OF APPLICANTS

Before presenting social and demographic characteristics of the applicants, we provide the information on the distribution of the applicants according to the HRFT Centres that received the applications and the months in which the applications were made; the number and distribution of applicants stating that they had been subjected to torture and ill-treatment in detention in 2015; and on the channels of contact which led the applicants to HRFT.

In this report, 559 people who applied to the HRFT's Treatment and Rehabilitation Centres stating that they had been subjected to torture and ill-treatment, are considered for evaluation. 38 people who applied with the request of treatment as the relatives of torture survivors, are excluded in the following assessment.

The distribution of the applicants in 2015 according to the HRFT Centres is presented in Table 1.

Table 1: Distribution of applicants in 2015 according to the HRFT Treatment and Rehabilitation Centres

HRFT Centre	Number of Torture	Number of Relatives	Total Number of Applicants
Adana*	14	0	14
Ankara	45	21	66
Diyarbakır	130	0	130
İstanbul	311	13	324
İzmir	59	4	63
Total	559	38	597

**Until August 1 2015.*

Among 559 applicants, 371 (66.4%) stated to have been subjected to torture and ill-treatment in detention (TID) within the year 2015. These figures were;

- 260 of 756 applicants (34%) in 2014,
- 500 of 844 applicants (59%) in 2013,
- 236 of 506 applicants (47%) in 2012,
- 224 of 484 applicants (46%) in 2011,
- and 160 of 343 applicants (47%) in 2010.

Due to the Gezi Park protests in 2013, a significant rise is visible in the share of applicants subjected to torture practices in the same year, within the overall applications received. We have previously suggested that the decline in this figure in 2014 could be explained by the increase in the number of applicants, who have been previously arrested because of their political activities, particularly within the scope of the KCK (Kurdish Communities Union/Koma Civakên Kurdistan) operations, and who applied to HRFT after being released from prison with the alteration in periods of arrest in 2014. It is a striking finding that the rise in this ratio in 2015 has remarkably surpassed 2013, the year of Gezi protests. A major cause of this is the increase in the number of our applicants who faced police violence during the mass protests they have attended in 2015.

The distribution of the overall applicants according to the HRFT centres (excluding Adana who received applications until 1 August 2015), shows an increase in the number of applications to the Istanbul and Ankara Centres; and a drop for the Diyarbakır and İzmir centres, compared to the previous year. In 2014, the number of applications received by Istanbul, Ankara, Diyarbakır and İzmir centres was respectively, 281, 30, 314 and 91.

The large number of releases in KCK trials in 2014, due to a new legal regulation in 2014 limiting reasonable period of detention to five years, was the main cause of the increase in the number of applications to the Diyarbakır centre on this year. Of the 314 individuals in 2014, who applied to the Diyarbakır centre stating that they have been subjected to torture, 230 (73%) applied after being released from prison. With a decrease compared to the previous year, in 2015, of the total 130 applicants to the Diyarbakır centre, 94 (72%) applied after their release from prison.

At the Ankara, Istanbul, and İzmir centres, a notable increase is visible in the number of applicants subjected to torture within the year 2015. As a reflection of intense police interventions in the public demonstrations, the share that the applicants subjected to torture practices in the same year hold within the overall tortured applicants, has reached to 80%, in these three centres.

The distribution of applicants in 2015 according to the HRFT Centres is presented in Table 2.

Table 2: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015

HRFT Centre	Total Number of Applicants	Number of 2015 TID* Applicants	Proportion of 2015 TID Applicants to All Applicants (%)
Adana**	14	3	21
Ankara	45	35	78
Diyarbakır	130	31	24
İstanbul	311	254	82
İzmir	59	48	81
Total	559	371	66

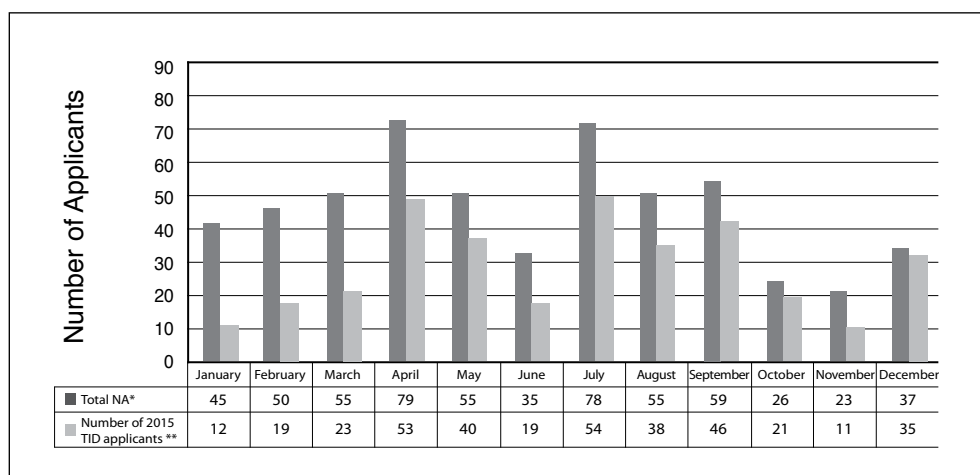
**2015 TID applicants: Applicants who applied to HRFT Treatment and Rehabilitation Centres in 2015 and who have been subjected to torture and other forms of ill-treatment in detention within the year 2015.*

***Until 1 August 2015*

The monthly distribution of the applications to our centres in 2015 is given in Chart 1. In April and June, respectively, 78 (14% of the all applicants in 2015) and 65 (12%) applications are received by HRFT centres. In 2014 and 2013, May and June were the months with the largest number of applications received. It is noteworthy

that April 2015, which also witnessed the taking effect of the “Law on Amending the Police Duties and Powers Law, including some certain Laws and Decree Laws, which is also known as the Homeland (Domestic) Security Package” mentioned above, was the month with the highest number of applications. 68 % of the April 2015 applicants (53 out of 78) stated they were tortured in detention within 2015. As discussed in detail in the evaluation at the beginning of this report, this law causes a lot of concerns with regards to the prohibition of torture and other forms of ill-treatment.

Chart 1: The monthly distribution of all applications to HRFT in 2015



**NA: Number of Applicants, **2015 TID applicants: Applicants who applied to HRFT Treatment and Rehabilitation Centres in 2015 and who have been subjected to torture and other forms of ill-treatment in detention within the year 2015.*

Distribution of applicants according to channels through which they have been informed about HRFT shows that NGOs and/or political parties, and other HRFT applicants held the first two ranks in 2015, excluding those who knew about HRFT directly beforehand.

The share of applicants who contacted HRFT with the guidance of their lawyers displayed a significant increase compared to 2014 -particularly among the applicants subjected to torture in detention within 2015, with a share of 19%-. As such, this category in 2015 was almost twice as large as the category of 2015 TID applicants referred by Human Rights Association (10%), which usually took its place in the highest ranks as a source of reference each year.

Distribution of all applicants, and of applicants who stated to have been subjected to torture and ill-treatment in detention within 2015 according to the channels through which they have been informed about HRFT, is presented separately in Table 3.

Table 3: Distribution according to the information channels of all 2015 applicants to HRFT Treatment and Rehabilitation Centres, and of 2015 applicants who stated to have been subjected to torture and ill-treatment in detention within 2015

Information Channel	All Applicants	As % of All Applicants	2015 TID* Applicants	As % of All 2015 TID Applicants
Recommendations of other HRFT applicants	154	26	65	18
Directly	128	21	103	28
NGOs or political parties	125	21	56	15
Lawyers	80	13	72	19
Human Rights Association	44	7	36	10
Recommendations of the HRFT staff	26	4	13	4
Recommendations of HRFT volunteers	18	3	7	2
Others	13	2	11	3
Previous applicants	6	1	6	2
Media	3	1	2	1
Total	597	100	371	100

**2015 TID applicants: Applicants who applied to HRFT Treatment and Rehabilitation Centres in 2015 and who have been subjected to torture and other forms of ill-treatment in detention within the year 2015.*

The remaining part of this evaluation regarding work of the HRFT Treatment and Rehabilitation Centres in 2015 will be conducted, as in previous years, in two main sections. The first section considers all 559 torture survivor applicants, who applied to HRFT in 2015; while the second section discusses 371 applicants who applied to HRFT Treatment and Rehabilitation Centres in 2015, stating that they had been tortured or ill-treated in detention within the year 2015. Therefore, specific evaluation of the 2015 will be made in the second section of the report.

I- EVALUATION RESULTS FOR ALL APPLICANTS

A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1- Age and Sex

The age of the torture survivor applicants who applied to HRFT centres in 2015 ranged from 2 to 85. The range was between 12 and 71 in 2014, and 2 and 76 in 2013.

The average age of the applicants was 31.1 (34.5 in 2014) representing a 3.4 years decrease from the previous year.

Parallel to the decline in the average age, the share of applicants 18-years old and younger among all torture survivor applicants increased up to 8% (44 applicants in total), which is contrary to the declining trend of the earlier years. Compared to 2014, an increase by 6 points is visible in this share.

The corresponding share in the earlier years was;

- 2 % in 2014 (18 applicants),
- 5 % in 2013 (43 applicants),
- 10 % in 2012 (50 applicants),
- 15 % in 2011 (73 applicants),
- and 15 % in 2010 (50 applicants).

Out of 44 applicants in this age group (0-18 years), 14 applied to our centre in Istanbul, 12 in Diyarbakır, 11 in Ankara, 6 in İzmir and 1 in Adana.

This table shows the age of the applicants in the year of their application, thus not indicative of their age at the time of torture. Having said that, 42 out of 44 applicants within children age range have stated that they had been subjected to torture and ill-treatment within 2015. In 2014, 14 out of 18 applicants within this age range had stated to have been tortured or ill-treated within the concerned year.

As in all other years, the age group 19-25 was the largest one. In 2011-2013, this age group made up about one fourth of all applicants, however, the share reached one half in some other years. In 2015, 35 % of all applicants (193 applicants) were between 19-25 year old, while it was 22 % (166 applicants) in the previous year.

In 2015, 43 % of all applications were younger than 25 years of age. This was 22 % in 2014, 29 % in 2013, 38 % in 2011-12 and 43 % in 2010.

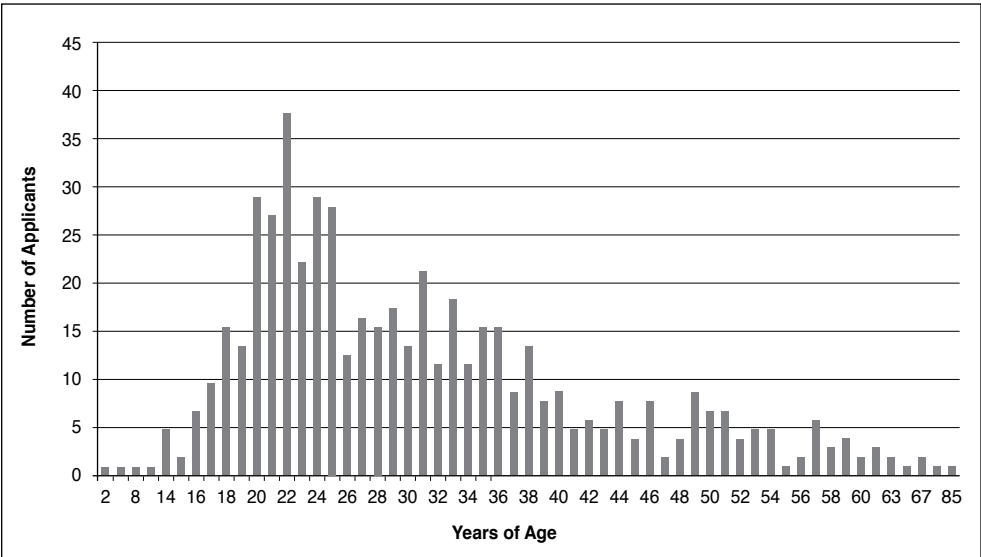
Overall, the age most frequently observed was 22 with 39 applicants. In 2014, it was 31 with 31 applicants. The age group 21-31 constituted 45 % of the total with 249 applicants. This group constituted 38 % of all applicants in 2014, with 286 applicants.

The distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015 by age groups is presented in Table 4, and the distribution by age in Chart 2.

Table 4: The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015 according age groups

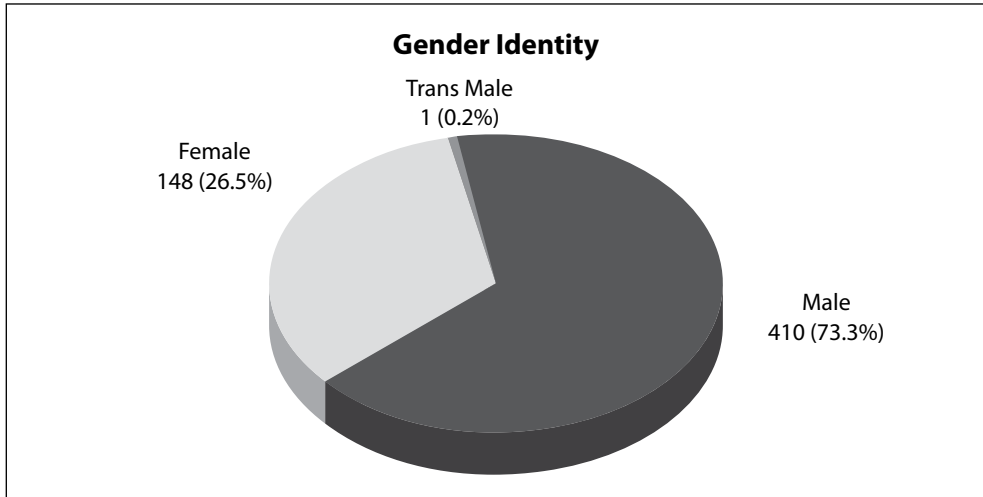
Age Group	Number of Applicants	As % of All
0-18	44	8
19-25	193	35
26-30	78	14
31-35	81	14
36-40	56	10
41-45	28	5
46 and	79	14
Total	559	100

Chart 2: The distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to years of age



The gender distribution of the applicants in 2015 seems to be in line with 2014 and the earlier years. 410 of the applicants were males (73.3%), 148 (26.5%) were females and one was a transgender individual. In 2014, these figures were 552 males (73%) and 204 (27%) females. (Chart 3) That is, the gender ratio 1:3 (male: female) remained constant compared to the previous years.

Chart 3: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to their gender identity



2- Place of Birth

It is observed that 230 applicants (41 %) in 2015 were born in the South East region. Marmara region ranks second with 88 applicants (16%) and the Eastern Anatolian ranks third with 66 applicants (12 %). Marmara region had also ranked second in 2013, the year of Gezi protests. 50 % of the 230 applicants born in the South East region, applied to Diyarbakır Centre and 33 % (75 applicants) applied to the Istanbul centre. The applicants stating to have been tortured in detention within 2015 will separately be considered in the Section 2.

In 2015, the applicants who were born in the South East and Eastern Anatolian regions were 53 % of the total, which is slightly smaller than that in 2014. Even though the applicants were not asked about their ethnic background, we deem it important to report these figures, as they indicate the large number of torture cases in connection with the state of Kurdish question, which the curfews made it more difficult to resolve. The related figures of the earlier years were;

- 459 applicants (61 %) in 2014
- 363 applicants (43 %) in 2013
- 272 applicants (54 %) in 2012
- 231 applicants (48 %) in 2011
- 195 applicants (57 %) in 2010

The number of non-Turkey-born applicants was 17, as was the case in 2014.

