

RCT/EMPATHY



RCT/Empathy

COUNTRY RELATED SPECIFICS TOWARD TO VICTIMS OF TORTURE AND MEMBERS OF THEIR FAMILIES IN GEORGIA

Dr. Mariam Jishkariani

**All staff members of the RCT/EMPATHY
(Doctors, Psychologists, Lawyers, Administrative staff etc),
were involved on preparation of this report:**

**Dr. Giorgi Berulava, Dr. Teimuraz Bokuchava, Dr. Ketevan Gelashvili,
Dr. Tsitso Grdzlishvili, Dr. Lia Kintsurashvili, Mr. Kakha Mikadze,
Mr. Soso Khatiashvili, Mr. Besarion Bochorishvili,
Ms. Manana Kechkhuashvili, Ms. Iso Komladze,
Ms. Shorena Razmadze, Ms. Bela Tkepuchava, Mr. Giorgi Tsibadze,
Ms. Ekaterine Kiburia, etc**

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Country Related Specifics Toward to Victims of Torture and Members of Their Families in Georgia

Annual Report 2009

RCT/EMPATHY

**Partners: Georgian Medical Association, Georgian Psychiatrists' Society,
Crisis Intervention Centre of Women's Association of Darcheli and Nabakevi
(Georgia/Abkhazia), Penal Reform International**

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Authors and Co-authors:

Dr. Mariam Jishkariani

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Address: 23 Kandelaki Str., Tbilisi 0160, Georgia

URL: www.empathy.ge

E – mail: centre@empathy.ge

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CONTENT

CHAPTER I: GENERAL CONTEXT	4
CHAPTER II: INTRODUCTION OF THE PROGRAMMES AND SERVICES OF THE RCT/EMPATHY	9
CHAPTER III: PROGRAMMES AND ACTIVITIES	13
CHAPTER IV: SUMMARY OF OUTCOMES AND RESULTS IN 2009	28
CHAPTER V: RESULTS AND CONCLUSIONS	34
CHAPTER VI: PROBLEMS AND RECOMMENDATIONS:	71
CHAPTER VII: ANNEX 1 CASE STORIES 2009	77
CHAPTER VIII: ANNEX 2: ADDITIONAL DATA REGARDING ASSESSMENT OF ACTIVITIES AND RESULTS IN 2009:	147

Chapter I: General Context

International Obligations of Georgia

Georgia is the post soviet Country that restored independence in 1991.

Georgia acceded to the UN Convention against Torture ...on 22 September 1994 but, unfortunately, the relevant changes have not fully been made in the national legislation, bearing heavily on the efforts to fight torture.

In 1999 Georgia became the member state of the Council of Europe and accepted all relevant documents and Conventions, among them European Convention on Human Rights and Fundamental Freedoms – Article 3: Prohibition of Torture (Rome, 4 November 1950); European Convention on Prevention of Torture and Inhumane, Degrading Treatment or Punishment (Turine, 18.10.1961);

In year 2005 Georgia ratified the Optional Protocol to the UN Convention Against Torture that enter into force in June 22, 2006.

National Obligations

In December 2005 the special articles 144 ‘, 144 ‘‘, and 144’’’ were incorporated regarding torture and inhuman treatment, with definition of torture in the Criminal Code of Georgia;

The prohibition of torture is included in the Article 17 (Chapter 2) of the Constitution of Georgia;

In year 2008 the new Anti – Torture Plan of Actions of Georgia was elaborated and ordered. Adopted by the Presidential Order N30; On June 12, 2008;

This plan of actions includes the implementation of the Istanbul Protocol too, by the using it’s as the manual for training of professionals, as well as in the forensic medical evaluation, but unfortunately relevant changes in the relevant legal or medical legislation is not done yet.

Since December 2009 the NPM is formed in the Framework of the Public Defender’s Office and the Optional Protocol is Implemented in Georgia

Country Profile:

The whole population living in Georgia is amount 4, 5 million.

Georgia is low income Country with developing economy and reforms of democratization. However, the war conflicts and political tension situation between Russian Federation and Georgia since 1992 – 1993 creates horrible problems for independency and democratization of Georgia.

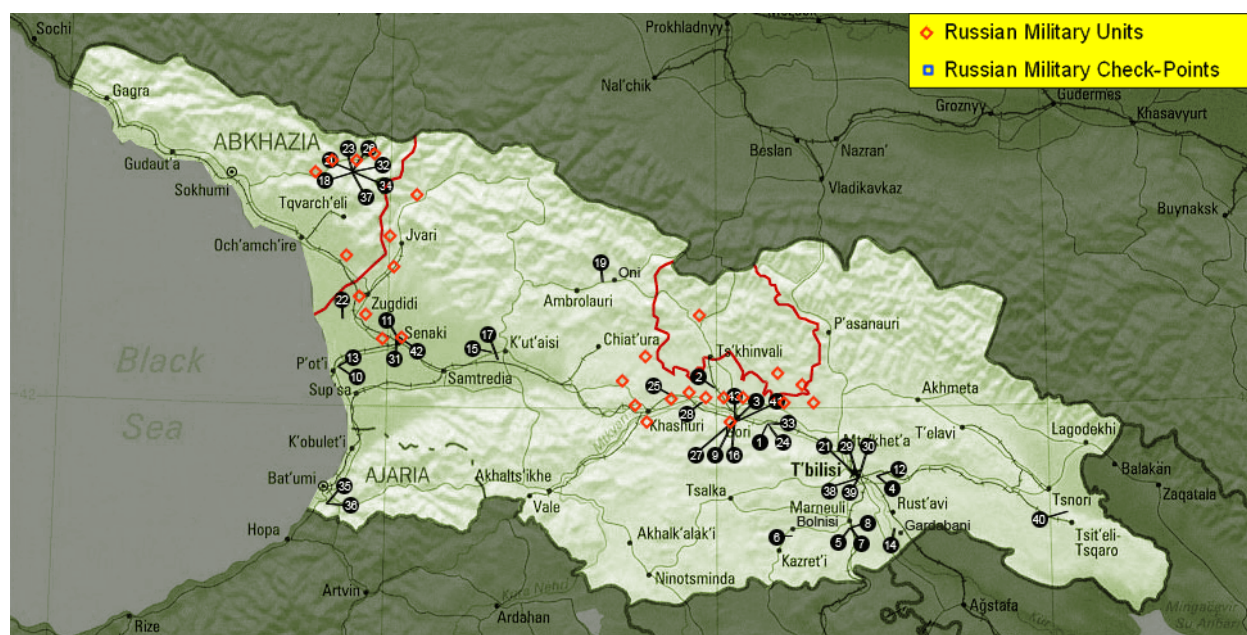
As it is already known, in 7-8 August 2008 Russian military invasion was implemented towards to Georgia.

As a result of this aggression more than 150000 civilians became victims of ethnic cleansing. Civilians were bombed by Russian air-jets, widely took place marauding, robbery, mass violence, burning of living houses, destroying of villages; cornfields and forests were burnt; wide range of infrastructure was destroyed in Georgia, among them medical facilities; much civilians were wounded and killed, among them journalists and medical personnel.

It should be specially indicated, that mentioned above actions were continuing after August 12 cease-fire agreement; up today takes place captivity, torture, slavery of civilians, living in conflict areas. All these acts require detailed documenting and prompt and adequate response.

Georgian territories bombed by Russian jets, Occupied Territories are marked with red color

www.mod.gov.ge



Profile of Target Groups

Main target groups include, but not limited:

- (1) Detainees and former detainees;
- (2) IDPs from military conflict regions (Abkhazia and South Ossetia);
- (3) Refugees from Chechnya;
- (4) Asylum seekers from Chechnya or other countries (Sri Lanka, Uzbekistan etc);

Specific vulnerable groups:

- (5) civilian population still living in the military conflict zones; **special attention should be paid to women and children; Special vulnerable group includes**
- (6) Juveniles and children with imprisonment experience or sentenced and remanded prisoners, probationers and former prisoners with experience of torture and ill treatment,

especially with sexual abuse and harassment; Children with experience of violence in orphans houses, schools etc.

- (7) State political repression victims, from soviet time, including second generation, victims of civil war in Georgia and current state abuse victims.
- (8) Special attention should be paid to the prisoners with severe mental problems and in general prisoners with inadequate medical aid.

Victims of Ethnic Cleansing from region of Abkhazia	256 000
Victims of Ethnic Cleansing from the Region of South Ossetia	26 000
Victims of Ethnic Cleansing that returned after the Russian – Georgian War 2008 in their houses, living in so called “buffer zones”	94 000
Living in Military region in Abkhazia – Victims of Ethnic Discrimination	60 000
Victims of ethnic Cleansing Living outside of Georgia about	64 000
Refugees from Chechnya	987
Asylum Seekers	123
Others State Repression victims and not legally identified victims: Prisoners etc	Is not exist exact data

Health Care Services in the Country

According to the Health Reform in Georgia the State Insurance Policies – Lower to the Poverty Level - on Primary and Secondary care as well as for more specialized treatment is given to about 270 000 citizens of Georgia. Among them for IDPs about 12 000 persons (including just new IDPs).

Policy of free of charge services for the mentioned above contingent includes:

- Primary care services
- Secondary care services
- About 5 500 EUR – for Oncology assistance
- About 7 500 EUR – for Emergency or planed surgery Operations
- Pregnancy Care Programme covered about 200 EUR

Health Care Services for all Population

- Insulin related endocrinology aid Programme
- TB State Programme
- State Programme for Infection Diseases
- HIV/AIDS Programme
- National Renal Programme
- Emergency Aid State Programme
- State programme for provision with specific medicines
- State Programme for Prevention of Diseases (vaccination)
- State Programme with patients with Hemophilia
- Ante – Natal State Programme
- First 6 Day of Critical Conditions are free of charge
- Over 60 years 75 % of expenses related to the Urgent situations is covered by the State and 25 % by the person or other funds.
- Under 18 and over 60 years is operated the Cardio – Surgery State Programme (Heart – Valvular Diseases , acquired and congenital)
- Over 60 years – Oncology Programme

According to our observations most of these programmes are operating with difficulties and not relevant to needs.

Psychiatry Aid Programmes:

- Free of charge state programme for psychiatric aid, including just PTSD from the neurotic and stress related disorders: Inpatient and outpatient treatment
- That doesn't includes of any form of rehabilitation services for victims of torture or members of their families

Health Policy Directly toward to Victims of Torture and Members of their Families

According to official data and observations made by the RCT/EMPATHY there does not exist any case of torture approved by the court according to relevant article on Torture and consequently any case of redress, compensation and measures of rehabilitation provided by the state officials toward to torture victims.

Based on “Black Holes - gaps” in the legislation of Georgia, it is absolutely clear that the rehabilitation services for victims of torture have never been providing by the official state agencies in Georgia.

Based on draft of reform on health care, presented by the Georgian Government, it is clear that any financial or insurance policy for such kind of activities from state side are not expected in nearest future.

Services

Services offered toward to the victims of torture or war crime are provided just only by the private sector – non state actors;

Several psychological aid NGOs – Centres and organizations, programmes are operating in Georgia.

Direct Rehabilitation Centres for Victims of torture and members of their families are two Centres supported by the Donor organizations

Chapter II: Introduction of the Programmes and Services of the RCT/EMPATHY

EMPATHY - Psycho – Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact (RCT/EMPATHY, Georgia)

What is the RCT/EMPATHY, Georgia

Psycho – Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact – EMPATHY is a non-governmental, non – profit, professional, independent organization that provides medical and psycho – social, legal support to victims of torture and their family members. It performs a significant role in field of torture prevention and it’s persecution in Georgia. In case of necessity, the Center conducts independent medical expertise conclusions.

Center EMPATHY has been founded and operates in Georgia.

The Center is accredited with International Rehabilitation Council for Victims of Torture (IRCT), is an active participant of European Network of Rehabilitation centers.

The Centre has partnership relations with International Rehabilitation Council for Victims of Torture; in particular “EMPATHY” is main partner organization of “Istanbul Protocol Implementation Project” in Georgia.

The Centre has partnership relations with “Penal Reform International”.

The Center collaborates with World Psychiatric Association (WPA), particularly with research section – “Torture Psychological Consequences and Persecution”. Center’s President is an International Expert, member of the mentioned above Section of WPA.

The Centre Empathy also closely cooperates with other international, governmental and non-governmental organizations, civil society representatives and mass - media.

The Center Empathy is the first medical organization that pierced in the penitentiary system since 1999 and successfully operates in this field till nowadays. This activity is unique to any other countries of FSU and East Europe; main activities include Identification, Treatment and Rehabilitation of victims of torture inside the penitentiary system facilities. We also provide assistance to victims of torture in Gali region and Pankisi Gorge; the Centre provides medical and psychological documenting and reporting of torture in accordance with International Standards.

Our Mission:

Our mission is to provide medical and psycho – social support for persons – victims of torture as per UN Convention “Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment” article I; Refugees, Asylum-Seekers - Victims of Torture; Prisoners, Former Prisoners; State Repressive Victims, etc. We provide support for their family members too.

Main Goal – torture persecution and assistance and rehabilitation of the victims of torture is being carried out through resolving the following tasks:

1. Detection and identification of the Victims of Torture;
2. Professional documenting of the facts of torture, as per international standards;
3. Medical and psycho – social rehabilitation and legal support for Victims of Torture;
4. Torture prevention – elaboration of special reports and recommendations, public awareness anti-torture campaigns and all necessary legal acts;
5. Issue of Conclusions regarding Clients’ Health Condition if required, conducting independent medical expertise;
6. Protection of rights of health care professionals and doctors operating in the high risk settings – Penal System, forensic medical expertise, military conflict zones; other medical personnel (these make “High Risk Group” taking into account certain oppression from governmental and law-enforcement institutions)
7. Training-educational program, that includes professional skills-based training on identification, documenting, diagnosis, expertise, treatment and rehabilitation of torture victims; in prisons – international standards of health care and international medical ethics; also torture prevention and persecution.
8. Research program: main field – torture consequences and treatment-rehabilitation;
9. Penal Reform – especially Mental Health System reform in prisons; establishment of psycho-social rehabilitation system for prisoners and former prisoners.
10. Forensic Medical Expertise Reform, especially Psychiatric Expertise Reform, with implementation of international standard of torture documenting;
11. Lobbying of amendments to legislation according to international instruments and standards of protection against torture.

Our Main Principles and Values:

1. Strict adherence to international medical ethics standards:
 - Patient's free will in accepting medical treatment, diagnosis, other type of service;
 - Absolute confidentiality;
 - Anonymity –by the patient's will;
 - Absolute impartiality and adherence to professional ethics;
 - Fighting against torture events and violation of human rights – active protest against such occurrences;
2. UN Convention against torture and its optional protocol regarding Monitoring of the detention facilities and other close institutions and establishing of the national torture preventing mechanisms;
3. European Convention against Torture
4. Universal Declaration of Human Rights (article 5)
5. Principles of International Humanitarian law;
6. UN Minimal Standards of Imprisonment
7. Recommendations of the Council of Europe and World Health Organization
8. CPT recommendations
9. UN principles of Medical Ethics: Role of health Personal Particularly physicians, in the Protection of Prisoners and Detainees against Torture, and other Cruel, Inhuman or Degrading Treatment or Punishment.
10. Hamburg Declaration of Medical Ethics regarding protection of health care professionals operating in “high risk zones”.
11. Principles of Istanbul Protocol regarding legal, medical and psychological documentation of torture;
12. Other relevant international documents.

Our History

Rehabilitation Centre for Victims of Torture “Empathy” was founded in 1996. It is one of the first non-profit, NGO-s in Georgia. Since 1996 Centre has successfully implemented number of projects that have received positive international feedback.

The founders of the Center are professional doctor-psychiatrists and other society representatives, who's System of Values was based on Principles of Democracy even in terms of "Soviet Union".

Major achievements (results) of the Centre was published in several international and local scientific journals and presented on important international and local forums; Among them on X, XI, XII, XIII, XIV World Congresses of Psychiatry (Madrid 1996, Hamburg 1999, Yokohama 2002, Cairo 2005, Prague 2008) where the Centre's President was elected as the member of World Psychiatrists' Association, research section "Physiological Consequences of Torture and Persecution") also on the VIII European Conference on Traumatic Stress and others several forums and meetings..

The comprehensive psycho-social rehabilitation program and conception for prisoners and former prisoners has been elaborated by the Centre EMPATHY in 1998; the program has been gradually accomplished and presently, with cooperation of the Ministry of Justice, psycho-social rehabilitation Centre has been set up in Tbilisi Women's Colony – first civilian structure in Penal System of Georgia.

In 2002 the conceptual program "National wide System of Rehabilitation of Victims of Torture in Georgia" was elaborated by the Centre EMPATHY with partnership of PRI that is being carried out.

