

## **ANNUAL REPORT 2004 – 2005**

### **The Rehabilitation Centre for Victims of Torture “EMPATHY” (RCT/EMPATHY, Georgia)**

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# ANNUAL REPORT OF THE RCT/EMPATHY, GEORGIA, 2004 - 2005

## Chapter I: GENERAL INFORMATION

**This report is prepared** by the Centre “EMPATHY” Director Dr. Mariam Jishkariani; Deputy Director of the Centre – Dr. George Berulava; Case Managers of the Centre “EMPATHY” - Dr. Anna Kakabadze; Dr; Khatuna Chkoidze; Dr. Zurab Chkhikvadze; Mr. Kakha Mikadze; Supervisor of Gali (Nabakevi Crisis Centre) – Dr. Tsitsino Grdzlishvili; Gali/nNabakevi Crisi Centre Director – Dr. Nona Tarbaia. Consultant of Women Colony Activities – Head of Women Colony Medical Department – Dr. Nino Bokolishvili, .

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**Period covered by this Report:** May 1, 2004 – May 1, 2005

<p><b>Program’s Title: Torture Persecution and Support for Torture Victims in Prisons’ System and in Military Conflict Zone in Georgia</b></p>
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**Financial Support** was provided from EC, Open Society Institute and UNVFVT ).

**For project Development and increasing of activities new proposal (3 years Project) with partnership of PRI, GMA and Women Association of Nabakevi and Darcheli (Crisi Centre in Gali (Nabakevi) (Military Conflict Zone) is submitted to EU Macro Projects on Rehabilitation of Victims of Torture and to UNVFVT for funding 2005**

**Main Target Groups** 1. Prisoners and Former Prisoners; 2. Refugees from Chechnya 3. IDPs from Abkhazia and South Osetia 4. Gali (Military Conflict Zone) civilian population.

**Placement of work** : Georgia, including regions: Tbilisi RCT/EMPATHY ; Women Colony Rehabilitation Centre; Juvenile Colony Rehabilitation Centre; Crisis Intervention Programme in Pre – Trial Prison in Tbilisi; Central Prison Hospital in Tbilisi; Zugdidi Pre – Trial Prison; Kutaisi Pre – Trial Prison; Pankisi Gorge; Gali (Nabakevi) Crisis Intervention Centre;

**Staff participated on preparation of this report:**

Dr. Tamar Nioradze – Neurologist; Lawyer – Mr. Irakli Esartia; Social Workers – Ms. Nato Lasviashvili; Ms. Maka Khanchukaeva; Social Worker – from Gali (Avto Beraia); Psychologists and psychotherapists: Ms. Manana Kechkhuashvili; Ms. Sopiko Chanturishvili; Financial Manager – Ms. Tea Khutsishvili; Data Basa Secretary – Mr. George Tsibadze; Nurse – Ms. Isolda Komladze;

## Chapter II: COMMON DATA ABOUT TARGET GROUPS

1. Total N of Clients – 1159; Direct Victims of Torture that were rehabilitated Total # - 535 (among them 27 patients are under the treatment from previous periods of program); Indirect only consulted – 624 and included in the waiting list;

Target Groups	Prisoner/Exprisoner Total VT# 701			Refugee from Chechnya # VT# 166			Refugee from Abkhazia and S.O.VT # 43			Gali region VT # 249		
	Female	Male	Ch/Ad	Female	Male	Ch/Ad	Female	Male	Ch/Ad	Female	Male	Ch/Ad
Total N of Consulted Persons	159	507	34	64	89	13	22	19	2	102	87	18
Total N of Direct Beneficiaries (Victims of Torture)	87	186	40	33	50	1	9	12	–	63	52	2
Number of persons guided in other Institutions / Below note Where *	5	60	3	1	4	2	3	1	–	38	31	-
Number of the Family Members	9	-	-	12	7	10	10	2	–	37	30	18
Number of Persons that only Consulted	72	322	18	31	39	12	13	7	2	39	35	16
Old(previous) patients	–	–	–	6	13	1	2	5	–	–	–	–

- **Where;**
- From Women Colony in the Central Prison Hospital in accordance with EMPATHY recommendations were transferred for specialized treatment 3 women – prisoners; From Pre – Trial Detention Centre in Tbilisi to the Central Prison Hospital were transferred 29 persons for specialized treatment and 3 persons were transferred on involuntary treatment in the Forensic Psychiatry Hospital in Poti; 1 person from Juvenile Colony for specialized treatment was transferred to the Central Prison Hospital as well.
- **Refugees from Chechnya** – 3 persons were sent for treatment in TAG and one child in Central Children Hospital in Tbilisi.

- **From Gali** – 37 persons were sent on treatment in several institutions; 22 persons in Zugdidi Hospital and 15 persons in RCT/EMPATHY.

**2. Ages (From Total N 280 persons – Direct Centre’s Beneficiaries)**

Age	prior to 14	from 14 to 18	from 18 to 60	Up 60
	1	42	442	50

**Average age for each Target group:** **Adults:** Prisoners and former Prisoners e = 34,48; Refugees from Chechnya e = 40,36; Refugees from Abkhazia S.O and Gali Population e=60,58

**Adolescents:** Juvenile Colony prisoners e = 16,39

**Average age total:** for Adults: e = 42,11; for Adolescents: e = 16,05

**3. Nationality (Total)**

Georgian	Russian	Armenian	Azerbaijanian	Chechenian	Kist	Other Indicate *
385	11	10	9	81	16	Ukrinian -1, Bashkir -1, Ingush – 1; Turkish – 1; Kurd – 2; Abkhazian – 3; Osetian – 8; Jewish – 4; Moldavian – 1

**4. Status**

Prisoner	Ex-Prisoner	Refugee from Chechnya	IDP from Abkhazia	living in Gali	Asylum Seeker	Other /Indicate/
303	10	74	21	117	5	13 (Kists living in Pankisi)

**5. Quantity of rehabilitated by family**

Number of Families = 55

### Chapter III: TORTURE METHODOLOGY

#### 1. Physical Methods of Torture (Indicate Total Numbers)

N#	Methods of Torture	Total # / F N 535	Prisoners and Ex-prisoners # / F; N 313		Refugees from Chechnya # / F N 84	IDP Abkhazia from South Osetia # / F N21	Gali Zone # / F N 117
			Adult N / F; N273	Adolescent # / F N 40			
1.1.	Beating (with cudgel, boots, pistol, other blunt object, hand, other - please indicated)	433 / 0,809	228 / 0,835	15 / 0,775	59 / 0, 702	13 / 0,619	117 / 1
	A. Systematically	341 / 0,637	182 / 0,667	21 / 0,525	48 / 0,571	11 / 0,523	78 / 0,667
	B. Once	134 / 0,25	46 / 0,168	10 / 0,25	11 / 0,131	1 / 0,048	39 / 0,333
1.2.	Electric Shock	73 / 0, 136	49 / 0,179	2 / 0,05	14 / 0,167	-	8 / 0, 068
	A. Oral	2 / 0, 004	-	1 / 0,025	1 / 0,012	-	-
	B. Through genital organs	12 / 0,022	5 / 0,018	-	7 / 0,083	-	-
	C. With Phalanx (extremities)	56 / 0,105	38 / 0,139	2 / 0,05	13 / 0,155	-	6 / 0,051
	D. Other (please indicate)	32 / 0,059	21 / 0,077	-	9 / 0,107	-	2 / 0,017
1.3.	Hanging	82 / 0, 153	49 / 0,179	-	19 / 0,226	-	14 / 0, 119
1..4	Non - physiology dislocation	83 / 0, 155	18 / 0,066	11 / 0,275	46 / 0,548	8 / 0,38	-
1.5	Sexual torture	83 / 0, 155	13 / 0,048	7 / 0,175	34 / 0,405	3 / 0,143	26 / 0, 222
	A. Rape	54 / 0,1	7 / 0,026	6 / 0,15	19 / 0,226	1 / 0,048	20 / 0, 171
	B. Stripe	63 / 0,117	8 / 0,029	5 / 0,125	31 / 0,369	3 / 0,142	16 / 0, 137
	C. Forced Onanizm	4 / 0,007	1 / 0,004	-	2 / 0,024	-	1 / 0,009
	D. Taking part at the someone's rape	-	-	-	-	-	-
	E. To be in humility pose	103 / 0,192	6 / 0,022	1 / 0,025	29 / 0,345	1 / 0,048	46 / 0,393
	F. Injure of the genital system organs	72 / 0,135	7 / 0,026	-	28 / 0,333	3 / 0,143	34 / 0,291

	G. Other (please indicate) – group rape with anal and oral ways	3 / 0,0 06	-	-	3 / 0,036	-	-
1.6.	Tooth - Medical Torture (extract a tooth or other)	44 / 0,082	12 / 0,044	-	14 / 0,167	3 / 0,143	15 / 0,128
1.7.	Suffocation (by the water, bag, gas - mask or other - please indicated)	113 / 0, 211	35 / 0,128	5 / 0,125	27 / 0,321	5 / 0,238	30 / 0,256
1.8.	Pharmacology torture (with different drugs, injections - knows or not what kinds of drugs - please indicate)	14 / 0, 026	9 / 0,033	-	5 / 0,059	-	-
1.9.	Cauterization (amputation of the extremity - nose, ear, eyes, cut off meet, nails etc - please indicate)	38 / 0,071	5 / 0,018	-	10 / 0,0,119	-	23 / 0,197
1. 10	Burning (with cigarette, with hot iron objects etc - please indicated)	33 / 0, 616	12 / 0,044	1 / 0,025	7 / 0,083	1 / 0,048	12 / 0,102
1. 11	Torture with animals (dogs etc.)	31 / 0,058	4 / 0,015	-	26 / 0, 309	1 / 0,048	-
1. 12	Other (please describe – Special method “telephone”)	47 / 0,088	42 / 0, 154	-	4 / 0,048	1 / 0,048	-

**1.13 Additional Information:**

**Special torture and ill treatment methods among prisoners** – most common methods of torture were the systematically beating and electric shock; as well as the beating on the wondered area of the human body. Beating was revealed especially on head area. Special methods: beaten in the face and body are with cold bottles from Coca – Cola. Beating with using the wet cloth (that methods didn’t leave the scores); Beating with iron castle on the head area.

- That happened in the Security isolator in Adjaria, the light was periodically turned on and turned off and during this the man’s voice was suggesting “To tell everything and to be agree on everything”.
- In the same isolator the prisoners had to sleep in the fixed position that face area had to be seen through the “watching window” of the sell.

**Among refugees from Chechnya: the special methods were:**

- Extract of hears from chest area of the human body with iron comb.
- Method “Russian Bath – House” – were the person are burned under the hot steam, as well as it could be indicated that this “house is made by the iron walls, floor and ceiling. – after this method client loss mind; after this torturers pour out with cold water and after his mind coming back he looked in the mirror and, together these manipulations, torturers beginning to treat: repeat it again and again “until he will be looks like as a burned pig”.
- Suffocation by the strong cloth; torturers were tie upped this cloth around the head or neck are until the client lost his mind.
- Special for men: Torturers hanged the iron bucket on the genital are of the client; The client’s extremities are fixed and he could not move – is fixed in one pose and in same time they step by step are increase the weight of the bucket with their excrements, this method are continued until the client lost his consciousness (mind) cased by traumatic shock.

- In the pose of the “dog” client is running, barking as a dog and have to break into iron desk, under threaten to be killed and that is continuing until he loss his consciousness.
- Hanging in the pose of “Lastochka”, his head is down that touching the chloral floor.
- Under the nails torturers are sticking the needles and connecting with eclectic wiring.
- Torturers injected client with diesel oil; they compelled client to drink this diesel oil.
- The client involuntarily is sitting in the iron barrel and around this barrel torturers are beating with iron cudgels.
- The torturers involuntarily fall the clients in the pit were is the cold water in winter and client is sitting here during the days.
- Torturers gave the client some drugs or doing injections and increase the dosage step by step until he had loss mind.
- The client is watching under threaten to be killed how someone – other torture survivor is keeping lively by torturers’ side.
- Clients were marked with different colors that are relevance of different methods of torture that will be used in different cases. (e.g. black marks on the front area means that client must be beaten several times during the day. Blue color vertical marks means that client should be beaten after the day; Horizontal marks with blue color means that the client must be beaten three days once).
- Doctors in Russian Army are participated in the torture (e.g. he/she is investigated person and marked on his/her body: to be incarcerated or not).
- Tooth – medical torture by the use of the screwdriver.
- Group rape and torturers is photographing it with video camera or photo films.
- Fall in the pit and made on his/her head the natural needs of human, eating these excrements.
- The person is fixed on the chair by the hands and body and his legs are bounded to the iron grid and then the fire is whipped up under this grid.
- Client is bounded on the wooden cross, than the torturers located the cross in front of the armed troops and use such victims as boards.
- Several modifications of “Lastochka” in combination with different type of non – physiological disposition. For e.g. Person is hang in the position of “Lastochka” and someone is rising him up and suddenly drops him, in most of cases it caused the severe pain and some times shoulder dislocation.
- The rat is put into the iron bucked and the victim is forcibly set on this bucked and bounded on it, after that bucked is heated, the rat trying to escape and rat is beginning to bite victim’s genitals.
- The 11 – 12 years old boy was forced to swallow a snake and after this he died on the mother’s hands. This fact was investigated in accordance with pathologic - anatomy expertise.
- The chloride water or dirt injections are made to the victim’s genitals and told him that after this he will never have the normal sexual life.
- The modern suffocation methods are used very widely too. For e.g. The torturers are put hand on the nose and mouth of the victim and the other hand is put on the occipital area, than he is raising and after the loss of conscience torturers throw him down.
- The bomb – “Limonka” had been put between heads of two victims and in case of any changes of position the bomb will be detonated.
- Torturers forced the victims to dig their own graves.
- Extract of hears from chest area of the human body with iron comb.

- Method “Russian Bath – House” – were the person are burned under the hot steam, as well as it could be indicated that this “house is made by the iron walls, floor and ceiling. – after this method client loss mind; after this torturers pour out with cold water and after his mind coming back he looked in the mirror and, together these manipulations, torturers beginning to treat: repeat it again and again “until he will be looks like as a burned pig”.
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- Torturers gave the client some drugs or doing injections and increase the dosage step by step until he had loss mind.
- The client is watching under threaten to be killed how someone – other torture survivor is keeping lively by torturers’ side.
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- Doctors in Russian Army are participated in the torture (e.g. he/she is investigated person and marked on his/her body: to be incarcerated or not).
- Tooth – medical torture by the use of the screwdriver.
- Group rape and torturers is photographing it with video camera or photo films.
- Fall in the pit and made on his/her head the natural needs of human, eating these excrements

**Gali Region:**

- Burning on the face area with iron.
- Fall in the well and throw the corpses on his/her head.
- To be in slavery position, working as a slave.
- “Columbian Tie” – someone watching how another person is killed by using this method.
- Group rape;
- Kidnapping by the reason of many excoriation.