The share of non-Turkey-born applicant in the earlier years was;

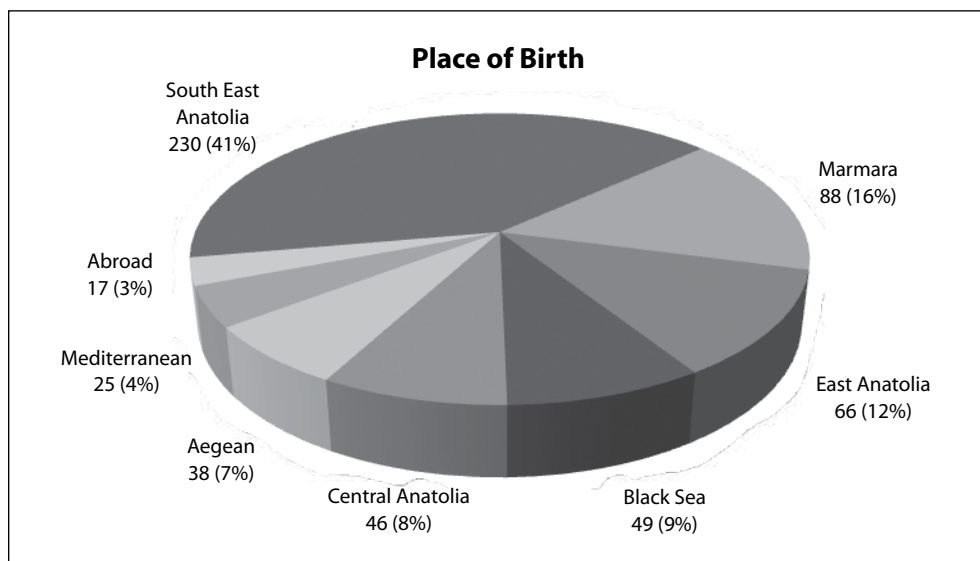
- 5% in 2014
- 7 % in 2013
- 11 % in 2012
- 8 % in 2011
- 6 % in 2010.

The distribution of the applicants by birth place is presented in Chart 4.

Istanbul seems to rank first in the distribution by birth place in 2015 with its share of 13% (70 applicants). Diyarbakır, which was the first in rank in 2014, follows Istanbul with 11% (63 people). They are followed by Şırnak (40 applicants, 7%), İzmir (32 applicants, 6%) and Ankara (30 applicants, 5%). Other cities with at least 10 applicants are Mardin (28 applicants, 5%), Tokat and Bitlis (16 applicants, 3% each), Siirt and Van (13 applicants, 2% each), Tunceli, Hatay and Malatya (11 applicants, 2% each) and Gaziantep and Kars (10 applicants, 2% each).

Out of 17 non-Turkey-born applicants in 2015, 13 were refugees or asylum seekers and 12 of them reported that they were tortured in their own countries. 7 applicants out of this figure were from Iran –as in the previous 2 years-, 5 from Syria and one from Iraq.

Chart 4: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to their place of birth



3. Educational Background and Employment Status

An inspection into the distribution of applicants in 2015, according to their education level shows that high school graduates were the largest group with 212 applicants and a share of 38% within the total. 50% of this category was consisted of applicants from 20-25 age group. In 2014, the share of high school graduates was 36 % with 272 applicants.

Secondary school graduates rank second with 23 % (131 applicants), and university/ vocational school of higher education graduates rank third with 15 % (85 applicants).

26 % of the applicants were students and this represents a rise over the last year's figure, which was 17 %.

The distribution of applicants according to their education level is shown in Table 5.

Table 5: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to their education level

Education Level	Number of	%
High School graduate	212	38
Secondary school graduate	131	23
University/Vocational school of higher education graduate	85	15
Primary school graduate	63	11
University or Vocation school drop out	31	6
Only literate	18	3
Illiterate	14	3
Masters/doctorate graduate	5	1
Total	559	100

As for the occupational status of the applicants, one quarter of the applicants (142 applicants) reported to be unemployed. This points to a fall in the rate of unemployment in 2015, by 29 points compared to 2014. One reason for this is that almost half (49%) of 756 applicants in 2014 had just been released from prison, which accounts for the high number of unemployed applicants for this year. The number of unemployed applicants in the earlier years is as follows:

- 409 applicants (54 %) in 2014
- 296 applicants (35 %) in 2013
- 229 applicants (45 %) in 2012
- 201 applicants (42 %) in 2011
- 164 applicants (48 %) in 2010

The occupational distribution of the applicants is presented in Table 6.

Table 6: Distribution of applicants to HRFT Treatment and Rehabilitation Centres in 2015, according to their employment status/profession

Profession or Employment	Number of Applicants	%
Unemployed	142	25
University/vocational school student	112	20
Primary/Secondary school students	35	6
Tradesman, tourism operator etc. (self-employed)	30	5
Other private sector workers	28	5
Journalist or employed in media sector	22	4
Other office workers in public sector	14	3
Health workers	11	2
Employed in an NGO	11	2
Politicians	10	2
Artist	9	2
Farmer, fisher etc.	8	1
Lawyer	7	1
Teachers	7	1
Domestic employer	5	1
Others	108	19
Total	559	100

B. PROCESS OF TORTURE

Of the 559 applicants who applied to HRFT in 2015, stating that they have been subjected to torture and other forms of ill-treatment, 403 (72%) were subjected to such practices within 2015.

The distribution of the applicants according to the years of most recent torture is given in Table 7.

Table 7: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the year of most recent torture

Year of Most Recent Torture or ill-Treatment	Number of Applicants
2003 and before	24
2004	2
2005	2

Table 7: Cont.

2006	4
2007	6
2008	5
2009	15
2010	10
2011	28
2012	15
2013	21
2014	23
2015	403
Data missing	1
Total	559

1. Process of Detention and Torture in Detention

525 (93.9%) of all 2015 applicants stated that they have been subjected to torture for political reasons. The corresponding figures of the earlier years were as follows:

- 96,6% in 2014
- 95,4% in 2013
- 86,6% in 2012
- 88,4% in 2011
- 83,4% in 2010

16 applicants (2,9 %) reported that they were subjected to torture for non-political reasons, and this rate was;

- 3% in 2014
- 4% in 2013
- 11% in 2012
- 11 % in 2011
- 14% in 2010.

11 people (2%) were tortured for their sexual identity or orientation, two due to their asylum seeker/refugee status¹⁷, two for ethnic reasons and finally one person for religious reasons.

¹⁷ Only those tortured for being a refugee or an asylum seeker are considered in this figure, which does not take into account those tortured for their political activities/identity in their own country.

As mentioned in the detailed evaluation presented at the beginning, even though refugees and asylum seekers were promised access to certain services in the scope of Temporary Protection Regulation, these groups are in fact, deprived of required support in the vital areas such as sheltering, health and education, and of their basic rights, right to work being in the first place. According to official figures, during their attempts to illegally access to Greece via sea routes from Turkey, which is usually considered a transit country, around 5,000 refugees lost their lives drowning in the Aegean and Mediterranean waters. Therefore, the issue of access to refugees and asylum seekers who have been subjected to torture, and their inclusion in the treatment and rehabilitation programs, stands in front of us, as part of this great tragedy of humanity.

In the evaluation of the torture experience, the unrecorded (unofficial) detentions are categorized as lasting less than 1 day/24 hours.

There was a decline in the incidences of less-than-one-day detentions in 2014 compared to the previous year (from 62.8% in 2013 to 39.4% in 2014). We had explained this by the fact that the number of applicants exposed to police violence during the mass protests was lower in 2014 than it was in 2013, the year of Gezi protests. However, a remarkable increase of 20 points occurred in this rate between 2014 and 2015. 134 (44%) of 306 applicants who were kept in detention for less than 24 hours were taken to police directorates, and 151 (49.3%) were tortured on the street, at an outdoor space or at the venue of public demonstration. Table 8 looks at the distribution of the applicants according to the duration of their most recent torture in 2013, 2014, and 2015.

Table 8: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the duration of their most recent detention

Duration of Most Recent Detention	Number of Applicants in 2015	Number of Applicants in 2014	Number of Applicants in 2013	2015 %	2014 %	2013 %
Less than 24 hours	306	298	530	59.7	39.4	62.8
24-48 hours	93	82	60	16.6	10.8	7.1
49-72 hours	51	116	46	9.1	15.3	5.5
73-96 hours	71	202	131	12.7	26.7	15.5
5-7 days	5	31	18	0.9	4.1	2.1
8-15 days	15	6	17	2.7	0.8	2.0
16-30 days	9	10	22	1.6	1.3	2.6
More than a month	4	11	20	0.7	1.5	2.4
Data missing	5	-	-	0.9	-	-
Total	559	756	844	100.0	100.0	100.0

As for the places where the applicants were taken into detention, 2015 is similar to earlier two years: a dominant majority of applicants (69.6% with 389 applicants) were detained on the street or at other outdoor spaces. This figure was 65.3% in 2014 with 363 applicants, and 67.4% in 2013 with 569 applicants. There is a notable decrease in the share of the cases of detention at home, while the share of the cases of detention at an organization more than doubled. In 2014, 63% of the applicants who, during their most recent detention, were taken into detention at home, were applicants to HRFT Diyarbakır Centre, and 156 applicants of them were arrested following their detention.

Distribution of the applicants according to the places of most recent detention is shown in Table 9.

Table 9: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the places, where the applicants were taken into detention in most recent detention

Place Where the Applicant was Taken into Detention	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
Street/Outdoors	389	363	69.6	65.3
Home	75	272	13.4	48.9
Organization (NGO Office, press Office etc.)	38	18	6.8	3.2
Public office	23	47	4.1	8.5
Other	18	35	3.2	6.3
Workplace	9	20	1.6	3.6
Not known	2	1	0.4	0.2
Data missing	5	-	0.9	
Total	559	756	100.0	100.0

Table 10 shows the distribution of 2015 applicants according to the time of the day when the detention took place. There seems an increase of 18.7 points in the cases of daytime detention in 2015 compared to 2014. The share of daytime detentions, 63.4% in 2015 is even larger than that of 2013 (61.4% with 518 applicants). On the other hand, the share of applicants who were detained before the mid-night did not change much compared to 2014.

Table 10: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the hour of their most recent detention

Time of Most Recent Detention	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
08.00 – 18.00	353	336	63.1	44.4
18.00 – 24.00	113	157	20.2	20.8
24.00 – 08.00	84	258	15	34.1
Not known	4	5	0.7	0.7
Data missing	5	-	0.9	0.7
Total	559	756	100.0	100.0

In the earlier years' annual reports, the place of most intense torture and/or ill-treatment practice during detention process, was recorded as "the place of torture in most recent detention", for the applicants stating that they were subjected to torture and/or ill-treatment at one or several stages of detention –the moment of detention, transfer to the detention centre by a vehicle, detention process-. With the modification in the application registration system that took place in 2015, it is now possible to identify more than one place of torture for each applicant. Therefore, the total number of reported places of torture location is larger than the total number of applications, as can be seen in Table 11.

Table 11: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centre in 2015, according to the place of torture in most recent detention

Place of Torture in Most Recent Detention	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
Security directorates	290	418	51.9	55.3
Outdoors	250	176	44.7	23.3
Car	206	9	36.9	1.2
Venue of public demonstration	76	-	13.6	
Police station	41	51	7.3	6.7
Home/workplace	39	7	7.0	0.9
Unidentified closed places	7		1.3	
Gendarmerie headquarters	4	8	0.7	1.1
Prison	4		0.7	
Gendarmerie station	1	15	0.2	2.0
Unknown/not remembered	3	9	0.5	1.2

Table 11: Cont.

Other	34	32	6.1	4.2
Empty*	35	31	6.3	4.1
Total	990**	756	-	100.0

**People who were not subjected to torture during their most recent detention but applied to HRFT on the basis of torture experienced in former detention periods or prison.*

***With the modification in the application registration system that took place in 2015, it is now possible to identify more than one place of torture for each applicant. Therefore, the total number of reported places of torture location is larger than the total number of applications.*

The regional distribution of applicants according to the places of most recent torture shows (Table 12) that like in the three preceding years, Marmara region ranked first. 97% (255 applicants) of the 263 applicants who reported Marmara region as the region of torture in most recent detention, applied to the Istanbul centre. The South East region ranked second with 22.7% and 127 applicants. 69.3% of this category applied to the Diyarbakır centre.

In the provinces where our centres are located, the high share of applicants who were subjected to torture in the same province was also the case in the earlier years. Taking into consideration that we have 4 centres and 1 reference centre throughout the country, following the closure of our Adana centre on August 1 2015, this implies that only a small proportion of the torture survivors can be accessed.

Table 12: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the region where torture in most recent detention took place

Region of Torture in Most Recent Detention	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
Marmara	263	272	47.0	36.0
South-Eastern Anatolia	127	253	22.7	33.5
Aegean	54	87	9.7	11.5
Central Anatolia	34	27	6.1	3.6
Mediterranean	20	38	3.6	5.0
Black Sea	7	3	1.3	0.4
Eastern Anatolia	7	15	1.3	2.0
Abroad	9	30	1.6	4.0
Empty*	35	31	6.3	4.1
Data missing	3	-	0.5	-
Total	559	756	100.0	100.0

**People who were not subjected to torture during their most recent detention but applied on the basis of torture experienced in former periods of detention or imprisonment.*

Like in the previous years, Istanbul was the first in the ranking of the provinces where the applicants were tortured during their most recent detention with 262 applicants and a share of 46.9% within the all reported places of torture. In 2014, Istanbul's share was 35.3%, which implies a 11.6 points increase in 2015. İzmir follows Istanbul with 8.9 % and 50 applicants, and Diyarbakır comes after with 7.2% and 50 applicants. In 2014, Diyarbakır was the second with 20.2% and 153 applicants, which was followed by İzmir with 10.3% and 78 applicants.

Table 13: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the province where torture in most recent detention took place*

The Province of Torture in Most Recent Detention	Number of Applicants	%
Istanbul	262	46.9
İzmir	50	8.9
Diyarbakır	40	7.2
Şanlıurfa	39	7.0
Ankara	32	5.7
Şırnak	30	5.4
Mersin	12	2.1
Giresun	6	1.1
Mardin	5	0.9
Antalya	4	0.7
Adana	4	0.7
Gaziantep	3	0.5
Siirt	3	0.5
Manisa	3	0.5
Tunceli	3	0.5
Other provinces	16	2.9
Abroad	9	1.6
**Empty	35	6.3
Data missing	3	0.5
Total	559	100.0

* Provinces in which at least three applicants were tortured

**People who were not subjected to torture during their most recent detention but applied on the basis of torture experienced in former periods of detention or imprisonment

The distribution of applications according to places of torture in most recent detention is shown in Table 14.