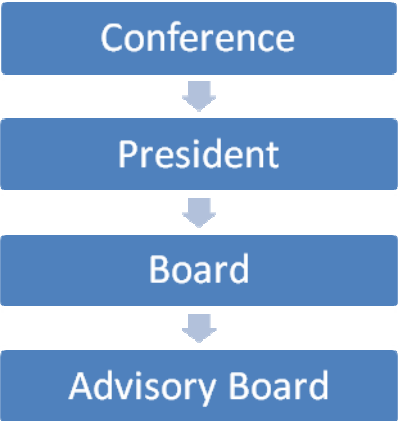
It must also be pointed out that the Centre "Empathy" is the first torture victims' rehabilitation center in Caucasus region. This is also the first centre in FSU that has penetrated in the penitentiary system and included military conflict zones into its operation. Within the scope of PRI – ICRC trainings, It has elaborated and conducted training on medical ethics, UN international standards, EC Recommendations, Mental Health in Prison, diagnosis and rehabilitation of victims of torture, for prisons' health care professionals. Since 2000 it has been included in the Torture Victims' Rehabilitation Centres and Programmes Worldwide, and in 2002 has been accredited with IRCT.

Structure of the Centre:

Conference

Managerial Board - managing and administrating activities and programmes

Advisory (Revision Committee)



Chapter III: Programmes and Activities

Programmes covered Multi faced Rehabilitation activities, including: Medical, mental/psychological, Social and legal assistance - 80 %

Torture Prevention activities: Including the Forensic medical/Psychological evaluation and expertise according to IP, Special Training Programme for different target groups, activities focused on implementation of standards in Educational Programmes of academic institutions; PR campaigns and efforts on implementation of UN articles, as well as implementation of the WMA last resolution and NPM activities – 20 %

Title of the Project of the RCT/EMPATHY, Georgia (EIDHR/2008/148 – 184): Strengthening the System of Rehabilitation for Torture Victims in Georgia.

Project Period: From January 1, 2009 till December 31, 2011.

Summary of the Programme

Overall objectives of this proposal is: (1) to strengthen the existing non-governmental, nationwide system focusing on complex, based on multi disciplinary approach (medical, mental/psychological, social and legal redress, forensic medical expertise according to the Istanbul Protocol Principles), rehabilitation for torture victims in Georgia; ***(2) To increase effectiveness of services, monitoring and evaluation measures; (3) To implement international standards on prevention of torture in Georgia. To implement Istanbul Protocol Principles; UN CAT Articles: Article 1, Article 10, Article 11 - 12, Article 14, Article 16; to provide support for implementation of the UN OP CAT, WMA Declaration adopted by the WMA General Assembly in Copenhagen in 2007, regarding doctor's obligations to document cases of torture according to the Istanbul Protocol.***

(4) The program main component is also focused on skills-based training, educational and research programme on Documentation and Prevention of Torture, as well as on rehabilitation, awareness building, and institutional capacity building of EMPATHY and Partners (especially Crisis intervention Centre in Military Conflict Zone in Abkhazia).

Specific Objectives: (1) Micro level: For target groups: to provide adequate treatment and rehabilitation, social and legal support to restore their rights to legal redress and compensation; ***(2) On mezzo level:*** to strengthen non – governmental comprehensive multi faced rehabilitation system established by the RCT/EMPATHY during the ongoing and previous projects and increasing of effectiveness of the services and offices of the RCT/EMPATHY and other involved in the action professional and non – professional stakeholders; ***(3) On macro level:*** project will focused on development of the training – educational, research and lobbying activities and will make significant contribution on the fight against torture in Georgia and in development of the rehabilitation and torture documentation standards in generally, especially, in whole South Caucasian Region.

Unique to any other program in the FSU, (1) this program will include rehabilitation efforts for victims who are still inside the penitentiary system, (2) Providing the Independent Medical and Psychological Forensic Expertise for documenting of torture cases for submitting to the Courts; (3)

Hot line and reacting mobile group activities in high risk settings (4) Project will be implemented at the Military Conflict Zone; (5) Specific Training – Educational programme based on international standards of rehabilitation and prevention of torture is ready on Georgian and Russian Languages for several target groups: Doctors (Prison Doctors, Forensic Doctors, Psychiatrists, Physicians, Surgeries); Legal Experts and Human Rights Defenders.

Main Target Groups includes, but not limited:: (1) Detainees and former detainees; (2) IDPs from military conflict regions (Abkhazia and South Ossetia); (3) Refugees from Chechnya; (4) Asylum seekers from Chechnya or other countries (Sri Lanka, Uzbekistan etc); **Specific vulnerable groups:** (5) civilian population still living in the military conflict zones; **special attention will be paid to women and children; Special vulnerable group includes** (6)) Juveniles and children with imprisonment experience or sentenced and remanded prisoners, probationers and former prisoners with experience of torture and ill treatment, especially with sexual abuse and harassment; Children with experience of violence in orphans houses, schools etc. (7) State political repression victims, from soviet time, including second generation, victims of civil war in Georgia and current state abuse victims. **(8) Special attention should be paid to the prisoners with severe mental problems;** Family members of the direct target groups are included in the services too. For the training activities will be the doctors “at risk” (including doctors from whole South Caucasian Region, including Armenia and Azerbaijan) and representatives of the law enforcement structures and judges; Estimated number of direct beneficiaries – 500 per year; total number 1500; # of beneficiaries for training programme – 150 persons (Doctors, Legal representatives, client advocacy groups etc).

Expected Results includes, but not limited: (1) The innovative model of the independent national wide system of rehabilitation and prevention of torture existing in Georgia with all components can be reduplicated in all NIS and other European neighbourhood countries **(2)**An independent medical expertise will be set up and will be used by the lawyers for the documentation of torture cases and for the improvement of restoration of victims rights to legal redress.**(3)** several models of curriculum for students and residents, for CME/CPD will be Developed and will be reduplicated;**(4)** Victims of torture and their family members will be involved in the program activities and receive a high level professional care;**(5)**The standardized diagnostics, monitoring and evaluation system and methodology will be strengthened; level of involvement of different kind of professionals in the torture victims’ rehabilitation and protection activities will be increased. **(6)** The program will provide opportunities for positive changes on the policy level, including the health care reform, prison reform, implementation of the UN OP CAT and CAT articles in Georgia; implementation of Istanbul Protocol and WMA resent Resolution, not only in Georgia, but in other Countries and military regions of South Caucasus.

Main activities: includes but not limited: (1) Multi - profile treatment and rehabilitation of torture victims in Georgia, both long term and short term; (2); Development of the legal Department and Forensic Medicine Department; (3) Mobile group and Crisis Intervention Department (in military conflict regions and in pre – trial prisons)). (4) The special duty doctors department with “hot line” service; (5) Development of the training – educational and research programme (Regional Training – Research Centre); (6) Public awareness, other torture prevention activities.

Branches of the RCT/EMPATHY and Partners



Partners and Sub Contractors

- ***Penal Reform International (South Caucasian Regional Office) (PRI)***
- ***Georgian Medical Association (GMA)***
- ***Georgian Psychiatrists' Society (GPS)***
- ***Women's Association Georgian/Abkhazian – Crisis Intervention Centre in Gali Region (Abkhazia – Military Conflict Zone).***

Associated Partners

Local:

- ***Ministry of Correction, Probation and Legal Assistance of Georgia***
- ***Public Defender of Georgia***

International:

- ***IRCT***
- ***WMA Section "Consequences of Torture and persecution"***
 - ***New Developments:***
- ***Networking with Azerbaijan and Armenian National Medical Associations, including Psychiatric Associations, several NGOs***

Sub Contractors

- **About 24 Health Centers: Diagnostic and In patient treatment (Hospitals), as well as Forensic Medical Expertise Centre (“Vektori”) and Pharmacology Firms.**

Relations:

- **Relations for co – funding of cases with Ministry of Health**
- **In several cases with Ministry of Refugees and Ministry of Justice, with President Chancellery and Parliament Health Committee.**

Donors

- **European Union**
- **UNVFVT**
- **IRCT**

Methodology:

I. Medical and psychological study (diagnostic) program: A) Medical and psychological diagnostic by using the special prepared clinical questionnaires in accordance with ICD – 10 Revision: 1. Center "Empathy" questionnaire "Medical and Psycho - Social Monitoring and Rehabilitation Programme for Victims of Torture", apparently with International clients monitoring program of the IRCT/ICAR /Denmark, Copenhagen/ and “Istanbul Protocol”. – Clinical/structural Interview method B) Psychological examination by using the following clinical psychological questionnaires: 1. Harvard Trauma Questionnaire. 2. Posttraumatic Stress Disorder Symptoms Questionnaire (for adults - Watson, 1991). 3. Civilian Mississippi Questionnaires (Mollica et al); 4) Shikkhan Anxiety Scale; 5) Buss – Durky Aggressive Scale; 6) MMPI; 7) BDI (Beck Depression Inventory); 8) Hamilton Depression Rate Scale; For Adolescents: Lusher Test and “Hand Test”, as well if appropriate PTSD and other relevant scales will be used.

II. Medical and psycho -social rehabilitation for victims of torture and ill - treatment:

A) Psychotherapy
Methods: individual, group, family.

Types: NLP, Methods of Testimony and "eye movement", Analytical psychotherapy, Psycho - synthesis, Existential analysis, Cognitive - Behavioral, Psychodrama and role player psychotherapy etc.

B) Psychological Support: Psycho - correction, Re - socialization, by using Reality Therapy and Behavioral Therapy methods. Psychological consultations for prisons staff and victims’ family members as well.

C) Art - Therapy - by using of painting and clay modeling methods.

D) Social Therapy: By using the methods of environmental support and case management. Revealing the current problems and needs of the torture victims (prisoners and former prisoners and their family members or other torture victims and their family members). Providing the support for planning and solving their problems, client advocacy and, in cases of necessity, to collaborate with Governmental and Non - Governmental organizations having more specific directions (legal aid or other) for solving the revealed problems. Creating the Self - Supporting groups among torture victims and an active participation of such groups during social rehabilitation process (participating in the movement against torture, client advocacy or other prevention activities, etc); Facilitation activities between prison administration / or medical authorities and prisoners for conflict resolution and improvement of general situation in the prisons. Activation of the prison staff, especially health professionals and prisoners' rights protection staff in client advocacy activities.

Main Goals of Psycho-rehabilitation Performance:

1. Establishing of the mutual trust contact between client and therapist (Transfer).
2. Catharsis, Abreaction.
3. Dissociation from traumatic stress and assimilation into the life experience of the person. Change of the attitude towards traumatic stress.
4. Discovering unused, compensatory resources of the personality and further its realization in daily life.
5. Re-evaluation of the system of values. Development of the personality "self" structures.
6. Improvement of social adaptation: a) Regulation of the interpersonal relationships; b) Transformation of the "Aspect of Enemy" and the aggressive energy transformation into the creative course.

The Basis Approach of Psycho-Rehabilitation Performance:

/Meichenbaum, Novaco, Everly, Girdano et al./

- ✓ Correction of the most widespread ideas regarding stress-related reactions.
- ✓ Giving of information to victims regarding stress-related disorders and their natures.
- ✓ Focusing on the role of traumatic stress in developing of stress-related disturbances.
- ✓ Leading of clients to become aware independently of the stress-related reactions and their symptoms, which have been manifested
- ✓ The developing of the self-analysis in client's personality, aim of which is identification of the client's self actually stressors.
- ✓ Informing of clients regarding the important role, which client takes in the traumatic stress therapy process.

The group psychotherapy methods are oriented on mixed target groups in accordance with Lifton models.

The individual psychotherapy methods are oriented on personality Oriental Focused Psychoanalysis. (Lindy, Green, Grace).

E) Medical consultation - General Doctor's, Psychiatrists, Neurologist, Traumatologist's and other needed consultations and treatment and rehabilitation, in cases of necessity

providing facilitation activities with Ministry of Justice Health system or Ministry of Health several institutions for sending the patients for more specialized relevant treatment.

- F) To provide independent Psycho - Physical expertise – conclusion (record) regarding client's health condition - for Governmental structures (for ex. for Court etc) or non - governmental organizations working in the Human Rights protection sphere, especially for Ombudsman Office. The Independent Medical Records are provided by the multidisciplinary Team of Health Care Specialists in accordance with international standards of torture investigation and documentation (Istanbul Protocol, CPT Recommendations etc); Provides Forensic Psychiatry Reports according to the international standards: Kaplan and Sadock Textbook guidelines, Oxford Psychiatry Textbook guidelines or other relevant guidelines, and if required the Forensic Medicine Expertise reports.
- G) For more specialized services that are not included in the Centre's service list the clients are guided in several contracting Medical Service Centres. For comprehensive health care for VoT Centre EMPATHY has close collaboration with following Health Care institutions and other contracting authorities :

Sub – Contractors or Services:

- 1) Multi - profile Treatment Centre in Tbilisi – for more specialized investigations, consultations, treatment and instrumental Investigations.
- 2) National Centre of Oncology
- 3) National Centre of Therapy.
- 4) National Centre of Urology
- 5) TSMU Central Clinic
- 6) Yoakum and Anna Gynecology Hospital
- 7) Tatishvili Diagnostic and Treatment Centre
- 8) Physiotherapy Centre of the Orthopedic Clinic
- 9) Ophthalmology Clinic "Ophthalmiji"
- 10) Other Health Institutions and Services
- 11) Independent Medical Forensic Expertise Centre "Vectori"
- 12) Farm Firms: GPS, PSP, for Psychotropic Drugs – "Titani"

As well as for more specialized treatment Centre EMPATHY collaborates with Ministry of Health and its other institutions: TB National Centre; Research Institute of Psychiatry etc.

- H) ***Legal Consultation and assistance*** – through providing the legal consultations to VoT and their family members outside and inside of the prison institutions, support in appealing to the Court (national and International);

Re-Evaluation of the Client's Health Condition, Post-Treatment:

- Clinical and needed Para - clinical methods.
- Re-evaluation using psychological questionnaires
- PTSD tests
- MMPI
- Depression and anxiety evaluation questionnaires
- Using the Empathy's Client's Subjective Evaluation Questionnaire

Assistance includes: Long term and Short term Rehabilitation services for victims of torture and their family members.

Overall monitoring and evaluation programme for the rehabilitation system (Includes Rehabilitation Centres (Branches – see below and Monitoring – Crisis intervention, Emergency Programme activities)

For evaluation and monitoring of the Rehabilitation System following mechanisms were set upped:

- Centre standardized documentation (Medical Card, Consultation Forms – For Doctors; for social Workers; for psychologist and Psychotherapists; For Art Therapist, For Lawyers, Referral Forms
- Treatment and Rehabilitation Standards created in accordance with international standards for Health Care and Ministry of Health of Georgia guidelines.
- Centre Medical License obtained from MoH.
- Elaborated methodology in accordance with International Standards (ICD – 10), Istanbul Protocol and other relevant health care guidelines.
- Monthly reporting forms;
- Electronic Data Base System that includes several items related to the client and to the course of rehabilitation;
- Statistical Analysis of Data regarding rehabilitation system;
- Rehabilitation Includes client's re – evaluation mechanisms with medical, psychological re – evaluation with standardized Subjective re – evaluation questionnaire.
- Following Registration Journals: For Medicines – medicines income and outcome registration and same outcome registration Journal for each Branch offices; Medicines Ordering Journal for Doctors and Online ordering software for Nurse.
- Clients' Registration Journal;
- Visits and Consultations' registration Journals;
- Staff registration journal; staff outdoor visiting registration journal;
- Social workers and clients per diems (travel from Regions) registration journal;
- Income and Outcome Documentation's registration Journal (two journals – one related to the patients, one – related to the Organization);
- Every morning medical evaluation and reporting meetings' Journal for Staff;
- Referrals registration Journal;
- "Hot Line" – Reporting Journal;
- Crisis intervention and monitoring reports;
- Discharging Clients' registration Journal;
- Ongoing Patients' registration Journal.
- Reporting system for Contractor Health Care Institutions, Farm Firm Organizations: Consultations, Investigations and Financial Reports.
- Georgian Legislation updating software

Training/Research Methodology

- The international training programme on torture prevention will be used for the Monitors of Human Rights and Legal Experts, as well as for NGOs' leaders from the Caucasian Countries.
- This training will include following thematic areas:
- Torture Definition and history;

- Methods of Torture
- Binding and not binding international instruments for prevention of torture;
- Local National Torture Prevention Mechanisms;
- Documenting and Reporting on Torture
- Health Care Standards for Prisons
- Istanbul Protocol
- Optional Protocol to the UN Convention against Torture ...
- Probation services - aims, European practice etc

The Training Modules will develop with materials.

- Lectures
- Group activities with using of the Role play and other methods.
- pair work or one to one working group
- multi-media activities
- visualizations
- research
- presentations
- Exercises (written and case studies), etc.

Medical Part

Training modules will include: Istanbul Protocol (Medical, Mental Psychological Part; Legal Part);

Preparation of the Reports in accordance with Istanbul Protocol;

Preparation of the International Manuals – That is already prepared in accordance with IRCT Istanbul Protocol Implementation Project that was held in Georgia;

Training will include case studies too.

Training will include Torture Victims Rehabilitation and Torture Prevention Guidelines;

The training – educational programme that will be accredited in Georgian Ministry of Health permanent – educational system, will have some features for “Doctors at Risk” (Prisons Doctors, Police Doctors; Military Doctors as well as for forensic experts) and will include in the joint programme: on torture diagnostic, documenting; treatment and rehabilitation and as well as on specific topics relevant to health care international standards in prison; The special educational programme on these issues will be elaborated, published and implemented in the curriculum for medical students. The specific innovation research activities will be conducted that includes observation and analysis of torture acute consequences and some features of torture outcomes among torture victims, including prisoners too. The guidelines on torture rehabilitation and prevention will be elaborated and published;

Methodologies will include:

- Scientific analyses
- Experiential Training methods
- Development of text/materials for training participants and for public in general
- Focus Research
- Case Studies
- Statistical analysis using the MANOVA and ANOVA methodology and SPSS.
- Study tours with presentations.
- 1 day Conference on 26 June, each year.