**1.14. Please described the methods that did not leave physical scars:** The special methods that could not leave the scares were used in most of cases as well. Those are the "Box Gloves", "Modern Lastochka", "Telephone", "Phalanx". The psychological torture methods were used very widely as well, especially very "effective" was the threatening to be raped (in respect of men); humiliation, as well as inhuman attitude and oppression were used in all 255 cases too.

**2. Psychological Methods of Torture**

N#	Torture methods	Total # / F N 535	Prisoners and Ex-prisoners # / F N 313		Refugees from Chechnya # / F N 84	IDP from Abkhazia and South Osetia # / F N 21	Gali Zone # / F N 117
			Adult N / F N 273	Adolescent # / F N 40			
1	Deprivation, isolation	357 / 0,667	219 / 0,802	40 / 1	58 / 0,69	17 / 0,81	23 / 0,196
2	Dark, less of oxygen, cold	431 / 0,806	232 / 0,85	40 / 1	58 / 0,69	14 / 0,667	87 / 0,743
3	Animals in the isolator (rodents, insects etc)	364 / 0,68	250 / 0,916	31 / 0,775	33 / 0,393	6 / 0,286	42 / 0,359
4	Dirt and lack of the sanitary - hygienic normal conditions	390 / 0,729	251 / 0, 919	40 / 1	57 / 0,679	12 / 0,571	30 / 0,256
5	Agent in the cell	153 / 0,286	102 / 0,374	10 / 0,25	25 / 0,298	1 / 0,048	15 / 0, 128
6	Other torture victims in the isolator	250 / 0,467	116 / 0, 425	22 / 0,55	45 / 0,536	12 / 0,571	55 / 0,47
7	Hearing the voices of someone's being tortured	298 / 0,557	112 / 0,1	13 / 0,325	52 / 0,619	13 / 0,609	108 / 0,923
8	Attending on some ones torture fact	188 / 0,351	65 / 0,238	12 / 0,3	44 / 0,524	8 / 0,381	59 / 0,504
9	Torture of the family members or other close persons	158 / 0,295	55 / 0,201	5 / 0,125	38 / 0,452	10 / 0,476	74 / 0,632
10	Sleep deprivation	362 / 0,676	157 / 0,575	35 / 0,875	57 / 0,678	13 / 0,609	96 / 0,821
11	Uncertainly waiting for torture	421 / 0787	206 / 0,754	38 / 0,95	60 / 0, 714	17 / 0,81	100 / 0,855
12	Threaten 1. To be raped. 2. Regarding family 3. Regarding torture of the family member. 4. Other (please indicated or described)	381 / 0,712	169 / 0, 619	27 / 0,675	58 / 0,69	16 / 0.762	111 / 0,949
13	Humiliation, inhuman attitude, oppression	511 / 0,955	273 / 1	40 / 1	63 / 0,75	18 / 0,857	117 / 1
14	False death	134 / 0,25	20 / 0, 073	-	50 / 0,595	10 / 0,476	64 / 0,547
15	Starvation and lack of the water	238 / 0,445	50 / 0,183	10 / 0,25	60 / 0, 714	8 / 0,381	73 / 0,624
16	Limitation of the natural needs of the Human	269 / 0,503	137 / 0, 502	8 / 0,7	53 / 0,631	8 / 0,381	43 / 0,367
17	Non - real choice (collaboration as agent, signification, providing information etc)	339 / 0,634	99 / 0, 363	12 / 0,3	47 / 0,559	12 / 0,571	96 / 0,821
18	Lack of medical aid, inhuman treatment	422 / 0,789	229 / 0,732	35 / 0,875	60 / 0,714	18 / 0,857	80 / 0,684
19	Other (please described)	14 / 0,026	5 / 0,016	-	8 / 0,095	1 / 0.048	-

2.20. Additional Information describe \_\_\_\_\_

***The Torture methods that we defined as physical torture – include methods that mean physical violence from torturers' side to victims and pain or any other physical (body traumatization) – of other person, and as it is mentioned above, here is included the physical torture methods that didn't leave any physical scars too (for example suffocation by the gas – mask); The division of torture on physical and psychological methods is very difficult and conditional, because all psychological methods have physical – somatic consequences too (for e.g. cold, starvation etc) and of course the physical methods have the psychological after effects too. Based on above mentioned the psychological methods included conditionally such methods that first of all damage the victims moral and psychological condition and didn't included any kind psychical violence by other person's side.***

***General Analysis:***

In most of cases among prisoners the following methods of torture were identified: 1. Electric shock. 2. Suffocation. 3. Cauterization. 4. Sexual torture (rape etc). 5. Hanging. 6. Systematically beating. The psychological methods of torture were used widely as well. For example: "Feigned Death", threat to be raped (especially for men), threat to the family etc. The methods that do not leave the scars were used very widely as well.

The mostly common physical methods of torture among refugees and IDPs were systematically beating especially on the head and lumbal area and as well as non – physiological dislocation and burning.

Among psychological torture methods most common were inhuman and humiliation treatment in cases with refugees and IDPs and especially "False Death", limitation of natural needs, starvation and lack of water.

Threaten to be raped was high level among prisoners, especially men, but the sexual torture cases, rape, stripe and other humiliation poses were identified mostly among refugees and IDPs too.

Among adolescents most used torture methods were systematically beating and sexual torture; As well as the psychological methods of torture and inhuman treatment were used widely among adolescents with imprisonment experience.

## Chapter IV: ACUTE DISTURBANCES OF TORTURE

### 1. Psychical Reactions

#	<u>Psychical Reactions</u>	Total #/F  N 535	Prisoners and Ex-prisoners # / F N 313		Refugees from Chechnya #/F N 84	IDP from Abkhazia and South Osetia #/F N 21	Gali Zone #/F N 117
			Adult #/ F N 273	Adolescent #/F N 40			
2.1.	Acute - Shock Reaction						
	Stupor variant (psychic numbing, feelings of helpless and hopelessness, emptiness, insomnia etc), please indicated and	316 / 0, 591	147 / 0, 538	29 / 0,725	59 / 0,702	18 / 0,857	63 / 0,534
	Acute excited - explosive reaction (anxiety, para - suicide and suicide activities, self - aggressive reactions, psycho - motor excitation etc), please indicated and described	195 / 0, 364	112 / 0,41	13 / 0, 325	24 / 0, 286	3 / 0, 143	45 / 0,385
2.	Disturbance of Consciousness (clouded consciousness, disorientation, obnubilation, unconsciousness etc), please indicated and described	166 / 0, 31	77 / 0, 282	19 / 0, 475	51 / 0, 607	15 / 0, 714	24 / 0, 205
2.3.	Suicide actions, suicide ideas, tendencies, fact of self - injury or activities to self - injury, ideas of self - injury, please indicated and described	136 / 0, 254	82 / 0, 3	6 / 0, 15	11 / 0, 131	2 / 0,095	35 / 0, 299
2.4.	Other	24 / 0, 045	14 / 0, 051	-	1 / 0, 012	-	9 / 0,077

**Please indicate average duration of the acute phases;** 1 week; sub acute phase – from 1 month till 3 months.

**Physical Outcomes**

#	Physical Outcomes	Total # / F 535	Prisoners and Ex-prisoners # / F		Refugees from Chechnya # / F 84	IDP from Abkhazia and South Ossetia # / F 21	Gali Zone # / F 117
			Adults N / F 273	Adolescent # / F 40			
1.1.	Cranial Trauma with the loss of consciousness	318 / 0, 594	125 / 0, 458	21 / 0, 525	55 / 0, 655	12 / 0, 571	63 / 0, 538
1.2.	Injury, wound (head area, face or neck, thoracic area, back, extremities or other place - please indicated) -----	185 / 0, 346	53 / 0, 194	26 / 0, 65	36 / 0, 428	9 / 0, 429	71 / 0, 607
1.3.	Burn (head, face, neck, thoracic, back, extremities or other place, skin or mucous membranes, please indicated) -----	54 / 0, 101	18 / 0, 066	1 / 0,025	7 / 0, 083	2 / 0,095	26 / 0, 222
1.4.	Acute bleeding (from which area, please indicated)-----	169 / 0, 316	72 / 0. 264	8 / 0, 2	40 / 0, 476	11 / 0, 524	38 / 0, 325
1.5.	Fractures, dislocation, injury (facial bones, extremities, phalanxes, shoulder or other places, please indicated)	80 / 0, 149	25 / 0, 091	1 / 0,025	31 / 0, 369	5 / 0, 238	18 / 0, 154
1.6.	Pain - traumatic shock	242 / 0, 452	87 / 0, 319	21 / 0, 525	48 / 0, 571	11 / 0, 524	75 / 0, 641
1.7.	Acute cardiac syndrome (infarction, stenocardia, angina pectoris)	107 / 0, 2	12 / 0,044	-	27 / 0, 321	10 / 0, 476	57 / 0,487
1.8.	Disturbance of respiration	166 / 0, 31	73 / 0, 267	18 / 0, 45	33 / 0, 393	8 / 0, 381	34 / 0,291
1.9.	Disturbance of the renal system	92 / 0, 172	37 / 0,135	-	28 / 0, 333	5 / 0, 238	22 / 0, 188
1.10.	Infection diseases: TB and acute prostatite; dearea	40 / 0, 075	11 / 0, 04	15 / 0, 375	14 / 0, 167	-	-
1.11.	Acute disturbance of the uric - genital system	93 / 0, 174	7 / 0, 026	-	33 / 0, 393	7 / 0, 333	46 / 0, 393
1.12.	Neurogenic - pain syndrome (pareses, paralysis, contractures, injury of the nerves, cramps, tremor or other, please indicated)	115 / 0, 215	70 / 0,256	2 / 0,05	29 / 0, 345	8 / 0, 381	36 / 0, 308
1.13.	Contusions, hematome (indicated the area) -----	242 / 0, 452	118 / 0, 432	26 / 0, 65	38 / 0, 452	11 / 0, 524	49 / 0, 419
1.14.	Acute disturbances of the ocular system	68 / 0, 127	13 / 0,048	2 / 0,05	21 / 0, 25	8 / 0, 381	24 / 0, 205
1.15.	Acute disturbances of the Otto - laryngological system	105 / 0, 196	39 / 0,143	3 / 0, 075	23 / 0, 274	7 / 0, 333	33 / 0, 282
1.16.	Other ( please described)	14 / 0, 026	5 / 0,018	-	8 / 0, 095	1 / 0,048	-

Please indicate average duration of the acute phases: 2 – 4 weeks.

Chapter V. CHRONIC OUTCOMES OF TORTURE (Among total Number 535)

Somatic Disorders

Physical Outcomes of Torture

Diagnosis	IDPs from Abkhazia and South Osetia and Gali region / N/F N 138	Refugees from Chechnya / All N/F N 84	Prisoners and former Prisoners / N 313		All N / F All among 535
			Adults N/F ; 273	Children N/F ; N 40	
Cardio – Vascular System	83 / 0, 601	32 / 0, 381	60 / 0, 22	8 / 0, 2	183 / 0, 342
Respiratory System	30 / 0, 217	14 / 0, 167	15 / 0, 055	25 / 0, 625	84 / 0, 157
Allergic Disorders	7 / 0, 051	1 / 0, 012	9 / 0, 032	9 / 0, 225	28 / 0, 052
Infection Disorders	10 / 0, 072 (1 – “B” Hepatitis)	6 / 0, 071(1 – TB)	26 / 0, 095 9 « B » and « c » Hepatitis 17 TB	21 / 0, 525	63 / 0, 118
Tumour	10 / 0, 072	5 / 0, 059	11 / 0, 04	-	26 / 0, 049
Abdominal System	72 / 0, 522	15 / 0, 179	18 / 0, 066	8 / 0, 2	113 / 0, 211
Uro – Genital System	26 / 0, 188	35 / 0, 417	37 / 0, 135	8 / 0, 2	116 / 0, 217
Ocular System	28 / 0, 203	16 / 0, 19	12 / 0, 044	-	56 / 0, 105
Otto - Laringology	25 / 0, 181	7 / 0, 083	21 / 0, 077	4 / 0, 1	76 / 0, 142
Endocrine System	19 / 0, 138	10 / 0, 119	13 / 0, 048	-	42 / 0, 079
Osteo – Muscular System	43 / 0, 312	32 / 0, 381	43 / 0, 157	3 / 0, 075	108 / 0, 202
CNS Disorders	88 / 0, 638	59 / 0, 702	168 / 0, 615	32 / 0, 8	347 / 0, 649
Infected Injury	1 / 0, 007	2 / 0, 024	4 / 0, 015	-	7 / 0, 013
Other, please indicate which one - Itch	1 / 0, 007	-	-	24 / 0, 6	25 / 0, 047
Dental problems	14 / 0, 101	15 / 0, 178	30 / 0, 11	7 / 0, 175	66 / 0, 123

One women was pregnant.

**Mental (Psychological) Disorders and Consequences of Torture (In accordance with ICD 10) and used psychological tests.**

**For Adults**

Diagnosis	Code (ICD 10)	Prisoners/ former Prisoners N /F 273	Refugees from Chechnya N/F 83	IDPs from Abkhazia and South Osetia N/F 21	Gali Region N/F 115	All N/F Among Total N 492
Acute Stress Related Reaction	F 43.0.	12 / 0, 044	-	-	16 / 0, 139	28 / 0, 057
PTSD	F 43.1.	41 / 0, 15	33 / 0,398	9 / 0,429	35 / 0, 304	118 / 0, 24
PTSD with Depression	F43.1 ; F43.22.	61 / 0, 223	42 / 0, 506	8 / 0, 381	37 / 0, 322	148 / 0, 301
PTSD with Somatoform Disorder	F43.1 F45.	30 / 0, 11	1 / 0, 012	-	11 / 0,096	42 / 0, 085
PTSD with Post Commotion Syndrome	F43.1. F07.2.	31 / 0, 113	-	-	2 / 0,017	33 / 0, 067
Chronic Changes of Personality (after torture)	F62.0.	26 / 0, 095	7 / 0, 084	2 / 0,095	9/ 0,078	44 / 0, 089
Emotional Personality Disorder with PTSD	F60.3. F43.1.	14 / 0, 051	-	1 / 0,048	-	15 / 0, 03
Organic Personality Disorder (Epilepsy) with PTSD	F07.0. F43.1.	10 / 0, 037	-	-	-	10 / 0, 02
PTSD with Psychothic Syndromes(Schizophrenotype )	F43.1 F20.0.x0	19 / 0, 07	-	-	3 / 0,026	22 / 0, 045
Conversive – Disociated Disorder with PTSD	F 44 F43.1	11 / 0, 04	-	-	-	11 / 0, 022
Dementia (after the commotion during the cranial trauma (torture event)	F01.3	-	-	-	-	-
Schizophrenia	F20.0.x0	4 / 0, 014			2 / 0,017	6 / 0,012
Disocial Personality Disorder	F60.2	3 / 0,011	-	-	-	3 / 0,006
Drug Addiction and Alcoholizm 1.With remission 2. Active (episode users)		40 / 0, 147	-	-	Active : 9 / 0, 078	49 / 0,0996
Mental Retardation	F 70	3 / 0,011	-	-	-	3 / 0,006