Table 14: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the centre of torture in most recent detention*

Centres Where the Most Recent Torture Took Place	Number of Applicants	%
Istanbul Security Directorate	133	23.8
Diyarbakır Security Directorate ATB**	16	2.9
Şanlıurfa Security Directorate ATB	10	1.8
Diyarbakır Security Directorate	10	1.8
Mersin Security Directorate	9	1.6
Ankara Security Directorate	9	1.6
Cizre Security Directorate	8	1.4
Ankara Security Directorate ATB	8	1.4
Karaköy Police Station	7	1.3
İzmir Bozyaka ATB	6	1.1
Istanbul Çağlayan Court House Security Unit	5	0.9
Istanbul Security Directorate ATB	4	0.7
Uludere District Security Directorate	4	0.7
Kadıköy İskele Police Centre	4	0.7
Adana Security Directorate	3	0.5
Gayrettepe Security Directorate	3	0.5
Giresun Security Directorate	3	0.5
Mersin Security Directorate ATB	3	0.5
Istanbul Security Directorate Security Branch	3	0.5
Other Security Directorate and ATB	58	10.4
Other Police Station	25	4.5
Other Gendarmerie Station/Headquarters	6	1.1
Abroad	8	1.4
Empty***	210	37.6
Unknown/not remembered	4	0.7
Total	559	100.0

*Centres in which at least three applicants were tortured

**Anti-terror branch

***Applicants tortured at outdoors, at home or workplace, in a vehicle or some other place in their most recent detention, and applicants who were not subjected to torture during their most recent detention but applied to HRFT on the basis of torture experienced in former periods of detention or imprisonment.

The evaluation of the torture methods inflicted upon the applicants during their most recent detention is based on 522 applicants and presented in Table 15. The figure of 552 obtained by excluding from the number of all torture survivor applicants (559), the number of those who have not been subjected to torture during their most recent detention (35), as well as 2 other applicants whose information is missing. An up-to-date evaluation will be conducted regarding the group of applicants who have been subjected to torture in detention within 2015.

Table 15: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the methods of torture in most recent detention

Method of Torture	Number of Applicants	%
Insulting	438	83.9
Humiliating	407	78.0
Beating	371	71.1
Other threats against the applicant	209	40.0
Other positional torture methods	174	33.3
Death threat	163	31.2
Exposure to tear inducing chemicals (tear gas, CN, CS, etc.)	118	22.6
Sexual harassment	114	21.8
Exposure to chemicals	113	21.6
Forced to witness (visually/aurally) torture of others	102	19.5
Restricting food and drink	101	19.3
Restricting urination and defecation	88	16.9
Forced to obey nonsensical orders	81	15.5
Verbal sexual harassment	81	15.5
Restriction of basic needs (depriving of sleep, medication, etc.)	80	15.3
Physical sexual harassment	72	13.8
Continuous hitting on one part of the body	67	12.8
Pulling out hair/moustache/beard	55	10.5
Treats against relatives/friends	52	10.0
Forced to wait in cold/warm environment	51	9.8
Restricted respiration	44	8.4
Stripping naked	36	6.9
Blindfolded	34	6.5
Dropping out of, hitting or dragging by a vehicle	34	6.5

Table 15: Cont.

Asked to act as an informer	30	5.7
Forced to listen to marches or high-volume music	27	5.2
Exposure to pressured/cold water	27	5.2
Torture in the presence of relatives/friends	21	4.0
Solitary confinement	19	3.6
Suspension on a hanger	18	3.4
Taking body sample by force	18	3.4
Electricity	17	3.3
Exposure to pressured water coloured with chemicals	17	3.3
Straight hanger or crucifying	14	2.7
Using firearms	13	2.5
Mocked execution	12	2.3
Falanga	12	2.3
Strappado	12	2.3
Squeezing the testicles	11	2.1
Threat of rape	8	1.5
Rectal search/naked search	6	1.1
Burning/raiding home	5	1.0
Burning	3	0.6
Forced to excessive physical activity	3	0.6
Rape	2	0.4
Don't remember	2	0.4
Forced medical intervention	1	0.2
Other	87	16.7
Total	3470	6.6*

**Average number of torture methods one person is subjected to*

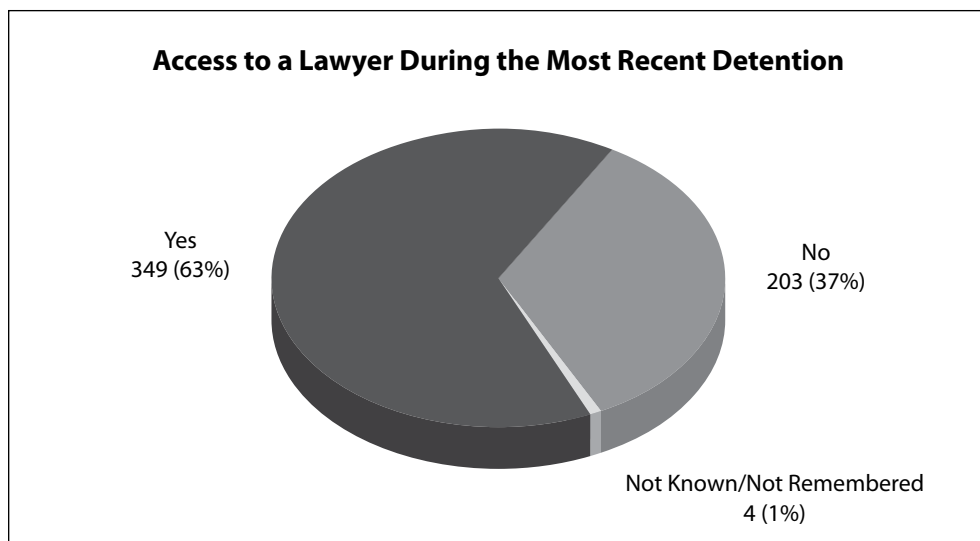
2- Legal Procedures During and After Detention

The discussion in this section considers 556 out of 559 applicants, who applied to HRFT in 2015, stating that they have been subjected to torture and/or other forms of ill-treatment. As information relevant to three of these applicants is missing, these are excluded from analysis. 349 applicants (62.7%) reported that they were able to see a lawyer during detention, which represents a small decline relative to the previous year.

This figure was;

- 494 applicants (65%) in 2014
- 288 applicants (34%) in 2013
- 261 applicants (52%) in 2012
- 265 applicants (55%) in 2011
- 166 applicants (48%) in 2010.

Chart 5: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015 according to access to a lawyer in most recent detention



The number of applicants who were released from their most recent detention without having been taken to the presence of the prosecution office was 268 (48%). This figure was;

- 220 applicants (29%) in 2014
- 475 applicants (56%) in 2013
- 177 applicants (35%) in 2012
- 128 applicants (26%) in 2011
- 111 applicants (32%) in 2010

In 2015, the practice of releasing the detainee without taking to the prosecutor's office, -most frequently observed in unregistered detentions in 2013, year of intense public demonstrations-, showed an increase of 19 points, compared to 2014. It should be highlighted that the rate in 2014 was close to the rates in the three years preceding 2013 (Table 16).

In 2015, 132 applicants (23.7%) were released by the court or the prosecutor. This figure was;

- 89 (12%) in 2014
- 98 (12%) in 2013
- 135 (27%) in 2012
- 134 (28%) in 2011
- 75 (22%) in 2010

155 applicants (27.8%) faced arrest warrant issued by a judge after their most recent detention in 2015. This number was;

- 445 (59%) in 2014
- 270 (32%) in 2013
- 194 (38%) in 2012
- 220 (46%) in 2011
- 153 (45%) in 2010

Out of the group of applicants, for whom an arrest warrant is issued in the first court hearing following their most recent detention, 92 (59%) applied to the Diyarbakır centre. This rate was 37% with 277 applicants in 2014.

Table 16: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to their legal situation after most recent detention

Situation After Most Recent Detention	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
Released without facing prosecutor	268	220	48.1	29.1
Released by prosecution office or court	132	89	23.7	11.8
Was arrested	155	445	27.8	58.9
Unknown/not remembered	1	2	0.4	0.3
Total	556*	756	100.0	100.0

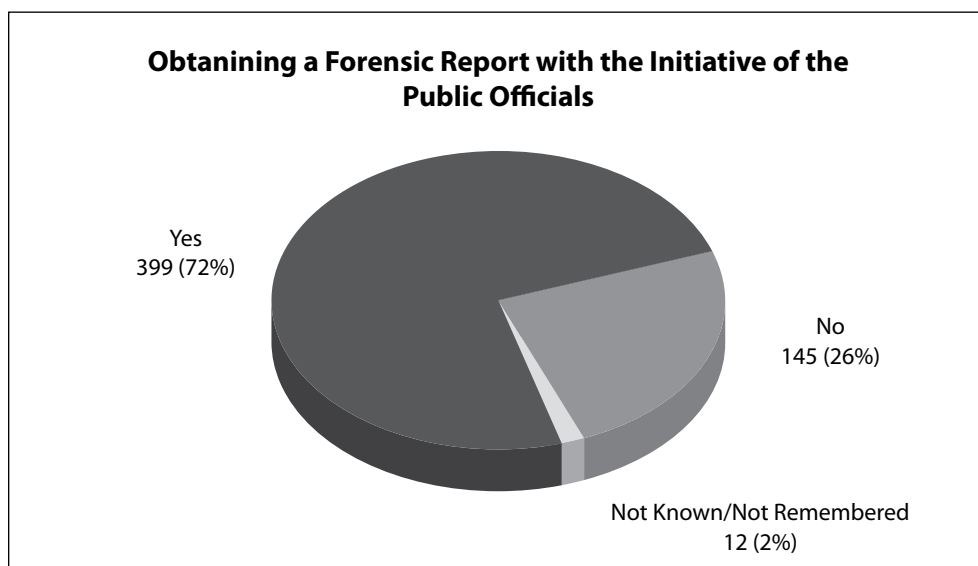
**3 applicants were excluded from evaluation because of missing data.*

In terms of the legal action, in 2015, the category of applicants who did not have information about if any lawsuits were filed against them after their most recent detention, ranked first with 186 applicants (%33.5). 142 of these were most recently detained in 2015, which will be further discussed in Section 2. The category of 162 applicants (29.1%), against whom no lawsuits were filed after their most recent detention, ranked second.

Table 17: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the trial process after most recent detention

Trial Process After Most Recent Detention	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
Whether a lawsuit has been filed against the applicant is unknown	186	90	33.5	11.9
Applicant was not tried	162	183	29.1	24.2
Trial in progress	107	323	19.2	42.7
Applicant was tried and convicted	85	124	15.3	16.4
Applicant was tried and acquitted	8	20	1.4	2.6
Applicant was tried, result is unknown	8	16	1.4	2.1
Total	556*	756	100.0	100.0

**3 applicants excluded from evaluation because of missing data.*

Chart 6: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to whether they underwent forensic examination and obtained a forensic report on the initiatives of public officials after the detention*

**3 applicants were excluded from evaluation because of missing data.*

The number of applicants who in their most recent detention, went through a health control after being taken into detention and at the end of detention, with the initiatives of public officials, as required by the relevant legal regulations, and who obtained a forensic report was 399 (72%) in 2015. This number was;

- 561 (74%) in 2014
- 367 (44%) in 2013
- 313 (62%) in 2012
- 353 (73%) in 2011
- 233 (68%) in 2010.

Out of 399 applicants for whom forensic reports are drafted after their most recent detention, 355 (89%) were taken to hospital by public officials. This figure was;

- 75% in 2014
- 65% in 2013
- 74% in 2012
- 62% in 2011
- 54% in 2010.

The number of applicants for whom a forensic report was prepared at a hospital, increased by 13.6 points from 2014 to 2015 (Table 18).

Table 18: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the place of forensic medical examination after the most recent detention

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
Hospital	355	423	89.0	75.4
Health Centre	11	51	2.8	9.1
Directorate of Forensic Medicine Institution Branch	9	42	2.3	7.5
Forensic Medicine Institution	7	31	1.8	5.5
Detention Centre	-	5	-	0.9
Unknown/not remembered	17	9	4.3	1.6
Total	399	561	100.0	100.0

**3 applicants were excluded from evaluation because of missing data.*

From 2014 to 2015, there happened an increase of 19 points in the share of those who were released without taken to prosecutor. 128 (36.1%) of 355 applicants

whose medical examination was carried out at a hospital were released before seeing prosecutor or being taken in front of the court; 123 (34%) of them were released by the prosecutor or the court, and 103 (29%) were arrested.

As for the process of medical examination of 399 applicants who had medical examination, 38% of them stated the law-enforcement officers were not taken out of the examination room, 46% of them said the doctor carrying out the examination did not listen to their complaints, and in 64% of cases, the physician did not take the medical history, and finally 63% said the physician did not examine them as required. Also, 24% stated the forensic physicians did not draft the report in compliance with the findings.

Table 19: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to their evaluations regarding the process of forensic examination

Evaluations Regarding Forensic Examination	Yes	%	No	%	Unknown/not Remembered	%	Total	%
Did the law enforcement officers taken out of the room during forensic medical examination?	229	57	151	38	19	5	399	100
Did the forensic physician listen to the complaints?	197	49	184	46	18	5	399	100
Did the forensic physician take the medical history?	128	32	257	64	14	4	399	100
Did the forensic physician examine as required	128	32	252	63	19	5	399	100
Did the forensic physician draft a report that was in accordance with the findings?	77	19	94	24	228	57	399	100

From among 2015 applicants, 68 (13%) applicants officially reported about their experience of torture after their most recent detention –with HRFT’s guidance, with a separate petition without HRFT’s guidance, or during their interrogation at the court/prosecutor’s office–. In 2014, 199 applicants (making up 26.3% of all applicants) have officially reported about the torture practice they have been subjected to. In 2015, 61% of applicants did not file any complaints about the torture incident. In 2014, this ratio was 70.8% with 535 applicants.

3- Imprisonment Period

Among all 2015 applicants, the number of applicants who had been imprisoned at some point in their life was 202 (36% of all applicants in 2015). This rate was 62.4% with 472 applicants, in 2014. 172 of these applicants (making up of 31% of applicants

in 2015) were arrested and sent to prisons after their most recent detention. This was 453 applicants and 60% in 2014. The cases of imprisonment after the most recent detention decreased by 29 points compared to the previous year. The duration of imprisonment for this group of applicants in 2015 varied between 2 to 288 months. The distribution of 202 applicants with an history of imprisonment according to total duration of imprisonment period is given in Table 20. In 2015, 357 applicants (64% of all torture survivor applicants) did not have any imprisonment history and this was 38% in 2014.

Table 20: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the duration of their imprisonment

Duration of Imprisonment	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
0-2 months	1	8	0.5	1.7
3-12 months (3 months-1 year)	36	51	17.8	10.8
13-36 months (1-3 years)	39	151	19.3	32.0
37-60 months (3-5 years)	53	106	26.2	22.5
61-84 months (5-7 years)	29	62	14.4	13.1
85-108 months (7-9 years)	24	28	11.9	5.9
109-132 months (9-11 years)	11	17	5.4	3.6
11-20 years	5	42	2.5	8.9
Longer than 20 years	4	7	2.0	1.5
Total	202	472	100.0	100.0

Out of 202 applicants with an imprisonment history in 2015, 62 (31% of applicants with an imprisonment history) applied to HRFT within a month after their release, 78 (39%) within 1-2 months, and 62 (31%) within a period exceeding one year after their release. It can be suggested that compared to 2014, applicants applied to HRFT centres within a shorter period of time following their release, although the extend of the change was not major.