Training Activities: All training activities will be participatory and have at least a degree of experiential learning incorporated into each program so that participants can “learn by doing”.

Methodologies will include:

- Training of Trainer (TOT)
- Training of Special target Groups

Trainers/resource persons:

International/National Trainers for Regional Phase: 1 trainer will be invited from IRCT (Copenhagen, forensic expert); 1 trainer will be from RCT/EMPATHY (member of the WPA Scientific section “Torture Psychological Consequences and Persecution” (mental/Psychological); One legal Trainer/Expert and one medical/Expert; All listed trainers and invited resource persons have experience of international training on Istanbul Protocol; The resource persons will be selected from the participants of the First Phase (ToT) held in the first year of the programme.

It should be mentioned that Regional Trainings held in Georgia will be on Georgian, English and Russian Languages.

Documentation Centre and Library Department

Activities will include:

- An electronic database system analysis
- A library with up to date, relevant information for professionals in this field, including journals, books, conference materials, etc.,

Education Activities: In cooperation with the Beneficiary Partner, these will combine classical classroom methodologies with experience-based activities.

Promotional Activities: 1. Publishing materials and distributing them « en masse » for a wide audience. 2. The media, to disseminate information

Institution Building Activities:

- Elaboration and development of the new proposals and fund raising methods.
- Experiential activities

- « Shadowing » more experienced colleagues
- Regular monitoring and evaluations
- Raising possibilities to develop activities in whole Caucasian Countries, including the military conflict zones.

For each activity of the RCT/EMPATHY the particularly important are following approaches:

- Voluntarily investigation, treatment and rehabilitation;
- In accordance with client's wishes treatment should be anonymous with keeping it in confidence.
- The international medical ethics principles: Client's informed consent and confidentiality, medical confidentiality should be guaranteed and respected; Professional independence etc.
- The multidisciplinary approach will be a basis for rehabilitation activities, held by the MDT (Multi Disciplinary) group of specialists with the leading role of the Case Manager;
- Individual client oriented approach, based on client's needs assessment will be used in each case and the individual case management and rehabilitation plan of actions will be elaborated and implemented for solving of addressed problems.

Reasons for the proposed methodology

RCT / Empathy have 10 years experience to use the listed above methods; they are academic methods for prevention and rehabilitation of torture victims and internationally declared methods for relevant project activities.

In addition all used methods are based on international standards; ICD – 10; Istanbul Protocol; International Principles of Medical Ethics and international standards for treatment and medical and psycho – social rehabilitation of victims of torture. For selecting the used methodology RCT/EMPATHY has guided with international instruments for prevention of torture as well, such as the UN Convention Against Torture, Torture Monitoring guidelines of CPT; UN Standard Minimum Rules for the Treatment of Prisoners; Optional Protocol to the UN Convention against torture etc.

It should be mentioned the RCT/EMPATHY and GMA have experience of similar international training in IP held by the IRCT and international partners in 2004 - 2007 in Tbilisi; As well as the RCT/EMPATHY has experience of participate as the International Trainer in Training held in 2005 in Uzbekistan for Prisons and Forensic Doctors prepared by the IRCT; As well as RCT/EMPATHY have experience on trainings with prison doctors in Georgia with legal experts and human rights defenders in Georgia and in Kazakhstan;

In addition all used methods are based on international standards; ICD – 10; Istanbul Protocol; International Principles of Medical Ethics and international standards for treatment and medical and psycho – social rehabilitation of victims of torture. For selecting the used methodology RCT/EMPATHY has guided with international instruments for prevention of torture as well, such as the UN Convention Against Torture, Torture Monitoring guidelines of CPT; UN Standard Minimum Rules for the Treatment of Prisoners; Optional Protocol to the UN Convention against torture etc.

Services

- **Medical**
- **Psychiatric**
- **Psychotherapy (Individual, Group and Family)**
- **Art Therapy and art work**
- **Public – educational group therapy with using the movies or drama therapy**
- **Physiotherapy, Laser therapy and Acupuncture**
- **Counseling**
- **Community visits**
- **Referrals**
- **Financial assistance (support for travel and accommodation for out patient type treatment for VoT)**
- **Social welfare**
- **family – based treatment**
- **Psychological**
- **Legal Assistance and Client advocacy**
- **Centre is providing independent forensic expertise, medical and psychiatric/psychological, in accordance with Istanbul Protocol.**
- **“Hot Line” – for immediate response and crisis intervention.**
- **Training – educational and research programme**

Places

- **Georgia, Tbilisi and all regions, including the military conflict zones (Abkhazia, Buffer Zones of South Ossetia) and surrounding areas (Gori, Pankisi Gorge, Zugdidi), the penal institutions in whole Georgia, Part of the action (training component) covered the whole South Caucasian region (Armenia and Azerbaijan.)**
- **Implemented the Long term Rehabilitation and Crisis intervention Programme (including the monitoring visits in penal system in whole Georgia)**

Staff:

Post / Position in the Project	Responsibilities / Duties in the position
1.1.1. Psychiatrist 100 %	identification, Diagnostic, Treatment and Rehabilitation, Forensic Expertise
1.1.2. Psychiatrist 100 %	identification, Diagnostic, Treatment and Rehabilitation, Forensic Expertise
1.1.3. Psychologist /Psychotherapist for Adults 100 %	Evaluation, Re - evaluation, Individual, Group, Family Psychotherapy, Psychological Consulting
1.1.4. Psychologist/Psychotherapist for Children)100%	Evaluation, Re - evaluation, Individual, Group, Family Psychotherapy, Psychological Consulting
1.1.5. Art Therapist 100 %	Art work with Clay Modeling in Art Studio, Women and Juvenile Colonies RC
1.1.6. Social Worker 100 %	Social Environmental support, coordination work with sub contractor health organizations
1.1.7. Crisis programme coordinator 100 %	Work coordination in military and para military conflict zones, with partner organization in Gali R
1.1.8. Chief Doctor Physician - Case Manager 100 %	Identification, treatment, rehabilitation, expertise, case management

1.1.9 Doctor Physician – Case Manager 100 %	Identification, Diagnostic, Treatment and Rehabilitation
1.1.10. Nurse 50 %	Leading the medical procedure, leading the documentation related to medicines, on line submission et
1.1.11. Lawyer (Head of the Legal Department) 100 %	Client advocacy, leading the cases in the investigator and trial bodies, submission of applications
1.1.12. Lawyer 100 %	Client advocacy, leading the cases in the investigator and trial bodies, submission of applications
1.1.13. Driver 100 %	for visits in the regions or sub contractor organizations (for victims of torture)
1.1.15. Doctor Traumatologist 50 %	Traumatology/orthopedic consultations, Forensic Expertise, treatment and rehabilitation
1.1.16. Head of the Clinical Department- Doctor Psychiatrist/Narcologist/ 100 %	Head of Clinical work, consultations for VoT with drug addiction problems, acupuncture for clients
1.1.17. Doctor Neurologist/Laser Therapist 50 %	Provides neurologist consultations and if, required laser therapy
1.1.18. Office manager 100 %	Collected all data, managed the data base system, participating in reporting
1.1.19. Training Programme Coordinator 50 % 1 p (Surgery Consultant, medical Expert) from GMA	Coordination of the Training Programme, medical experts consultation, forensic expertise, monitoring
1.1.20. Director of Gali Crisis Centre 50 %	Doctor general practitioner, partner Centre in Military Conflict zone, Identification, Consultation
1.1.21. Social Worker) Gali Crisis Centre Partner organization 50 %	Identification, selection and client advocacy in the military conflict zone in Abkhazia
1.1.14 Dr. Gynecologist from Gali Centre 25 %	Gynecologist Consultations in Gali Region
1.1.22. Coordinator of Regional training programme from PRI 100 %	Leading the Regional work
1.1.23. Partner: GPS; Coordinator of the Training/Research Centre (50 %) (Expert Psychiatrists) (two persons)	Coordinating of training/research activities
1.1.24. Project Director 100 %	Leading all project activities, including coordination with partners, acting as trainer - expert and
1.1.25. Project Manager 100 %	Leading all project management, trainer - expert, forensic expertise
1.1.26. Financial Manager 50 %	Is responsible on financial management, reports
1.1.27. Assistant to the Financial Manager (Accountant) 100 %	Assisted of the financial manager, provides each day accounting work
1.1.28. Resident Psychiatrist (Assistant to the psychiatrists) 100 %	Provides work with clients, identification, assisted to the psychiatrists in daily work



Staff of the RCT/EMPATHY, Georgia

Permanent Consultants and Experts:

- 1) Expert Neurologist
- 2) Expert Psychiatrist
- 3) Expert Neurosurgeon
- 4) Expert Clinical Psychologist
- 5) Dr. Dermatologist
- 6) Dr. Otto – Laryngologist
- 7) Dr. Dentist
- 8) Dr. Gastro- Enterologist
- 9) Dr. Neurologist (EEG Specialist)
- 10) Dr. Haematologist
- 11) Dr. Gynaecologist
- 12) Dr. Urologist
- 13) Dr. Orthopaedist

Evaluation Procedures

Internal

- Internal evaluation is providing each working day – Morning Clinical Meeting at the office of the RCT/EMPATHY;
- Group meetings in each Friday on developments and problems of the project.
- Internal Evaluation on developments of the project is provided twice in the year with participation of the partner organizations.
- The data Base electronic version was elaborated and established that improves the monitoring and evaluation system of the Centre.
- The Feed – Back Questionnaires are filled by the clients,

External evaluation: includes Financial Audit; Annual Reporting (Narrative and Financial) to the Donor organizations; Annual Reporting on all programmes and activities to the IRCT;. In 2006 the external evaluation was provided by the UNFVT and in 2008 by the European Commission (Financial and managerial Audit). .

Timetable of the Internal and External Evaluation established at the Centre:

Type of evaluation	Per Day	Per Month	Quarterly	Biannual	Annual
Internal is provided by the Administration Department and partner Organizations; All staff members are involved in the evaluation.	Each Morning Medical Conferences with participation of all departments and field centres (excluding the Centre in Gali Region; Registration of activities implementation by the Duty Doctors and other activities implemented in the previous day and planed this day activities) (Duration 30 minutes)	Each months reports: Narrative and Financial provided after the end of each months by the each department and field centre in the Reporting Form of the RCT/EMPATHY; Financial Reporting; Reporting from sub contractor organizations; Nurse reporting on load of medicines etc.		Narrative Reports on all activities and on project development	

<i>External</i>					<i>Narrative and Financial Reporting (Annual including all activities and projects) to the IRCT</i>
<i>Internal/external</i>			<i>Financial Audit Reports</i>		<i>Narrative and Financial Reporting; Financial Audit Report to Donor Organizations</i>
<i>Client Evaluation</i>	<i>In the Beginning of the Course of Rehabilitation</i>	<i>After the Rehabilitation</i>	<i>Follow – up evaluation in each 3 months</i>	<i>Filing the Subjective Evaluation Questionnaires elaborated in the RCT/EMPATHY</i>	<i>Statistical Reporting on the Developments of the Rehabilitation Cycle.</i>

Chapter IV: SUMMARY OF OUTCOMES AND RESULTS IN 2009

1. MAJOR DEVELOPMENTS AND CHALLENGES ENCOUNTERED DURING THE IMPLEMENTATION PERIOD IN 2009 (ORGANIZATION MATTERS, EVENTS IN THE COUNTRY ETC)”

Developments in the Country: War 2008 follows – up developments: Specially should be noted that after August 2008 Russian – Georgian war the number of new torture victims – victims of ethnic discrimination, ethnic cleansing, war crimes – victims of violations of International Humanitarian Law were increased in Georgia. Consequently, number of new victims applied to the Centre “EMPATHY” from the Para military regions, military region in Abkhazia and from the so called “Buffer” zones were increased in year 2009. The mentioned above population and whole population of Georgia up today are under the pressure and threaten of the new aggression from the side of Russian Federation that increased the stress – related disorders among the risk and target population and makes difficulties during the rehabilitation course.

Positive Developments in the Country: It should be specially noted that in the end of 2009 the implementation of OP CAT was conducted in Georgia. The special relevant change in the Law Regarding Public Defender of Georgia was made and consequently the NPM with independent experts’ participation was established.

Developments at the RCT/EMPATHY: In May 2009 the special Memorandum of Collaboration between the RCT/EMPATHY and Georgian Ombudsman was signed, according to this memorandum the Public Defender applied to the RCT/EMPATHY for medical evaluation of cases of torture and ill – treatment, as well as for legal assistant. In the framework of this memorandum the actions on prevention of torture are implemented together, as well as the joint monitoring is provided in penal system of Georgia and in other close institutions. The RCT/EMPATHY experts are participating in preparation of the Public Defenders’ Reports, especially on Health in Prison. First report with participation of the medical experts of the RCT/EMPATHY was submitted to the Parliament in October 2009, second will be submitted in year 2010 March. It should be mentioned that 6 medical experts from the RCT/EMPATHY were appointed as the first Georgian NPM members in December 2009.

Special events and developments on prevention and documentation of torture: The special declaration with recommendations was elaborated and sent to the public officials. Declaration contains the special recommendations on implementation of international standards on prevention and documentation of torture, as well as on rehabilitation of torture victims, especially on implementation of the articles of the UN Convention against Torture ... (articles 12, 13, 10, 14), implementation of principles of the Istanbul Protocol, UN OP CAT, standards of the International Humanitarian Law etc. Number of interviews and presentations was made in the TV channels.

The regional activities in the framework of this project were developed by the PRI for preparation of the regional training on issue of torture documentation and prevention. The RCT/EMPATHY is only organization in Georgia that provides medical reports according to the guidelines of the Istanbul Protocol.

Events: The 26 June Conference was held in 26 of June, 2009 that was organized by the Public Defender together with RCT/EMPATHY, other EU funded projects and organizations were involved as co – organizers in this event too. About 70 persons from international and national organizations, from Governmental structures and mass media were attended this Conference. The Conference was reviewed in Georgian Mass Media with TV Channels widely. Special reports was made by the Public Defender and the RCT/EMPATHY, as well as reports were made by the Ministry of Health and Young Lawyer’s Association, by the Georgian Medical association too.



Conference, June 26, 2009 UN International Day in Support of Victims of Torture

Publications and other outputs: Special report on War in Georgia was re - published and presented at the 26 June Conference, the victims' art work exhibition was provided too. The presentation was made in Barcelona at the European Rehabilitation Centre's meeting.



Presentation at the European Network Meeting of Rehabilitation Centres in Barcelona 2009.

2. RESULTS ACHIEVED IN TERMS OF ASSISTANCE TO VICTIMS

1) The innovative model of the independent national wide system of rehabilitation and prevention of torture existing in Georgia with all programme components can be reduplicated in all NIS and other European neighborhood countries. 2) An independent medical and mental/psychological expertise was set upped and is in use by the lawyers for the documentation of torture cases and for the improvement of the access of the VoT to Justice. 3) The several model of curriculum for students and residents, for CME/CPD were developed and will be reduplicated in case of necessity. 4) Victims of torture and their family members were participated in program activities and received a high level of multi profile professional care; 5) The standardize Syllabus on Torture outcomes and reporting, was incorporated into the university students curriculum used in the Psychiatry program at all the leading Medical Universities. 6) Level of involvement of different kind of professionals in the torture victims' rehabilitation and protection activities were increased. 7) The program was provide opportunities for positive changes on the policy level, including the health care reforms, prison reforms, implementation of the UN OP CAT and CAT articles in Georgia; implementation of Istanbul Protocol and WMA Declaration on Torture, not only in Georgia, but in other Countries and military regions of South Caucasus.

In addition, totally 573 victims of torture and ill - treatment and their family members were received adequate treatment and rehabilitation in year 2009. More then 118 health professionals

and other experts were involved in the implementation of this action. Several offices are developed: Central Office of the Programme (RC); Branches: Art Studio; RC in Women Prison/Colony; RC in Juvenile Colony; Crisis Intervention Centre in Juvenile's Pre trial prison; Crisis Intervention Centre (Partner organization) in Military Conflict Zone in Abkhazia. The programme develops the Crisis Intervention activities in the regions of Georgia in penal institutions and in para - military conflict zones in so called "buffer" zones as well. The legal and forensic expertise departments' activities are developed as well. The training/research department activities were developed too, as a result the regional training including Armenia and Azerbaijan is under development, the course of training programme for CEM/CPD is developed and one training was held for the doctors working in the field with participation of the international experts from the IRCT, syllabus for University Medical (psychiatry) programme for students was developed and implemented. Involvement of the victims of torture and their community were increased: total number of applications received were 871; among them 573 were identified as the direct beneficiaries; Among them in 22 % were identified during the monitoring visits, 6 % were received lawyers and family members applications, in 7 % of cases applied the Public Defender, in 18 % of cases were applied by the support of the self - help groups, in 3 % were received the information from the prison doctors and in 3 % of cases - "Hot Line" information, about 10 % of cases were submitted from the military region of Georgia from Abkhazia through the crisis intervention centre (partner organization) etc. It should be mentioned that about 24 sub contractor health organizations, including the Independent Forensic medical Centre and Pharmacology companies, were involved in the project for the implementation of this action. All these components were made strong mechanisms for multi faced rehabilitation of the victims of torture and members of their families. Experts from the RCT/EMPATHY are involved in the NPM activities. All these components of the programme creates sound foundation for development of the rehabilitation and prevention activities in the Country and in the Region of South Caucasus as well.