Organic Shizotipal Delusion Discorder	F 06.02	3 / 0,011	-	-	-	3 / 0,006
Bipolar Affective Disorder Current Episode of Severe Depression with Psychotic Symptoms	F 31.5.	2 / 0,007	-	2 / 0, 095	-	4 / 0,008
Non Psychotic Register Personality Disorder caused by the CNS Dysfunction	F 07.8	1 / 0, 004				1 / 0,002
Other, Specify(with prevalence of other emotional disturbances)	F 43.23 F43.1	1 / 0,004	-		-	1 / 0,002
Other, Specify(Unspecified mental disorder caused by dysfunction of Brain or Physical illness)	F 06.9	1 / 0,004	-		-	1 / 0,002

**For Adolescents (Juvenile Colony, Gali Region, Refugee from Chechnya; Total Number 43)**

Diagnosis	Code (ICD – 10)	Prisoners # /F N40	Gali Region, R. from Chechnya #/F N3	Among total # /F N 43
Non – Organic Enuresis with PTSD	F 98.0. F 43.1.			8 / 0,186
Socially Integrated Behavioral Disorder with PTSD	F 91.2. F 43.1.			9 / 0,209
Socially Disintegrated Behavioral Disorder with PTSD	F 91.1. F 43.1.			8 / 0,186
PTSD with Depression	F 43.1. F 43.22.			6 / 0,139
Epilepsy with PTSD and one with enuresis	F 07.0. F 43.1.			3 / 0,07
Behavioral Depression Disorder	F 92.0			-
PTSD	F 43.1			9 / 0,209
Other, please specify				
Other, please specify				
Other, please specify				
Other, please specify				

Experience of Toxic mania/drug addiction and alcoholism among adolescents – 25

## Chapter VI: CONDUCTED TREATMENT AND REHABILITATION

### 1 . Indicate type of Investigations as well as placement and external consultations. (Among Total 535)

Type of Investigation, external consultations	Name of Institution	Number of consultations	Number of Patients
E.C.G.	Treatment Centre	64	64
Echolocation	Treatment Centre ; Prison; Prison Hospital ; Juvenile and Women Colony	131	102
XR	Treatment Centre ; Pison Hospital	176	80
E.E.G	Treatment Centre ; TSMU Central Clinic	7	6
Urine Common Analysis	« Gio – Labi »	48	48
Blood Common Analysis	« Gio – Labi »	27	27
Blood Biochemistry	Haematology Research Institute; « Gio – Labi »	8	3
Glucose Level measuring	« Gio – Labi »	33	21
Cardiologist's Consultation	RC Office ; Gali CC	10	10
Investigation (Holter's Method)	"Cardioexpress"	1	1
Urologist's Consultation	Treatment Centre ; Juvenile Colony	14	14
Prostate Smear Analysis	« Gio – Labi »	9	9
Endocrinologist's Consultation	Treatment Centre	12	11
Surgeon Consultation	Women Colony	13	7
Gynecologist's Consultation	Chachava R/Institute of Gynecology, Women Colony, Gali Crisis Centre	86	57
Massage, phisioprocedures, Equipment	Traumatology Centre	49	15
Ezogastroduodenoscopie	Treatment Combinat (Centre)	6	6
Excrements analysis on Haemorhaghia	"Gio-labi"	2	2
Excrements analysis on Biospectrum	"Bacteriophag"	1	1
Oculists' Consultations	Treatment Combinat	31	31
Lipid spectrum Analysis	"Gio-Labi"	1	1
Oncologist's Consultation	Oncology Centre	4	2
Scintiographya	Todua Clinic	1	1
"C" Reactive protein Analysis	"GIO-LABI"	2	2
Blood Coagularion Time	« Gio – Labi »	2	2
Prothrombine Index	« Gio – Labi »	1	1
Blood Hormons' Analysis	« Gio – Labi »	2	1
Gynecology Analysis	Chachava Research Institute	17	11
Pftziatrists' Consultations and investigations on TB	Tbilisi TB Outpatient Clinic	6	4
Pulmonologists' Consultations	Central Prison Hospital	4	2
CT	TSMU Central Clinic ; Clinic # 9	6	6

Dermatologist's Consultations	Juvenile Colony and Dermatology Outpatient Clinic	49	35
Venerology Examination and Examination on HIV infection	Dermatology-Venerology Outpatient Clinic	21	21
Otto - Laringology	Treatment Centre and Juvenile Colony	12	12
Combustologist	Burning Disorders Centre	1	1
Audiometria	9-th Municipal Clinics	1	1
Dentist Consultation	Juvenile Colony, Treatment Centre	7	7
Mammologist's Consultation	Treatment Centre	2	2
Mammographia	Treatment Centre	2	2
Vertebrologist	D. Tatishvili Centre	1	1

**2 . Centre's specialists' work (Total among N 505 clients)**

<b>Work of centre's Specialist and Consultants</b>	<b>Number of visits and consultations (Sessions)</b>	<b>Number of Patients</b>
Case Managers	3 055	1159 among them 535 cases were leaded
Psychiatrists' Consultations	1 289	879
Psychologist's Consultation/Investigation	1 006	464
Individual Psychotherapy	2 283	535
group Psychotherapy	120	90
Family Consultations	257	128
Art Therapy (individual)	252	132
Art Therapy (group)	112	72
GD Consultations	1 064	598
Neurologist's Consultations	391	324
Orthopedists Consultations	144	39
Narcologist's Consultations	31	23
Laywers Consultations	121	69
Social Workers visits	1 633	577
Nurses services	1393	535
Centre's medical Director's Consultations	1701	535
Deputy Director's Consultations	1616	535
Other (Indicate – specialized telephone Consultations)	More then 2100	505

5 Medical (expert) Conclusion regarding Health Condition was issued for 5 prisoners and former prisoners

9 Medical Conclusion regarding Health Condition was issued for 9 refugees from Chechnya

5 Psychiatric Conclusion regarding Mental Health Condition was issued for 5 prisoners in Central Prison Hospital in the framework of Independent Monitoring and evaluation Commission.

23 Documents were guided to the different organizations and facilities

51 Recommendations were provided for 26 patients

**1. Pharmacotherapy**

Number of patients who was provided with medications: 375

**2. Average duration of course of treatment and Rehabilitation**

***2 – 3 months; chronic patients 4 – 6 months and more.***

**Average number of conducted Treatment and Rehabilitation Sessions:** 32, 56 for 280 direct clients of the Centre EMPATHY Project.

## **Chapter VII: FINAL EVALUATION MEASUREMENTS AND ACTIVITIES**

***Results of Psychological Investigations before and after Treatment and Rehabilitation course (Indicate Quantity by the main Target groups – Quantity of tested clients as well as non tested and its' reasons)***

**Adults (Prisoners and Former Prisoners – all were investigated by using of this scale Total N 104 among them 41 women and 63 men)**

1. **Harvard's trauma Questionnaire (First stage of Investigation)**

I. Traumatic Events

Traumatic Events	Survive	Witness	Heard	No
1. Deficit of nourishment and water	62	29		
2. Absence of Medical Aid in case of illness	71	19		
3. Absence of Shelter place	16	9		
4. imprisonment	97	39		
5. Serious physical trauma or Injury	66	40		
6. War situation	13	3		
7. Ideological treatment/pressure	72	22		
8. Rape or oppressive sexual treatment	2	-		
9. Enforced Isolation or captivity	55	25		
10. Danger of Death	45	14		
11. Enforced separate with family members	91	25		
12. Death of family member or friend	41	-		
13. Unnatural death of family member or friend	33	8		
14. Unknown person or persons murder	22	8		
15. Lost or enforced displaced	12	-		
16. Torture Indicate : a) physical b) psychological	a)83 b) 71	24		
17. Another situation with Danger for your live - indicate	31	-		

II. Part

Number of Clients described Torture as main Traumatic Event: 104

Second main Traumatic Event (in present, new situation): Imprisonment N 104

III. Part (Total N 67)

1.

Survive	Yes / N	%
Drowning	17	16,35 %
Suffocation	13	12,5 %
Cranial Traumas	81	77,88 %

2.

Loss of Conscience	Yes / N	%
Average Duration	63	60,58%

IV. Part

Psychotraumatic event

Quantity of points divided on 30

(Scale more than 2,5 expressed PTSD) (Total N of Clients 104)

PTSD	N 37	% 100
Non – PTSD	N	%
Average Index	E = 2, 41	

**After Treatment E = 1,78 (Total N of Re – evaluated persons 28)**

**Adults (Refugees and IDPS, as well asylum seekers from Chechnya) – Total N 129 persons were investigated by using this scale, among them Gali region civilians - 33 women and 26 men ; Refugees from Chechnya and IDPs from Abkhazia – N70, among them men – 51 and women 19) ; Total men – 77 and women – 52)**

**2. Harvard's trauma Questionnaire (First stage of Investigation)**

I. Traumatic Events

Traumatic Events	Survive	Witness	Heard	No
1. Deficit of nourishment and water	112	1		
2. Absence of Medical Aid in case of illness	111	2		
3. Absence of Shelter place	77	25		
4. imprisonment	50	12		
5. Serious physical trauma or Injury	75	23		

6. War situation	101	43		
7. Ideological treatment/pressure	81	10		
8. Rape or oppressive sexual treatment	22	15		
9. Enforced Isolation or captivity	60	12		
10. Danger of Death	112	62		
11. Enforced separate with family members	86	19		
12. Death of family member or friend	54	7		
13. Unnatural death of family member or friend	55	17		
14. Unknown person or persons murder	83	14		
15. Lost or enforced displaced	51	16		
16. Torture Indicate : a) physical b) psychological	106	38		
17. Another situation with Danger for your live - indicate	95	-		

II. Part

Number of Clients described Torture as main Traumatic Event: N131

Second main Traumatic Event (in present, new situation): Imprisonment: most common were – torture of the family member.

III. Part (Total N 131)

1.

Survive	Yes / N	%
Drowning	9	6,87 %
Suffocation	14	10,69 %
Cranial Traumas	86	65,65 %

2.

Loss of Conscience	Yes / N	%
Average Duration	73	55,73 %

V. Part

Psycho traumatic event

Quantity of points divided on 30

(Scale more than 2,5 expressed PTSD) (Total N of Clients 132)

PTSD	N 36	% 100
Non – PTSD	N	%
Average Index	E = 2,84	

**After Treatment E = 1,7 (Total N of Re – evaluated persons 24)**

**2. PTSD (Watson) Total N 218**

PTSD means and standard deviations before and after treatment and rehabilitation (Division by the process)

Indicate Target Groups:

**Prisoners and Former Prisoners; Total N 91**

Scores of PTSD - E = 70,9

After re – evaluation (total N 28 persons were re – evaluated) E = 54,2

**Refugees from Chechnya and IDPs and Gali region civilians Total N 127**

PTSD Index Average = 90, 22

E = 44,8 (re – evaluation were provided 44)

**3. Mississippi Civilian PTSD (Before treatment) Total N 187**

**Prisoners and Former Prisoners; Total N 77**

E = 109, 99

Re – evaluation: N 34; E = 79,9

**Refugees from Chechnya and IDPs and Gali region civilians Total N 110**

E = 91,96

Re – evaluation: N24; E= 83,87

**4. Bass – Durky Aggressive Test (Before and after treatment) Total N 171**

Indicate Target Group

**Prisoners and Former Prisoners; Total N 63**

Aggression Scale: E = 66, 94

Hostility Scale: E = 69,3

**Re evaluation: N 12**

Aggression: E = 53,01

Hostility: E = 58,67

**Refugees from Chechnya and IDPs and Gali region civilians Total N 108**

Aggression Scale: E = 57,03

Hostility Scale: E = 60,44

Re – evaluation: N 24

Aggression Scale: E = 47,91

Hostility Scale: E = 46,905

**5. BDI (Before treatment, Standard Deviation and F) Total N 181**

Indicate Target Group

**Prisoners and Former Prisoners; Total N 71**

E = 24,29 (Expressed Depression)

**Re – evaluation N 12**

E = 15,42 (Middle Depression) ( Reason is imprisonment and deprivation from family; as well inhuman condition in pre – trial prison)

**Refugees from Chechnya and IDPs and Gali region civilians Total N 110**

E = 30, 6 (Expressed Depression) (Reason is extremely crisis situation in Gali region and in Pankisi; Unsecured life and uncertainly waiting of torture or violence or extradition to Russia toward of refugees from Chechnya)

Re – evaluation N24

E = 11,96

**6. Hamilton Depression Questionnaire (Before treatment) Total N 189**

Indicate Target Group

**Prisoners and Former Prisoners; Total N 79**

E = 19, 7 (Expressed Depression)

**Re – evaluation N 28**

E = 14, 6 (Middle Depression) ( Reason is imprisonment and deprivation from family; as well inhuman condition in pre – trial prison)

**Refugees from Chechnya and IDPs and Gali region civilians Total N 110**

E = 25, 59 (Expressed Depression) (Reason is extremely crisis situation in Gali region and in Pankisi; Unsecured life and uncertainly waiting of torture or violence or extradition to Russia toward of refugees from Chechnya)

Re – evaluation N 42

E = 10, 43

## 7. Shikhan Anxiety Test (Before treatment) Total N 183

Indicate Target Group

### **Prisoners and Former Prisoners; Total N 75**

E = 71,98 (Panic Attack)

### **Re – evaluation N 12**

E = 37,28 (Anxiety symptoms are more than normal (30) and reason is imprisonment)

### **Refugees from Chechnya and IDPs and Gali region civilians Total N 108**

E = 82,8 (panic attacks) - main reason is unsecured life of personality.

Re – evaluation N 24

E = 27,96

## 8. MMPI (Total 140)

Indicate Target Group

### ***Prisoners and former prisoners (Total N 66, among them women – 36; and men – 30)***

Women:

The Analysis of statistical data in women population revealed the quite high level of Stress and Emotional Tension. Internal Tension, Anxiety, Obsessive symptoms, decreasing of productivity, Asthenia, and sleep disorders, which characterize the state, and are indicated in the profile can be the result of prolonged Emotional strain and/or Chronic Somatic-neurological diseases. The profile also points on the feelings of Guilt and inferiority, low level of self-assurance, that might be the sign of chronic type of des-adaptation. The symptoms of hypochondria are also indicated in the average profile. Above mentioned problems might be the reason of intrapersonal conflicts and unconsciousness tendentious, lack of self-understanding, as well as interpersonal relationship difficulties.

Men;

Study of statistical analysis of profiles of MMPI revealed the high level of social des -adaptation and decreasing of Productive possibilities; sleep disorders, loss of reality (incorrect evaluation of real situations); Lack of the evaluation possibilities toward of outcomes of actions. Symptoms of Depersonalization and Derealization are revealed too. Such average profile can indicate borderline statement between Neurotic and Psychotic registers of development and have to be monitored upon the revealing of clinical symptoms (perception disorders). The symptoms of obsession, irritability and anxiety are revealed too. The reason may be considered high level of chronic stress situation and life traumatic events; abnormal leaving conditions or traumatic events of childhood as well.