102 out of 202 (50.5%) who had imprisonment history, were released pending trial. The figure was;

- 337 (71%) in 2014
- 177 (61%) in 2013
- 93 (42%) in 2012
- 122 (49%) in 2011
- 107 (58%) in 2010

While in 2014, the release of only five applicants from prison was justified by suspension of execution of sentence for being seriously ill or handicapped, this number was 14, in 2015 (Table 21).

Responding to a parliamentary question, the Ministry of Justice stated that there were 387 arrested and convicted prisoners with serious and chronic health problems as of December 24 2015, and 114 of them had cancer.

Table 21: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who applied following their release from prison, according to the reasons of release

Reason of Release from Prison	Number of Applicants in 2015	Number of Applicants in 2014	2015 %	2014 %
Released pending trial	102	337	50	71
End of imprisonment	41	82	20	17
Amnesty/conditional release	37	31	18	7
Postponement due to health issues	14	5	7	1
Acquitted	8	17	4	4
Total	202	472	100	100

50.5% (102 applicants) of 202 applicants with an imprisonment history were kept in F-type prisons, which was 8.5 points more than in 2014. This figure was;

- 42% in 2014
- 31% in 2013
- 26% in 2012
- 32% in 2011
- 31% in 2010.

For these applicants, the duration of imprisonment ranged from 1 to 180 months (15 years). 52 people (25.7% of 202 applicants with an imprisonment history) were kept in solitary confinement cells for a period ranging between 1-90 months, and 25 (12.4%) kept in isolation for periods ranging between 1-10 months, for varying reasons. In 2015, among the 202 applicants with a history of imprisonment, the number of the applicants who stated that they were subjected to torture in prison, reached 140, which makes up 69.3% of the total. Compared to the preceding five years, this figure was at its highest in 2015:

- 291 (62%) in 2014
- 287 (58%) in 2013
- 92 (42%) in 2012

- 138 (56%) in 2011
- 81 (44%) in 2010.

The Distribution of Those Who were in Penal Institutions Between 2010-2015*									
YEARS	CONVICTED				DETAINEE				GRAND TOTAL
	Men	Women	Children	Total	Men	Women	Children	Total	
31/12/2010	83.289	2.748	529	86.566	31.262	1.402	1.584	34.248	120.814
31/12/2011	89.252	2.955	410	92.617	32.479	1.584	1.924	35.987	128.604
31/12/2012	100.617	3.278	418	104.313	28.564	1.560	1.583	31.707	136.020
31/12/2013	113.378	3.956	451	117.785	24.966	1.200	1.527	27.693	145.478
31/12/2014	131.136	4.855	540	136.531	19.915	869	1.522	22.306	158.837
31/12/2015	146.767	5.373	729	152.869	22.525	1.030	1.665	25.220	178.089

*http://www.cte.adalet.gov.tr/menudekiler/istatistikler/yeni_yillar.asp

Distribution of this 140 applicants with an history of imprisonment and subjected to torture in prison, according to the methods of torture they have been subjected to is presented in Table 22.

Table 22: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the methods of torture in prison

Torture Method	Number of Applicants	%
Insulting	96	68.6
Beating	73	41.4
Humiliating	69	30.7
Stripping naked	58	28.6
Inhibiting meetings	43	25.0
Forced to obey nonsensical orders	40	20.0
Inhibiting sending/receiving letters	35	20.0
Restriction of food and drink	28	17.1
Restriction of basic needs (depriving of sleep, medication, etc.)	28	12.1
Treats against the applicant	24	12.1
Death threat	17	11.4
Solitary confinement	17	9.3
Inhibiting access to canteen	16	7.9

Table 22: Cont.

Forced to wait in cold/hot environment	13	7.9
Forced to witness (visually/aurally) torture of others	11	7.1
Forced medical intervention	11	7.1
Squeezing testicles	10	6.4
Restricted urination and defecation	10	5.7
Sexual harassment	9	5.0
Exposure to pressured water coloured with chemicals	8	4.3
Continuous hitting on one part of the body	7	4.3
Blindfolded	6	3.6
Forced to listen to marches and/or high volume music	6	2.9
Restricted respiration	5	2.9
Falanga	4	2.9
Exposure to pressured/cold water	4	2.9
Exposure to chemical substances	4	2.1
Threat of rape	4	2.1
Electricity	3	2.1
Suspension on a hanger	3	2.1
Strappado	3	2.1
Verbal sexual harassment	3	1.4
Forced excessive physical activity	3	1.4
Other positional torture methods	2	1.4
Exposure to tear inducing chemicals (tear gas, CN, CS, etc)	2	1.4
Burning	2	1.4
Physical sexual harassment	2	0.7
Not remembered	2	0.7
Threats against relatives/friends	1	0.7
Mock execution	1	0.7
Asked to act as an informer	1	0.7
Torture in the presence of relatives/friends	1	0.7
Straight hanger or crucifying	1	0.7
Rape	1	0.7
Other	36	25.7
Total	723	5.18*

**The average number of torture methods one person is subjected to*

Table 23 shows the distribution of 202 applicants with an history of imprisonment, according to their responses to the questions regarding the conditions in the most recent prison they were detained in.

Table 23: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to their evaluation of conditions in the prisons they were most recently detained

Prison Condition	Positive	Partly Positive	Negative	Total
Accommodation	3	38	161	202
Nutrition	3	24	175	202
Air ventilation	6	49	147	202
Hygiene	2	63	137	202
Communication	10	48	144	202
Health	5	39	158	202
Transfers	4	39	159	202
Access to media materials	12	59	131	202

It appears that, out of 202 applicants with an imprisonment history, 150 (74%) had been on hunger strike for a period ranging from 1 to 224 days, at different times and with different reasons. 18 of them stated that they went to hunger strike after October 20, 2000, (in the scope of the strikes that happened during transition to the F-type prisons), 13 in the summer of 1996 (strikes that happened at 43 prisons against the May Circular issued by the then Minister of Justice Mehmet Agar and resulted with the death of 12 prisoners). Finally, 125 people were on hunger strike on other dates.

8 applicants stated that the time that passed after the hunger strike till the time of application was less than one week. This was one month or less for 3 applicants, between 2-3 months for 5, between 4-12 months for 47, and more than one year for 87 people.

Out of 150 people with a hunger strike history, 103 (51%) stated that they had staged their hunger strike without break, 39 (19,3%) did it by turn, and 7 (3.5%) with breaks. And one person did not remember the type of the strike.

C- MEDICAL EVALUATION

This chapter contains information about the health conditions of the applicants, as revealed by medical histories taken, physical examination, and tests, during medical examination conducted by medical doctors at the HRFT Centres, and consultant physicians.

In this chapter where the treatment process of 559 torture survivors who applied to the HRFT Treatment and Rehabilitation Centres is evaluated, the approach and method of work of HRFT are described at a first instance, for a better understanding of this process. At the time of application, the applicant is first informed about the work of the Foundation. Following this, in the first interview, applicants tell their experiences of torture and their complaints to the physician at HRFT, in detail and in their own words. After evaluation, the physician asks for the necessary radiology and laboratory tests and consultations. The physician clearly expresses his/her approach to the applicant, by informing the applicant of the possible psychological effects and advising to consult an expert at least once. In the last stage, the medical history, the examination and tests are evaluated altogether and the relationship between the illness and torture incident is identified. At this point, it is important to assess the health of the applicant in a holistic way.

An effort is made to introduce the applicant to all the members of the treatment team during the application process of the torture survivors to the HRFT Treatment and Rehabilitation Centres. Without being insistent, those applicants who are not willing to see a psychiatrist or a psychologist are informed that this possibility is available to them whenever they like.

After the assessment, the applicant receives suggestions as to the possible treatment methods for disorders that are not related to torture. The treatment of illnesses related to torture are coordinated by the HRFT Treatment and Rehabilitation Centres. The applicant is first informed about the program suggested for his or her treatment and rehabilitation. After a joint evaluation, necessary modifications are made to the treatment and rehabilitation program (i.e. the applicant's personal conditions may affect the treatment program) that is subsequently carried out.

During the process of identification of the relationship between diagnoses and torture, one of the following relations is selected for each of the diagnoses:

- a) Torture incident is the sole etiological factor.
- b) Torture incident worsened or made a pathological state apparent.
- c) Torture is one of the etiological factors.
- d) No relation.
- e) The nature of the relation could not be identified.

1- Medical Complaints of the Applicants

In 2015, 559 applicants expressed a total of 4430 physical or psychological complaints during their first interview. With 25.6%, the share of complaints concerning musculoskeletal system within the overall complaints in this year was at its highest compared to the preceding 5-year period. The figure was;

- 16% in 2014

- 14% in 2013
- 19% in 2012
- 18% in 2011
- 16% in 2010.

Psychological complaints ranked second with 21.8%, which was less than the figures of the previous five years:

- 27% in 2014
- 27% in 2013
- 25% in 2012
- 34% in 2011
- and 33% in 2010.

And the dermatological complaints ranked third with 12.6% (Table 24).

Table 24: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, according to the physical and psychological complaints reported

Systems	Number of Complaints	Among Complaints as %	Number of Applicants	Among Applicants as %
Musculoskeletal	1133	25.6	124	22.2
Psychological	966	21.8	113	20.2
Dermatological	556	12.6	174	31.1
General	389	8.8	144	25.8
Neurological	367	8.3	165	29.5
Digestive	250	5.6	65	11.6
Ear-Nose and Throat	197	4.4	29	5.2
Ophthalmological	183	4.1	114	20.4
Respiratory	155	3.5	61	10.9
Urogenital	90	2.0	38	6.8
Cardiovascular	70	1.6	29	5.2
Oral-Dental	62	1.4	28	5.0
Endocrinological	12	0.3	5	0.9
Total	4430	100.0	-	-

Total number of physical complaints was 3464, and of psychological complaints was 966. While in 2014, complaints about trauma-related bruises and scratches were the seventh in ranking among the applicants with 16%, it became the first in 2015 with 31.1%.

Table 25: Distribution of physical complaints reported by applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Ten Most Common Physical Complaints	Number of Complaints Reported	Among Applicants as %	Among the Physical Complaints as %
Ecchymoses, contusions	174	31.1	5.0
Headache	165	29.5	4.8
Exhaustion, fatigue	144	25.8	4.2
Lower back pain	124	22.2	3.6
Visual impairment	114	20.4	3.3
Abdominal pain	65	11.6	1.9
Coughing	61	10.9	1.8
Frequent urination	38	6.8	1.1
Tachycardia	29	5.2	0.8
Swelling and pain on the nose	29	5.2	0.8
Other physical complaints	2521	-	72.7
Total	3464	-	100.0

Among the psychological complaints, the sleeping disorders was the most common (20.2%), as in 2014 (29.9%). That is followed by distress, irritability, anxiety and tension. The 10 most common psychological complaints are listed in Table 26.

Table 26: Distribution of psychological complaints reported by the applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Ten Most Common Psychological Complaint	Number of Complaints Reported	Among the Applicants as %	Among Psychological Complaints as %
Sleep disorders	113	20.2	11.7
Distress	74	13.2	7.7
Irritability	71	12.7	7.3
Anxiety	70	12.5	7.2
Tension	67	12.0	6.9
Forgetfulness	64	11.4	6.6
Concentration difficulty	60	10.7	6.2
Nightmares	41	7.3	4.2
Flashback	41	7.3	4.2

Table 26: Cont.

Feeling of irritation when encountered with a police	37	6.6	3.8
Other psychological complaints	328	58.7	34.0
Total	966	-	100.0

2- Findings of the Physical Examinations

The total number of physical findings obtained during the physical examinations was 2075. Due to widespread mass protests in 2013, the data for this year had displayed distinctive characteristics. This situation “reverted back”, in a sense, in 2014. However, 2015 was comparable to 2013 in terms of the incidences of acute applicants. This picture, which we will be able to more clearly depict in the second section is alarming.

Dermatological findings, which were the category most commonly observed in 2013, had been replaced by musculoskeletal findings in 2014. However, in 2015, dermatological complaints again became the first in ranking with an increase by about 10 points.

Table 27: Distribution of physical findings from examination of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Systems	Number of Findings Observed	Among All Findings as %
Dermatological	719	34.7
Musculoskeletal	587	28.3
Ophthalmological	153	7.4
Neurological	139	6.7
Oral-Dental	132	6.4
Ear-Nose-Throat	126	6.1
Digestive	88	4.2
Respiratory	50	2.4
Urogenital	42	2.0
Cardiovascular	31	1.5
Endocrinological	8	0.4
Total	2075	100.0

If one looks at the details of the dermatological findings, ecchymoses (bruises on the skin) were observed in 207 applicants, which is 37% of all torture survivors (the same share as in 2013), and ranked second among the most common physical

findings. The share of applicants with the finding of ecchymosis within all torture survivors was;

- 21% in 2014
- 37% in 2013
- 29% in 2012
- 22% in 2011
- 18% in 2010

In 2015, five of the most common physical findings were related to the musculoskeletal system, and four were skin-related. One digestive and one ophthalmological finding were also among the most common findings observed. The 10 most common findings can be seen in Table 28.

Considering the fact that beating and other positional torture methods -the handcuffing behind the back, taking fingerprints by force by bending the arms backwards, etc.- were the two most common torture methods causing physical injuries (Table 15), the torture histories of the applicants are consistent with the frequent occurrence of findings of bruises, scratches, oedema, and musculoskeletal pains, which can be observed following blunt traumatic injuries.

The tendency to ban mass meetings and protests by the governor's offices, and the ratification in April 2015, of the Law on Amending the Police Powers and Duties Law, and Some Other Laws and Decrees Having Force of Law –which is also known as Domestic Security Package-, are the main factors underlying this situation, which leads to serious concerns that such practices might intensify and multiply in the following years.

Table 28: Distribution of physical findings observed in applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Ten Most Common Physical Findings	Number of Findings Observed	Among Applicants as %	Among All Physical Findings %
Abrasion	215	38.5	10.4
Ecchymoses	207	37.0	10.0
Muscular pain and sensitivity	136	24.3	6.6
Oedema	78	14.0	3.8
Pain in and restricted movement of the neck	74	13.2	3.6
Scar tissue	72	12.9	3.5
Pain in and restricted movement of the shoulder	72	12.9	3.5

Table 28: Cont.

Visual impairment	64	11.4	3.1
Pain in and restricted movement of the lower back	59	10.6	2.8
Epigastric sensitivity	59	10.6	2.8
Other physical findings	1039		50.1
Total	2075	-	100.0

3- Psychiatric Symptoms and Findings

In the psychological evaluations conducted, in 191 (34.2%) of 559 applicants at least one psychiatric finding or symptom was detected. This figure was 22.5% with 170 applicants in 2014, and 37.9% with 320 applicants in 2013.

The distribution of 57 different and a total of 3098 symptoms and findings shows that anxiety, difficulties in falling or staying asleep, the lack of concentration, trauma related nightmares (which is one of the most important indicators of trauma), recurrent and intrusive distressing recollections of the traumatic event and the intense psychological distress at exposure to stimuli associated with trauma were the most common symptoms and findings. The details of psychological symptoms and findings are listed in Table 29.