3. CHANGES AND PROBLEMS IN THE IN-TAKE PROCESS

During the implementation of this action in 2009 the RCT/EMPATHY has relations with some state programmes of the Ministry of Health, Labor and Social Affairs of Georgia and Georgia/Abkhazia. In some cases the co – funding action for victims of torture from the ethnic cleansing regions of Georgia were achieved, but it should be mentioned that in many cases of referral state programmes was not comprehensive, adequate and quality of assistance was not satisfactory. In the Programme the associated partner Ministry of Justice was changed in year 2009 due to the transfer of penal institutions to newly created _ Ministry of Correction, Probation and legal Assistance of Georgia. As the new associated local partner the Ministry of Correction, Probation and Legal assistance was involved in the implementation of this action as well. The updated 1 year duration contract between the RCT/EMPATHY and this Ministry was signed in 2009, but it should be mentioned that this Ministry created many obstacles and problems in the implementation of this action in 2009. (1) During two months period work in Women Colony rejected due to the incident took place in Women Colony in April 19, 2009. (2) Due to the political crisis and preparation of new contracts with Ministry of Correction and Probation about 1 month period the intervention was stopped in this facility. (3) Since November 9, 2009 the access to the RCT/EMPATHY staff in permanent places of work in prison/colonies was limited by the side of Ministry of Probation, Correction and Legal Assistance of Georgia, the inadequate reasons and constrains created by the side of mentioned

above ministry was non – understandable. On the other hand, the updated Contract signed between the RCT/EMPATHY and this Ministry in 2009 was still valid. (4) It should be mentioned that medical intervention possibilities in these facilities was limited, because of non – understanding from the side of prison department the role of civilian professionals' intervention in the prison health system. Reason of described violation of international and national standards on health in prison is limitation of independency of medical services in prison institutions in Georgia, caused by following reason: Health System in year 2009 practically was under the prison department that created the problems for “civilianization” and “demilitarization” of medical facilities and services in penal system of Georgia. The violations of legal regulations were took place toward to right to health and right to lawyer. (5) The Penal System and mentioned above responsible Ministry is ready to collaborate with the projects focused on social rehabilitation, but in the same time in 2009 created resistance for projects like this, focused on protection of human rights, monitoring, prevention and expertise and rehabilitation of torture, ill – treatment, and victims of torture. Consequently, in the end 2009 the existing minister and his deputies were changed and new Minister was appointed, since January 2010 the problems with this Ministry were solved and the project still is implemented in the Penal System of Georgia.

It should be specially noted that after the Russian military intervention in Georgia, since August 2008, the risk of torture and ill treatment is increased in the region of Abkhazia, the movement of clients from Gali region to the other part of Georgia is limited, even in the cases of immediate medical needs. The intervention from the side of the RCT/EMPATHY, including the monitoring visits are limited too, due to the high risk of violence toward to the doctors as well, by this reason only one visit was conducted in this rejoin) by the RCT/EMPATHY.

4. INFORMATION ON IN-HOUSE TRAINING ACTIVITIES

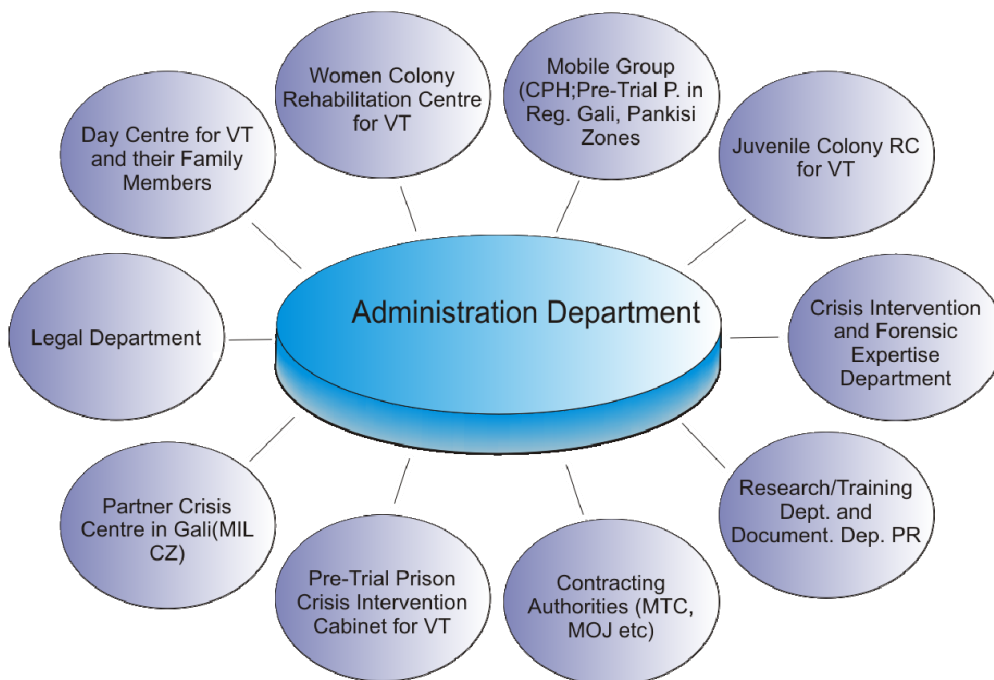
The training seminar during 4 days was held in Centre EMPATHY office for doctors and legal experts working in the field of documentation of torture, three International Trainer/Experts was participate in this training from associated partner organization IRCT, all related expenses for international trainers were covered by the IRCT. Totally 21 persons, 17 health professionals (Doctors, psychologists, nurse, social workers) were participated in this training and 4 legal experts. As well as the Syllabus for Medical University psychiatry Course curricula was elaborated and officially was included in the Curricula of Tbilisi State Medical University psychiatry Course and Tbilisi State University Medical faculty Psychiatry Course, this action was implemented according to joint efforts of the RCT/EMPATHY and partners: Georgian Psychiatrists' Society and Georgian Medical Association; From the selected trainers' group 3 trainers were participate in the international Training – seminars in Almaty and in Istanbul prepared by the IRCT and other international organizations.

The main subject of the training programme was the forensic expertise of cases of torture according to the Istanbul Protocol, exchanging the Country experiences (practice in Turkey, in Georgia, in Denmark); Problems in forensic expertise etc, As well as the seminar was include the evaluation conducted by the IRCT, on implementation of Istanbul Protocol in Georgia. The programme is attached. Stakeholders from partner organization of the RCT/EMPATHY Georgia, as well as associated partners and networking organizations were involved in this training session.



Training session on Forensic Psychiatry (18.02.2009, RCT/EMPATHY Office)

ORGANIGRAMME OF ACTIVITIES IN 2009:



Chapter V: RESULTS AND CONCLUSIONS

1. Type of assistance provided and activities

a. Medical

Medical assistance includes the long term and short term - crisis intervention activities. For long term intervention the following stages were implemented: 1) First time identification that is providing by using the specially elaborated Medical File and two medical/psychological clinical questionnaires: Harvard Trauma Questionnaire and PTSD (Watson et al). As well as the Centre standardized Application form is filled by the client; The first time identification at the Central Rehabilitation Centre is provided by the Duty Doctors, at the military conflict zone in Abkhazia is provided by the partner crisis intervention centre and in the field centres in prison system by the RCT/EMPATHY's doctors and psychologists; 2) On the second stage the Long term Rehabilitation files (Clients Monitoring and Rehabilitation Programme files) are opened by the Doctor's Case managers, file includes comprehensive documentation system according to the Istanbul Protocol and other relevant international standards. On this stage that maximum takes place during 2 weeks (diagnostic procedures time) the standardized consultations were provided that contains: objective clinical evaluation provided by the doctor Physician, doctor psychiatrist and doctor neurologist; after first clinical evaluation the plan of the furthermore needed examinations is elaborated: That includes the individually oriented, according to the identified needs of the client, para - clinical investigations, as well as needed several specialties doctors' consultations and laboratory investigations. 3) The following stage of medical service contains the final evaluation and diagnostic (according to the ICD – 10) of the client by using all consolidated data and analysis. After the final diagnostic on this stage the Individual Course of treatment and rehabilitation is elaborated in each individual case. 4) This stage contains multi -faced rehabilitation course with several needed sessions and services;5) The evaluation and follow - up evaluation procedures includes maximum 3 months period. All components of the rehabilitation course is agreed with client, on all stages of the assistance the MDT of professionals are involved, as well as for external consultation the permanent consultants of the Centre are involved; For para clinical investigations or in - patient type treatment the clients are referred to the sub contractor medical centres. For the referrals the special form of Referral is elaborated in the Centre. In needed cases the pharmacology treatment is provided as well. For the short term (crisis intervention) the centre has the standardized medical file with recommendations. The short term rehabilitation is provided in places of intervention in penal system or in para - military conflict zones, in cases of necessity clients are referred to the long term programme. In required cases Centre Forensic Department is provided forensic medical and mental/psychological evaluation and reporting according to the Istanbul Protocol. On this activity the sub - contractor forensic medical centre and the RCT/EMPATHY and partner GMA experts are involved. As well as the Centre Crisis Intervention Department is provided the "Hot Line" doctors consultations too. Total number of assisted persons received long term rehabilitation services were 272 persons, short term rehabilitation TN = 242 cases, in 25 cases first time were opened the crisis intervention files and then the long term rehabilitation files. Among these, total 272 persons that were under the multi - faced treatment and rehabilitation, including the diagnostic, medical and psychological treatment and rehabilitation, as well as art therapy and psychotherapy sessions, in

269 of 272 cases (about 98, 8 %) improvement of general health and psychological condition with improvement of possibilities of social adaptation observed. In 3 cases the client died due to the severe oncology disorders. Forensic reports were 7 cases 140 consultation.

b. Psychological

Psychological assistance were implemented together with other components of the programme in the framework of the integrate approach. Psychological assistance includes the psychological examination by using the several tests, including the evaluation and follow - up evaluation procedures during the rehabilitation course. The following tests are in use for identification and evaluation of the psychological needs of the client: at the identification stage, as was mentioned above: Harvard Trauma Questionnaire and PTSD (Watson at all) are in use. On the second stage of diagnostic: Shikhan Anxiety Test; Hamilton Depression rate scale, Beck Depression Inventory, Bass - Durlay Aggression Rate Scale and MMPI are used. The stage of rehabilitation includes session of individual, group and family therapy, as well as psychological consultations for community members, prison staff atc. The psychological assistance was provided at the Central office and in branches in penal system as well. The methods used mainly are based on analytical therapy and on cognitive behavior therapy. The art therapy sessions are providing at the art studio and women and juvenile colonies' rehabilitation centres. The methods include the individual and group therapy session. The art work sale - exhibitions are provided too. As the concrete results::In Juvenile Colony were served during 2009 totally 47 patients in RCT/EMPATY branch office, most of them were afterwards and simultaneously involved in other activities in colony: In church building activities in the colony territory were involved 14 juveniles, in special activities of stone carving were involved 4 prisoners, in enamel study activities -9 persons, in computer courses 8 prisoners, in soccer study group -9 juveniles; 1 person who successfully graduated secondary school in Colony was released from the colony due to presidential pardon, one prisoner is going to sit for an examinations in institute of higher education. Conditions of Long- term rehabilitation juveniles -total 23 persons - with several somatic and mental problems were in generally improved. Art studio: Total number of beneficiaries involved in the work in Art Studio were 41 person, among them 18 persons together with art work was attending the rehabilitation sessions in the Central Office of the RCT/EMPATY, including psychological and medical rehabilitation and legal assistance, and 23 persons were attending the mono therapy sessions in art studio. After the training during 3 months the beneficiaries have possibilities to sale their art work that provides for them real income, beside this the sessions in art studio includes travel expenses for each beneficiary and 1 time lunch during the whole day activities; Sessions includes more then 5 hour' work on clay modeling, twice per week. Total numbers of soled works are 1582 different objects created by the beneficiaries. Among beneficiaries are 30 IDP Adults from so-called South Ossetia, victims of ethnic cleansing, among them 16 adolescents, 5 persons former prisoners and 5 probation service users, 1 community member. In 17 cases, the special Certificates on Art Work were handed to the beneficiaries. Women Colony and prison: Total Number of clients were N = 47, among them 32 direct beneficiaries; Among direct beneficiaries long – term multi – faced rehabilitation was provided in 20 cases, short – term rehabilitation in – 4 cases, and in 8 cases mono therapy – art therapy session. Assistance includes the Art therapy group and individual sessions 2 per week; Psychotherapy sessions group and individual 1 per week, as well as psychiatry consultations and psycho - educational sessions 2 per week. The psychological treatment was provided in 200 cases in central office as well. Psychological assistance includes in place crisis intervention and community consultations as well.

The physiological assistance includes the forensic evaluation reports if required. Services are based on MDT work.

c. Social

Social Therapy and support is provided: By using the methods of environmental support and case management; revealing the current problems and needs of the torture victims (prisoners and former prisoners and their family members or other torture victims and their family members); providing the support for planning and solving their problems, client advocacy and, in cases of necessity, to collaborate with Governmental and Non - Governmental organizations having more specific directions (legal aid or other) for solving the revealed problem; creating the Self - Supporting groups among torture victims and an active participation of such groups in social rehabilitation process (participating in the movement against torture, client advocacy or other prevention activities etc; facilitation activities between prison administration or medical authorities and prisoners for conflict resolution and improvement of general situation in the prisons; activation of the prison staff, especially health professionals and prisoners' rights protection staff in client advocacy activities. Support for adaptation for refugees and IDPs , needs assessment of the population living in the military or para military conflict zones; home visits, visits in several sub - contractor medical institutions, coordination of referrals and collecting the results of para - clinical or other relevant medical documentation, implementation and coordination of the planned rehabilitation activities, participation in the process of case management, needs assessment, evaluation and re - evaluation; visits in the hospitals, hospice, family consultations and community consultations; Visits and negotiations with several State institutions for solving the current problems of the victims of torture and their family members, to facilitate co - financing or financing of high expensive surgery operations from the MoH agencies of social aid. Support in receiving the legal status and necessary documentation for refugees, IDPs, former prisoners, probationers; Facilitation in re - building of relations between family members, especially for women and juvenile prisoners. The social work contains participation in primary identification of torture victims, according to the special forms elaborated by the RCT/EMPATHY, in discussion of cases and forming of the waiting list for identified victims of torture; As well as includes, distribution of the information regarding torture and preventive mechanisms, as well as regarding outcomes, possibilities for treatment and rehabilitation and legal support. In addition, it should be mentioned that the First time interview method includes: to establish the mutual trust contact between therapist and client, to introduce the programme goals and possibilities of delivered services. ? In case of informed consent to identify the existing problems of the client, to discuss together with client the future plan of actions and future visits and consultations. Needs assessment -The individual problem analysis method will be used for identification of the needs of clients. The problem analysis will be provided together with client and with MDT group of the specialists working on the elaboration of the plan of rehabilitation for this client. The problems of the each individual will be grouped around four items: (1) Social; (2) Legal; 3) Psychological and 4) Medical. The individual plan of rehabilitation was developed in each case. The developed rehabilitation plan was introduced to the client and after the informed consent the rehabilitation activities were started. This plan of actions will be coordinated with each participant of MDT or with coordinators of other contracting services. In addition, monitoring visits in the regions for crisis intervention and selection of the target beneficiaries (first time identification) , creation of the waiting list; support for travel and accommodation for victims of torture. Number of sessions held - 923 in 312 cases.

d. Legal

Legal Consultation and assistance includes: legal consultations to VoT and their family members outside and inside of the prison institutions or for each target groups, support in appealing to the Court in all levels (National and International - European Court of Human Rights), assistance during investigation; Acting as attorney of the Client in all relevant investigator and trial processes: Preparing the judicial recourse, petitions, requests, appeals, complaints, cassations. It should be specially mentioned that needs assessment reveals necessity of increasing the legal department of the Centre and strengthening of the legal support of the victims of torture for receiving the adequate compensations through the Courts (national or International). In addition, it should be mentioned that legal analysis of procedures and legislation provided by the RCT/EMPATHY regularly submitted to the International and National responsible on human rights field authorities that influenced on implementation of international standards on prevention of torture in Georgia, to set up and implement the Istanbul Protocol Guidelines and request from Government to implement all articles of the UN Convention against Torture, especially articles on prompt and effective investigation of cases of torture and receiving the compensations. Described activities in most of cases is increased safety environment for victims of torture and their family members, encouraged coping the fear and feeling the shame, hopeless and breaking silence and stigma. Legal assistance is necessity and strong mechanism for achieving of legal redress, re - socialization and comprehensive rehabilitation. Total number of assisted clients where 57 persons, among them 34 cases was submitted to the European Court of Human Rights; among them 4 cases are in the same Court from previous years; other 23 cases are under the investigation in the local courts and investigator bodies. Among these persons: 25 are victims of ethnic cleansing, torture and ill treatment consequently of the 2008 August Russian – Georgian War. 13 persons are from Abkhazia (Gali Region); other 19 cases are on victims of ill treatment in prison institutions and police stations or other cases of inhuman treatment. . Joint activities results: including forensic medical and legal assistance: Was submitted to the European Court of Human Rights 5 forensic medical and psychiatry Reports according to the Istanbul Protocol, as well as 22 short medical reports. The Centre psychiatry expert where involved in the State Forensic psychiatry Expertise according to the Court Decision in one case of the Juvenile prisoner with mental retardation that after the advocacy campaign held by the RCT/EMPATHY forensic and legal departments were transferred to the Khoni Psychiatry Hospital; in one case of died prisoner with suicide the quality control expertise on medical documentation was provided according to the request of Georgian Medical Association, Ombudsman Office and Ministry of Health Quality Control Department. In one case of women prisoner with severe mental problem the expert psychiatrist's report was issued and submitted to the prison department, based on this report the state forensic psychiatry expertise was conducted, but significant results on this case is not achieved yet due to delay of answers and actions by the side of National Forensic Bureau and Prison Department, this women still is in women colony. The RCT/EMPATHY legal department is continuing to submit appeals to Prosecutor's office. The same recommendation was ordered to the Batumi pre – trial prison with regards of the one man prisoner with mental problem, in this case also was conducted the state forensic psychiatry expertise and according to the Court decision the patient was transferred to the Civilian Psychiatry Hospital in Khoni an involuntary admission. Expert's consultations where provided in 140 cases (requested by Public Defender).

e. Other social support

1) Support for travel and accommodation for IDPs and Refugees from the regions of Georgia, especially for persons living in the military or para military conflict zones and are existing on the level of poverty. Such assistance is included in the Individual Contracts for Clients, is registered in the Journals and book and is signed by the Client. 2) In the cases of necessity Centre experts are participate in the State Forensic Medical and Forensic Psychiatry Expertise (inpatient and outpatient type) according to the Centre or other lawyers' requests and Court Orders, as the independent forensic experts. In the cases of divergence of opinions and results of evaluation or methodology, the separate reports are submitted to the Courts; the results of this forensic expertise work are done in the framework of legal assistance. Result: support on travel and accommodation : Local transportation (For clients, lawyers and social workers in the regions) (for clients and social workers visits, Lawyers' visits in the regions of target areas (Pankisi, Gali, Gori, Home visits, Visits in the Hospitals and other medical institutions) Average services of 15 clients per months (In year 2009 - Total Number of clients received transport fees - N = 99; Number of visits 364; As well 2 lawyers and one social worker - 3 persons - N of visits N = 15 visits, TN of visits = 379).