***Refugees from Chechnya (Total N 30, among them women – 6; and men – 24)***

Women

The level of reliability of the profile isn't high, that is indicated by the high level of the "F" Reliability Scale. The reason of such kind of increasing can be the high level of Emotional Tension. In general the configuration of profile also shows the extremely high level of Stress in this target group. Obsessive symptoms, Sleep disorders, decreasing of productivity, feelings of guilt and inferiority, characteristic for this state of des-adaptation are sharply outlined. The multiplicity of Somatic appeals is revealed too. The high level of the Pessimism Scale points on the Depression, Lack of self-confidence, anxiety. The level of Irritability, suspicion, distrust and hostility is also increased. The above mentioned symptoms can be considered as a result of the prolonged emotional stress situation or chronic illness

Men:

The average profile indicates expressed Emotional Tension and discomfort, the Chronic type of Adaptation disorders. Internal Disharmony is the source of Internal Tension and Anxiety. The situation is characterized by Obsessive symptoms, Sleep disturbances, decreasing of the productivity level and capability, the feelings of guilt and Inferiority. The reason of such des-adaptation can be prolonged or intensive Stress Situation and/or Chronic existing Disorders.

***Gali Region Civilian Population (Total N 33 among them women - 13 and men – 20)***

Women:

The configuration of the profile, where almost all data of the Scales are situated above the top border of the normal level, indicates the state of Stress and Emotional Tension. Multiple Defense mechanisms and Compensatory Functions of Psychological Activity are intensified. Internal Tension, Anxiety, Obsessive symptoms, Sleep disturbances and decreasing of productivity level, feelings of guilt and inferiority are sharply outlined. The extremely high level of Impulsivity Scale points on the Explosive type of behavior, and Conflict Behavior. The high level of Pessimism Scale reveals depression, lack of self-assurance and anxiety. The symptoms of Hypochondria are also featured out. The reason for these disturbances could be considered permanent distress situation, uncertainly waiting of violence or unsecured situation toward of human life in this situation.

Men:

The average Profile indicates formed structure of des-adaptation. Internal Tension, Anxiety, Obsessive symptoms, Sleep disturbances and decreasing of productivity level are sharply outlined. Explosive type of Reactions, tendencies toward explosive and aggressive Behavior are revealed. Multiplicity of Somatic appeals can be indicator of the tendency toward the Hypochondria. High level of social des –adaptation, loss of reality (incorrect evaluation of real situations); lack of the evaluation possibilities toward of outcomes of actions can be indicated. Symptoms of Depersonalization and Derealization are revealed too. Such average profile can indicate borderline statement between Neurotic and Psychotic registers of development.

***IDPs from Abkhazia (Total N 11 among them women - 4 and men – 7)***

Women :

The level of reliability of the profile isn't very high. The average profile reveals high level of distress and expressed emotional tension. The obsession feelings and memories, nightmares, high level of anxiety, sleep disturbances, lack of concentration possibilities are revealed among this target group ; The depression with phenomenon of depersonalization and de - realization is revealed too. Depression and failure of creative, productive possibilities, feelings of guilty and inferiority, low level of self-assurance, are expressed very clearly and are the signs of chronic type of des-adaptation. These symptoms could be caused by the prolonged extreme stress situation or by the chronic illness.

Men :

The average profile indicates the high level of stress, emotional tension and des-adaptation. Obsessive symptoms, Internal tension, anxiety, lack of self-assurance, decreasing of level of productivity, feelings of guilt and inferiority are clearly outlined. The level of irritability and hostility is also high. Multiplicity of Somatic appeals can be indicator of the tendency toward the Hypochondria Such a configuration can be the result of the depressed personality changes after the chronic prolonged stress situation.

**Among Children and adolescents**

**1. PTSD**

It could be indicated that the scales like questionnaires was not useful among children – prisoners, by the reason of the high level distrust and some widespread criminal ideology ; for this reason this scale was not used among this population and only projective tests were used.

**2. Lusher Test (Among 31 persons)**

**Conclusion :**

- High level of conflict between real « I » and Ideal « I » ;
- High level of Frustration on relations and contacts that is caused by the higher level of distrust to the other person or society; that itself is caused by the traumatic stress experienced in their life.
- The high motivation and needs in contacts and relations are revealed too, but they are afraid to such contacts, are afraid to fall in frustration again and again, because they have quit big experience of such contacts.
- The needs in self – realization ; self – confidence ; self – respect ; self – affirmation ;
- The needs in attention and affiliation are revealed too.

**3. Hand Test (Among 30 persons)**

The higher level of aggression and hostility were observed among this target group. The two following parts was defined in revealed aggressive tendencies: 1. Aggression directed to other persons and other world and 2. Self – aggression tendencies that is most common in this population than 1 one. As well as the high level of faire regarding expected violence and aggression toward of him is reveled too. That is the reason for permanent inside tension, distrust and for permanent arousal filings and permanent waiting to something bad, unlike situation, violence etc.

***Analysis of the Feedback Questionnaire (Before and after treatment)***

Divided by the target groups

**Client Administrate Feedback Questionnaire**

**Total N Gali Region Clients’ + Office Clients’ = 93 persons**

**Patient’s Name, Code (in case of Anonymity) \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Please evaluate by 4 point’s scale the course of Medical and Psycho-Social Rehabilitation provided by Centre “EMPATHY”.**

Type of Assistance	I am not satisfied 1	I am satisfied 2	I am quite satisfied 3	I am very satisfied 4	Average Scores
medical Assistance (Investigations, Treatment)	N of clients 1	7	18	67	E = 3,62

Psychological Assistance (Psychotherapy / Art therapy, Consultations)	1	11	21	60	E = 3,51
Social / Legal Assistance	1	22	21	49	E = 3,27
Are you satisfied in general by services and attitudes	-	3	5	85	E = 3,88

**What the best was in centre “Empathy’s” services?** - Confidentiality, Quality of Treatment, attention and humanity attitude toward to clients.

**What was unlike for you?**

Lack of medical service possibilities, f.e Stationary treatment, surgery operations etc.  
 Lack of medical services in Gali Region and in Pankisi and have not possibilities for housing of the clients in Tbilisi for completed course of rehabilitation, especially for psychotherapy sessions.

**What have to be improved (please add your comments, impressions)**

- Possibilities for housing in Tbilisi for completed rehabilitation course providing.
- More possibilities for several medical services – stationary treatment, operations, pharmacological treatment etc.

**Would you like to continue collaboration (rehabilitation activities, consultations) with centre “EMPATHY”.**

Yes it is, answered all 42 clients.  
*Thank you in advance for collaboration*

**Total N of prisoners - 53 persons**  
**Client Administrative Feedback Questionnaire**

Patient’s Name, Code (in case of Anonymity) \_\_\_\_\_  
 Date: \_\_\_\_\_

Please evaluate by 4 point’s scale the course of Medical and Psycho-Social Rehabilitation provided by Centre “EMPATHY”.

Type of Assistance	I am not satisfied 1	I am satisfied 2	I am quite satisfied 3	I am very satisfied 4	Average Scores
medical Assistance (Investigations, Treatment)	N of clients 2	22	6	23	E = 2,94
Psychological Assistance	-	2	10	41	E = 3, 74

(Psychotherapy / Art therapy, Consultations)					
Social / Legal Assistance	4	13	10	26	E = 3,09
Are you satisfied in general by services and attitudes	-	2	22	29	E = 3,51

**What the best was in centre “Empathy’s” services?** - Confidentiality, Quality of Treatment, attention and humanity attitude toward to clients, psychological care.

**What was unlike for you?**

Lack of medical investigations  
 Limitation of services that EMPATHY could provide.  
 Limitation of contacts that is caused by prison limitations.

**What have to be improved (please add your comments, impressions)**

- Set up and increase the permanent services like EMPATHY
- Increase possibilities for medical and legal services.

**Would you like to continue collaboration (rehabilitation activities, consultations) with centre “EMPATHY”.**

Yes it is, answered all 22 clients.  
*Thank you in advance for collaboration*

## Chapter VIII: SOCIAL AND LEGAL PROBLEMS (analysis before T/ R Course and after)

### 1. Revealed problems (By target groups)

Prisoners:

The natural features of the prison system: lack of freedom, isolation from the family members, limitation of choice and interest areas, waiting for the court judgments while being in pre – trial prison are the permanent factors that increase the personal tension and failure of the internal compensatory possibilities. Those natural negative factors of prisons in post – soviet prison system are deteriorated by "post – soviet prisons'

negative factors" that are the camp system, overcrowding, criminal environment, lack of realization for personal possibilities, operative – agency system and inhuman attitude to prisoners, sometimes incorrect medical aid and violation of the medical ethics norm.

Those factors negatively affect personality adaptation possibilities and in combination with torture and inhuman or degrading treatment and punishment cause in most of cases the Chronic Changes of Personality. The main symptoms of the latter are isolation, psychological authorization with high level of distrust and extremely hostile attitude to everyone, world or state. All the above cause the formation of the Aspect of Enemy and transformation of this is very difficult in such a prison system.

It would be indicated that the high level of the domestic or street violence experiences, hypo – control, less of education and elementary social skills, high level of toxic mania and drug addictions or alcohol experiences among adolescents before imprisonment along with incorrect attitude in prison bring about high level of personality disturbances that in most of cases reveals in stable pattern social – behavioral disturbances and violation of adaptation possibilities.

It would be indicated that among adolescents the mentioned above syndrome has some important features that we suggested and identified as "Children – Adult Syndrome", that means the conflict between psycho – physical possibilities of the child and objective demands of the cruel reality of the children's environment. The lack of social welfare institutions and an inadequate justice system leave no chance for juveniles to improve and start new life after release.

The situation is aggravated by the prison conditions that fall below human dignity that under the UN Convention against Torture can be rightfully equated with torture or inhuman or degrading treatment. Those are characterized primarily of the high level of overcrowding - in one cell up to 60 persons can be accommodated - that brings about deprivation of sleep – sleeping in shifts or sometimes two inmates have to share one bed; lack of oxygen, poor ventilation, high level of humidity, lack of natural light and natural ventilation. All the above factors undermine the psycho-physical health not only of prisoners, but also that of personnel, contribute to the spread of infectious diseases including TB, as well as to the growth of mental disorders. In social terms the latter is manifested in the break of interpersonal relationship, growth of aggressiveness, which in turn is often revealed in destructive and self-destructive actions that is often the reason for the violations of internal prison rules (regime). Here the *operative* service should be mentioned as that making a negative impact on the prison community and an inherited from the post-soviet time a fast information exchange within the prison system through criminals' informal channels, which violates the personal freedom of the prisoner. These are two of the most important reasons for the high level of mistrust among prisoners and lack of trust of the prisoners to the medical personnel that is manifested in not reporting to them about torture events.

The informal criminal hierarchy dominating in prisons is frequently the reason for inhuman treatment of one prisoner by another prisoner and can be considered as a violation of the Convention under its provision regarding "silent" consent on the part of prison administration. General psycho-physical conditions of prisoners are negatively affected by the absence of a regular medical service. It should be noted that the medical care in the prison system needs serious reforms. Medical institutions of the prison system do not have a medical license and do not have a sufficient material and technical basis. Medical documentation, for example, is just scraps of paper based on which it is difficult to track the dynamics of health conditions of a person. Lack of awareness among medical personnel of the norms of medical ethics and international standards and recommendations often brings about violations of the rights of prisoners to a due medical care. For example, persons with mental disorders (like those in psychotic conditions, with suicidal tendencies or with tendencies to self-mutilation as well as those with borderline disorders) are held in prison. It is important to underline that the radical reforms are needed for the prison psychiatric service.

Serious social problems are caused by the lack of a special programme for treatment and rehabilitation for drug addicts and alcoholics. A serious problem is the practically non-functioning commission that makes decision on pre-release of a prisoner due to his/her severe illness and the commission on invalidity as well as the out-of-date and practically not used standards for pre-release of prisoners for these reasons. Efficiency of the work of prison personnel and in particular that of medical staff is diminished by non-regulated working regime (work hours) that causes psycho-emotional exhaustion of these people taking into consideration that this work by its specificity is tense and stressful. This was proved by the frequent complaints of psychological nature made by the staff to the project team. The described situation is worsened by the low salaries and a flourishing corruption inside this system. It is especially important to point out a dominating influence of the Prison Department and prison authorities over the medical department that seriously restricts the independence of medical service in places of detention. Medical doctors working in the pre-trial prison are also under constant pressure on the part of the Prosecutor's Office. (This issue, under the term of confidentiality, was raised by the medical department staff).

This demonstrates vulnerability and an undue subordinate status of the medical personnel in prisons.

## Refugees and IDPs

In accordance with our observations in cases of refugees from Chechnya the significant role on the development of severe psycho – physical disturbances play following important stress factors:

- current war situation in Chechnya;
- lack of attention from the World Society to respect of the Chechen refugees tragedy;
- lack of the protection mechanisms toward these community;
- Permanent fear of death or uncertainly waiting of the horrify information (death of family members or close relatives; imprisonment of same persons; rape and torture of someone);
- Feelings to be unprotected and feelings of helpless and useless; Permanent Persecution of Chechen ethnicity and being in situation of exile from the other World and Society.
- Kidnapping and cases of missing of someone
- limitation of social needs and motivations of personality
- Extremely limited humanitarian aid that must be considered as a inhuman leaving condition

These permanent factors with revealed high level of torture and inhuman treatment toward of Chechen ethnicity, as we suggested, maybe considered as genocide of this ethnicity. It must be indicated that this dramatic situation created basis for chronic soul and physical traumatization of personality that manifests in chronic PTSD or somatic diseases, for chronic depression and anxiety with high level distrust and hostility to other world and environment, misunderstandings and difficulties of interpersonal and intrapersonal relations. This extremely crisis situation created difficulties of adaptation and as well as difficulties in rehabilitation too.

Based on mentioned above only the Rehabilitation Centres activities such is EMPATHY or others are not enough for solving the extremely difficult situation of Chechen refugees. This situation needs in an important attention from UN or other international organizations' side and for creating of stabile and strong protection mechanizes for protection of these community.

It must be indicated that the situation is extremely difficult in military conflict zone in Georgia (Abkhazia), especially in Gali region. The Georgian State system has not any state mechanisms for distribution of its Law on this territory. It created the chaotic criminal situation on this territory and created the unhindered environment for torture and inhuman treatment toward the civilian community of this region. After the big political changes in Georgia in connection of the “revolution of roses” the situation in Abkhazia and especially in Gali region, where are living most of civilian Georgian citizens, became extremely dangerous, increased facts of torture and violence from Abkhazian military forces’ side and non - correct attitude and political will from “Russian Peacemaker» side to this situation increased unprotected environment toward of illegally repatriated IDPs or other community living in this region. Respect of this, it must be indicated that this situation needs in special activities and attention from international society, especially such is UN, EU etc.

In addition: It must be mentioned that in most of cases refugees have a high level distrust and tendencies of auto - isolation or isolation in their community. From our point of view that is reason of severe and prolong distress situation and feelings regarding uncertainty of future. As well as it must be mentioned that among illegally repatriated IDPs in Gali region were observed high level of phobic – anxiety syndrome, with tendencies of alcoholism and drug addiction as not – correct hyper compensation for relaxation. We consider that the reason of that is permanent fear situation and lack of safety.