Table 29: Distribution of psychiatric symptoms and findings observed in applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Psychiatric Symptoms and Findings	Number of Symptoms and Findings Observed	Among the Applicants as %	Among All Symptoms and Findings %
Anxiety	148	77.5	2.5
Difficulties in falling or staying asleep	143	74.9	2.4
Decrease of increase in sleep duration	131	68.6	2.2
Difficulties in concentration	112	58.6	1.9
Recurrent and distressing dreams of the traumatic event	106	55.5	1.8
Intense psychological distress at exposure to stimuli associated with trauma	104	54.5	1.8
Recurrent and intrusive distressing recollections of the traumatic event	104	54.5	1.8
Sense of foreshortened future	103	53.9	1.7

Table 29: Cont.

Sense of detachment or estrangement from others	100	52.4	1.7
Irritability and/or outburst of anger	97	50.8	1.6
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	93	48.7	1.6
Physiological reactions to stimuli associated with trauma	92	48.2	1.6
Flashback experiences and acting or feeling as if the traumatic event were recurring	91	47.6	1.5
Somatic anxiety symptoms (palpitation, distress, sweating etc.)	90	47.1	1.5
Efforts to avoid activities, people or places that arouse the recollection of the trauma	88	46.1	1.5
Muscle strain	87	45.5	1.5
Markedly diminished interests or participation in significant events	86	45.0	1.5
Fatigue, weakness, lack of energy	82	42.9	1.4
Hopelessness, desperation	81	42.4	1.4
Depressive mood	78	40.8	1.3
Inattentiveness, lethargy	75	39.3	1.3
Agitation (hyperactivity, irritability)	74	38.7	1.3
Hypervigilance	74	38.7	1.3
Memory impairment	74	38.7	1.3
Efforts to avoid thoughts, feelings, or conversations associated with the trauma	71	37.2	1.2
Exaggerated startle response	71	37.2	1.2
Feelings of guilt	62	32.5	1.0
Difficulties in decision making	61	31.9	1.0
Changes in appetite/weight (increase or decrease)	59	30.9	1.0
Anhedonia, apathy	57	29.8	1.0
Reduction in awareness of surrounding environment	52	27.2	0.9
Feelings of worthlessness and low self-esteem	52	27.2	0.9
Blunted affect (or bluntness)	43	22.5	0.7
Dysphoric mood	38	19.9	0.6
Diminished psychomotor activities	37	19.4	0.6

Table 29: Cont.

Inability to remember key aspects of the trauma	36	18.8	0.6
Decrease in sexual interest	35	18.3	0.6
Depersonalization	33	17.3	0.6
Suicidal thoughts and/ or attempts	19	9.9	0.3
Derealisation	12	6.3	0.2
Convulsive faint	10	5.2	0.2
Obsession	6	3.1	0.1
Excessive talking or pressured speech	4	2.1	0.1
Hallucinations (visual, audio, tactile, scent)	4	2.1	0.1
Delusions	3	1.6	0.1
Disorientation (time, person and place)	3	1.6	0.1
Other convulsive symptoms and deficits	3	1.6	0.1
Compulsion	3	1.6	0.1
Elevated or expansive mood	2	1.0	0.0
Hyperactivity, increased intentional activity	2	1.0	0.0
Disorganized speech or behaviour	2	1.0	0.0
Negative symptoms (affective bluntness, superficialization, avolition)	2	1.0	0.0
Abuse/addiction of alcohol and/ or substance	2	1.0	0.0
Catatonic symptoms (catalepsy, excessive motor activity, extreme negativism, posturing, echolalia, ecopraxia)	1	0.5	0.0
Total	3098	-	100.0

4- Diagnoses

The evaluation of the physical diagnoses is carried out according to ICD (*International Statistical Classification of Diseases and Related Health Problems*) coding system. Published by the World Health Organisation, the coding system is constructed via identification of known diseases and injuries, and is in use worldwide.

In evaluating the diagnoses in 2015, we consider the applicants who received diagnoses until the end of the concerned year. In total, 467 applicants received 245 different and in total 1563 physical diagnoses.

The relationship between 1563 physical diagnoses and torture, can be summarized as follows:

Torture incident is considered;

- as the “sole etiologic factor” in 1153 diagnoses (73.8%)
- to have “worsened or made a pathological state apparent” in 139 diagnoses (8.9%)
- as “one of the factors” in 81 diagnoses (5.2%)
- to have had “no relationship” to 159 diagnoses (10.2%)

In 31 diagnoses (2%), the nature of the relationship of torture to the diagnoses could not be identified.

From among 467 applicants who received a physical diagnosis in 2015, bone fracture in different parts of the body, of which torture incident was considered as the “sole etiologic factor”, is detected in 37 (7.9%).

The frequency of diagnoses, classified according to the ICD coding system, and received by at least 10 applicants in 2015 are shown in Table 30.

Table 30: Distribution of most common physical diagnoses among the applicants to the HRFT Treatment and Rehabilitation Centres in 2015*

ICD-10 Code	Physical Diagnoses	Number of Diagnoses	Among Applicants as%	Among Diagnoses as%
S60	Superficial injury of wrist and hand	156	33.4	10.0
S00	Superficial injury of head	143	30.6	9.1
S40	Superficial injury of shoulder and upper arm	90	19.3	5.8
S20	Superficial injury of thorax	73	15.6	4.7
S80	Superficial injury of lower leg	72	15.4	4.6
S50	Superficial injury of forearm	65	13.9	4.2
H52	Disorders of refraction and accommodation	59	12.6	3.8
S47	Crushing injury of shoulder and upper arm	40	8.6	2.6
S70	Superficial injury of hip and thigh	33	7.1	2.1
S30	Superficial injury of abdomen, lower back, and pelvis	31	6.6	2.0
M50	Cervical disc disorders	28	6.0	1.8
M75	Shoulder lesions	28	6.0	1.8
S10	Superficial injury of neck	28	6.0	1.8
G56	Mononeuropathies of upper limb	24	5.1	1.5

Table 30: Cont.

K21	Gastro-esophageal reflux disease	23	4.9	1.5
M51	Intervertebral disc disorders, other	22	4.7	1.4
S87	Crushing injury of lower leg	22	4.7	1.4
S07	Crushing injury of head	20	4.3	1.3
M54	Dorsalgia	19	4.1	1.2
S01	Open wound of head	18	3.9	1.2
S05	Injury of eye and orbit	17	3.6	1.1
S67	Crushing injury of wrist and hand	17	3.6	1.1
S77	Crushing injury of hips and thigh	17	3.6	1.1
S02	Fracture of skull and facial bones	15	3.2	1.0
T94	Sequelae of injuries involving multiple and unspecified body regions	14	3.0	0.9
S57	Crushing injury of forearm	13	2.8	0.8
S83	Dislocation and sprain of joints and ligaments of knee	13	2.8	0.8
S90	Superficial injury of ankle and foot	13	2.8	0.8
E51	Thiamine deficiency	12	2.6	0.8
J34	Other specified disorders of nose and nasal sinuses	12	2.6	0.8
J45	Asthma	10	2.1	0.6
S17	Crushing injury of neck	10	2.1	0.6
	Other physical diagnoses	406	86.9	26.0
	Grand Total	1563	-	100.0

* Diagnoses received by at least 10 applicants

203 (36.8%) applicants out of a total of 559 applicants, received at least one, and in total 207 psychiatric diagnoses. Table 31 lists the distribution of the ten most common psychiatric diagnoses.

Table 31: Distribution of 10 most common psychiatric diagnoses among the applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Ten Most Common Psychiatric Diagnoses	Number of Applicants	%
PTSD (Chronic)	50	26.6
Acute stress disorder	38	20.2
PTSD (Acute)	27	14.4
Major depressive disorder, single episode	23	12.2
Major depressive disorder, recurrent	20	10.6
Mixed anxiety-depressive disorder	8	4.3
Generalized anxiety disorder	6	3.2
PTSD (late onset)	5	2.7
Panic disorder with agoraphobia	5	2.7
Adjustment disorder	4	2.1
Other diagnoses	21	11.1
Total	207	-

Leaving out the physical diagnoses in which the nature of the relationship with torture could not be identified, in 1563 diagnoses (73.8% of all physical diagnoses) the torture process is considered as the “sole etiological factor”. This ratio was 31.9% in 2014, and 56.3% in 2013.

D- TREATMENT AND REHABILITATION PROCESS

In this chapter, the treatment and rehabilitation services provided at the HRFT Treatment and Rehabilitation Centres and their results are going to be evaluated.

1- Applied Treatment Methods

The evaluation of the treatment methods applied to a total of 559 applicants shows that 29 of them (5.2%) had surgical operation. This figure was 30 in 2014 (3.8%) and 32 (3.8%) in 2013. 262 applicants (46.9%) received medication. This figure was 443 (56.6%) in 2014.

Table 32: Distribution of treatment methods applied to the applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Applied Treatment Method	Number of Treatment Method	%
Dental treatment	4	0.7
Cast/Splint	8	1.4
Orthopaedic implements	9	1.6
Surgery	29	5.2
Physiotherapy	41	7.3
Psychotherapy	43	7.7
Psycho-pharmacotherapy	56	10.0
Glasses	56	10.0
Exercise	57	10.2
Medication	262	46.9
Lifestyle recommendations	310	55.5
Other	19	3.4
Total	875	1.5*

*The average number of treatment methods applied to one applicant

2- Results of the Treatment and Rehabilitation Processes

The results of the treatment prescribed for the physical diseases are given in Table 33. Among those with physical complaints, 58 applicants (10.3%) left the treatment processes incomplete either before diagnosis or after the diagnosis was made and the treatment began. This figure was 12.2% with 92 applicants, in 2014 and 14.6% with 132 applicants in 2013. Thus, we observe a downward trend in these figures, as targeted.

Table 33: Results of physical treatment of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Result of Physical Treatment	Number of Applicants	%
Treatment was completed	302	54.0
Treatment continues	110	19.7
No diseases detected related to torture or prison processes	56	10.0
Treatment left incomplete before diagnosis	36	6.4
Treatment left incomplete after having started	22	3.9
Diagnostic stage continues	17	3.0
Data missing	13	2.3
Transferred	3	0.5
Total	559	100.0

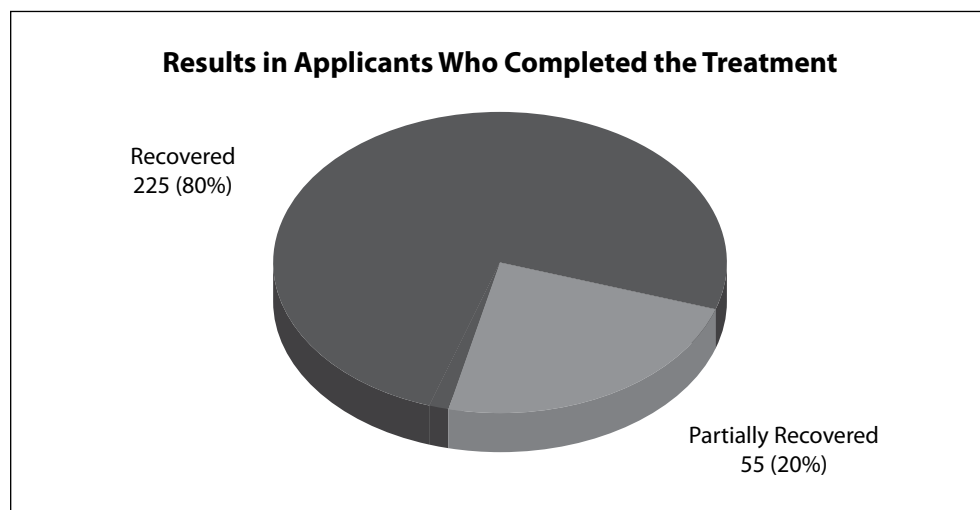
Assessment of the result of the physical and psychological treatment processes together shows that 95 applicants (17%) left the treatment processes incomplete either before the diagnosis, or after the diagnosis was made and the treatment began. This was 20.6% with 156 applicants in 2014 and 23.3% with 197 applicants in 2013. On the other hand, half of the applicants completed their treatment.

Table 34: Results of physical and psychiatric treatment of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015

Status of the File	Number of Applicants	%
Treatment was completed	280	50.1
Diagnostic stage continues	19	3.4
Treatment continues	132	23.6
Treatment left incomplete before diagnosis	35	6.3
Treatment left incomplete after having started	60	10.7
No disorder detected related to torture or prison experience	16	2.9
Transferred	4	0.7
Data missing	13	2.3
Total	559	100.0

In 2015, of 280 applicants whose treatment was completed in 2015, 80% recovered completely, and 20% recovered partially.

Chart 7: Distribution of applicants to the HRFT Treatment and Rehabilitation Centres in 2015, whose treatments were completed, according to the treatment results



II-EVALUATION OF THE APPLICANTS WHO WERE SUBJECTED TO TORTURE AND ILL-TREATMENT IN DETENTION WITHIN THE YEAR 2015

This section contains a separate evaluation of the social and demographic characteristics of 2015 applicants to HRFT, who stated to have been tortured in detention (TID) within the year 2015, as well as the analysis of the information regarding the process of torture and medical evaluation relevant to these applicants.

As pointed out above, 371 (66%) of 559 applicants in 2015 stated that they were subjected to torture or ill-treatment in detention within the year 2015, and this was the highest figure in the recent years. The figures of the preceding five years are as follows:

- 260 applicants out of 756 (34%) in 2014
- 500 applicants out of 844 (59%) in 2013
- 236 applicants out of 506 (47%) in 2012
- 224 applicants out of 484 (46%) in 2011
- 160 applicants out of 343 (47%) in 2010

Information relevant to applicants who were tortured in detention (TID) in 2015 are separately evaluated, for a comprehensive understanding of the patterns in terms of torture practices specific to 2015, and for a detailed evaluation of the medical problems that occur right after the torture experience.

Looking at the place and time of torture, torture methods; conditions under which the forensic examinations at the beginning and at the end (and sometimes in the middle) of the detention process, as per the legal regulations, take place, the relevant forensic reports drafted, and finally the legal processes after the detention; we aim achieving objective parameters to see whether the torture is practiced systematically, and identifying the characteristics of torture practices in 2015.

A- SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

1- Age and Sex

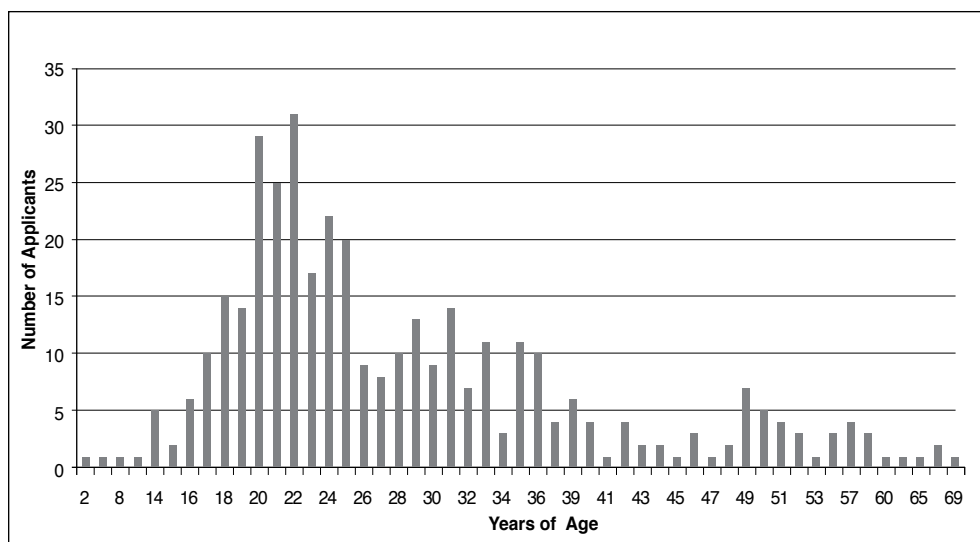
The age of applicants varied from 2 to 69 with the average age of 31, which is close to the average age of all applicants (31.1). The average age of those who were subjected to torture within the year was 29.9, in 2014.