2. Details on how the project was implemented with other organizations, including activities carried out by each partner

The following partner organizations are involved in the implementation of the action: (1) Crisis intervention Centre of the Women's association of Darcheli and Nabakevi is located in the Military Conflict Zone in Abkhazia (Gali region, Village Nabakevi), based on the outpatient type treatment Ambulatory. The staff members from this organization involved in the implementation of local activities is the Director of this Centre (Doctor Therapist), Social Worker and Gynecologist. These staff provides first time identification victims of torture, local consultations and medial support; are sending the clients for long term rehabilitation and more comprehensive multi faced support to the RCT/EMPATHY, are participating in the training activities, local mission's work, evaluation meetings and all project work related to the clients living in the region of Abkhazia. Total number of clients assisted by this partner organization was 87 patients. As well as is provided locally follow – up monitoring on the clients of the RCT/EMPATHY. (2) The Penal Reform International, South Caucasus Sub – Regional Office is also involved in the implementation of this action, especially in the programme component related to the regional activities in the Armenia and Azerbaijan that in year 2009 included development of networking relations with the NGOs and local governmental organizations working on issue of torture and generally on human rights; The application form and selection criteria were elaborated together with RCT/EMPATHY for identification of potential stakeholders in these Countries for the regional training that should be conducted in 2010 in Tbilisi. The training material was selected as well and is prepared for translation and publication. One legal expert for PRI Tbilisi is involved in this activity. (3) The Georgian Medical Association is involved in the implementation of the rehabilitation and training/research activities; in year 2009 was provided 27 consultations in penal system, as well as 9 consultations in the Central Office of the RCT/EMPATHY. Is coordinated the Training programme, participated as the trainer/expert, If required, provides Centre with necessity medical consultants, provides with updated information related to the Health management; Provides accreditation of the medical trainings at the MoH and submit application for accreditation of training at the European Doctor's Committee; participated in

preparation of training manuals and publications. One staff member is involved on permanent basis in the implementation of this programme. (4) Georgian Psychiatrist's Society is acting as the partner organization in the project especially in the training/educational activity. Two professors were involved in 2009 in the preparation of Syllabuses in Psychiatry for the Curricula of the Medical University and the State University Medical faculty. Syllabus includes the special topics related to torture, the Istanbul Protocol and mental/psychological outcomes of torture. As the result of this activity elaborated Syllabus is included officially in Curricula on Psychiatry of the mentioned above Universities. In year 2009 the formal agreement was received from the Tbilisi State Medical University for including the Istanbul Protocol educational programme in the programme of medical residency course in Psychiatry. In the implementation of this activity the Georgian Medical Association was involved as well.

3. General Data Regarding Clients in year 2009

During 12 months period, in year 2009, total Number of clients applied to the RCT/EMPATHY were: TN = 871; among them direct beneficiaries - total Number 573 persons; Long term rehabilitation was provided in 272 cases and in 267 cases were provided short – term rehabilitation and crisis intervention, among them in 25 cases first time was opened short term rehabilitation medical files and then was opened long term rehabilitation medical files. As well as about 59 cases were provided just mono and double therapy including art therapy and psychotherapy sessions. Indirect beneficiaries: TN = 298.

Target Groups (TN 573 of 871):

Prisoner	Ex - Prisoner and probation	Refugee from Chechnya	IDP from SO and War Victims	Living in Gali Region	IDPS from Abkhazia and Kodori	Others	T N
290	16	9	148	87	5	18	573
50.61	2.79	1.57	25.83	15.19	0.87	3.14	100 %

Citizenship T.N 573

Georgian	Russian	Turcian	Shri-lanka	Ukrainian	Angola	Iranian
556	11	1	2	1	1	1

Gender

- Among total direct beneficiaries in year 2009, 127 of 573 were children and adolescents, about 22 %.
- Among total direct beneficiaries in year 2009, 189 of 573 were women, about 33 %.
- Among total direct beneficiaries in year 2009, 257 of 573 were men, about 45 %.

Children and Adolescents

<i>Target Group</i>	Total Children Prisoner	Ex prisoners and Probationers	Refugees from Chechnya	IDP from South Ossetia and War Victims	IDPs from Abkhazia Children	Gali and Living in Abkhazia Children	Other	Total
<i>% of total Direct 127</i>	74	3	1	16.5	1	3	1.5	100 %
Total N of Assisted Persons (Direct Beneficiaries + Indirect)	115	4	1	21	3	4	2	150
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2009) Total N =	94	4	1	21	1	4	2	127

According to the Table 3.1., among total N = 127 children and adolescents about 74 % were prisoners with experience of several kind of violence and inhuman treatment; more then 16 % - new war victims (Russian – Georgian War 2008), about 4 % - IDPs from Abkhazia and clients living in the military conflict zone in Abkhazia and 5,5 % - other beneficiaries.

Women

<i>Target Group</i>	Prisoner	Ex Prisoners and Probationers	Chechnya	IDP from South Osetia and War Victims	IDPs from Abkhazia	Gali and from Abkhazia	Other	Total
% of Direct 189	33	4	2	34	1	25	1	100
Total N of Assisted Persons (Direct Beneficiaries + Indirect)	98	11	5	115	4	69	15	317
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2009) Total N =	63	7	4	65	2	46	2	189

According to the Table 3.2., among total N = 189 women about 33 % were prisoners (risk and target groups, community members), more than 34 % - new war victims (Russian – Georgian War 2008), about 26 % - IDPs from Abkhazia and clients living in the military conflict zone in Abkhazia and 7 % - other beneficiaries.

Men

<i>Target Group</i>	Prisoner	Ex - Pris Probationers	Refugees from Chechnya	IDP from South Osetia and War Victims	IDPs from Abkhazia	Gali and from Abkhazia	Other	Total
% of Direct N = 257	52	2	1.5	24	0.7	14.3	5.5	100
Total N of Assisted Persons (Direct Beneficiaries + Indirect)	216	10	4	95	2	52	25	404
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2009) Total N =	133	5	4	62	2	37	14	257

According to the Table 3.2., among total N = 257 women about 52 % were prisoners, more than 24 % -new war victims (Russian – Georgian War 2008), about 15 % - IDPs from Abkhazia and clients living in the military conflict zone in Abkhazia and 9 % - other beneficiaries.

Age

- Average age of women direct beneficiaries (total number = 189) was: E = 45, 25
- Average age of men, direct beneficiaries (total number = 257) was: E = 42
- Average age of children and adolescents, direct beneficiaries (total number = 127) was: E =14.32

Ages of Target Beneficiaries:

Ages **Long Term Rehabilitation** **N** **272**

Sex	Age group						
	0-15	16-25	26-35	36-45	45-60	60 65	Over 65
Male	8	55	14	5	36	10	21
Female	2	11	16	25	45	8	16
Sub-totals	10	66	30	30	81	18	37

TOTAL	272
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Ages **Short Term Rehabilitation** **N** **242**

Sex	Age group						
	0-15	16-25	26-35	36-45	45-60	60 - 65	Over 65
Male	4	46	53	39	30	0	7
Female	1	10	19	10	14	3	6
Sub-totals	5	56	72	49	44	3	13
TOTAL	242						

Ages Long Term Rehabilitation Mono Therapy N 59

Sex	Age group						
	0-15	16-25	26-35	36-45	45-60	60 65	Over 65
Male	6	23	1	0	0	0	0
Female	16	2	3	4	3	1	0
Sub-totals	22	25	4	4	3	1	0

TOTAL	59
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Assessment by statistical data –Treatment and Rehabilitation Department:

General Data of activities in correlation with target groups

Target Group	Prisoners	Ex Prisoners and Probationers	Refugees from Chechnya	IDPs from South Osetia and 2008 war Victims	Gali Region and Abkhazia including IDPs	Others	Total
Type of activates							
Total N of Assisted Persons (Direct Beneficiaries + Indirect)	429	25	10	231	134	42	871
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2009) Total N =	290	16	9	148	92	18	573
Torture and Inhuman, Degrading Treatment Victims (Clients transferred from 2008)	18	2	0	45	14	1	80
Torture and Inhuman, Degrading Treatment Victims (New Clients on Long term Rehabilitation)	54	3	8	62	65	0	192

in 2009)								
Total number of long term rehabilitation in 2009 Victims of Torture and ill - treatment	72	5	8	107	79	1	272	
<i>Family Member of VoT Long term Rehabilitation Total N =</i>	0	0	0	0	0	0	0	
Total Number of long term rehabilitation in 2009	72	5	8	107	79	1	272	
Short Term Rehabilitation and Crisis Intervention in 2009 Victims of Torture Total N =	186	5	1	21	13	15	241	
Short Term Rehabilitation and Crisis Intervention in 2009 family members Total N =	0	0	0	0	0	1	1	
Total Number of Short Term Rehabilitation and Crisis Intervention	186	5	1	21	13	16	242	
<i>Persons only Consulted Community members, Family members, Lawyers etc N =</i>	70	2	1	60	33	9	175	
<i>" Hot Line" Consultations Total N</i>	69	7	0	23	9	15	123	
<i>Referrals and Guidance to other Hospitals on in – patient treatment N=</i>	5	1	0	15	22	0	43	
Mono and double therapy: Art Therapy	32	6	0	20	0	1	59	

4. Assessment of Branch Offices:

- ***Field Rehabilitation Centers inside the Georgian Penal System (RC in Women and Juvenile Colonies- Free of Charge Offices in side penal system)*** (includes: Creating the basis for humane prison system due to the operate of the Rehabilitation Centres in the Women Colony in Tbilisi, in the Women Pre – Trial Prison in Tbilisi that is complete with the civilian professionals and is innovation model of intervention of the civilian health care independent system inside the prison institutions).

Specific activities in Women and Juvenile Colonies will include the following (already exists and needs in sustainability and development):

- Identify and diagnose torture victims – prisoners.
- Provide medical and psycho – social rehabilitation to torture victims in the Colonies.
- Hold meetings and provide networking activities with the colony medical service staff members, staff responsible for human rights of prisoners, as well as other authorities responsible for these target groups.
- In cooperation with Partner organization, provide conflict resolution activities for colony staff and perhaps for prisoners as well (staff-prisoner, prisoner-prisoner mediation/communication training).
- Hold psychotherapy sessions (Individual, group, and as needed or permissible family treatment).
- Provide psychological consultations
- Conduct art therapy sessions
- Conduct social therapy sessions
- Provide legal assistance
- Prepare regular analyses of activities and materials
- Prepare regular reports on activities for the Centre
- Other relevant duties.
- Conduct meetings and networking activities with Ministry of Health (in cooperation with the partner organization) and its institutions for solving the target groups' current medical and legal problems.
- Provide clients with medical forms/references to check into more specialized health care institutions, as needed.
- Encourage Human Rights Protection NGOs to refer clients to the rehabilitation Centre for treatment, rehabilitation and expertise and legal assistance.

Assessment of results:

The Rehabilitation Centres are operating in the Women Colony, Juvenile Colony, as well as the monitoring and crisis intervention is providing in the Pre – Trial Prison for Women.

Total Number of clients were N = 47, among them 32 direct beneficiaries; Among direct beneficiaries long – term multi – faced rehabilitation was provided in 20 cases, short – term rehabilitation in – 4 cases, and in 8 cases mono therapy – art therapy session.

Assistance includes the Art therapy group and individual sessions 2 per week; Psychotherapy sessions group and individual 1 per week, as well as psychiatry consultations and psycho - educational sessions 2 per week.

Women’s and Juveniles’ Facility #5

Address: 11 Abuseridze – Tbeli Str.,

(Women Colony (Rehabilitation Centre) and Women Prison

Activity	Monday (From 11.00. till 17.00.)	Thursday (From 11.00. till 17.00.)	Wednesday (From 11.00. till 17.00.)	Thursday (From 11.00. till 17.00.)	Friday (From 11.00. till 17.00.)
Art therapy sessions		X			X
Psychiatrist Consultation and Individual Psychotherapy	X			X	
Individual Psychologist/Psychotherapy sessions			X		
Group Psychotherapy Sessions			X (from 14.00. – till 17.00.)		
If, Required several doctor’s consultations in Women Colony and in Women Pre – Trial Prison	X	X	X	X	X

Concrete Results:

- 1) The individual and group psycho – therapy sessions were conducted in 15 cases. The problems of social adaptation, depression, sleep disturbances, problems of violation of interpersonal relations were revealed in the beginning of the sessions. The level of aggression was high according to the Bass – Durkay Aggression rate scale too. As the result of psychotherapy intervention the level of aggression was decreased according to the re – evaluation measures, as well as the level of social adaptation was improved. Patients became more oriented on the future plans.
- 2) The art – therapy sessions were conducted together with medical and psychological intervention in 16 cases. Among them 8 persons were on double therapy – including the psychotherapy and art therapy session.

Juvenile Colony

Assessment of Results

Total number of assisted persons were N = 53; among them direct beneficiaries were 47 persons. Clients for multi – faced long-term rehabilitation were 23 persons, as well as on mono - art therapy sessions were attending 24 persons: clients of RCT/EMPATHY from previous year and new clients. Total number of clients involved in the art therapy were 42 persons, Sessions includes 3 time per week art therapy intervention, 2 time psychotherapy and psychiatrist’s sessions, if, required several doctors’ consultations.

Juvenile Colony (Rehabilitation Centre)

Address: Avchala, Grigol – Khantsteli Str., Tbilisi

Activity	Monday (From 11.00. till 17.00.)	Thursday (From 11.00. till 17.00.)	Wednesday (From 11.00. till 17.00.)	Thursday (From 11.00. till 17.00.)	Friday (From 11.00. till 17.00.)
Psychologist/Psychotherapist Sessions (group and Individual)	X	X	X	X	
Art Therapy Sessions	X		X	X	
Several Doctors’ Consultations, Psyshiatrist Visit, Neurologist Visit (if, Required other Doctor’s Visits)		X		X	If, Required

In Juvenile Colony were served during 2009 totally 47 patients in RCT/EMPATY branch office, most of them were afterwards and simultaneously involved in other activities in colony:

In church building activities in the colony territory were involved 14 juveniles, in special activities of stone carving were involved 4 prisoners, in enamel study activities -9 persons, in computer courses 8 prisoners, in soccer study group -9 juveniles; 1 person who successfully graduated secondary school in Colony was released from the colony due to presidential pardon, one prisoner is going to sit for an examinations in institute of higher education. Conditions of Long- term rehabilitation juveniles -total 23 persons -with several somatic and mental problems were in generally improved.