## Chapter IX: TORTURE HISTORY

1. Torture Victim / 1.1. Yes. **535 persons** 1.2. No - 1.3. Was present during the torture of the family members or other relatives: **273p. (among them 14 Chechens)**/ 1.4. Was present during the torture of other person: **198 p.**
2. Place of Torture / 2.1. Police station: **312 p.**(among them 3 Georgians – in Abkhazian Police Stations, 1 Chechen – in Baku Police Lock-up) 2.2. Pre-trial prison: **42 p.** (10 from them in Georgian Pre – Trial Prisons and others – refugees from Chechnya or Gali region and IDPs in Russian Pre – Trial Prisons and in Abkhazian Pre – Trial Prisons). 2.3. State Security Service Facility – **21 persons in Russian FSB Filtration Camps.** 2.4. Army Guard – house: **18 p. (Refugees from Chechnya in Russian Army loc – ups)** 2.5. Military Conflict Zone: **202 p.** 2.6. Other – Gldani Street Children’s District Centre – 6 persons – adolescents.
3. Torture Duration and Date, Places:  
**Dates from Juvenile Colony:** 2000 – 1 person; 2001 – 6 persons; 2002 – 10 persons; 2003 – 16 persons; 2004 – 10 persons, 2005 – 5 persons; Places of Torture: Gldani Street Children Centre – 6 persons; Tbilisi Municipal Police Station: 13 persons; Russian Federation -1p; Bagdadi (West Georgia) Police Station – 1p; Ozurgeti -1p; Akhaltsikhe (South Georgia) Police Station – 1p; Samtredia (West Georgia) Police Station – 3 p; Sachkhere (West Georgia) Police Station – 1 p; Gurdjaani Police Station – 2p; Isani-Samgori (Tbilisi) police station – 3; Gldani-Nadzaladevi (Tbilisi) Police Station – 1 p; Mtatsminda-Krtsanisi (Tbilisi) Police Station – 1 p; Tbilisi Pre – Trial Prison – 10 persons;  
**Dates from Women Colony:** 1985 – 2 persons (Tbilisi Municipal Police, Saburtalo Police Station in Tbilisi); 1993 – 1 person (Ministry Internal Affairs Central Office); 1998 – 2p (Batumi Police – 1p; Mtatsminda-Krtsanisi Police - 1); 2000 5p (Isani-Samgori Police -2p, didube Chugureti – 1p, Gori Police – 1p, Chkhortsku Police – 1p); 2001 – 2p (Batumi Municipal Police); 2002 – 6 (Zugdidi Police – 2; Didube-Chugureti -2p, Gurjaani -1p, Kutaisi – 1p) 2003 – 13 persons (Tbilisi Municipal Police – 3; Batumi Security Station – 1 p; Didube-Chugureti – 1p; Isani Samgori Police Station – 1p; Mtatsminda-Krtsanisi Police Station 2; Marneuli Police Station - 1; Rustavi – 3p, Akhaltsikhe – 1p); 2004 – 10 persons (Tbilisi Municipal Police – 2; Zugdidi Police Station – 1; Didube -Chugureti Police Station – 2; Isani-Samgori Police Station - 1;

Marneuli Police Station - 1; Georgia-Turkey Boarder Frontier Guards Office – 1p. in her own house during the arrest in Rustavi – 1 p, Akhmeta police station – 1p) 2005 – 5 p; (Akhmeta police station – 1p; Rustavi Police Station – 1 p; Tbilisi Municipal Police – 3).

**Dates From Pre – Trial Prison:** 1998 – Ulianovsk (City in Russia) – 2 persons; Tbilisi Pre – Trial Prison – 12 persons (1998 – 1p; 2003 – 4 p; 2004 – 7 p). Ministry of Interior Affairs – 7 p; (1994 – 1p; 1997 – 1p; 2001 – 1 p; 2002 – 2 p; 2003 – 2 p); Tbilisi Municipal Police Station – 17 p. (1993 – 1p; 1999 – 1p; 2003 – 6 p; 2004 – 9 p); Isani – Samgori Police Station – 12 p (1996 – 1p; 1997 – 1p; 2003 – 4 p; 2004 – 6 p.); Didube-Chugureti Police Station – 3 p(2003 – 1 p; 2005 – 2p); Vake-Saburtalo – 1 (1989); Gldani-Nadzaladevi Ploice Station – 2 (2004 – 1p; 2005 – 1p). Batumi Security Police Loc – up – 2 in 2004; Telavi Region Station – 2 in 2004; Abasha Police – Station – 1 in 1994; Ozurgeti Police – Station – 1 in year1999; Moscow Police Loc – up – 2p 1993).

**Dates from Central Prison Hospital:** 1989 – 1 p (During 9 of April Event); 1992 – 1p; 1993 – 1p; 1996 – 1p (Kutaisi Police Station); 1998 – 4p; 2001 – 4p; 2002 – 5p; 2003 – 9p; 2004 – 19 p; 2005 – 4p; Moscow (Petrovka 38) – 1p. Tbilisi Municipal Police Station – 25; Gldani – Nadzaladevi Police Station – 8; Didube – Chugureti Police Station – 6; Isani – Samgori Police Station – 5; Tbilisi Pre – Trial Prison – 11 p; Bagdadi Police Station – 2p; Borjomi Police Station – 1p; Batumi Security Office – 2p;

**Dates from Zugdidi and Kutaisi Pre – Trial Prisons** – 23 persons – in Zugdidi; Kutaisi Municipal Police Station – 26 persons;

**Date from Pre – Trial Prison #7** – 1 person in Municipal Police Station in Tbilisi; All dates are from the year 2004;

**Centre EMPATHY Office dates** : 5 persons ex – prisoners – in 2004 (1 in Gori Prosecutor’s Office and 1 in Municipal Police Station; in 2004 – 1p Pretrial Prison in Tbilisi; 1996-2004 – 2persons in Batumi Security Isolator)

**Refugees and Asylum Seekers from Chechnya** : During Military Conflict in Chechnya (1 and second wars) – in year 1994 – 10 persons ; 1995 – 10 persons ; 1996 – 11 persons ; 1998 – 4 persons ; 1999 – 10 persons ; 2000 – 21 persons ; 2001 – 6 persons ; 2002 – 5 persons ; 2003 – 7 persons; 2004 – 4 persons, 2005 - 2 persons;

Places Komsomolskoe – 8 persons ; Urus – Martan – Filtration Camp – 12 persons ; Khankala Filtration Camp – 5 persons ; Chernokozovo – Pre – Trial Prison and FC – 3 persons ; Grozno FSB facilities – 13 persons ; Grozno police lock-up – 2p; Grozno PAP-1 (Filtration Camp) – 5 persons; Filtration Camps in Grozno – 3p; Nalchiki – Filtration Camp – 3 ; Shali region FC – 1p; Village “Sovkhoz Dachnoe” – 1p; Tolstoi lurt Filtration Camp – 2 person ; Piatigorsk – 1p; Goergievsk – 1p; Shatoi FC – 2; Border of Chechnya and Ingushia “Sleptsovsk” Refugees Camp – 6; Makhackala (Derbend prison) – 1p; Mosdok (FC) – 4 person; Samashki FC – 1p; Khankala (FC) – 1p; Block – post of FSB Russian/Georgian Border “Kavkaz-1” – 4 p; Village “Girkala” – 1p; Volgogradsk – 1p; Volgograd (Militia Station) – 1p; Kizlar Block-Post – 1p; Naur Region (Place of no sanctioned detention) – 1p; Stanica Assinovskaya (Place of Ethnical cleaning) – 1p; Staraya Sunja (Place of no sanctioned detention) – 1p; Argun (blockpost of Russian FSB ) – 1p; Baku Pretrial detention Centre and Georgian-Azeri Boarder – 1p; Moscow – 1p. Pankisi Gorge – 5 p.

**IDPs from Abkhazia** : 1975 – 1p (in Sukhumi During Military Duty in Soviet Army), 1985 – 1p. (in Lvov Prison); 1988 - 1p (Zaporozhie), 1992 – 2p (Tkvarcheli) 1993 – 15 persons (Sukhumi and Ochamchire); 1994 – 14 p; 1998 – 27p. (7 - TkvarCheli Military Factory); 2000 – 2p; 2004 – 6p;

**Illegally Repatriated in Gali Region:** 2004 – 6 persons.; 2004(November)-2005 59persons on military conflict territory Gali region village Otobaia, Ochamchire Region) among them 13 Slaves – by Ethnical Tenancy, all of them are Georgians.

**Aim Of the Torture was (among 280 TV, from period November 1 2004 – May 1 2005):**

**Among IDP from Abkhazia, Chechen Refugees, Gali Region Population (total – 112 persons)**

1) Optioning of Information – 49; 2) Confession in Criminal Actions – 0; 3) Confession in the criminal action that was not committed by this person – 42; 4) Money extortion – 26; 5) Humiliation of personality – 112p; 6) Broking of Personality – 107; 7) Ideological Considerations – 111p; 8 ) Religious Points and Values – 26; 9) Sadistic tendencies of Torturers – 112; 10) Humiliation by the Ethnical Tenancy - 112

**Among Prisoners and former Prisoners (Total 168 persons)**

1) Optioning of Information – 160; 2) Confession in Criminal Actions – 59; 3) Confession in the criminal action that was not committed by this person – 35; 4) Money extortion – 19; 5) Humiliation of personality – 168; 6) Broking of Personality – 89; 7) Ideological Considerations – 4 p; 8 ) Religious Points and Values – 0; 9) Sadistic tendencies of Torturers – 97; 10) Nationality - Humiliation by the Ethnical Tenancy - 4

**Additional Information:**

First time in Georgia the Centre EMPATHY had provided with an independent medical and psycho – social complex expertise in cases of torture and this records were submitted to the Ombudsman Office; Prosecutor’s Office and to the other human rights organizations; Such cases were 14 – regarding police torture victims, during the period covered by this report.

Totally in 31 cases were provided client’s with special conclusion – record regarding his/her health condition.

5 Psychiatric Conclusion regarding Mental Health Condition was issued for 5 prisoners in Central Prison Hospital in the framework of Independent Monitoring and evaluation Commission.

49 Documents were guided to the different organizations and facilities

116 Recommendations were provided for 26 patients

It could be indicated that N of prisoners that declared regarding incorrect arrest: to throw up the gun or drugs are increased; That is the reason for extreme protest reactions like hunger - strike that was fixed in Pre – Trial Prison in Tbilisi; In Kuatisi Pre – Trial Prison and in Zugdidi Pre – Trial Prison too.

## **Chapter X: RESUME**

1. In consequence of the programme materials analysis the torture is being currently practised in Georgia very widely. The main setting of torture is police stations, especially the municipal police departments, where the instrumental methods of torture, such as: electric shock, suffocation, hanging etc, were used in most of cases. Physical methods of torture are used very widely and as a rule psychological methods of torture are applied too. Psychological methods are mostly unsophisticated and in most of cases these are the threatening. Especially effective "in achieving the aim" of torture is the threat of rape in respect of men. This would break the individual's resistance practically in all cases. The main methods in respect of adolescents are the beating and the threat of rape which are very widely used and in certain cases – sexual abuse. It would be noted that in most of cases the physical methods used were those that do not leave traces: electric shock, gas mask, a modern "lastochka", Phalanx etc). It is worth to mention that in respect of males (since women cannot bear pain as much as males and would sign confession much easier) more frequently used are combined methods of physical torture. If a

person is 'hard' enough, torture often started in a local police station or outside it and finished in the Tbilisi Municipal Police Department. The special terminology widespread among the prisoners-torture victims for identification of torture methods are: "Telephone", "Lastochka"; the torture process is described by them as "Pressing" (*press*) or "Unscrewing" (*raskrutka*). The group of torturers is called "Executioners" (*palachi*). The "executioners" in accordance with prisoners' stories operate mostly in the municipal police departments (especially in Tbilisi, Rustavi and Kutaisi, Zugdidi).

2. The "Illegal Arrests" are increased in Georgia since 2004 as well (to throw up the gun or drugs etc).
3. The aims of torture in most of cases were money extortion or obtaining information. Therefore, torture is the main method for crime detection used by in police.
4. The situation is horrible regarding refugees from Chechnya – most of them are torture and horrible inhuman treatment victims, with experience of torture in several "Russian Filtration Camps".
5. They are in unsecured situation in Pankisi and in whole Georgia and their living conditions are inhuman and lower of human dignity too.
6. The situation on torture and violence is extremely difficult in Gali region; Population living in this region are extremely unsecured situation, they could be considered as being under the permanent slavery.
7. The mostly common physical methods of torture among refugees and IDPs were systematically beating especially on the head and lumbal area and as well as non – physiological dislocation and burning.
8. Among psychological torture methods most common were inhuman and humiliation treatment in cases with refugees and IDPs and especially "False Death", limitation of natural needs, starvation and lack of water.
9. Threaten to be raped was high level among prisoners, especially men, but the sexual torture cases, rape, stripe and other humiliation poses were identified mostly among refugees and IDPs too.
10. Among adolescents most used torture methods were systematically beating and sexual torture; As well as the psychological methods of torture and inhuman treatment were used widely among adolescents with imprisonment experience.
11. The consequences of torture in police are deteriorated by the inhuman living conditions in the Pre – trial prison such as: the darkness caused by the shutters on window cells, less of oxygen, cold, high level of the wet, overcrowding in the prison that is the reason that the prisoners in most of cells were sleeping in shifts or in pairs (sleep deprivation, violation of the personal autonomy); inmate-inmate relationships based on informal criminal code; high level of corruption and violence among prisoners that are silently approved by the Prison Authorities; not providing adequate medical care and some times violation of medical ethics.

### **Some Features: Mental and Psychological Consequences of Torture among Victims of Torture in Georgia**

#### ***Acute Outcomes***

The observation reveals high level of complex physical and psychological disturbances in the acute period after the torture, that in most of cases were usually the cranial trauma (146 – 57,30 %, Total N 255) and hemorrhagic (87 – 34,10 %), Pain – Traumatic Shock (128 cases – 50,2 %); suicide ideas, para – suicide or self – injury actions (in 56 cases – 21,9 %). Emotion – shock reactions were found in 245 - 96 %.

Lack of professional medical aid and in most of cases inhuman treatment and attitude to VT caused severe acute physical and mental disturbances that increased due to the consequent inhuman life conditions in the pre – trial prison and abnormal life conditions in case of Refugees and IDPs. All those situations with previous traumatic Events (repeated torture in most of cases) cause chronization of the complex traumatic stress syndromes with somatic and psycho – somatic disturbances that is revealed in tendencies to develop personality changes. In

social sphere that causes difficulties of adaptation, conflict situations, and increased aggressive reactions. Incorrect attitude and improper professional medical aid, non-availability of the rehabilitation system for prisoners and any specific aid for victims of torture were the reasons for developing the following mental or psychological disturbances.

As it is seen from the tables the most common diagnosis is the Posttraumatic Stress Syndrome that reveals in repetitive phase symptoms (obsession feelings or images regarding traumatic, torture event, nightmares and sleep disturbances, episodes flashbacks etc) and in avoidance phase symptoms, with depression and psycho – somatic reactions. It would be indicated that in most of cases several psycho – somatic syndromes were revealed, such as Chronic Pain Syndrome (head, back, neck area): 207 cases – 81 %; CNS functional disturbances: 109 cases – 42,74 %; Blood pressure liability (110 – 43%) and pain in heart area (130 – 51 %) and as specific among women prisoners – Dysmenorrhoea and among adolescents – enuresis.