The 19-15 age group made up 42.6% of all applicants who were tortured in detention in 2015, which represents an increase of 3.4 points over 2014. In other words, compared to the previous year more young applicants stated that they have been tortured in 2015.

Table 35: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to their age groups

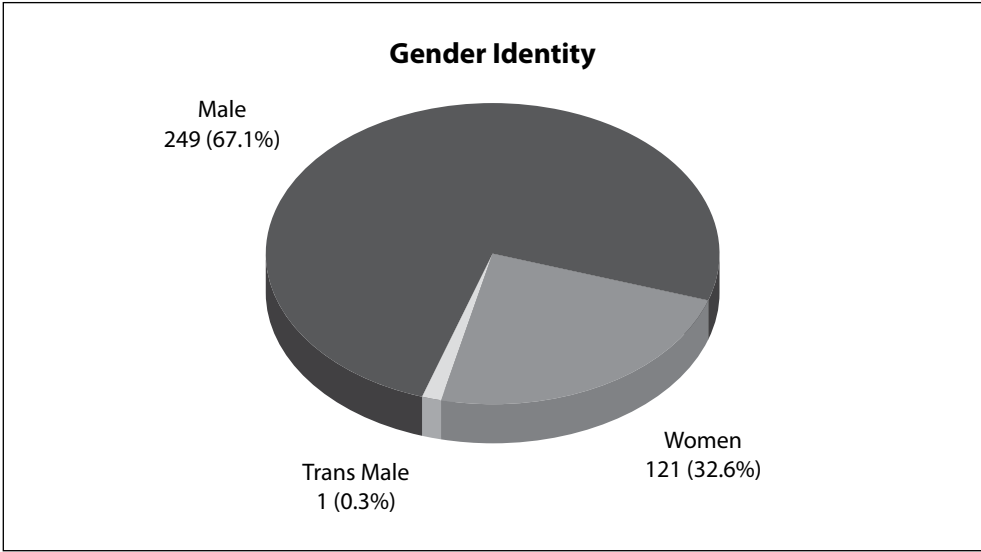
Age Group	Number of Applicants		%	
	2015	2014	2015	2014
0-18	42	14	11.3	5.4
19-25	158	102	42.6	39.2
26-30	49	46	13.2	17.7
31-35	46	31	12.4	11.9
36-40	24	23	6.5	8.8
41-45	10	15	2.7	5.8
46 and over	42	29	11.3	11.2
Total	371	260	100.0	100.0

Chart 8: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to years of age



121 of the applicants in 2015 were females (32.6%), 249 males (67.1%) and one was a transgender individual. These numbers clearly display our defect in accessing to LGBTI individuals. Strengthening institutional contacts in 2016 is among our targets. Compared to 2014, there was a slight decrease in the number of female applicants, who constituted 33.1% of the applicants in 2014.

Chart 9: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to their gender identity



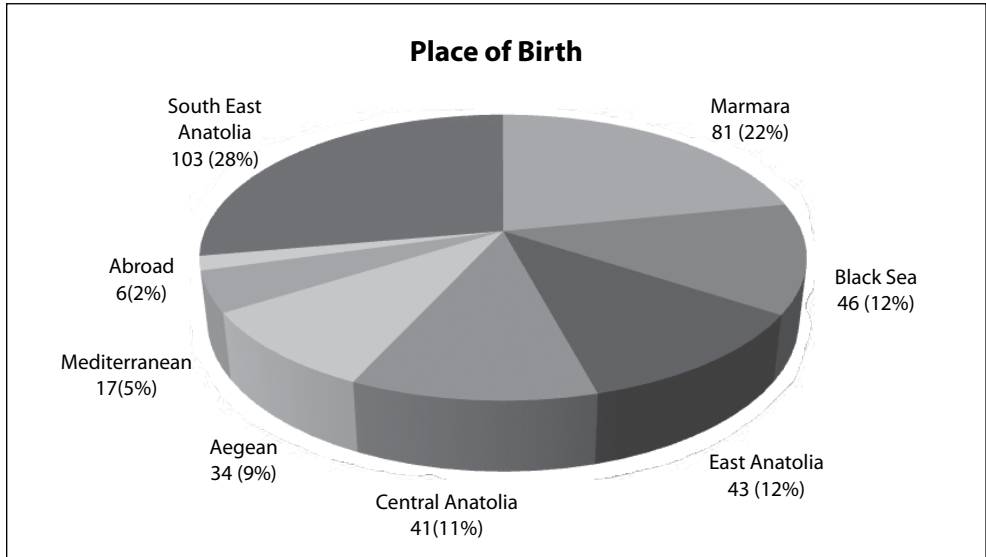
2- Place of Birth

The distribution of TID applicants in 2015 according to their birth place shows 28% of applicants were born in the South East region, 22% in Marmara, 12% in the Black Sea and the Eastern Anatolian regions each. In total, those who were born in the South East and Eastern Anatolia constitute 40% of applicants in this category. This figure was;

- 33% in 2014
- 25% in 2013
- 42% in 2012
- 31% in 211
- 44% in 2010.

Chart 10 shows the distribution of applicants according to their birthplaces.

Chart 10: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to their place of birth



The distribution according to the birth place at the provincial level shows that the provinces where our Centres are located come first, like they usually do every year. Istanbul ranks first with 65 applicants, which corresponds to 17.5% of all applicants, İzmir the second (28 applicants, 7.5%), Ankara the third (26 and 7%). Other provinces where at least 10 applicants were born are Diyarbakır, Tokat, Bitlis, Şırnak, Malatya and Gaziantep. There are 60 different provinces identified as the birthplace of the applicants, alongside those born abroad.

3- Educational Background and Employment Status

This evaluation is based on the last school from which the applicants graduated. Therefore, applicants who were currently primary school student at the time of application are considered as “literate”, high school graduates as “secondary school graduate”, and the university students as “high school graduates”. In 2015, we observe an increase in the number of primary and secondary school graduates. In total, 31 of 120 (26%) primary and secondary school graduates, were students (Table 36).

Table 36: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to their educational level

Education Level	Number of Applicants		%	
	2015	2014	2015	2014
Masters/doctorate graduate	4	-	1.1	-
University/vocational school graduate	65	62	17.5	23.8
University/vocational school dropout	14	12	3.8	4.6
High school graduate	155	116	41.8	44.6
Secondary school graduate	83	49	22.4	18.8
Primary school graduate	37	19	10.0	7.3
Only literate	6	2	1.6	0.8
Illiterate	7	-	1.9	-
Total	371	260	100.0	100.0

As for the employment status of applicants, those who reported to have been university students (98 applicants making up 26.4% of applicants) outnumbered those unemployed. The share of unemployed was 30.8% in 2014 ranking second, and 20.2% in 2013 ranking first.

Table 37: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to their employment status

Employment Status	Number of Applicants in 2015	%
University/vocation school student	98	26.4
Unemployed	74	19.9
Primary or secondary school student	33	8.9
Office worker in private sector	22	5.9
Journalist	17	4.6
Tradesman	10	2.7
Public sector employee	9	2.4
NGO staff	8	2.2
Artist	7	1.9
Employee in the health sector	7	1.9
Employee in the education sector	6	1.6
Lawyer	6	1.6

Table 37: Cont.

Politician	5	1.3
Domestic worker	5	1.3
Farmer, fishermen etc.	3	0.8
Other	61	16.4
Total	371	100.0

B- PROCESS OF TORTURE

In this section, we assess the information obtained from those 371 applicants who were subjected to torture and ill-treatment in detention in 2015 and applied to HRFT Treatment and Rehabilitation Centres in 2015 for this reason.

1- Processes of Detention and Torture in Detention

350 (94.3%) out of 371 TID applicants in 2015, reported to have been tortured due to political reasons (This figure was 94.6% in 2014). 9 (2.4%) applicants reported to have been tortured due to non-political reasons, 11(3.0%) applicants due to gender identity, and 1 due to asylum seeker status.

When we look at the length of the most recent detention (Table 38), we see that 235 (68%) applicants have been detained less than 24 hours. The figures for the preceding 5 years are as follows:

- 207 (80%) in 2014
- 438 (88%) in 2013
- 155 (66%) in 2012
- 127 (57%) in 2011
- 129 (81%) in 2010

Table 38: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the duration of their most recent detention

Duration of Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
Less than 24 hours	253	207	68.2	79.6
24-48 hours	67	23	18.1	8.8
49-72 hours	24	24	6.5	9.2
73-96 hours	25	4	6.7	1.5
5-7 days	-	1	-	0.4

Table 38: Cont.

8-15 days	1	1	0.3	0.4
16-30 days	1	-	0.3	-
Total	371	260	100.0	100.0

When we examine the place of detention of applicants, we see that 293 (79%) applicants were taken into detention on the street or other outdoor space. This figure for the previous 5 years was;

- 212 (81%) in 2014
- 438 (88%) in 2013
- 165 (70%) in 2012
- 147 (66%) in 2011
- 124 (77%) in 2010

214 (84.6%) out of 253 applicants who were detained less than 24 hours were taken into detention on the street or other outdoor space. The distribution of applicants according to the place of their most recent detention is given in Table 39.

Table 39: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the place of their most recent detention

Place, Where the Applicant is Taken into Detention	Number of Applicants		%	
	2015	2014	2015	2014
Street/other outdoor space	293	212	79.0	81.5
Institution (NGO, press office etc.)	37	1	10.0	0.4
Home	16	10	4.3	3.8
Public institution	15	31	4.0	11.9
Other	8	-	2.2	1.9
Workplace	1	1	0.3	0.4
Unknown	1	-	0.3	
Total	371	260	100.0	100.0

In 2015, the share of applicants taken into detention during day-hours has increased 21.2 points, compared to those in 2014. A similar situation was observed in 2013. On this year, the share of applicants taken into detention between 08.00 and 18.00 was significantly high (319 applicants and 64%), due to detentions during the widespread social demonstrations and manifestations all over the country. The share of applicants taken into detention during day-hours in 2015 is 3.4 points higher than it was in 2013.

The distribution of applicants according to the time of their most recent detention is presented in Table 40, and according to the place of their most recent torture in Table 41.

Table 40: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the time of detention

Time of Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
08.00 - 18.00	250	120	67.4	46.1
18.00 - 24.00	86	107	23.2	41.2
24.00 - 08.00	33	33	8.9	12.7
Not known	2	-	0.5	-
Total	371	260	100.0	100.0

In the earlier years' annual reports, the place of most intense torture and/or ill-treatment practice during detention process, was recorded as "the place of torture in most recent detention", for the applicants stating that they were subjected to torture and/or ill-treatment at one or several stages of detention –the moment of detention, transfer to the detention centre by a vehicle, detention process-. With the modification in the application registration system that took place in 2015, it is now possible to identify more than one place of torture for each applicant. Therefore, the total number of reported places of torture location is larger than the total number of applications, as can be seen in Table 41.

79 (21.3%) applicants have been subjected to torture both on the street/outdoor space, and in vehicle and at the police directorate. Out of 233 applicants, who stated that they have been tortured on the street/outdoor space, 125 (53.6%) applicants expressed that they have also been tortured in vehicle, and (39.9%) also in the police directorate.

Table 41: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to place of torture

Place of Torture in Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
Outdoors	233	148	62.8	56.9
Vehicle	197	4	53.1	1.5
Police directorate	176	62	47.4	23,8
Venue of public demonstration	68	-	18.3	-
Own place (home, workplace, etc.)	32	1	8.6	0.4
Police station	31	23	8.4	8.8
Other	30	19	8.1	7.3
Unidentified indoor space	3	-	0.8	-
Unknown/not remembered	2	-	0.5	-
Prison*	1	-	0.3	-
Gendarmerie station	-	-	-	-
Gendarmerie headquarter	-	3	-	1.2
Total	773**	260	-	100.0

*Applicants who stated to have been tortured both in detention and in prison

**With the modification in the application registration system that took place in 2015, it is now possible to identify more than one place of torture for each applicant. Therefore, the total number of reported places of torture location is larger than the total number of applications..

As for the distribution according to the regions where torture in most recent detention took place, Marmara region appears to be in the first place with 222 applicants and a rate of 59.8%, a figure close to the 2014 figure. In 2015, the share of applicants subjected to torture in detention within the same year in South-Eastern Anatolia has almost doubled compared to the previous year, and took the second place. The applicants subjected to torture in detention in the Aegean region decreased by 9.6 points (Table 42).

Table 42: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the region of torture in most recent detention

Region of Torture in Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
Marmara	222	152	59.8	58.5
South-Eastern Anatolia	61	21	16.4	8.1
Aegean	43	55	11.6	21.2
Central Anatolia	25	15	6.7	5.8

Table 42: Cont.

Mediterranean	11	12	3.0	4.6
Black Sea	6	-	1.6	-
Eastern Anatolia	1	3	0.3	1.2
Unknown/Not remembered	1	-	0.3	-
Abroad	1	2	0.3	0.8
Total	371	260	100.0	100.0

The distribution of applicants, who stated to have been tortured in detention, according to the provinces where torture in most recent torture took place is presented in Table 42. In 2015, the applicants who stated that they have been tortured in detention within the same year, reported 17 different provinces and 1 centre abroad. 1 applicant reported not remembering the province.

Table 43: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the provinces of torture in most recent detention

Providence of Torture in Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
İstanbul	221	151	59.6	58.1
İzmir	42	48	11.3	18.5
Şanlıurfa	35	2	9.4	0.8
Ankara	23	15	6.2	5.8
Şırnak	11	3	3.0	1.2
Diyarbakır	10	15	2.7	5.8
Mersin	9	-	2.4	-
Giresun	6	-	1.6	-
Gaziantep	3		0.8	
Mardin	2	1	0.5	0.4
Kayseri	1		0.3	
Manisa	1	4	0.3	1.5
Tunceli	1		0.3	
Eskişehir	1		0.3	
Edirne	1		0.3	
Antalya	1		0.3	
Adana	1	12	0.3	4.6
Now known/do not remember	1	-	0.3	-
Abroad	1	3	0.3	0.6
Total	260	500	100.0	100.0

A closer inspection into the places of most recent detention of the TID applicants in 2015 reveals that Istanbul Security Directorate is in the place with 112 applicants and a share of 20%.

Table 44: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the detention Centres where torture in most recent detention took place

Centre of Torture in Most Recent Detention	Number of Applicants	%
Istanbul Security Directorate	112	20.0
Şanlıurfa Security Directorate ATB*	9	1.6
Mersin Security Directorate	7	1.3
Karaköy Polis Station-Istanbul	7	1.3
Ankara Security Directorate	6	1.1
Ankara Security Directorate ATB*	6	1.1
Istanbul Çağlayan Court House Security Unit	5	0.9
Diyarbakır ATB*	4	0.7
Kadıköy İskele Police Station-Istanbul	4	0.7
Giresun Security Directorate	3	0.5
Uludere District Security Directorate	3	0.5
Istanbul Security Directorate Security Branch	3	0.5
Other Security Directorate and ATB*	27	7.3
Other Police Station	18	4.9
Other Gendarmerie Station/Directorate	-	-
Unknown/not remembered	2	0.5
Abroad	1	0.2
Was not subjected to torture at a Centre**	154	41.5
Total	371	100.0

*Anti-terror branch

**Applicants tortured at outdoors, at home or workplace, in a vehicle or some other place in their most recent detention,, and applicants who were not subjected to torture during their most recent detention but applied to HRFT on the basis of torture experienced in former detention periods or prison.