Emergency Consulting Centre (ECC) in Pre – Trial Prison for Juveniles in Tbilisi (free of Charge Office that was established in 2007 by the RCT/Empathy with close collaboration of the MoJ Prison Department, during the Micro Grant Project funded from EU and IRCT/Oak);

Specific activities includes but is not limited

- Revealing and monitoring of the prisoners – torture victims, especially among prisoners those are just transferred from Police Lock – ups and were suffering to torture in Police settings.
- Revealing of the facts of the torture and inhuman or degrading treatment inside the Prison and provide support for the victims.
- Providing the crisis intervention, emergency medical and psycho – social care, including the legal assistance, for this target group with close collaboration with prisoners’ rights protection and local health care professionals.
- In case of necessity to provide the independent medical experts conclusion and provide the civilian professionals assistance in accordance with the UN minimal standards and European Prison Rules 2006, for health care in prison.
- Conflict resolution activities and activities for general improvement of the situation inside the pre – trial detention Centre.

Assessment of results:

Total number of juveniles consulted during the year were 46 persons, among them 31 persons were identified as the direct beneficiaries, among them persons with mental retardation, the legal, psychological, psychiatry assistance, together with other doctors’ intervention were provided. Among them in 28 cases the long - term rehabilitation was provided and in 3 cases short term medical intervention.

In branch office in Juvenile Pre-Trial prison during 2009 year were served 31 juveniles, among them 1 prisoner with mental retardation was transferred to compulsory treatment in Qutiri Hospital according to court decision due to provided Forensic Psychiatric expertise, which was conducted after RCT/EMPATHY’s specialists’ recommendations and intervention. 7 prisoners after transferring in juveniles’ colony were involved in RCT/EMPATHY art- therapy activities, 5 of them were involved in other activities in colony as well. In all cases in generally, health condition were improved.

Juvenile’s Pre – Trial Prison (Crisis Intervention Centre)

Activity	Monday (From 12.00. till 17.00.)	Thursday (From 12.00. till 17.00.)	Wednesday (From 12.00. till 17.00.)	Thursday (From 12.00. till 17.00.)	Friday (From 12.00. till 17.00.)
Case manager consultancy visits for needs assessment	X		X	X	
Psychiatrist/psychotherapist individual sessions	X		X	X	

Art Studio in Tbilisi (rented and equipped office)



Work in Art Studio in 2009

Art therapy Centre (Art Studio) – will include the specific trainings on clay modelling, painting for women and juveniles and then they will be employed in these art salon – the special sale – exhibitions will be provided, and the income will be given to the authors. Such experience has Centre EMPATHY in Juvenile and Women Prison and now it is developed in 2006 – 2007 outside of prison too.

Activities include, but not limited:

- Training on Clay modeling for the Clients of the Centre
- Provide with Certificates after three months training – educational programme;
- Provide Clients with sale – exhibition
- Receiving the orders from different consumers
- Income is given to the authors of the work
- These activities are implemented in close collaboration with the TRD and AD.

Assessment of Results:

Total number of beneficiaries involved in the work in Art Studio were 41 person, among them 18 persons together with art work was attending the rehabilitation sessions in the Central Office of the

RCT/EMPATHY, including psychological and medical rehabilitation and legal assistance, and 23 persons were attending the mono therapy sessions in art studio. After the training during 3 months the beneficiaries have possibilities to sale their art work that provides for them real income, beside this the sessions in art studio includes travel expenses for each beneficiary and 1 time lunch during the whole day activities; Sessions includes more then 5 hour' work on clay modelling, twice per week. Total numbers of soled works are 1582 different objects created by the beneficiaries.

Among beneficiaries are 30 IDP Adults from so-called South Ossetia, victims of ethnic cleansing, among them 16 adolescents, 5 persons former prisoners and 5 probation service users, 1 community member. In 17 cases, the special Certificates on Art Work were handed to the beneficiaries.

Art Studio

Address: Vashli Djvari District, Block 14 V, Tbilisi

Activity	Wednesday: 14.00. – 17.00.	Seturday (From 11.00. till 17.00.)
Art Work with Women Probationers and Former Prisoners, resfugees and their family	X	
Art Work with Juvenile's former prisoners and probationers, community members		X

Field Centre in Gali (Abkhazia) Region

- Identification and diagnostics of the torture victims and their family members
- Medical and Psycho - social support and emergency care
- Sending the patients for more relevant treatment to the RCT/EMPATHY in Tbilisi.
- Support and participate on the Training – Educational Programme that take place in Zugdidi and Tbilisi;
- These activities will be implemented by the partner organization – Crisis Intervention Centre of the Women's Association of Nabakevi and Darcheli (Georgian/ Abkhazian) being in military conflict zone in Abkhazia, with close networking and collaboration with EMPATHY and other project partners.

Assessment of Results:

From Gali region after the first time identification, 87 direct beneficiaries applied to the RCT/EMPATHY. The local partner organization is providing the identification of clients, crisis intervention and medical consultations, is preparing short medical reports for sending the clients to the RCT/EMPATHY for long-term support and rehabilitation. Totally 125 persons were consulted by this partner Centre.

Below is plan and implemented activities table, just last activity that includes social workers visits from Tbilisi to Gali was modified and was conducted just 1 visit.

Partner Centre in Military Conflict Zone in Abkhazia (Gali Region, Vilige Nabakevi - Outpatient Type Clinic, Crisis Intervention Centre of the Women's Association Nabakevi and Darcheli (Georgian/Abkhazian)

Activity	Monday (From 11.00. till 16.00.)	Thursday (From 11.00. till 16.00.)	Wednesday (From 11.00. till 16.00.)	Thursday (From 11.00. till 16.00.)	Friday (From 11.00. till 16.00.)
Social Worker consultancy visits for needs assessment	X	X	X	X	X
Doctor Gynecologist Consultations			X		
Head Doctor Consultation (Identification and Crisis Intervention)	X	X	X	X	X
Coordinator visits from Tbilisi Office to this Centre in each 2 months	in	the	end	of	Each two months

Mobile Group and Emergency (Crisis Intervention) Department Activities

A professional, civilian, multi-faceted mobile group that will travel to targeted locations to provide preliminary identification and diagnostic, short-term rehabilitation for victims of torture who are either incarcerated or living in conflict zone areas. This activity requires full cooperation with the Ministry of Justice (RCT/EMPATHY has already obtained the permanent Contract with this agency and is acting in this area).

Mobile multidiscipline group activities that includes monitoring of the prisoners, medical staff and other administration representatives, monitoring of the documentation in Zugdidi and Kutaisi Pre – Trial Prisons, Batumi Prison, and in Tbilisi Central Prison Hospital, Prison #8; #1: #7; Rustavi Prisons #6; # 2; #1 for revealing of the torture and ill treatment victims and their medical and psycho –

social consulting. Especially, of those who are just transferred from Police Lock ups, prisoners with mental problems and with severe illness. Also mobile group activities will cover the Gali region with collaboration of the local Crisis Intervention Centre and as well as activities in Pankisi Gorge, Gori Region, and other target locations mentioned above, Kodori Gorge, Khoni Psychiatric Hospital etc).

Specific Activities will include

- Monitoring of the prisoners
- Monitoring of the medical staff and prisoners' rights protection staff
- Monitoring of the medical documentation
- Monitoring of the administration
- Consultations for prisoners
- Elaboration of the recommendations to the pre – trial prisons administration for the relevant needed service for prisoners
- Monitoring and identification of the refugees from Chechnya – victims of torture
- Medical and psycho – social consultations and support
- Facilitation activities with official structures with whom they have close contacts
- Monitoring and assistance, consultations for Gali region repatriated IDPs – victims of torture and inhuman treatment and their family members as well as other population of the Gali region and other pra – military zones, including all ethnic groups.

Emergency, Crisis Intervention activities

Includes, but not limited:

- Developing of the Hot line service for consulting of torture victims and their family members;
- Developing the Duty Doctors' (medical experts) system for immediate reacting on the acute torture cases (for e.g. Initial medical examination and crisis intervention in different close settings, such experience EMPATHY already has with collaboration to the Ombudsman's Monitoring Reacting Group).
- In addition, this Department will be responsible for First Time Identification of Victims of Torture, Reporting on the First Time Identification, creation the waiting lists, discussing the client – related issues together with TRD for inviting the clients for long term rehabilitation or other needed support;
- To provide follow up re – evaluation locally in the target settings or areas.

In the implementation of these activities the RCT/EMPATHY GMA staff and consultants were involved together with the Crisis Intervention Centre in Gali region, the clients from targeted regions or community members and organizations were involved in these activities as well; The associated partners involved in the implementation of this action were the Ombudsman Office; Penal and Probation Departments of the MoJ and several stakeholders, including the prison medical and non – medical staff, lawyers and relatives of the prisoners etc.

Was Planed:

Total Number of trips in the Tbilisi prison System Institutions: 2 X in Months;

Total Number of Visits in the regions: 3 days x 4 persons x Number of visits 21 during three years.

Assessment of Results:

Total number of visits in the high risk settings of ill – treatment and torture were: 3 times in Gori and surrounding villages where the new war victims are located, one visit in Gali region and one visit in Pankisi Gorge. In the framework of memorandum signed by the RCT/EMPATHY and Public Defender two monitoring mission were provided in west Georgian Prisons: In Kutaisi Prison #2 – 4 visits, Zugdidi Prison #4 – 2 visits, Batumi Prison #3 – 2 visits, Geguti Men Colony – 2 visits, and one visit in Khoni Men Colony, as well as one visit was held in the Khoni Forensic psychiatry Hospital (1 visit). Total 7 trips were provided during the year 2009. In the same time in Kutaisi was visited the Refugee Camps where the new IDPs from Kodori Gorge are located (1 visit).

As well as following visits together with the staff of public defender in Rustavi Prison #6 – 3 visit, Rustavi Prison # 2 – 2 visit, Rustavi Prison #1 - 2 visits, Tbilisi Pre Trial Prison #8 – 5 visits; Prison Hospital – 5, Ksani Prison #7 – 4 visits, Ksani TB Hospital for Prisoners 1, Tbilisi TB Hospital – 1 visit. Municipal Police stations #1 and #2 – 2 visits. (24 visits in the Tbilisi and near Tbilisi regions – Rustavi and Ksani – Prison Institutions and Police Loc – Ups – Total Number of visits N = 24, as well as 1 visit in TB Central Hospital for former prisoners).

Total number of crisis intervention visits in the regions and prison/ detention facilities – 43. Total number of crisis intervention was provided in 267 cases, among them 25 persons after the crisis intervention was transferred on long term rehabilitation. Only crisis intervention was provided in 242 cases.

5. Physical or psychological torture or ill - treatment suffered by victims

According to the collected data among total 871 persons applied to the RCT/EMPATHY in year 2009 about 573 were identified as victims of torture or inhuman treatment, ill – treatment or other kind of violations of international humanitarian law.

According to the data about 51 % of 573 were prisoners with experience of torture, ill – treatment or inhuman treatment experience, or with experience of inadequate medical care, especially toward to prisoners with severe mental problems, or being in inhuman living conditions. About 2,8 % of 573 were Ex – prisoners and probationers with similar experience or their family members or community members. About 1, 6 % of 573 were refugees from Chechnya with experience of torture, captivity and ill – treatment in the Russian Federation during war conflicts in Chechnya. About 26 % of 573 were new war victims, during the Russian – Georgian War 2008, especially with experience of captivity, ethnic cleansing and discrimination, torture and other forms of military crime and violations of Humanitarian Law. More than 15 % of 573 were clients still living at the Military Conflict Zone under the occupation of Russian military forces in the region of Abkhazia, with experience of ethnic discrimination, torture and ill – treatment, or other forms of military crime. About 1 % of 573 were IDPs from Abkhazia, including Kodori Gorge with experience of ill – treatment and ethnic discrimination. About 3 % of 573 were other population with experience of ill – treatment in Psychiatry Hospitals or in other close institutions.

According to the stories of the clients and collected medical or other kind of information 305 of 573 (more than 53 %) of cases were victims of physical torture. Among physical methods mainly following methods were used: Beating (with cudgel, boots, pistol, other blunt object, hand etc) – among 259 cases (about 85 %), Electric Shock – 9 cases (about 3 %); Hanging – 8 cases (more than 2, 5 %); non – physiological dislocation – 151 cases (more than 49 %), Sexual torture – 9 cases, about 6 %. Breaking of Tooth – 2 persons about 0, 6 %; Suffocation (by the water, bag, gas - mask or other - please indicated) By hands – 11 cases (about 4 %); Pharmacology torture by using a unknown drugs – 3 cases, cauterizations – extraction of nails – 2 cases, Burning with cigarette etc – 15 cases, about 5 %; torture with animals – 4 cases (about 1 5); Medical Torture (Physical severe pain and suffering – enhance - caused by the inadequate medical care) During captivity in Tskhinvali Prisons - 33 cases, about 11 %.; Wounded During War and severally Beaten, bombing of civilian population and living targets during the war (August 8): - 26 persons (more than 8 %); Other methods: Town from the third floor on railway by the reason to kill. Killing attempt by the firearm, Pulling Hair, Spraying Gas CS ; “Phalange”, especially should be not among War victims with experience of captivity forced labor (**Burying of corpses**) – (**about 25 persons**); bombing of civilian population and living targets during the war; One woman - Pulling of earrings; These 7 women received several injuries with bruises during the riot happened in Women Colony in Tbilisi in 19 of April 2009, it is not clear by whom were made these injuries; Regarding two juveniles male prisoners: 1. Putting bag on the head and throwing from the second floor, squeezing hand in iron grip 2."Telephone"; total by using the other described methods were about – 93 persons (more than 30 %). Total facts per person were about 659; average per fact per person was more than 2 facts per person.

According to the data and medical files of the clients the psychological ill – treatment and torture methods were used in 573 cases. Mainly as psychological ill treatment were identified inadequate living conditions in prison/colonies – 198 cases (more than 34 %), as well as inadequate medical care – 390 cases, (68 %), , threaten to be raped or other kind of violence were identified in 271 cases – more than 47 %, Non - real choice (collaboration as agent, signification, providing information etc), forced to take Russian or Abkhazian Passports, especially in the military conflict zones, forcibly labor experience in Abkhazia etc – 192 cases (more than 33 %); Humiliation, inhuman attitude, oppression - 304 cases (about 53 %); false death - 60 cases, 10 %; Limitation of the natural needs of the Human - 96 cases (about 17 %); Uncertainly waiting for torture – 303 cases (more than 32 %); Sleep deprivation – 226 cases, more than 39 %; Torture of the family members or other close persons – 183 cases (about 32 %); Attending on some ones torture fact – 196 cases (about 34 %) etc. According to the collected data total identified facts were about 4550, that means that fact per person E = 8.

	Total	Physical Methods of Torture and ill Treatment									
	Total number of Clients	290	16	9	148	87	5	18	573		
	N with Physical Torture	Total Prisoners	Total Ex - Prisoners and probationers	Total Ref Chechnya	Total IDPs from South Osetia and War Victims	Total Gali and living in other parts of Abkhazia	Total IDPs from Abkhazia	Total Other	Total	F	
	Methods of Torture	120	8	8	87	74	2	6	305	0.532286	
1	Beating (with cudgel, boots, pistol, other blunt object, hand, other - please indicated)	113	7	8	58	66	1	6	259	0.84918	
	A. Systematically	64	3	6	33	34	0	4	144		
	B. Once	49	4	2	25	32	1	2	115		
2	Electric Shock	5	0	4	0	0	0	0	9	0.029508	
	A. Oral	0	0	0	0	0	0	0	0		
	B. Through genital organs	0	0	2	0	0	0	0	2		
	C. With Phalanx (extremities)	3	0	3	0	0	0	0	6		
	D. Other (please indicate) – Head, armpit	2	0	1	0	0	0	0	3		
3	Hanging	2	0	4	0	0	0	2	8	0.02623	
4	Non - physiology dislocation	44	1	6	58	38	1	3	151	0.495082	
5	Sexual torture	1	0	1	3	4	0	0	9	0.059603	
	A. Rape or Rape attempting	0	0	1	1	3	0	0	5		
	B. Stripe	1	0	1	0	4	0	0	6		
	C. Forced Onanizm	0	0	0	0	3	0	0	3		
	D. Taking part at the someone's rape	0	0	0	0	0	0	0	0		
	E. To be in humility pose	0	0	1	2	4	0	0	7		
	F. Injure of the genital system organs	0	0	0	0	0	0	0	0		
	G. Other (please	0	0	0	0	3	0	0	3		

	indicate) –									
6	Tooth - Medical Torture (extract a tooth or other) – Breaking of Tooth	0	0	1	1	0	0	0	2	0.0065 57
7	Suffocation (by the water, bag, gas - mask or other - please indicated) By hands	4	0	3	0	2	0	2	11	0.0360 66
8	Pharmacolog y torture (with different drugs, injections - knows or not what kinds of drugs - please indicate) - 1 case Using the punishment psychiatry method	1	1	0	1	0	0	0	3	0.0098 36
9	Cauterization (amputation of the extremity - nose, ear, eyes, cut off meet, nails etc - please indicate) extraction of nails	0	0	0	2	0	0	0	2	0.0065 57
1 0	Burning (with cigarette, with hot iron objects, thermal injury with boiled water etc - please indicated)	2	0	1	7	5	0	0	15	0.0491 8
1 1	Torture with animals (dogs etc.)	0	0	2	1	1	0	0	4	0.0131 15
1 2	Other (please describe – Special method “telephone”) – Pulling Hair, Spraying Gas	4	0	2	25	3	0	0	34	0.1114 75