It would be indicated that the high level of the domestic or street violence experiences, hypo – control, less of education and elementary social skills, high level of tocsicomania and drug addictions or alcohol experiences among adolescents before imprisonment along with incorrect attitude in prison bring about high level of personality disturbances that in most of cases reveals in stable pattern social – behavioral disturbances and violation of adaptation possibilities.

The natural features of the prison system: lack of freedom, isolation from the family members, limitation of choice and interest areas, waiting for the court judgments while being in pre – trial prison are the permanent factors that increase the personal tension and failure of the internal compensatory possibilities. Those natural negative factors of prisons in post – soviet prison system are deteriorated by "post – soviet prisons' negative factors" that are the camp system, overcrowding, criminal environment, lack of realization for personal possibilities, operative – agency system and inhuman attitude to prisoners, sometimes incorrect medical aid and violation of the medical ethics norm.

These factors negatively affect personality adaptation possibilities and in combination with torture and inhuman or degrading treatment and punishment cause in most of cases the Chronic Changes of Personality. The main symptoms of the latter are isolation, psychological autisation with high level of distrust and extremely hostile attitude to everyone, world or state. All the above cause the formation of the Aspect of Enemy and transformation of this is very difficult in such a prison system.

It would be indicated that among adolescents the mentioned above syndrome has some important features that we suggested and identified as "Children – Adult Syndrome", that means the conflict between psycho – physical possibilities of the child and objective demands of the cruel reality of the children's environment. The lack of social welfare institutions and an inadequate justice system leave no chance for juveniles to improve and start new life after release.

In accordance with our observations in cases of refugees from Chechnya the significant role on the development of severe psycho – physical disturbances play following important stress factors:

- current war situation in Chechnya;
- lack of attention from the World Society to respect of the Chechen refugees tragedy;
- lack of the protection mechanisms toward these community;
- Permanent fear of death or uncertainly waiting of the horrify information (death of family members or close relatives; imprisonment of same persons; rape and torture of someone);

- Feelings to be unprotected and feelings of helpless and useless; Permanent Persecution of Chechen ethnicity and being in situation of exile from the other World and Society.
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- limitation of social needs and motivations of personality
- Extremely limited humanitarian aid that must be considered as a inhuman leaving condition

These permanent factors with revealed high level of torture and inhuman treatment toward of Chechen ethnicity, as we suggested, maybe considered as genocide of this ethnicity. It must be indicated that this dramatic situation created basis for chronic soul and physical traumatization of personality that manifests in chronic PTSD or somatic diseases, for chronic depression and anxiety with high level distrust and hostility to other world and environment, misunderstandings and difficulties of interpersonal and intrapersonal relations. This extremely crisis situation created difficulties of adaptation and as well as difficulties in rehabilitation too.

Based on mentioned above only the Rehabilitation Centres activities such is EMPATHY or others are not enough for solving the extremely difficult situation of Chechen refugees. This situation needs in an important attention from UN or other international organizations' side and for creating of stabile and strong protection mechanizes for protection of these community.

It must be indicated that the situation is extremely difficult in military conflict zone in Georgia (Abkhazia), especially in Gali region. The Georgian State system has not any state mechanizes for distribution of its Law on this territory. It created the chaotic criminal situation on this territory and created the unhindered environment for torture and inhuman treatment toward the civilian community of this region. After the big political changes in Georgia in connection of the "revolution of roses" the situation in Abkhazia and especially in Gali region, where are living most of civilian Georgian citizens, became extremely dangerous, increased facts of torture and violence from Abkhazian military forces' side and non - correct attitude and political will from "Russian Peacemaker» side to this situation increased unprotected environment toward of illegally repatriated IDPs or other community living in this region. Respect of this, it must be indicated that this situation needs in special activities and attention from international society, especially such is UN, EU etc.

In addition: It must be mentioned that in most of cases refugees have a high level distrust and tendencies of autoisolation or isolation in their community. From our point of view that is reason of severe and prolong distress situation and feelings regarding uncertainly of future. As well as it must be mentioned that among illegally repatriated IDPs in Gali region were observed high level of phobic – anxiety syndrome, with tendencies of alcoholism and drug addiction as not – correct hyper compensation for relaxation. We consider that the reason of that is permanent fear situation and lack of safety.

## **Chapter XI : TORTURE PREVENTION ACTIVITIES**

### **Conferences at the 26 June, UN International Day in Support of Victims of Torture, Held in Tbilisi in 2004**

The Second Conference “ Together against Torture” in Georgia, was organized and held in Tbilisi at 26 June, 2004.

This conference was organized by the Centre EMPATHY with financial support of European Union and Open Society Institute.

The special materials received from IRCT were distributed during the Conference. As well as the Centre EMPATHY publications, Brochures on Centre EMPATHY activities and “Stop Torture” were distributed during the Conference. All these publications were published or printed on three languages: on Georgia, English and Russian. The Conference was held with simultaneous translation on three languages: Georgian, English and Russian by the reason that the international organizations, as well as refugees from Chechnya were attend these Conference.

The conference was continued during 6 hours. In Opening and Welcome sessions were participated as speakers: Centre EMPATHY President, Head of the Operational Section in the EC Delegation to Georgia and Armenia; Member of the Parliament of Georgia, Head of the Health and Social Welfare Committee; Deputy Minister on Penitentiary System, Ministry of Justice of Georgia

The key presentations were focused on Torture situation in Georgia and on the recommendations to the Government on torture persecution, the special case on torture was presented by the Centre EMPATHY on this Conference too. The presentations were covered each aspect of target beneficiaries in Georgia: Police Torture Victims, Military Conflict Zones Torture Victims as well as refugees – torture victims from Chechnya (Russia). Key speakers were from Georgian Non – Governmental and Governmental organizations, as well as from Refugees from Chechnya and from Military Conflict Zone in Georgia (Abkhazia) own organizations.

#### ***Other Main Torture Prevention Activities:***

- The network relations are developed with several organizations: Non – Governmental – Liberty Institute; Article 42 of Constitutions; Georgian Medical Association; Georgian Psychiatrists Association; Governmental agencies: Ombudsman Office; Ministry of Health Social Welfare Fund; Ministry of Justice Health Care System; Ministry of Justice – Prisoners’ Right department etc.
- The Women Refugees from Chechnya Committee against Torture were established during the first period in the framework of the NGO –“ Bart” and operated. – the Centre EMPATHY distributed the special literature that received from IRCT on Torture Prevention Field among the members of this Committee;. Centre “EMPATHY” developed contacts with partner organizations “Women’s Association Nabakevi and Darcheli – Crisis Centre in Military Conflict Zone in Abkhazia; With facilitation of the partner organization Centre EMPATHY plan developed the activities in South Osetia (Tskhinvali Region).

- Centre EMPATHY increased level of involvement of the Ministry of Justice Health Care System in the fight against torture; Centre activities in prison system increased their knowledge on torture victims identification and diagnostic; as well as on treatment and rehabilitation; In this case they have networking relations with EMPATHY staff and gave information regarding just transferred victims of torture or regarding situation on human rights abuse in prison. Centre EMPATHY developed the networking relations with Ministry of Justice Medical Department and at this moment are developing the special joint project on Prisons' Health Care Reform in Georgia; The special an Independent Psychiatrists' Commission were established during this relationships at the Ministry of Justice in accordance with request of the EMPATHY and according to the special order of the Minister of Justice and this Commission is now operating: Total N of psychiatric expertise cases are 7.. The Centre EMPATHY developed special materials – Standards for Health Care System – Guidelines for doctors and other health care specialists and in accordance with request of the Medical Department this Manual were handed to this department. The special recommendations were submitted to the Medical Department on Reform of Health Care System in Prison. The EMPATHY participated on round table meetings and discussions on this subject.
- Georgian Legislation analysis within the International instruments on torture persecution field: UN Convention, EU Convention, CPT recommendations, UN minimal standards, Istanbul Protocol etc was conducted and special Declarations and letters with recommendations regarding necessity changes were submitted to the Georgian President, Georgian Parliament and Premier Minister; The mentioned above recommendations were included especially following issues: (1) to change the definition of Torture in the Criminal Code of Georgia in accordance with UN Definition; (2) To set up CPT rules in Pre – Trial Prisons on re – investigation of the prisoners in each case of transferring or changing the placement of destination; (3) to set up the Istanbul Protocol Principles during the investigation of the Just Transferred Prisoners from Police loc – ups to the Pre – Trial Prisons and in cases of the Medical or Mental Expertise. (4) To ratify the Optional Protocol to the UN Convention against Torture. As a result of negotiations and meetings and correspondences with several authorities and Parliament Human Rights Committee, and Press – Conferences conducted together with Public Monitoring Board Member organizations regarding torture situation in Georgia and necessity changes: The parliament of Georgia in July 7, 2005 Ratified the Optional Protocol and as well as made necessity changes on Georgian Legislation regarding medical re – investigation of prisoners in each cases of changing the placement, except of cases, when they are transferred to the Court and then coming back in the prison. The Centre EMPATHY recommend to the Parliament Human Rights Committee to do this change without any exceptions, but in accordance with their decision the reason of such exceptions is lack of the medical staff and resources in prison.
- Special press – releases and PR actions to mass media were provided too, with distribution of the leaflets - brochures on EMPATHY activities and advertisement of the programme. The special press – conference was provided with partnership of the Georgian Ombudsman; Institute of Liberty and Young Lawyers' Association on the Ombudsman Office on 26 June, 2005, regarding situation in Georgian prisons system, regarding necessity changes and on current situation on torture in Georgia; The special Report of the Centre EMPATHY regarding statistical analysis of data from Tbilisi Pre – Trial Prison were presented and submitted to the State and NGO representatives; That practically demonstrates that the situation on Torture in Georgia have not improved since 2004. (This Report is attached by this Report).
- The first time in Georgia and in post soviet countries the Centre EMPATHY was provided the Complex Medical and Mental/Psychological Forensic Expertise for Victims of Torture and such Reports are submitted to the Courts.
- The legal assistance were provided in 121 sessions for 69 cases of torture; one Case of torture was leading in the Court by the EMPATHY lawyer, this Case is only one Case in Georgia that Supreme Court of Georgia made decision regarding re –

- investigation of this case in accordance with Article on Torture of the Criminal Code of Georgia. The several cases that were good demonstration of the Torture in Police in Georgia were submitted to the UN Special Reporter on Torture in February, 2005.
- Special Final reports with analysis of the torture monitoring programme and documentations with elaborated recommendations are prepared and distributed among Governmental agencies – Georgian Security Council Human Rights Secretary, Georgian Public Defender, Ministry of Justice, Ministry of Health, Georgian Parliament etc, as well as among international organizations with whom Centre EMPATHY already have close contacts: OSCE, CPT, IRCT, PRI, OMCE, Human Rights Watch etc.

## **Chapter XII. SPECIAL RECOMMENDATIONS FOR ANTI TORTURE PLAN OF ACTIONS FOR GEORGIA**

### **International Level:**

- The Optional Protocol to the UN Convention Against Torture was ratified by the Georgian Parliament at the July 7, 2005; The Georgian authorities should elaborate the model of the National Wide Mechanism on Prevention of Torture during one year and have present it for evaluation to the international and intergovernmental agencies, such are APT, UN etc..
- In the implementation of the Optional Protocol the NGOs and Society Representatives should be involved together with international human rights agencies, such are APT; UN etc.
- The Intergovernmental agencies UN, CPT, OSCE etc as well as International Organizations should provide strong monitoring and consulting programmes in respect of the implementation of the Optional Protocol and other general situation on the torture field in Georgia;
- The state free legal advisory agencies should be established for preparation and submission the simple torture cases to the European Court and UN Special reporter on Torture.

### **National Level**

#### **Criminal and Procedural Codes of Georgia**

- ***In accordance with our point of view this both documents should be changed and become one Guideline e.g. “ Criminal Code of Georgia”;***
- ***The specific anti torture measures, articles and codes in this document should be collected together and should culled the Chapter “Torture”; That is necessity due to become understandable for civilian population that have not specific knowledge on Jurisprudential (legal) issue.***
- ***The special commission with participation of the professionals from NGO and Governmental agencies should be established as an independent institution for elaboration the updated anti Torture plan of actions for Georgia.***
- ***The Optional Protocol should be implemented in real life of Georgia; The national preventing mechanizes of torture should be established independently from Government of Georgia for monitoring and evaluation of cases of torture and for investigation general situation on torture field in Georgia; Such Boards should be Independent Legitimate Institutions completed with high***

**professionals: Lawyers, Doctors and Human Rights defenders, that have not experience of collaboration with Soviet Regime and Former President Regime in Georgia; For that the necessity measure will be the adoption of the special statute regarding Lustration by the Parliament of Georgia; In accordance of our point of view mentioned above measure could change the mentality of the state structures' authorities that will be important for reform of Justice, Court System, Prosecutors' System; Penal Reform and Reform of the Law Enforcement structures.**

- **It should be mentioned that it is not new Statute of Forensic Medical Expertise in Georgia and this agency is operated on basis of the old Soviet Time guidelines and codes (1957 year), newer exist in Georgia the independent forensic expertise bureau and all forensic medical expertise in November 2004 were transferred from Ministry of Health to the Ministry of Justice; It means that the independent medical expertise has never existed in Georgia. State Expertise system does not have any objective standards and guidelines for medical and psychological or mental documentation of torture cases. For that the necessity measure will be to elaborate and adopt the new statute or code for forensic expertise system in Georgia; To set up the independent bureaus that will have the same rights as the State Expertise System.**
- **The International standards and guidelines for medical documentation of the torture cases, e.g. Istanbul Protocol, should be implemented in Georgia. The special standardized forms in accordance with Istanbul Protocol should be set up for first medical investigation in Penal System and in Police system and for forensic expertise too.**

**Specific Recommendations that the Government of Georgia has to implement:**

1. In an effort of persecution torture in Georgia, subject to Articles 1, 2 and 4 of the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it is necessary to so fine-tune the special article (Article 335(e)) in the Criminal Code of Georgia that it provide full definition of "torture" and subsequent responsibility be prescribed according to specific articles of the Convention where torture is deemed to be a crime of particular gravity in both physical and moral and spiritual terms.
2. To prevent torture, it is necessary for the state to include, pursuant to Article 10 of the Convention, information on torture prohibition in educational programs (for law-enforcement officers, public or military, medical personnel, persons holding public office or others dealing with prisoners or interrogation, as well as students in of educational institutions) and draft special programs. In addition, it is necessary to include prohibition of torture in special instructions in respect of the duties of the aforementioned persons.
3. Subject to Article 11 of the Convention, it is necessary for the State to establish and a special external monitoring system to exercise control over the interrogation of detainees and treatment of prisoners.
4. Upon contact with law-enforcement authorities, detainees must immediately go through the medical examination (including by independent experts).
5. In compliance with the principles of the European Court, the State must establish fair court assurance system entailing vertical dependence between the state and the person, priority being attached to the person, binding the state to prove its innocence in case of torture.
6. The State shall, subject to Article 14 of the Convention, ensure that the victim of an act of torture obtains redress and compensation, including full rehabilitation. For this purpose, the State shall set up the Compensation and Rehabilitation Fund for the Victims of Torture.
7. An important step on the road to torture prevention is to reform the legislative framework on Forensic-Medical Examination (it has not been touched since the Soviet times) and to establish and strengthen an independent expertize institution.