The distribution of applicants according to the methods of torture in most recent detention in 2015 are given in Table 45.

83.3% of the applicants subjected to torture in detention in 2015 have been subjected to insulting, 78.2% to humiliating, and 76% to beating. The share of applicants subjected to other positional torture methods have increased by 33.2 points according to 2014, and went up to the fourth place. The reflections of this method will be evaluated in the complaints, findings, and diagnosis sections.

Table 45: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the methods of torture in most recent detention

Method of Torture	Number of Applicants	%
Insulting	309	83.3
Humiliating	290	78.2
Beating	282	76.0
Other positional torture methods	158	42.6
Threats against the applicant	137	36.9
Exposure to tear inducing chemicals (tear gas, CN, CS.)	112	30.2
Exposure to chemical substances	106	28.6
Death threat	100	27.0
Forced to witness (visually/aurally) torture of others	77	20.8
Sexual harassment	74	19.9
Verbal sexual harassment	60	16.2
Restricted food and drink	58	15.6
Forced to obey nonsensical orders	51	13.7
Continuous hitting of one part of the body	51	13.7
Restricted urination and defecation	51	13.7
Pulling out hair/beard/moustache	47	12.7
Physical sexual harassment	43	11.6
Restriction of basic needs (depriving of sleep, medication, etc.)	39	10.5
Restricted respiration	32	8.6
Dropping out of, hitting, dragging by vehicle	32	8.6
Forced to wait in cold/hot environment	31	8.4
Threats against the relatives/friends	24	6.5
Forced to listen to high volume music or marches	21	5.7
Exposure to pressured/cold water	18	4.9
Torture in the presence of relatives/friends	17	4.6
Pressured water coloured by chemicals	17	4.6
Taking body sample by force	16	4.3
Stripping naked	12	3.2
Using firearms	10	2.7

Table 45: Cont.

Blindfold	9	2.4
Mock execution	8	2.2
Asked to act as an informer	4	1.1
Solitary confinement	4	1.1
Squeezing testicles	3	0.8
Rectal/naked search	3	0.8
Threat of rape	3	0.8
Burning/raiding home	3	0.8
Rape	2	0.5
Electricity	1	0.3
Forced to excessive physical activity	1	0.3
Not remembered	2	0.5
Other	70	18.9
Total	2388	6.4*

**The average number of torture methods a person was subjected to*

2- Legal Procedures During and After Detention

229 (63%) applicants subjected to torture in 2015 have reported that they had access to a lawyer during their most recent detention. In the previous 5 years, this figure was;

- 52% in 2014
- 20% in 2013
- 51% in 2012
- 59% in 2011
- 58% in 2010

Chart 11: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to their access to a lawyer in most recent detention

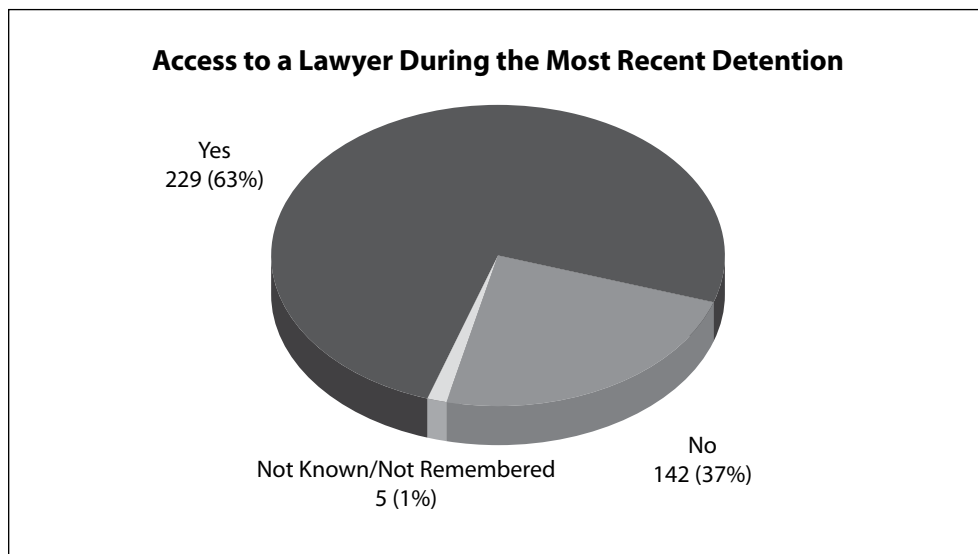


Table 46 looks at the legal situation after most recent detention for the applicants who have been subjected to torture in 2015.

It is observed that 239 (64.4%) of the applicants are released without facing a prosecutor. This figure for the previous years is as follows:

- 66% in 2014
- 82% in 2013
- 47% in 2012
- 41% in 2011
- 57% in 2010

In 2015, 123 (33.2%) of applicants were released by the prosecutor or the court. This rate was;

- 31% in 2014
- 14% in 2013
- 46% in 2012
- 48% in 2011
- 32% in 2010

8 (2.2%) applicants have been arrested. Compared to the previous years, a continuous decline is detected in this share.

- 8 (3%) in 2014
- 7 (3%) in 2013
- 16 (7%) in 2012
- 24 (11%) in 2011
- 10 (10%) in 2010

This points to arbitrary detention practices.

Table 46: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the situation after most recent detention

Situation After Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
Released without facing a prosecutor	239	171	64.4	65.8
Released by prosecution office or court	123	80	33.2	30.8
Arrested	8	8	2.2	3.1
Unknown/not remembered	1	1	0.3	0.8
Total	371	260	100.0	100.0

Like in 2014, in 2015 only 1 out of the 8 applicants arrested after detention, was convicted. Those who do not know whether a lawsuit was filed or not concerning them hold the first place with the highest share. No law suits are filed concerning one fourth of the applicants in 2015 (Table 47).

Table 47: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to trial process after most recent detention

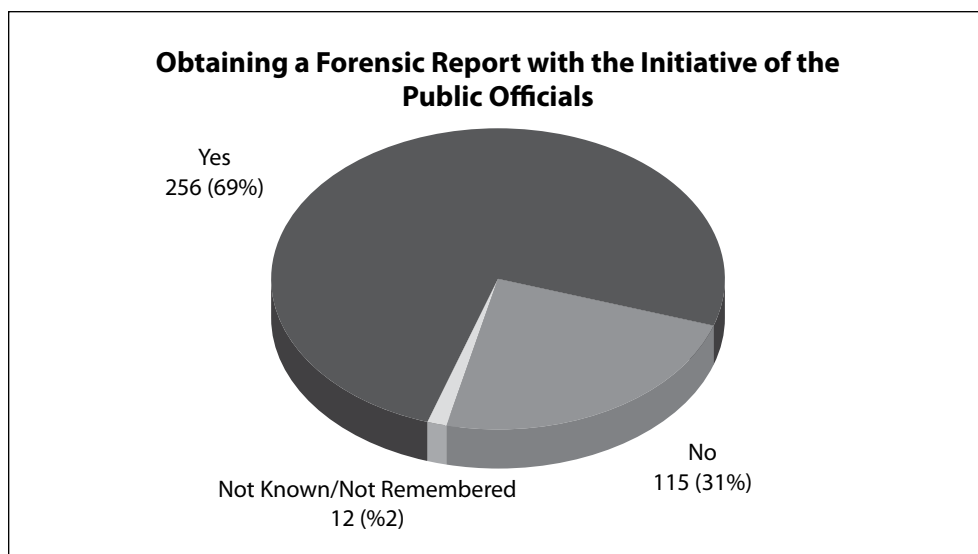
Trail Process After Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
Whether a lawsuit was filed against the applicant is unknown	177	83	31.8	31.9
Applicants was not tried	142	137	25.5	52.7
Trial in progress	45	33	8.1	12.7
Applicant was tried, result is unknown	4	4	0.7	1.5
Applicant was tried and acquitted	2	2	0.4	0.8
Applicant was tried and convicted	1	1	0.2	0.4
Total	371	260	100.0	100.0

The number of applicants, who were subjected to torture in detention in 2015, and who obtained a forensic report on the initiatives of public officials after their most recent detention is 256 (69%). The remaining 31% (115 applicants), stated that they did not obtain a forensic report.

In the previous 5 years, within the applicants in this category, the share of those who stated that they obtained a forensic report, is as follows:

- 60% in 2014
- 23% in 2013
- 61% in 2012
- 73% in 2011
- 61% in 2010

Chart 12: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to whether they obtained a forensic report on the initiatives of public officials after most recent detention



Forensic examination of almost all (96.5%) the 256 applicants who have obtained a report, was conducted at the hospitals. This figure is 93% for 2014, and 70% for 2013 (Table 48).

26 applicants (7%) reported that they have obtained a report upon their own will, following their most recent detention. This figure was 15% with 40 applicants in 2014, and 18% with 91 applicants in 2013.

Table 48: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the place of forensic medical examinations after most recent detention

Place of Forensic Medical Examination After Most Recent Detention	Number of Applicants		%	
	2015	2014	2015	2014
Hospital	247	145	96.5	93.5
Directorate of Forensic Medicine Institution Branch	2	9	0.8	5.8
Institution of Forensic Medicine	1	-	0.4	-
Health Centre	1	1	0.4	0.6
Unknown/not remembered	5	-	2.0	-
Total	256	155	100.0	100.0

In their assessment of the forensic examination process, out of the 256 applicants who went through forensic examination after their detention;

- almost three fourth (71.9%) stated that the law enforcement officers were taken out of the room during forensic examination; a result similar to the 2014 figure (76.8%),
- 56.3% stated that the forensic physician listened to their complaints (64.5% in 2014),
- 37.5% stated that the forensic physician took the story of the incident (45.2% in 2014),
- 36.3% stated that the forensic physician examined as s/he ought to (54.2% in 2014),
- 21.5% stated that the forensic physician arranged a report in compliance with the findings (37% in 2014, 43% in 2013, 51% in 2012, and 37% in 2010-2011). A decline by 15.3 points is visible in the arrangement of a report in compliance with the findings, compared to the previous year (Table 49).

Table 49: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to their evaluations of the forensic medical examination after detention

Evaluation of Forensic Medical Examination	Yes	%	No	%	Unknown/not Remembered	%	Total	%
Did the law enforcement officers taken out of the room during forensic medical examination?	184	71.9	64	25.0	8	3.1	256	100.0
Did the forensic physician listen to the complaints?	144	56.3	105	41.0	7	2.7	256	100.0
Did the forensic physician take the medical history?	96	37.5	154	60.2	6	2.3	256	100.0
Did the forensic physician examine as required	93	36.3	155	60.5	8	3.1	256	100.0
Did the forensic physician draft a report that was in accordance with the findings?	55	21.5	61	23.8	140	54.7	256	100.0

83 (22.4%) out of 317 applicants in 2015, have reported to have been tortured during their interrogation at the court, or at the prosecution office. This figure was 13% in 2014, and 2% in 2013 with 12 applicants.)

48 (12.9%) out of 371 applicants filed a criminal complaint at the prosecution office with a separate petition, without any guidance of HRFT. This rate was 19% in 2014, and 24% in 2013. 218 (58.8%) applicants in 2015 did not filed complaints. (67% in 2014, and 69% in 2013) 4 (1.1%) applicants have filed complaints with the direct guidance of HRFT.

3- Imprisonment Process

Among the 2015 TID applicants, the number of those that have been detained in prison at some point in their lives is 43 (16.8%). This figure was 12% in 2014, and 5% in 2013. The number of applicants detained in prison after their most recent detention is 20 (7.8%). The number of applicants with a story of prison is 202.

C- MEDICAL EVALUATION

This chapter contains information about the health conditions of the 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, orthopaedists, dermatologists, neurologists, physiatrists, ophthalmologists, otorhinolaryngologists, cardiologists, general surgeons, etc.)

1- Medical Complaints of the Applicants

364 out of 371 TID applicants in 2015 have reported at least one physical or psychological complaint. TID applicants reported 144 different, and in total 2309 complaints.

The distribution of complaints according to systems reveal that complaints related to the musculoskeletal system were the most common with 35.2%. In 2014 too, complaints related to the musculoskeletal system had ranked first with 31.2%. This figure however, was 17% in 2013 and this category had ranked as the third most common complaint (Table 50).

Table 50: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the frequency of physical and psychological complaints

Systems	Number of Complaints		%	
	2015	2014	2015	2014
Musculoskeletal	812	459	35.2	31.2
Dermatological	493	315	21.4	21.4
Psychological	430	306	18.6	20.8
Neurological	184	84	8.0	5.7
Ear-Nose-Throat	100	46	4.3	3.1
Ophthalmological	89	53	3.9	3.6
Respiratory	56	51	2.4	3.5
Digestive	52	34	2.3	2.3
General	43	90	1.9	6.1
Oral-Dental	27	9	1.2	0.6
Urogenital	12	4	0.5	0.3
Cardiovascular	9	17	0.4	1.2
Endocrinological	2	1	0.1	0.1
Total	2309	1469	100.0	100.0

In 2015, 6 different musculoskeletal complaints, 3 different dermatological complaints, and 1 nervous system complaint are reported by the applicants. The most common physical complaint was skin decolourization reported by 171 (46.1%) applicants. In the previous years, this figure was;

- 99 (38%) in 2014
- 279 (57%) in 2013
- 143 (61%) in 2012

- 75 (33%) in 2011
- 45 (28%) in 2010

All of the most frequent 10 complaints listed in Table 51 are possible complaints that can be observed after a trauma.

Table 51: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the frequency of their physical complaints

Ten Most Common Physical Complaints	Number of Complaints		Among the Applicants %		Among the Physical Complaints %	
	2015	2014	2015	2014	2015	2014
Skin discolouration	171	99	46.1	38.1	9.1	8.5
Contusion	116	-	31.3	-	6.2	-
Headache	99	41	26.7	15.8	5.3	3.5
Swelling	97	48	26.1	18.5	5.2	4.1
Shoulder ache	82	63	22.1	24.2	4.4	5.4
Facial pain/pain in jaw joint	79	-	21.3	-	4.2	-
Neck pain	69	33	18.6	12.7	3.7	2.8
Generalized body pain	64	-	17.3	-	3.4	-
Low back pain	60	-	16.2	-	3.2	-
Back pain	58	45	15.6	17.3	3.1	3.9
Other physical complaints	984	677	-	-	52.4	58.2
Total	1879	1163	-	-	100.0	100.0

317 TID applicants in 2015 reported 26 different and in total 430 psychological complaints. The most common psychological complaint was sleeping disorder (19.5%). Compared to the 2014 figures, the share of applicants reporting anxiety has slightly increased, and of those reporting flashbacks and nightmares decreased. On the other hand, the feeling of crying has become one of the 10 most frequently reported psychological complaints. The most common psychological complaints reported by the applicants can be seen in Table 52.