	CS ; “Phalange’									
1 3	Medical Torture (Physical severe pain and suffering – enhance - caused by the inadequate medical care)	0	0	0	30	3	0	0	33	0.1081 97
1 4	Wounded During War in Georgia (August 8)	2	1	0	19	4	0	0	26	0.0852 46
1 5	Other , please add as many rows as needed:	9	1	0	81	2	0	0	93	0.3049 18
	Facts per/person								659	2.1606 56

Psychological Torture and Ill - Treatment

N	Total	N 290	16	9	148	87	5	18	573	
#	Torture methods	Total Prisoners	Total Ex - Prisoners and probationers	Total Ref Chechnya	Total IDPs from South Osetia and War Victims	Total Gali and living in other parts of Abkhazia	Total IDPs from Abkhazia	Total Other	Total	F
		290	16	9	148	87	5	18	573	
1	Deprivation, isolation	76	4	5	77	86	5	6	259	0.4520 0698
2	Dark, less of oxygen, cold	80	3	5	74	38	2	6	208	0.3630 0175
3	Animals in the isolator (rodents, insects etc)	58	3	5	50	7	0	6	129	0.2251 3089
4	Dirt and lack of the sanitary - hygienic normal conditions	133	4	5	72	37	2	6	259	0.4520 0698
5	Agent in the cell	1	0	2	5	1	0	0	9	0.0157 0681
6	Other torture victims in the isolator	74	0	7	64	17	0	0	162	0.2827 2251
7	Hearing the voices of someone's being tortured	53	1	5	69	62	2	0	192	0.3350 7853
8	Attending on some ones torture fact	51	0	5	73	65	2	0	196	0.3420 5934
9	Torture of the family members or other close persons	36	1	5	79	60	2	0	183	0.3193 7173
10	Sleep deprivation	87	5	7	70	50	1	6	226	0.3944 1536

11	Uncertainly waiting for torture	99	5	8	98	85	2	6	303	0.5287 9581
12	Threaten 1. To be raped. 2. Regarding family 3. Regarding torture of the family member. 4. Other (please indicated or described); Threaten to be beaten	109	5	8	66	75	2	6	271	0.4729 4939
13	Humiliation, inhuman attitude, oppression	116	7	8	88	77	1	7	304	0.5305 4101
14	False death	1	0	4	30	25	0	0	60	0.1047 1204
15	Starvation and lack of the water	17	1	6	57	30	1	0	112	0.1954 6248
16	Limitation of the natural needs of the Human	7	3	5	50	30	1	0	96	0.1675 3927
17	Non - real choice (collaboration as agent, signification, providing information etc)	44	4	7	46	83	2	6	192	0.3350 7853
18	Lack of medical aid, inhuman treatment	236	5	7	74	57	2	9	390	0.6806 2827
19	Other (please described) Ethnical discrimination; Danger of Death	2	1	9	148	87	5	0	252	0.4397 9058
20	Inadequate living conditions in Prison/Colonies and in other close institutions	112	3	6	51	17	0	9	198	0.3455 4974
21	Inadequate conditions for social and psychological rehabilitation	277	13	9	148	87	5	10	549	0.9581 1518
	Per Fact Per Person								4550	7.9406 6318

6. Physical and psychological sequel (after-effects) of the victims assisted

Acute period physical outcomes: 283 of 573 (more than 49 %). Mostly were identified following traumas and after effects: Cranial Trauma with the loss of consciousness - 165 cases (about 58 %); injuries: 110 cases (about 39 %); Burn – 27 cases (about 9 %); acute bleeding – 130 Pain - traumatic shock - 99 cases (35 %); Neurogenic - pain syndrome (pareses, paralysis, contractures, injury of the nerves, cramps, tremor or other, please indicated) - 35 (12 %); Contusions, hematomas : 209 (74 %); Acute disturbances of the ocular system – 53 (19 %); Acute disturbances of the Otto - laryngological system – 35 (15 %); other disturbances – 3 (1 %). Total number of revealed disturbances TN = 1114 (among 283 persons), that means that E = 4 disturbances per person.

Acute mental/psychological after effects, according to the clients stories the acute outcomes were identified in 348 cases (about 61 %) of total 573. Among them: Acute - Shock Reaction – 213 (about 61 %); Disturbance of Consciousness 50 (about 14 %); Suicide actions, suicide ideas, self - injury or as of self – injury – 41 cases of 348 (12 %); Other Fear of torture, Helplessness etc – 44 cases of 348 (13 %).

Chronic Physical disorders: Physical outcomes or other related chronic disturbances were diagnosed in 362 cases (more than 63 %) of total N = 573. Among revealed and treated disorders were: Cardio – vascular system disorders: 109 cases (30 %); Respiratory system – 45 (12 %); Allergic disorders – 13 (3 %); Infection Disorders TB Meningitis ; Hepatitis C, HIV – 23 (6 %); Tumor – 30 (8 %); Abdominal System – 144 (40 %); Uro – Genital System – 83 (22 %); Ocular System – 73 (20 %); Otto – Laryngological – 38 (10 %); Endocrine System: 37 (10 %); Osteo – Muscular System – 132 (36 %); CNS Disorders (Organic (Epilepsy etc) and functional): 159 (44 %); Infected Injury – 8 (2 %); Dental System Problems – 5 (1 %); Deramto – Venerology Disorders – 21 (6 %); Scars caused after Fire arm wounds and burnings - 6 (1 %); others – 3 cases. Total disorders were revealed N = 929, that means per person average E = 2.5663 (more than 2 diagnoses per person).

Among observed disorders TN = 929, according to the principles of Istanbul Protocol: Direct physical outcomes of torture are: 252 diagnoses (about 27 %); Exacerbation of chronic Diseases /indirect outcomes – 276 (30%); Is not related to torture or is difficult to define cause and effect relations: 399 (43 %). According to this data about 57 % of cases the physical chronic after effects were in direct or indirect relations with torture or ill treatment suffered and in 43 % cases it was not clear relations with torture and ill treatment facts, but all these persons were in need of adequate treatment and rehabilitations and were identified as victims of torture or ill – treatment.

Chronic Physical Disorders

Somatic Disorders

		290	16	92	148	9	18	573	
Total									
#	Diagnosis	Total Prisoners	Ex Prisoners and probationers	Total IDPs From Abkhazia and Gali	Total IDPs from South Osetia and War Victims	Total Ref from Chechnya	Others	Total	F
		133	9	89	120	8	3	362	0.6
1	Cardio – Vascular System	6	0	43	57	2	1	109	0.3
2	Respiratory System	6	4	15	18	2	0	45	0.1
3	Allergic Disorders	1	0	4	8	0	0	13	0.0
4	Infection Disorders TB Meningitis ; Hepatitis C, HIV	16	1	4	2	0	0	23	0.1
5	Tumor	5	1	14	10	0	0	30	0.1
6	Abdominal System	10	3	52	75	4	0	144	0.4
7	Uro – Genital System	6	4	37	32	4	0	83	0.2
8	Ocular System	1	0	24	47	1	0	73	0.2
9	Otto - Laryngological	0	0	8	30	0	0	38	0.1
10	Endocrine System	8	2	15	11	1	0	37	0.1
11	Osteo – Muscular System	42	1	31	54	4	0	132	0.4
12	CNS Disorders (Organic (Epilepsy etc) and functional)	68	2	34	49	3	3	159	0.4

13	Infected Injury	0	0	4	4	0	0	8	0.0
14	Dental System Problems	2	0	0	3	0	0	5	0.0
15	Deramto – Venerology Disorders	9	0	6	6	0	0	21	0.1
16	Genetic Disorders	1	0	0	0	0	0	1	0.0
17	Colagenosis	1	0	0	0	0	0	1	0.0
18	Scars caused after Fire arm wounds and burnings	0	0	2	4	0	0	6	0.0
19	Blood System Disorders	0	0	1	0	0	0	1	0.0
	Facts	182	18	294	410	21	4	929	2.6

	Somatic Disorders and relations with torture	Total Prisoners	Ex - Prisoners and probationers	IDPs from South Osetia and War Victims	Total Gali and IDPs	Total Ref from Chechnya	Others	Total	F
1	Direct physical outcomes of torture are	66	4	124	55	3	0	252	0.3
2	Exacerbation of chronic Diseases	62	8	114	91	1	2	278	0.3
3	Is nor related to torture or is difficult to define cause and effect relations	54	6	172	148	17	2	399	0.4
	Total	182	18	410	294	21	4	929	1.0
		133	9	120	89	8	3	362	

	Total	Children							
		94	4	21	5	1	2	127	
#	Diagnosis	Total Juvenile Prisoners	Ex prisoners and Probationers	IDPs from South Osetia and War Victims	Total Gali and IDPs	Total Ref from Chechnya	Others	Total	F
		48	0	5	5	0	0	58	0.46
1	Cardio – Vascular System	0	0	0	0	0	0	0	0.00
2	Respiratory System	2	0	0	1	0	0	3	0.05
3	Allergic Disorders	0	0	0	0	0	0	0	0.00
4	Infection Disorders TB Meningitis ; Hepatitis C, HIV	1	0	0	0	0	0	1	0.02
5	Tumor	0	0	0	0	0	0	0	0.00
6	Abdominal System	2	0	1	2	0	0	5	0.09
7	Uro – Genital System	0	0	1	1	0	0	2	0.03
8	Ocular System	1	0	0	0	0	0	1	0.02
9	Otto - Laryngological	0	0	1	1	0	0	2	0.03
10	Endocrine System	1	0	1	0	0	0	2	0.03
11	Osteo – Muscular System	32	0	2	1	0	0	35	0.60

12	CNS Disorders (Organic (Epilepsy etc) and functional)	36	0	1	1	0	0	38	0.66
13	Infected Injury	0	0	0	1	0	0	1	0.02
14	Dental System Problems	2	0	0	0	0	0	2	0.03
15	Deramto – Venerology Disorders	4	0	1	1	0	0	6	0.10
16	Genetic Disorders	0	0	0	0	0	0	0	0.00
17	Colagenosis	0	0	0	0	0	0	0	0.00
18	Scars caused after Fire arm wounds and burnings	0	0	1	0	0	0	1	0.02
19	Blood System Disorders	0	0	0	0	0	0	0	0.00
	Facts	81	0	9	9	0	0	99	1.71

	Somatic Disorders and relations with torture	Total Juvenile Prisoners	Ex prisoners and Probationers	IDPs from South Osetia and War Victims	Total Gali and IDPs	Total Ref from Chechnya	Others	Total	F
1	Direct physical outcomes of torture are	50	0	7	1	0	0	58	0.59
2	Exacerbation of chronic Diseases	14	0	0	6	0	0	20	0.20
3	Is nor related to torture or is dificult to define couse and effect relations	17	0	2	2	0	0	21	0.21
	Total	81	0	9	9	0	0	99	1.00
		48	0	5	5	0	0	58	

Total adults 196 12 127 87 8 16 446

#	Diagnosis	Total Prisoners	Ex prisoners and Probationers	IDPs from South Osetia and War Victims	Total Gali and IDPs	Total Ref from Chechnya	Others	Total	F
		85	9	115	84	8	3	304	0.68
1	Cardio – Vascular System	6	0	57	43	2	1	109	0.36
2	Respiratory System	4	4	18	14	2	0	42	0.14
3	Allergic Disorders	1	0	8	4	0	0	13	0.04
4	Infection Disorders TB ; Hepatitis C	15	1	2	4	0	0	22	0.07
5	Tumor	5	1	10	14	0	0	30	0.10
6	Abdominal System	8	3	74	50	4	0	139	0.46
7	Uro – Genital System	6	4	31	36	4	0	81	0.27
8	Ocular System	0	0	47	24	1	0	72	0.24
9	Otto - Laryngological	0	0	29	7	0	0	36	0.12
10	Endocrine System	7	2	10	15	1	0	35	0.12
11	Osteo – Muscular System	10	1	52	30	4	0	97	0.32

12	CNS Disorders (Organic (Epilepsy etc) and functional)	32	2	48	33	3	3	121	0.40
13	Infected Injury	0	0	4	3	0	0	7	0.02
14	Dental System Problems	0	0	3	0	0	0	3	0.01
15	Deramto – Venerology Disorders	5	0	5	5	0	0	15	0.05
16	Genetic Disorders	1	0	0	0	0	0	1	0.00
17	Colagenosis	1	0	0	0	0	0	1	0.00
18	Scars caused after Fire arm wounds and burnings	0	0	3	2	0	0	5	0.02
19	Blood System Disorders	0	0	0	1	0	0	1	0.00
	Facts	101	18	401	285	21	4	830	2.73

	Somatic Disorders and relations with torture	Total Prisoners	Ex prisoners and Probationers	IDPs from South Osetia and War Victims	Total Gali and IDPs	Total Ref from Chechnya	Others	Total	F
1	Direct physical outcomes of torture are	16	4	117	54	3	0	194	0.23
2	Exacerbation of chronic Diseases	48	8	114	85	1	2	258	0.31
3	Is nor related to torture or is difficult to define cause and effect relations	37	6	170	146	17	2	378	0.46
	Total	101	18	401	285	21	4	830	1.00
		85	9	115	84	8	3		

Summary of Caused – Effect Relations

	Somatic Disorders and relations with torture or ill treatment	Total	F
1	Direct physical outcomes of torture are	252	0.3
2	Exacerbation of chronic Diseases	278	0.3
3	Is nor related to torture or is difficult to define cause and effect relations	399	0.4
	Total Facts	929	1.0
	Total Persons	362	2.6

Mental/Psychological Problems:

Mental /psychological outcomes or just psychological problems were revealed in all 573 cases of torture or ill – treatment. . Among total number 573 adults were 446 (About 78 %) and 127 persons were children and adolescents (about 30 %). Diagnostic was provided according to the ICD – 10 revisions. Tables will be attached to the paper form of the report.

Problems revealed among adults

In most of cases were observed the PTSD symptoms, just PTSD was diagnosed in 200 (about 45 %) cases of (total Adults) 446; PTSD with other neurotic or organic disorders were diagnosed in 41 (9 %) cases of 446 (total number of adults); Adjustment and other stress related or neurotic disorders were observed in 20 (4%) cases of 446; Psychotic level disorders were observed in 29 (7 %) cases of 446; Personality disorders, among them with chronic changes of personality after the torture were revealed in 23 (5 %) cases of 446; Mood Disorders (Depression or mixed affective disorders) in 9 cases (2 %). Mental retardation in 21 (about 5 %) cases of 446; In one case (0.2 %) – Dementia caused by the Epilepsy. Total number of persons with mental problems were revealed TN = 344 (77 %); and in other 102 (23 %) cases were revealed different kind of psychological problems needed in psychological aid or medical consultations. These psychological problems were caused by the war traumas, torture and – ill treatment, were related to realize from prison and problems with adaptation or other traumas and disasters. In addition, the problems related to the harm – reduction (47 of 446 (more then 11 %): Drug Addiction and Alcoholism with Remission – in 37 cases, and Addiction Syndrome (On Benzodiazepines in Prison System) – 10 persons.