8. Establish remedies for doctors in “risk zones” (prisons, medical experts, etc) in accordance with the Hamburg Declaration of World Medical Association.
9. Mandatory enforcement of the principles of the Istanbul Principles and creation of a legislative basis to document the facts of torture.
10. Pursuant to the Additional Protocol of the UN Convention Against Torture, creation of national torture prevention mechanisms by monitoring any imprisonment and setting up monitoring boards comprising professional and independent doctors, lawyers and human rights activists.
11. Strengthening governmental and non-governmental human rights protection organizations and significantly heightening their role, scaling up efforts and launching innovative reforms in this sphere, that is so important for restoration of democratic principles.
12. Drafting a special concept and strategic plan on both international and national levels to help enforce the provisions of the UN Convention Against Torture across the whole territory of Georgia.
13. Establishing a special governmental and non-governmental commission to implement the above provisions.

**More Specific Recommendations:**

**To the Court System**

- 1) To introduce a jury of justice for consideration of the alleged torture cases.
- 2) Not to substantiate the courts' decisions on the evidence obtained from the defendants.
- 3) While considering reports of alleged torture, the court should order forensic medical examination including psychiatric tests with the involvement of independent experts.
- 4) The special Judges department (Judges working on Human Rights issue) for Investigation of the Human Rights Violation, Torture and Ill – Treatment should be established.
- 5) The international standards for Juvenile Justice System should be implemented in Georgia; The special bodies of Judges will be established for investigation of the Juveniles Cases.
- 6) The Prison Alternatives systems should be established as well.

**To the Investigation Bodies and Prosecutor's Office**

- 1) To ensure observance of the principle of presumption of innocence and treat a person with the dignity inherent to a human being.
- 2) Investigation should not be aimed at and charge should be substantiated on confessions of those under investigation.
- 3) To expedite investigation of the alleged torture cases and to make at least one precedent when the case has achieved some result, especially, on cases of alleged suicides in police institutions; investigations should be conducted with the involvement of medical and especially psychiatric experts.

- 4) The special bodies with specific training on Human Rights and International Standards for investigation of torture (Istanbul Protocol) should be established in the framework of the General Prosecutor's Office for investigation of the cases of human rights violation, torture and ill – treatment;

**To the Ministry of Justice:**

- 1) The concept of the reform and plan of actions that has been developed by the Ministry Justice does not meet the current needs because it presents mostly pure declarations and slogans, is not supported with a proper justification, does not have a concrete plan of actions and therefore cannot be implemented. So, we call upon the Ministry of Justice to develop a new *Concept of the Prison Reform* followed with a *Plan of concrete and realistic measures* that would allow reforming the penitentiary system of Georgia.
- 2) General recommendations on the content of the final document:
  - a) the eventual goal of the reform plan should be the implementation in practice of *the UN Minimum Standard Rules for the Treatment of Prisoners*.
  - b) to this end, MoJ and its Departments, such as: Medical Department, Prison Department, MoJ Reform Centre, Prisoners' Human Rights Department, Independent Public Monitoring Council should make up a solid *justification of the reform concept* based on presumption that the current treatment of prisoners and their living conditions violate *the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment*.
  - c) the justification should be followed up with the *working plan of actions* that would clearly and in details describe the measures which would lead to elimination of these violations and building up an up-to-date penitentiary system.
  - d) the justification and the developed plan of action should be submitted to the Georgian government and the Parliament as well as to the international organizations in order to secure funds needed to carry out the reform; therefore this document should be elaborated as thoroughly as possible to demonstrate its realistic and practical nature, probably, with the external or/and international experts involved as needed.
- 3) From the measures we suggest to be included in the document the following should be pointed out as necessary and urgent:
  - e) the plan of action should include measures aimed to 'unload' the prison facilities, ie to reduce prison overcrowding in order to ensure more safety to prisoners and improvement of their living conditions. Among those, as a matter of priority, a plan should be designed and accurate calculations should be made to allow the completion of the construction of the new prison in Rustavi. After the actual completion of the construction a part of prisoners held in the pre-trial prison #1 can be moved to the new facility; (It should be mentioned that after the monitoring provided by the Centre EMPATHY in the new prison in Rustavi, we considered that it is not good choice and place for prison: tot exist the water communication system in this area and the representatives of Ministry of Justice explained that this problem will be solved by using of a Reservoirs system; In accordance with our analysis the minimum amount of water that the prison needs per day is about 300 tones; The question is how the state

plans to provide such service of water supply, taking in consideration the problem of road (it does not exist the normal road up to day, the prison is being built since 1978 – from Soviet Time), how realistic is to implement such project and how cost effective it is. More, the prison environment looks like desert, where does not grow any bush or tree, any green space; The question is how the UN standard minimum rules for imprisonment will be followed in such conditions; for e.g. in a Country and area there is 6 months summer and average temperature is 30 – 35 degrees, how it's possible to implement the walking of the prisoners outside the building (minimum should be 1 hour in a day), that in accordance of medical point of view is dangerous for health condition; as well as taking in consideration points described above in such situation it's rather difficult to prevent infection disorders - there is the epidemiological risk zone for Hepatitis A and Dysenteric disorders. More, psychologically such environment and living conditions are rather dangerous for mental health of prisoners, especially for prisoners with long sentences; Such environment and conditions in most of cases increases aggressive reactions or apathy – depressive reactions and generally it's not considered as a normal environment for medical and psycho – social rehabilitation; Finally it should be mentioned that the described above conditions should be considered as a psychological ill – treatment conditions toward the prisoners.

- f) shutters should be removed and a ventilation system is installed in the prison #1 as a matter of necessity and urgency;
- g) supervision by the prosecutor's office over the places of detention should be stopped and detainees be allowed to receive visits of relatives and doctors of their choosing without authorization of investigator.
- h) the service for the protection of the prisoners' rights should be strengthen and a system of free legal counseling including provision of independent defense lawyers, primarily for those under investigation and trial, should be established;
- i) the statement should be clearly made in the prison reform plan about the urgent need to introduce a limitation on the length of the period when a person under trial can be kept in custody;
- j) a system of measures alternative to imprisonment should be developed, in particular, in respect to juvenile offenders;
- k) prosecutors should be withdrawn from the commissions making decisions on the conditional pre-release of prisoners;
- l) a plan should be developed for a gradual transformation of a colony-type penitentiary system into a new system of institutions of smaller size with living rooms to accommodate fewer number of prisoners. This is not intended to copy western cell-type prisons, so that the new system represent a middle way system between soviet type colony system with the extreme restriction of personal autonomy and no possibility for privacy and the western type prison system where prisoners are held in "cages like animals", extremely isolated, that also makes a great negative impact on mental health of prisoners and by our opinion is one of the most important reasons for a high rate of suicides and other mental disturbances revealed in the western prisons;
- m) inclusion of the Ministry of Justice and prison system authorities, as well as those of the Independent Public Monitoring Council in the clemency commissions;
- n) due to the very high level of overcrowding in Georgian prisons, especially, in adult male colonies, the Ministry of Justice should call the President for a broad amnesty for certain crimes so that the funds freed after the release of these prisoners be used to implement the reform of the system;
- o) while building new type prison facilities consideration should be taken of religious, cultural, social features of prisoners as well as their criminality level (according to which the prisoner can be sent to a closed institution, such a cell-type prison) and be based on the principle of maximal closeness to their place of residence;

4) Recommendations regarding specific issues:

p) for prisoners under life sentence it is recommended

- to build up settlements or villages where they will be accommodated in small houses where they are allowed to live with their families, if they want to; especially dangerous prisoners and persons with serious mental diseases (maniacs etc) are excluded from such accommodation;

q) for juveniles:

EMPATHY found particularly alarming the situation of juvenile prisoners: under the circumstances they are currently held there is no any positive prospects for their alternative life after release and for this reason this sphere needs radical reform which in our view should be based on the following principles and measures:

- because of the total criminality of the contingent, it is necessary to separate juveniles held in pre-trial prison from the adults having built up a separate facility for them;
- the juvenile prison colony should be transformed into a social care institution staffed with mostly civilian personnel;
- especially important that after release juveniles should be prevented from finding themselves in the same environment that brought them in prison. This can be achieved by establishing special rehabilitation centres where the released adolescents can stay for some time and be provided with the opportunities for different kinds of education and jobs; the centre should also provide various social support to allow personal development and improvement of their adaptation ability. To this end it is necessary to undertake a complex approach and efforts should be made not only by the Ministry of Justice, but also by different institutions of social welfare and education; charity organizations and church as well as various NGOs and international organizations should be approached as well. Such measures would significantly contribute to the prevention of crime among adolescents;
- the transfer of juveniles to the adult colonies should be further limited, that means that the age of those subject to such a transfer should be increased;
- alternatives to imprisonment should be widened for juvenile offenders and the above mentioned centres can be used for implementation of some of the alternative sanctions.

**SPECIAL RECOMMENDATIONS FOR PRISONS MEDICAL REFORM**

r) **On reform of the prison medical service:**

- the prison medical service as well as the prison system as a whole needs radical reform so that it would meet the UN Minimum Standards and Recommendations of the Council of Europe, World Health Organization and CPT.
- reform of this service is of a special importance as medical service can significantly take part in the prevention of torture and inhuman treatment and punishment as well as in the treatment and rehabilitation of the victims of violations of the Convention. To this end, it is extremely important that this service should be civilian and not subordinated to the non-medical authorities.
- therefore, a concrete plan of the reform should be worked out that envisages a step-by-step transfer of the medical service under supervision of the Ministry of Health. The plan of actions should include, but not to be limited to, the measures listed below which should be implemented by joint efforts of the Ministry of Justice and the Ministry of Health. And since the practice

has proven inability of these agencies to make up such a plan and solve these problems, it is necessary to setup a working group including qualified specialists that would prepare a **concept of the reform** and carry out a facilitation role and lobbying to put it in practice. Such a working group should include independent experts as well as health care professionals from the Ministry of Health and medical institutions of the prison system and professional NGOs;

- Main measures to be taken to reform the Medical Care system of the Ministry of Justice should include:
  - i) licensing of prison medical institutions;
  - ii) development of the standards for out- and in-patient services in compliance with the minimum standards of health care in the country as well as International Classification of Diseases ICD-10 and international standards for health care in prison.. The development of these standards is necessary for obtaining a license from the Ministry of Health. Therefore, at present all the medical services in the prison system are out of law. These standards should clearly define which diseases and what services can be provided by the internal prison medical service and the service needed but cannot be provided by them, should be rendered by the Ministry of Health institutions by means of inclusion of such patients into the *community health care programmes*;
  - iii) especially important to work out new standards for pre-release for the reason of very poor health conditions that will be applied in practice as imprisonment of persons with serious and fatal diseases in prisons is an outright inhuman treatment;
  - iv) all the above mentioned standards should be displayed in the prison medical institutions so that a prisoner be aware of what kind of service he has the right to. This measure would significantly reduce grounds for corruption widespread in this system;
  - v) a commission to consider pre-release of disabled people should be established and made operational. The commission will be playing a significant role in assigning to a prisoner a due regime and prescription for treatment as well as in choosing various measures of mitigating sentences;
  - vi) as medical records can play important role in observations and revealing of the facts of torture and inhuman treatment, a proper maintenance of these is of great importance. The documentation should necessarily include the state of psycho-physical health of prisoner at the moment of his admission in the pre-trial prison and it should reflect the dynamics of the state of prisoner up to the moment of his release. It should also indicate if the psycho-physical state of a prisoner at the time when he was brought to the police station was recorded. Medical documentation should not be accessible for non-medical staff or can be open by the consent of a prisoner or by decision of the court. This is important for establishing based-on-trust relations between prisoner and medical personnel that is in turn important for identification of torture victims and their further treatment and rehabilitation. At present if a prisoner reports about torture to a doctor, this information is automatically made available to the prosecutor's office. This is a reason why prisoners are reluctant to provide such information that in the end prevents that the prisoner be treated and rehabilitated properly as a victim of torture;
  - vii) material and technical basis of medical institutions should be improved with a particular attention paid to the laboratory and ambulatory diagnostic tools;

viii) based on recommendations concerning medical service by the Council of Europe and WHO three main spheres of concern in the field of health care in prisons are indicated as priorities:

- ◆ **especially dangerous infectious diseases** (like TB which is particularly widespread in Georgia and that is dealt with by the ICRC). In our view, inappropriate attention is paid to the research in the role of torture and inhuman treatment in development of TB among prisoners and to the development of prevention measures for the spread of infectious diseases for these reasons. It is out of doubt, that torture and inhuman treatment sharply reduces psycho-physical reactivity of the body therefore creating favorable grounds for development of infectious diseases especially TB. This is combined with a natural stress due to imprisonment and a special psycho-physical exhaustion during the period of waiting of the court's sentence while in pre-trial prison. This is also the case at the first period of adaptation after the conviction and transfer to a prison for convicted persons. There should be noted that especially important role in the spread of TB is played by the inhuman conditions of detention which are found in the Tbilisi pre-trial prison. No preventive measures would be a success if the problem of overcrowding is not solved. Combined with the lack of natural light and ventilation it by itself prevents a normal functioning of a human being.
- ◆ **drug addiction and alcoholism**: our research revealed quite a high level of drug addiction and alcoholism among prisoners, for adolescents – including also toxic mania. These substances can quite easily penetrate the prisons walls. On the other hand, prohibition of the incoming of these substances and a tougher control on this should be combined with special rehabilitation programmes that at present the prison medical service cannot provide;
- ◆ the third and **the main**, in our point of view, **priority** as declared by WHO and the Council of Europe, is a **mental health in prisons**. As it is seen from the above description the third one covers to much extent the above two priorities as well. It should be noted that mental health and emotional state of prisoners as well as those of personnel are the main indicator of social relationship inside prison. On the other hand, the social environment and the level of implementation of human rights directly impact the mental state and consequently on the somatic state of a person. Based on the commonly accepted, numerous psychological factors, affecting the life in prisons, among which there should be noted such natural stress factors of prison as: 1). imprisonment as a loss of freedom; 2) limitation of contacts with the outside world; 3) in many cases, experiencing again of what has been done; 4) waiting for the court's sentence; 5) adaptation phase after conviction; 6) shock of the release; 7) the state of an outcast in the community after release. These natural factors of prison in the post-soviet prisons, are combined, from the moment of detention, with many violations of human rights and, especially frequently, with such traumatic life events as torture and inhuman and degrading treatment and punishment including unbearable psychological and living conditions in the prisons and colonies. Torture in police stations, overcrowding in prisons and, caused by this, impossibility of sleep and privacy, lack of oxygen and natural light in prison, no possibility for social rehabilitation, work and activities, bring about serious psychological problems that are followed with the growth of aggressiveness, difficulties of adaptation and in a social sphere result in frequent conflicts that undermine the safety in prison. At the same time, wrong evaluation of the psychological state of these prisoners and lack of knowledge about the reasons for origins of these psychological problems result in the wrong approach towards the problems of prisoners that worsens the conflict situation in prisons and deepens mistrust and hostile attitude towards prison staff including medical personnel. Such wrong approach by the medical staff can be often qualified as a serious violation of medical ethics.