Table 52: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the frequency of psychological complaints

Ten Most Common Psychological Complaints	Number of Complaints		Among the Applicants %		Among the Psychological Complaints %	
	2015	2014	2015	2014	2015	2014
Sleeping disorders	49	36	13.2	13.8	11.4	11.8
Anxiety	40	23	10.8	8.8	9.3	7.5
Tension	33	24	8.9	9.2	7.7	7.8
Irritability	31	21	8.4	8.1	7.2	6.9
Distress	30	22	8.1	8.5	7.0	7.2
Feeling of crying	21	-	5.7	-	4.9	-
Concentration difficulties	21	14	5.7	5.4	4.9	4.6
Flashback	21	22	5.7	8.5	4.9	7.2
Feeling of irritation when encountered with a police	20	13	5.4	5.0	4.7	4.2
Nightmares	19	23	5.1	8.8	4.4	7.5
Other psychological problems	145	95	39.1	-	33.7	31.0
Total	430	-	-	-	100.0	-

2- Findings of Physical Examination

Following the physical examination of 317 TID applicants in 2015, 52 different and in total 1287 physical findings are detected. The distribution of physical findings detected in TID applicants according to the systems show that dermatological findings constitute almost half (49.3%) of the total number of findings. Dermatological and musculoskeletal findings together (1001 findings) constitute 77.8% of the overall findings (Table 53).

Table 53: Distribution of physical findings observed in the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to systems

Systems	Number of Findings		%	
	2015	2014	2015	2014
Dermatological	634	429	49.3	54.1
Musculoskeletal	367	254	28.5	32.0
Ear-Nose-Throat	76	25	5.9	3.2
Ophthalmological	70	35	5.4	4.4

Table 53: Cont.

Neurological	50	5	3.9	0.6
Oral-Dental	42	24	3.3	3.0
Digestive	20	6	1.6	0.8
Urogenital	10	1	0.8	0.1
Respiratory	9	10	0.7	1.3
Cardiovascular	8	2	0.6	0.3
Endocrinological	1	2	0.1	0.3
Total	1287	793	100.0	100.0

A closer look at the details of the physical findings reveal that, 5 of the 10 most frequent physical findings concern skin, 3 concern musculoskeletal system, and 1 concerns the eye. Out of 30 applicants with the finding of superficial sensory impairment; erosion is detected in 25, and ecchymosis is detected in 21 applicants. Within this group, 26 stated to have been subjected to beating, and 22 to other positional torture methods.

Appearing to be traces of reverse manacling, the impact of these findings on the skin, and on the musculoskeletal and nerve systems needs to be evaluated as the subject of a separate research. From among 168 applicants with both findings of skin erosion and ecchymosis, 147 have been subjected to beating. In 57 of these applicants, pain and sensitiveness in the muscles, in 30, sensitiveness in shoulder movement, and in 21, superficial sensory impairment are detected.

Table 54: Distribution of the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, according to the physical findings observed

Physical Findings	Number of Findings		Among the Applicants %		Among All Physical Findings %	
	2015	2014	2015	2014	2015	2014
Skin erosion (abrasion)	214	-	57.7	-	16.6	-
Skin ecchymosis	207	151	55.8	58.1	16.1	19.0
Skin oedema in the skin	73	53	19.7	20.4	5.7	6.7
Muscular pain and sensitivity	42	63	11.3	24.2	3.3	7.9
Contusion in the skin	41	-	11.1	-	3.2	-
Pain and restricted movement in neck	98	25	26.4	9.6	7.6	3.2
Visual impairment	52	-	14.0	-	4.0	-

Table 54: Cont.

Scar tissue on the skin	42	51	11.3	19.6	3.3	6.4
Pain and restricted movement in wrist and fingers	35	-	9.4	-	2.7	-
Superficial sensory defect	30	-	8.1	-	2.3	-
Other physical finding	453		-	-	35.2	-
Total	1287	793	-	-	100.0	100.0

3- Psychiatric Symptoms and Findings

In 2015, out of the 371 TID applicants, 53 different and in total 1644 findings are observed in 94 (25.3%) applicants, who went through evaluation by a psychiatrist or a psychologist, and in whom psychological findings are detected (Table 55). Out of the remaining 277 applicants, 27 (9.7%) were evaluated by a specialist, but no psychological finding is detected.

Out of the 260 TID applicants in 2014, in total 533 findings were detected in 51(19.6%) applicants with psychological symptoms and findings. Compared to the previous year, a rise in the rate of symptoms and findings is visible. In the rate of the following symptoms and findings, an increase by around 10 points is observed:

- The frequency of response of intense fear, helplessness or horror to the traumatic events experienced or witnessed rose from 5% in 2014 to 16.4% in 2015 with an increase by 11.4 points
- The frequency of increase or decrease in sleep duration rose from 6.2% in 2014 to 17.5% in 2015 with an increase by 11.3 points
- The frequency of intense psychological distress at exposure to stimuli associated with the trauma rose from 8.1% in 2014 to 17.8% with an increase by 9.7 points.

Table 55: Distribution of psychiatric symptoms and findings detected in the 94 applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015, and who underwent psychological evaluation

Psychiatric Symptoms and Findings	Number of Symptoms and Findings	Among the Applicants %	Among All Symptoms and Findings %
Anxiety	77	81.9	4.7
Difficulties in falling or staying asleep	70	74.5	4.3
Intense psychological distress at exposure to stimuli associated with trauma	66	70.2	4.0
Increase or decrease in sleep duration	65	69.1	4.0

Table 55: Cont.

Recurrent and intrusive distressing recollections of the traumatic event	62	66.0	3.8
Response of intense fear, helplessness or horror to the traumatic events experienced or witnessed	61	64.9	3.7
Recurrent and distressing nightmares of the traumatic event	59	62.8	3.6
Physiological reactions to stimuli associated with the trauma	59	62.8	3.6
Flashback experiences and acting or feeling as if the traumatic event was recurring	54	57.4	3.3
Sense of foreshortened future	52	55.3	3.2
Somatic anxiety symptoms (tachycardia, distress, sweating etc.)	52	55.3	3.2
Feelings of detachment or estrangement from others	50	53.2	3.0
Efforts to avoid activities, places or people that arouse recollection of the trauma	50	53.2	3.0
Hopelessness, desperation	48	51.1	2.9
Agitation (irritability, hyperactivity)	46	48.9	2.8
Irritability and/or outbursts of anger	46	48.9	2.8
Inattentiveness, lethargy	45	47.9	2.7
Muscular strain	45	47.9	2.7
Concentration difficulties	45	47.9	2.7
Fatigue, weakness, lack of energy	44	46.8	2.7
Efforts to avoid thoughts, feeling, and conversations associated with the trauma	42	44.7	2.6
Exaggerated startle response	41	43.6	2.5
Hypervigilance	40	42.6	2.4
Depressive mood	39	41.5	2.4
Markedly diminished interest or participation in significant events	36	38.3	2.2
Feelings of guilt	35	37.2	2.1
Difficulties in decision making	33	35.1	2.0
Reduction in awareness of surrounding environment	30	31.9	1.8

Table 55: Cont.

Changes in appetite/weight (increase or decrease)	30	31.9	1.8
Feelings of worthlessness and low self-esteem	27	28.7	1.6
Anhedonia, apathy	26	27.7	1.6
Memory impairment	24	25.5	1.5
Blunted affect (or bluntness)	22	23.4	1.3
Inability to remember key aspects of the trauma	20	21.3	1.2
Dysphonic mood	20	21.3	1.2
Depersonalization	18	19.1	1.1
Diminished psychomotor activities	15	16.0	0.9
Decreased in sexual interest	13	13.8	0.8
Suicidal thoughts and/or attempts	7	7.4	0.4
Convulsive faint	5	5.3	0.3
Derealisation	4	4.3	0.2
Obsession	4	4.3	0.2
Excessive talking or pressured speech	3	3.2	0.2
Hallucinations (visual, audio, tactile, smell)	3	3.2	0.2
Hyperactivity, increased intentional activity	2	2.1	0.1
Other convulsive symptoms and deficit	2	2.1	0.1
Compulsion	2	2.1	0.1
Elevated or expansive mood	1	1.1	0.1
Disorganized speech or behaviour	1	1.1	0.1
Negative symptoms (affective blunting, superficialization, avolition)	1	1.1	0.1
Disorientation (time, person, place)	1	1.1	0.1
Abuse/addiction of alcohol and/or substance	1	1.1	0.1
Total	1644	-	100.0

4- Diagnoses

The evaluation of the diagnoses of 2015 TID applicants, is carried out for 329 TID applicants, who were diagnosed with a condition by the end of 2015. The applicants received 175 different and in total 1192 physical diagnoses; and 19 different and in total 132 psychological diagnoses.

When the relationship between 1192 physical diagnoses, and the torture experienced by the applicants is examined, torture incident is evaluated as;

- “the only etiological factor” in 997 diagnoses (83.6%)
- having “aggravated or inflamed an existent pathological situation” in 51 diagnoses (4.3%)
- “one of the factors” in 47 diagnoses (3.9%)
- “irrelevant” in 76 diagnoses (6.4%).

In 21 (1.8%) physical diagnoses, the relation of the diagnosis with the torture incident could not be “identified”.

In 30 (9.1%) out of 329 TID applicants in 2015, who received a physical diagnosis by the end of 2015, bone fracture in different parts of the body, for which torture incident is the “only etiological factor”, is detected. This figure was 8.7% with 22 applicants in 2014, and 10.8% with 49 applicants in 2013. It can be reasonably stated that a significant share of the bone fractures detected in 2013 was linked to the targeted use of chemical gas capsules and plastic bullets as firearms. On the other hand, the fact that almost in all the incidents detected, the bone fractures occurred during beating or the hand-cuffing beyond the back, suggests an increase in the degree of violence practiced during beating and hand-cuffing beyond the back.

In 142, out of 158 applicants who reported to have been subjected to reverse manacled, contusion injuries are observed in hand and hand wrist; and in 22 out of 30 applicants, with the finding of superficial sensory impairment in the physical examination, upper extremity mononeuropathy (superficial radial and/or ulnar nerve damage) is detected.

When the hands are folded backwards and the wrists are manacled behind the back, veins, nerves, and tendons passing through the shoulder joint might be injured, as both arms are stretched backwards and upwards, and the shoulder joint remains in the internal rotation position for a long time.

As a result of the contact of the handcuff constricted at the level of wrists, and of friction due to pressure, the occurrence of skin, subcutaneous tissue, and nerve damage is probable. A variety of symptoms, pain being in the first place, might occur depending on the degree of pressure, due to the compression of arteries, veins, and nerves passing through the wrist between the handcuff and the bonny tissue.

Both the pressure exercised by the handcuff itself, and the pressure effect of the oedema developed linked to the inflammation (tissue damage response) resulting from soft tissue damage, increase proportionally with the duration of waiting in the handcuffed position.

A condition known in the scientific literature as “handcuff neuropathy” occurs, as a result of pressure exercised on the hand wrist due to the constriction of the handcuff. Damage on one or all of the radial, ulnar, and median nerves passing through the hand wrist, and the resulting motor and sensory problems (paresthesia, weakness, topagnosis, burning, pain, etc.) are probable. The probability of occurrence of these

complaints and findings increase with the duration and frequency of handcuffing practice.

Causing physical pain and neurological damage, reverse hand-cuffing might lead to severe health problems, as it forcibly holds the shoulders and the arms in a position inconvenient to the human anatomy, and due to the pressure exercised on wrist and shoulder joint, when tied up for a long-time and constrictively. 17 out of 30 applicants, in whom pain and restriction in shoulder movement are detected, are diagnosed with tendinitis, rotator cuff syndrome, shoulder impingement syndrome, and several shoulder diseases involving labrum tears.

Table 56: Distribution of physical diagnoses received by the applicants to the HRFT Treatment and Rehabilitation Centres in 2015, who have been subjected to torture in detention within the year 2015

ICD-10 Code	Physical Diagnoses	Number of Diagnosis	Among Applicants %	Among Diagnosis %
S60	Superficial injury of wrist and hand	142	43.2	11.9
S00	Superficial injury of head	135	41.0	11.3
S40	Superficial injury of shoulder and upper arm	86	26.1	7.2
S80	Superficial injury of lower leg	66	20.1	5.5
S20	Superficial injury of thorax	64	19.5	5.4
S50	Superficial injury of forearm	61	18.5	5.1
S47	Crushing injury of shoulder and upper arm	36	10.9	3.0
S70	Superficial injury of hip and thigh	31	9.4	2.6
H52	Disorders of refraction and accommodation	30	9.1	2.5
S30	Superficial injury of abdomen, lower back and pelvis	28	8.5	2.3
S10	Superficial injury of neck	24	7.3	2.0
G56	Mononeuropathies of upper limb	22	6.7	1.8
S87	Crushing injury of lower leg	21	6.4	1.8
S07	Crushing injury of head	19	5.8	1.6
M75	Shoulder lesions	17	5.2	1.4
S67	Crushing injury of wrist and hand	16	4.9	1.3
S77	Crushing injury of hip and thigh	15	4.6	1.3
S01	Open wound of head	15	4.6	1.3
M50	Cervical disc disorders	13	4.0	1.1
S05	Injury of eye and orbit	13	4.0	1.1

Table 56: Cont.

S02	Fracture of skull and facial bone	13	4.0	1.1
M54	Dorsalgia	13	4.0	1.1
S90	Superficial injury of ankle and foot	12	3.6	1.0
T94	Sequelae of injuries involving multiple and unspecified body regions	10	3.0	0.8
S57	Crushing injury of elbow and forearm	10	3.0	0.8
	Other physical diagnosis	280	85.1	23.5
	Total	1192	-	100.0

94 (25.3%) out of 371 TID applicants in 2015, went through an evaluation by a psychiatrist or a psychologist, and psychological findings are detected. 81 (21.8%) applicants out of this group received 19 different and in total 132 psychological diagnoses. The frequency distribution of 132 diagnoses concerning 81 applicants, who have received a psychological diagnosis, is given in Table 57.

Table 57: Frequency distribution of psychiatric diagnoses received by applicants to the HRFT Treatment and Rehabilitation Centres, who have been subjected to torture in detention within the year 2015

Psychiatric Diagnoses	Number of Diagnoses	Among Applicants %	Among Diagnosis %
Acute stress disorder	36	44.4	27.3
Post-traumatic stress disorder (acute)	25	30.9	18.9
Post-traumatic stress disorder (chronic)	19	23.5	14.4
Major depressive disorder, single episode	13	16.0	9.8
Major depressive disorder, recurrent	9	11.1	6.8
Mixed anxiety-depressive disorder	6	7.4	4.5
Generalized anxiety disorder	5	6.2	3.8
Adjustment disorder	3	3.7	2.3
Post-traumatic stress disorder (late onset)	3	3.7	2.3
Panic disorder with agoraphobia	3	3.7	2.3
Obsessive compulsive disorder	2	2.5	1.5
Other anxiety disorder	1	1.2	0.8
Mental disorders due to a general medical condition	1	1.2	0.8

Table 57: Cont.

Disorders generally first diagnosed in infancy, childhood, or adolescence	1	1.2	0.8
Conversion disorder	1	1.2	0.8
Dysthymic disorder	1	1.2	0.8
Personality disorders	1	1.2	0.8
Panic disorder without agoraphobia	1	1.2	0.8
Other	1	1.2	0.8
Total	132	-	100.0



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