- ◆ it should be noted that since the soviet times, the **prison psychiatry** has not changed in any way. This is reflected by the fact that the prison mental hospital has little in common with a regular psychiatric hospital. The psychiatric unit of the prison hospital does not have elementary medicine for treatment. And those are mainly designed for the prisoners with severe mental illnesses. The stress related disorders, as well as personality disorders, among which often observed are: insomnia, aggressive behavior and interpersonal conflicts, suicidal tendencies or the facts of self-mutilation are the product of the psycho-emotional state of a person under many of the above mentioned stress factors. This is frequently considered just as a violation of regime (prison internal rules) and such prisoners, instead of psycho-social assistance, receive a punishment. It is also should be pointed out that because of the lack of the independent psychiatric examination in the country and the out-of-date standards, there are frequent cases that mentally ill people are held in prisons that is an outrageous violation of the minimum standards rules for the treatment of prisoners and medical ethics.
- ix) Based on the above considerations, which is fragmentarily, but not in full, describe the current situation, from the point of view of the UN Convention against Torture as well as general provisions of international documents regarding human rights and the UN Minimum Rules for the Treatment of Prisoners, the prison psychiatric service needs urgent and radical reform. Our recommendations in this field are addressed not only to the Ministry of Justice, but also to the Ministry of Health and international organizations. The measures to be taken include:
  - development of new standards for forensic psychiatric examination taking into account mental consequences of torture;
  - establishing an independent alternative forensic psychiatric examination not subordinated to the state;
  - reorganizing of the prison psychiatric hospital and psychiatric department of the prison hospital with the introduction of new methods for treatment and rehabilitation of mentally ill people;
  - development of a special psycho-social rehabilitation programme for such patients;
  - strict control over the detention of persons with psychosis in prisons;
  - establishing of a complex system for rehabilitation of prisoners and former prisoners that certainly goes beyond the sphere of psychiatric service and covers a complex of medical, psychological and social measures as socialization of a person includes mental and physical health as well as the support in social aspect for finding his role in society and self-realization. Such a complex programme is important not only from the medical and social point of view, but also from the point of view of criminology, as it can play an important role in decriminalization of the prison system and crime prevention in the society as a whole. This system should include complex multidisciplinary rehabilitation programmes (centres) in the prison system as well as outside it. It should also necessarily include the following set of rehabilitation measures:
    - ◆ medical and psychological rehabilitation, including individual, group and family sessions;
    - ◆ art activities;
    - ◆ sport activities;
    - ◆ social actions with an intensive involvement of civil society groups;
    - ◆ social rehabilitation through different educational programmes, creative and useful work, active formation of self-supporting groups among prisoners that would play active role in rehabilitation processes, widening of various social programmes, and in the protection of human rights of prisoners. The social rehabilitation should also include client advocacy and legal aid to prisoners.

- ◆ Similar type of rehabilitation service for former prisoners outside prison beside the above mentioned measures envisages active involvement of former prisoners themselves in such a project, especially in the activities aimed to protect the rights of prisoners, in the movement against torture and in general in the field of human rights protection, broadening, by the former prisoners themselves, social programmes and creation of new job opportunities.
- ◆ It should be mentioned that such centres can take part in the commissions on pre-release giving recommendations and also to carry out social support and assistance in employment after release. The priority should be given, based on your findings, to juveniles and women. Such service should be implemented by a multidisciplinary group of civilian professionals that would be not subordinated to the state that is especially important, as was demonstrated by our practice, for achieving a based-on-trust contact with prisoners and for the success of the service. This is also important for facilitation and conflict resolution activities in prisons as well as at freedom with the governmental institutions. Such a rehabilitation service in the first instance should provide rehabilitation to victims of torture - prisoners and former prisoners as well as prevention measures against torture in any places of detention.

**x) Medical personnel:**

- for active involvement of medical personnel in the sphere of identification, rehabilitation and treatment of victims of torture it is necessary to develop and conduct a special training programme and providing them with the practical recommendations. Such training programme should include medical ethics, standards and international recommendations on health care in prisons; and standards for documenting and reporting of torture; diagnostic treatment and rehabilitation.
- as prison doctors fall under the category 'doctors in risk zones' and the system often violates their independence, it is needed to provide their support and protection through active networking with NGOs and international organizations.
- The above two points should be implemented by the efforts of special NGOs and international organizations, as the state cannot at present provide such protection and support. But on their side, MoJ and MoH should by all means assist in such activities and, MoJ should ensure maximum independence of medical service in prisons.

## **LIST OF PUBLICATIONS, YEARS 2004 - 2005**

- + Informational Brochure “The Rehabilitation Centre for Victims of Torture “EMPATHY” (RCT/EMPATHY, Georgia)” (Georgian, Russian, English Versions)**
- + Brochure “Stop Torture” (Georgian, Russian, English Versions);**
- + 26 June, 2005 Conference “Together Against Torture” Materials (Georgia, English and Russian Versions).**
- + Training Manual (Guideline) – “Health Care in Prison. International Standards (Georgian Version**
- + Training Manual (Guideline) – “Torture; Torture Outcomes; Torture Medical Diagnostic, Expertise and Documentation; Treatment and Rehabilitation;” (Georgian Version);**
- + Book – Istanbul Protocol (Georgian Translated Version).**
- + Annual Report; RCT/EMPATHY, Georgia, 2004 – 2005. (English, Georgian Versions)**

## **SPECIAL REPORT**

**The results of statistical analysis of the investigation, conducted by the Center for Rehabilitation of Torture Victims “Empathy”, on the issue of the facts of torture (The investigation is conducted according to the statistical data of the Ministry of Justice)**

The Dynamics of Injuries of 2004 – 2005 years on the Example of the Tbilisi Prison #1

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**Tbilisi, 2005**

Table 1 (general statistics)

Month	Total number of the prisoners, committed to the prison	Total number and % of the prisoners, who came in to the prison with the external injuries of the body	Total number and % of those prisoners, who declared to the police about the fact of torture	Total number and % of those prisoners, who declared about the fact of self-mutilation	Total number and % of those prisoners, who declared that they received the injuries while their detention	Total number and % of those prisoners, who declared that they received the injuries before their detention	Total number and % of those prisoners, who did not make any comments concerning the injuries
2004, January	254	41/16, 14 %	4 / 9,76 %		8 / 19,51 %	29 / 70,73 %	
2004, February	312	40 / 12,82 %	4 / 10 %		10 / 25 %	26 / 65 %	
2004, March	322	47/14,59 %	5 / 10,64 %		8 / 17,02 %	34 / 72,34 %	
2004, April	289	43 / 14,87 %	7 / 16,28 %		13 / 30, 23 %	23 / 53,49 %	
2004, May	258	44 / 17,05 %	3 / 6,82 %		5 / 11,36 %	36 / 81,82 %	
2004, June	299	48 / 16,05 %	2 / 4,17 %		10 / 20,83 %	36 / 75 %	
2004, July	499	105 / 21,04 %	5 / 4,76 %		22 / 20,95 %	78 / 74,29 %	
2004, August	461	118/ 25,6 %	12 / 10, 17 %		8 / 6,78 %	98 / 83,05 %	
2004, September	437	87 / 19,9 %	4 / 4,6 %		13 / 14,94 %	70 / 80,46 %	
2004, October	328	71 / 21,65 %	7 / 9,86 %		11 / 15,49 %	53 / 74,65 %	
2004, November	298	66 / 22,15 %	1 / 1,51 %		15 / 22,73 %	50 / 75,76 %	
2004, December	320	87 / 27,19 %	4 / 4,6 %		14 / 16,09 %	69 / 79,31 %	
<b>2005, January</b>	296	60 / 20, 27 %	3 / 5 %		12 / 20 %	45 / 75 %	
2005, February	376	67 / 17,82 %	2 / 2,98 %		6 / 8,96 %	59 / 88,06 %	
2005, March	389	71 / 18,25 %	1 / 1,41 %		14 / 19,72 %	53 / 74,65 %	
2005, April	362	65 / 17,96 %	4 / 6,15 %		8 / 12,31 %	49 / 75,38 %	3 / 4, 62 %
2005, May	322	57 / 17,70 %	After Detainee - 2 / 3,51 %	-	8 / 14,04 %	44 / 77,19 %	3 / 5,26 %

Results of the Analysis

Table 2 (Total number and the injuries of the imprisoned persons)

Years	Total number of the persons, imprisoned during the named year	Average index per month	Total number of the prisoners, who came in to the prison with the external injuries of the body	Average index of the external injuries	% of the injuries from the total number
2004 (January - December)	4 077	e = 339,75	797	e = 66	19,54 %
The first 5 months (January - May) of 2004	1 435	e = 287	215	e = 43	14,98 %
2005, January - May (5 months)	1 747	e = 349,40	320	e = 64	18,32 %

Results of the Analysis:

1) The data of 2004 (12 months) indicate, that the total % of the injuries was 19,54. Compared to this number, the data of the first 5 months of 2005 (18,32 %) indicate, that the percentage showing declined by the 1,22. However, compared to the data of the first 5 months of 2004 (January - May), the data of the first 5 months of 2005 increased by the 3,34;

Table 3 (An average statistical data about the places, where the injuries were inflicted)

Year	Total number and e of those persons, who declare that they were tortured in the police	Total number and e of self-mutilation in the police + in the court	Injuring while the process of detention – e and Total number	Injuries, received before the detention – e and Total number	Did not make any comments - e and total number
2004 (12 months)	e = 4,83 (Total # 58)	-	e = 11,42 (Total #137)	e = 50,17 (Total #602)	-
2004 (the first 5 months)	e = 4,6 (Total # 23)	-	e = 8,8 (Total #44)	e = 29,60 (Total # 148)	-
2005 (first five months)	e = 2,4 (Total # 10 + 2 who declare, that they were beaten after their detention)	e = 0,8 (Total # 4)	e = 9,6 (Total #48)	e = 50 (Total # 250)	e = 1,2 (Total # 6)

**Results of the analysis:**

**As it can be seen from the given table:**

1)

- The average number (index) of those persons, who declare firmly, that they were tortured in the police in 2005, compared to the same number (index) of 2004 (12 months), has declined by the 2, 43;
- However, compared to the data of the first 5 months of 2005, it declines only by the 2, 2;
- However, it must be admitted here too, that 4 persons declare the facts of self-mutilation (3 persons in the police and 1 person in the court). The reasons, why did they injure themselves, are not reflected in the given (available) data.
- As it can be seen from the figures, 6 persons do not make any comments concerning the injuries. The reasons, (why don't they do any comments) – are not reflected in the given (available) documentation.
- If we consider the two last figures, which supposedly increase the probability of the facts of torture, the average index of 2005 (January - May) will be – 4,4 (from the total 22), which indicates that this figure has declined only by the 0, 2;

2)

- Compared to the data of 2004 (12 months), the average number (index) of those persons, who declare, that they received injuries while their detention during the first 5 months of 2005, have declined by the 1, 82;
- However, it must be admitted, that compared to the data of the first 5 months of 2004, the data of the same period in 2005 have increased by the 0,8.

3)

- Compared to the data of 2004 (12 months), the average number (index) of those persons, who declare, that they received injuries before their detention, during the first 5 months of 2005, have declined by the 0, 17;
- However, the same figure, compared to the same period of 2004 (January - May), has increased by the 20, 40.
- If we consider those 6 persons, who are silent, the increasing of the figure can also be noticed compared to the data of 2004 year (12 months), i.e., – in 2005 – e = 51, 20 (Total 256), the difference will be – 1, 03.

**Comments:**

It must be admitted, that due to the number of reasons, exact and complete registration of those persons, who were tortured in the police, is not carried out. These reasons are following:

- It can not be managed to place newly come prisoners in the quarantine room, repaired recently by the International Committee of the Red Cross, where the conditions are more or less appropriate for the individual and confidential communication between a physician and an examined person. Because of this fact, physicians can't pay proper attention to the prisoners and give enough time for them;
- Newly come prisoners are placed, directly speaking, in the dungeon, where for physicians, it is physically impossible to examine prisoners properly;
- An overcrowding of the prison is named as the reason of this fact, but the question is, why it is impossible to accommodate newly come prisoners in the quarantine room, specially allotted for them, and place the prisoners, living there to another rooms;
- In 2001, according to the recommendations of CPT, the place, where newly come prisoners are currently allocated, was recognized as the pattern for the inhuman treatment and the recommendation was given to Georgia to reallocate the prisoners to another place immediately. Exactly for this purpose, a new quarantine room was repaired, but as you can see, the situation has returned to its initial state;
- There is only one doctor on a duty in the institution, who has to look after an average number of 11 – 12 prisoners per day (the data of 2004 and 2005), and in the certain days, for example on week end, this number can increase to 25. Prisoners are usually brought in during the night hours. Thus, it becomes impossible to consult each prisoner properly and in a proper time, especially as, a prisoner is placed in the above mentioned "dungeons" immediately after the doctor's visit.
- The medical records are insufficient and do not include necessary information, in particular, psychological/psychic status, as well as neurological status and the results of the initial investigation of different organs;
- The medical investigation is oriented basically to the external examination. A physician's interview is short and does not reflect the details of the conversation with the prisoners, their comments and etc. A physician's conclusion on the certain questions, his (her) recommendations, and preliminary diagnosis or syndrome are not fixed too.
- Very often, entirely are ignored the injuries, which do not leave signs on a body, for example, concussion of a brain (closed cranial trauma), psychological or psychic problems, and etc.;
- In the most cases, a physician's conversation with the newly come prisoner, is not confidential; policemen, a warder or other non-medical persons are usually presented while this interview, which is also the rough violation of the international standards;
- It is necessary to consider the circumstance, that the prisoner, frightened by the torture or by the thread of torture, does not declare about it, and says that he has received the injuries while or before his detention;
- There is no analysis of the question, to which level correlates the state of psycho-physical health of the examined person to the information, given by him; reasoning on the issue of the age of the injuries; or the analysis of the clinical symptoms, presented in the medical records;
- Very often, a prisoner does not declare about torture, because he does not hope, that the proper reaction will follow, since there is no single precedent in the country;
- The facts of violence in the prison, as well as the statistics of self-mutilation, suicide and mortality are not publicly fixed; there is also no investigation of the reasons of these facts (conflict with another prisoners, conflict with the administration, and etc.)

**Conclusion:**

- Relying on the above named results of the statistical analysis, we can conclude, that the situation in Georgia, concerning torture, has not changed significantly, and compared to the situation of the first 5 months of 2004, has probably even worsened;
- Still is not going on the exact and proper registration of the traces (signs) of torture and other kinds of violence according to the international standards;
- The issues, whether torture and violence are practiced in the prison and in which circumstances do they take place, or the information about other incidents in prison, are not available for the public analysis;