Mental Psychological Problems and Diagnoses

	Adult	196	12	8	127	4	83	16	446
Target Group	Codes According to the ICD - 10	Prisoners	Former Prisoners and Probation ers	Refugees from Chechnya	War Victims and IDPs from South Ossetia	IDPs from Abkhazia	Gali Region and living in Abkhazia	Oth ers	Total
N		196	12	8	127	4	83	16	446
Diagnosis	Codes	0	0					0	0
Total Number		0	0					0	0
Acute Stress Related Reaction	F 43.0.	0	0		0	0	0	0	0
PTSD	F 43.1	4	3	8	111	4	70	0	200
PTSD with Depression	F43.1 ; F43.22.	0	1	0	5	0	4	0	10
Anxiety – Depression reaction (among them 1 person with Epilepsy)	F 43.22 (1 with G 40)	8	0	0	0	0	2	1	11
Prolonged Depression Reaction	F 43.21	1	1	0	0	0	0	0	2
Adjustment Disorder	F 43.20	0	0	0	2	0	0	0	2

Somatoform Disorder (Hypochondria Disorder)	F 45.2									
		1	0	0	0	0	0	0	0	1
Severe Depression Episode with Psychotic Symptoms	F 32.3.									
		2	0	0	0	0	0	0	0	2
Moderate Depression Episode	F 32.1.									
		2	0	0	0	0	0	0	0	2
Mixed Type Schizoaffective disorder with PTSD	F 43.1.; F 25.2.									
		0	0	0	1	0	0	0	0	1
Chronic Changes of Personality (after torture)	F62.0.									
		0	1	0	0	0	0	0	0	1
Emotional Personality Disorder with PTSD	F60.3. F43.1									
		0	0	0		0	0	0	0	0
Organic Personality Disorder (Epilepsy) with PTSD	F07.0. F43.1.									
		1	0	0	2	0	3	0	0	6
Acute or Transitory Psychotics Disorder (Other previously Delusional psychotic Disorders)	F 23.3									
		1	0	0	0	0	0	3	0	4
Organic Personality Disorder (Epilepsy)	F07.0; G. 40.									
		5	0	0	0	0	0	2	0	7
Organic Personality Disorder	F 07.0.									
		6	0	0	0	0	0	0	0	6
PTSD; Socio -phobia; Claustrophobia	F 43.1 ; F 40.1. F 40.2.									
		25	0	0	0	0	0	0	0	25
Unspecified mental disorder caused by the brain organic dysfunction	F 06.9									
		0	0	0	0	0	0	0	0	0
PTSD with unspecified mental disorder caused by the brain organic dysfunction	F.06.9. F 43.1.									
		2	0	0	0	0	0	0	0	2
Schizophrenia	F 20									
		2	0	0	0	0	0	3	0	5
Chronic Delusion Disorder	F 22									
		10	0	0	0	0	0	2	0	12
Organic Anxiety Disorder	F 06.4.									
		0	0	0	0	0	0	0	0	0
Organic emotional Disorder	F 06.6.									
		1	0	0	0	0	0	0	0	1
Organic Bipolar Disorder	F 06.31									
		2	0	0	0	0	0	0	0	2
Organic Depressive Disorder (Affective)	F 06.32									
		0	0	0	0	0	1	0	0	1
Organic Delusion Disorder	F 06.2									
		4	0	0	0	0	0	2	0	6
Organic Delusion Disorder (Epilepsy)	F 06.2. G 40.									
		1	0	0	0	0	0	0	0	1
Adjustment Disorder with Prevalence of Behavior Disturbance	F 43.24									
		1	0	0	0	0	0	0	0	1
Organic Dissociative Disorder with PTSD	F 06.5. F43.1									
		0	0	0	0	0	2	0	0	2

Dementia Caused by organic Epilepsy	F 02.8	0	0	0	0	0	0	1	1
PTSD with mild cognitive disorder	F 43.1. F 06.7.	0	0	0	1	0	1	0	2
Mental Retardation (minor level)	F 70.	0	0	0	0	0	0	1	1
Mental Retardation (Moderate Level)	F 71	1	0	0	1	0	0	0	2
Converse Personality Disorder	F 60.4.	3	0	0	0	0	0	0	3
Victim of Natural Disaster, war and other military actions	Z 65.5.	0	1	0	4	0	0	0	5
Imprisonment and other incarceration ; Absence or Inaccessibility of adequate medical treatment with PTSD	Z 65.1. Z 75.3. F 41.1.	2	0	0	0	0	0	0	2
Imprisonment and other incarceration ; Absence or Inaccessibility of adequate medical treatment	Z 65.1. Z 75.3.	42	0	0	0	0	0	0	42
Victims of Torture and ill treatment	Z 65.4.	47	0	0	0	0	0	0	47
Mental Retardation with Organic Halutsination Syndrome	F. 7. F 06.0	18	0	0	0	0	0	0	18
PTSD with Drug Addiction Withdrawal State	F43.1; F19.22	1	0	0	0	0	0	0	1
Adjustment Disorder with Drug Addiction Withdrawal State With Delirium	F43.22; F19.4	1	0	0	0	0	0	0	1
Mixed Anxiety - Depression Reaction; Adjustment Disorder with Drug Addiction Withdrawal State	F43.22; F19.22	1	0	0	0	0	0	1	2
Problems Related to Release from Prison	Z 65.2.	1	5	0	0	0	0	0	6
Additional Diagnosis in all Among 446 persons									
Drug Addiction and Alcoholism with Remission	F 19.21	36	0	0	0	0	0	1	37
Addiction Syndrome (On Benzodiazepines in Prison System)	F 19.2.	4	0	0	2	0	4	0	10

Mental/Psychological Problems among Adults by Main Categories

By main categories (according to the ICD - 10, chapters F and Z) Disorders	N	F
PTSD	200	0.45
PTSD with other disorders	41	0.09
Adjustment, stress related and neurotic disorders	20	0.04
Personality Disorders	23	0.05
Mood Disorders	9	0.02
Psychosis	29	0.07
Mental Retardation	21	0.05
Dementia	1	0.00
Psychological problems	102	0.23
Total number of adults	446	1.00
Drug Addiction problems	47	0.11

Problems revealed among children and adolescents:

Among total number of 127 persons children and adolescents the following problems were observed: Just PTSD – in 23 (18% of total 127 cases); PTSD with other disorders – 3 (2 %); Adjustment, stress related and neurotic disorders – 7 (6 %); Personality and behavior disorders – 14 (11 %); Mood disorders (depression) – 1 (1 %); Mental Retardation – 6 (5 %); Total number of clients with mental problems were about – 54 persons (53 % of 127). Psychological problems related to the conflict with law, mass war traumas, imprisonment were revealed in other 73 cases (57 % of 127). Experiences of Addiction Problems were revealed in 5 cases (4 % of 127).

According to the ICD - 10

Children

Total N

47

31

7

9

94

4

1

21

4

1

2

127

Diagnosis	Code	Juvenile Colony Male	Pre-Trial Prison Male	Prisons in Zugdidi, Kutaisi, Batumi	Juvenile Women	Total Prisoners Juveniles	Ex-Prisoner and Probationers	Ref from Chechnya	IDP from South Ossetia and war Victims	Gali Region and Abkhazian Region	IDPs from Abkhazia	Other	Total
N of persons with mental /psychological problems		47	31	7	9	94	4	1	21	4	1	2	127
Socially Disintegrated Behavioral Disorder with PTSD	F 91.1 . F 43.1 .	0	0	0	0	0	0	0	0	0	0	0	0
Behavior Depression Disorder	F 92.0 .	0	0	0	0	0	0	0	0	0	0	0	0
PTSD	F 43.1	5	11	0	0	16	0	0	5	1	1	0	23
Dissociate Converse Disorder with Seizures and PTSD	F44.5. F43.1.	0	0	0	0	0	0	0	0	1	0	0	1
Converse Personality Disorder	F 60.4	0	0	0	0	0	0	0	0	0	0	1	1
Organic Personality Disorder	F 07.0 ;	1	0	0	0	1	0	0	0	0	0	0	1
Mental Retardation	F 70.0 .	2	0	0	0	2	0	0	0	0	0	0	2
Mental Retardation Mild with Behavior Disorder	F 70.1 .	0	3	1	0	4	0	0	0	0	0	0	4
Mental Retardation with PTSD	F 70; F 43.1	1	0	0	0	1	0	0	0	0	0	0	1
Attention Hyperactive Disorder	F 90.0	1	0	0	0	1	0	0	0	0	0	0	1
Behavior Hyperkinetic Disorder	F 90.1	0	0	0	0	0	0	0	0	1	0	0	1
Socially integrated Behavior Disorder	F 91.2 .	3	4	0	0	7	0	0	0	0	0	0	7
Socially Disintegrated Behavioral Disorder	F 91.1	2	1	0	0	3	0	0	0	0	0	0	3

Mixed Anxiety and depressive reaction caused by adaptation disorder	F 43.2 2	0	2	0	1	3	0	0	0	0	0	0	3
Emotionally labile(Asthenia) Organic Disorder	F 06.6	1	0	0	0	1	0	0	0	0	0	0	1
Emotionally labile(Asthenia) Organic Disorder with PTSD	F06.6 F 43.1	1	0	0	0	1	0	0	0	0	0	0	1
Mild Depressive Episode	F 32,0	1	0	0	0	1	0	0	0	0	0	0	1
Non Define Behavior Disorder	F 91.9	1	1	0	0	2	0	0	0	0	0	0	2
Unknown Tick Disorder: Reaction on severe stress, unknown	F 95.9 F 43.9	0	1	0	0	1	0	0	0	0	0	0	1
Imprisonment and Other Incarceration ; Absence or Inaccessibility of adequate medical treatment	Z 65.1 ;Z 75.3 .	0	3	0	0	3	0	0	0	0	0	0	3
Imprisonment and Other Incarceration ;	Z 65.1	28	5	6	8	47	0	0	0	0	0	0	47
Victim of Natural Disaster, war and other military actions	Z 65.5 .	0	0	0	0	0	0	1	16	1	0	0	18
Problems associated with conflict with Law	Z 65.3 .	0	0	0	0	0	4	0	0	0	0	1	5
Total Diagnoses		47	31	7	9	94	4	1	21	4	1	2	127
Experience of Addiction Problems					5	5	0	0	0	0	0	0	5

Mental/Psychological Problems in Children and Adolescents by main Categories

By main categories (according to the ICD - 10, chapters F and Z)Disorders	N	F
PTSD	23	0.18
PTSD with other disorders	3	0.02
Adjustment, stress related and neurotic disorders	7	0.06
Personality Disorders	14	0.11
Mood Disorders	1	0.01
Psychosis	0	0.00
Mental Retardation	6	0.05
Psychological problems	73	0.57
Total number of Children and Adolescents	127	1.00
Experience of Addiction Problems	5	0.04

7 History of Torture and Ill – Treatment according to the Clients’ Stories

Among total number of the clients of the RCT/EMPATHY in 2009 the main facts of torture and ill treatment were happened in Military Conflict zones in Abkhazia and in South Ossetia. There were 240 persons from total number 573 with experience of ethnic discrimination and ethnic cleansing, among them 87 persons from Abkhazia that are still under the discrimination condition. Among them 2 families became new IDPs in 2009. Especially all selected persons were victims of new War 2008 in Georgia.

It should be noted that among persons up today living in Abkhazia new victims of torture in year 2009 were 23 cases and 43 cases in year 2008. All these cases were the victims of physical torture conducted by the Russian military forces with Abkhazian militants or with silent agreement and support of Russian Military Forces wetted in the Occupied Territories of Georgia. 148 persons were with captivity, torture or other kind violations of international humanitarian law during the new War Conflict 2008 from the region of South Ossetia. 5 persons were IDPs from Abkhazia from the region of Kodori (new 2008 ethnic cleansing victims). Total number of persons with captivity or other kind of detention in military conflict zones experience among them was about 54 cases.

9 cases were refugees from Chechnya that were tortured on the territory of Russian Federation in filtration camps or in the other places of detention or in their homes during the war in Chechnya (2 persons were new victims in 2009, new refugees from Chechnya). In these cases torture were took place by the side of Russian Army representatives.

About 290 cases of torture or ill treatment were identified in Penal System of Georgia and in police stations. Among them 6 persons were identified in police loc – ups as the result of the repressions during the attacks to the peace demonstrates by side the police forces. 7 women prisoners received the physical injuries during the incident that took place in April 2009 in Women Colony. 19 prisoners – juveniles were identified as torture victims in Kutaisi prison in 2009. As well as 48 persons – men were found with experience of physical torture in penal system of Georgia. Total persons with physical torture were about 120 persons from total 290 in penal system and in police loc – ups. That means that physical violence toward to prisoners was used in about 41 % (of 290). In 170 cases of 290 among prisoners the facts of ill – medical treatment, inadequate treatment and inhuman living conditions were revealed. Especially it should be noted toward to prisoners with mental problems. 12 cases were ex –prisoners with experience of inhuman treatment and 4 cases of probationers – just community members with lack or no possibilities of any kind of psychological and medical aid. Other 18 persons were victims of inhuman treatment or inadequate medical care in forensic psychiatry or other psychiatry institutions.

Aim: Among 573 persons

Aim of torture and ill – treatment according to the Client’s Stories	N of answers
Ethnical Discrimination	228
Political discrimination	210
receiving the information	107
Money Extortion	85
Ethnic cleansing	193
Problems of inadequate medical services in prison/colonies	248
Confession in criminal action	43
Confession in the criminal action that was not committed by this person	88
Humiliation of personality	339
To break the personality	267
Ideological considerations	192
Religious values or points of views	0
Sadistically tendencies of the torturers	313
Other - inaccessibility of rehabilitation services	22
Other - Social problems	3
Other -Riot	7

Total Answers N=2345; Per fact per person about N = 4,. According to the table above in one case several “aims” of torture or ill – treatment was identified.

Below is described several Cases from the year 2009, among them with torture experience on occupied territories of Georgia (among them information on three cases of rape), as well as the Case of adolescent with experience of torture in Kutaisi prison, two cases of ill – treatment – inadequate medical treatment toward to prisoners with severe mental problems, among them women and juvenile.

Chapter VI: Problems and Recommendations:

1. Problems of Implementation of Istanbul Protocol in Georgia

As a rule the questions addressed to the Forensic Medical Expertise in cases of torture and ill - treatment is quite different that it is described in the Istanbul Protocol Annex IV (Form of the Report) and contains following information: Information regarding damages, description of damages, character, and time of damaging, as well as level of damage. As a rule nobody asks to the experts: Is the described damages caused by the described torture or ill – treatment event or not. As a rule the State Forensic Medical Expertise is provided the external evaluation of the body and in many cases the internal disturbances or C.N.S. disturbances is not mentioned in the reports of the experts. In case of requesting from the experts conclusion regarding relationships - “reason – consequences” - the experts usually are not answering on such kind questions directly.

All relevant documentation with Forms of Expertise is attached by this report. Those demonstrate the differences of principles of the Istanbul Protocol and Georgian National Forensic medicine expertise.

Regarding regulations on Psychiatry Forensic Expertise, it should be mentioned that this is regulated according to the Order No 142/n of the Minister of Health, Labor and Social Protection on Rules of Conducting of Forensic-psychiatric Examination (June 19, 2008).

According to this Order questions addressed to the psychiatric examination are following:

Article 3. Objectives of Forensic-psychiatric Examination

Forensic-psychiatric Examination has following objectives:

- a) Establish whether the person due to chronic mental disease, temporary mental disorder, dementia or other mental disorder realize factual or unlawful character of his actions;
- b) Establish whether the person could fully realize factual or unlawful character of his actions and control them;
- c) Establish, whether the person could give correct testimony due to his mental state or participate in investigative and judiciary proceedings.

- d) Establish mental state of the condemned, to decide, whether he should serve his sentence in penitentiary facility.
- e) Establish whether a person needs psychiatric assistance and what kind of assistance he needs.
- f) Establish whether the witness has ability to correctly perceive, remember and recall important facts related to the case and give testimony.
- g) Establish whether the injured party has the ability to correctly perceive, remember and recall important facts.
- h) Establish whether the plaintiff or defendant perceives importance of his actions and participate in judiciary proceedings.
- i) Establish whether the person could realize importance of his actions or be in control in the process reaching of civil law agreements (agreements, will, sales and purchase of property, transfer of property, marriage).
- j) Establish other issues, for which special expertise is necessary.

From this article it is clear that direct questions regarding consequences of torture or ill – treatment usually is not addressing to the psychiatric expertise. According to this article last point legally it is possible to address mentioned question to the experts, but usually nobody ask such questions to experts not prosecutors and not lawyers, even not judges as well.

According to the described above regulations on forensic medical and forensic psychiatry evaluation it is clear that in Georgia in cases of torture or ill –treatment just body evaluation expertise is conducted.

As it was mentioned above the complex forensic evaluation is not conducted toward to victims of torture or ill – treatment not by the State Forensic Expertise Centre nor by the Alternative Expertise Centre. Also should be mentioned that the necessity of forensic medical or mental/psychological evaluation in year 2005 was extracted from the Criminal Procedural Code of Georgia that created possibilities for hiding the facts of torture or ill – treatment and creates difficulties for prompt and effective investigation of cases of torture that is the current violation of state obligations on UN Convention Against Torture ... articles 12 – 13, also violation of standards of European Convention on Human Rights Article 13.

Currently in Georgia are two Forensic Medicine Centres: One in State Forensic Expertise bureau and one independent expertise Centre “Vektori”.

Regarding psychiatric expertise: following institutions exists in Georgia: One department of the State Forensic Expertise Bureau that has possibilities of outpatient and in – patient (stationary) expertise, as well as same possibilities and relevant license has the Research Institute of psychiatry, but usually no expertise is provided in this institute. The Alternative psychiatric expertise centre also exists in Georgia, but this centre has only possibilities of outpatient type expertise (ambulatory expertise), this Centre has not any possibilities of inpatient type expertise.

2. Legal and Practical Problems for investigation of Cases of Torture in Georgia:

First of all it should be mentioned that the definition of “torture” in Georgian Criminal Code is not relevant to the definition given in the UN Convention against Torture Article 1.

Also as it was mentioned above the main violation of this Convention in Georgia is violation of obligations on prompt and effective investigation of cases of torture.

Also was mentioned and it is clear from presented legal regulations that the necessity of forensic medical and mental/psychological evaluation don't exist in the legislation.

The Istanbul Protocol Principles is not reflected in the Criminal Procedural Code as well as in the relevant MoH regulations on forensic expertise.

Also should be mentioned that is not exist in the Criminal Procedural Code of Georgia any time limitations for investigation of cases of torture, also any regulations on time limitation for conducting the forensic medical evaluation that creates horrible violations of standards of prompt and effective investigation. Usually expertise is conducting after month of the event or more when the physical evidences in most of cases are recovered. Especially should be mentioned if the alternative expertise requested by lawyer should be held toward to prisoner the prison administration creates many problems for access of forensic expert to prison and, usually, requested procedures without any legitimate standards took long time. Also if appeal is submitted to the prosecutor's office, usually, ordering and holding of forensic expertise takes long time. As it was mentioned above it is not any legal regulations on providing the forensic evaluation in time without any delay in cases of torture or ill – treatment.

By the reasons listed above the investigation of cases of torture event is continuing during the years without any effective measures.

The significant problem that observed in Georgia toward to trial processes is limitation of independency of Court system that officially is not reflected in the legislation, but practically no independent Court System exists in Georgia.

The common violations that was observed during the NPM visits in Georgian prison system were violation of standards of CPT or Istanbul Protocol on documentation of torture and ill – treatment, in more detail: violation of confidentiality during the first time medical evaluation of income prisoners, as a rule in most of cases in documentation is not exist any comments of prisoner where, how and by hum these injuries were done. Also any comments of doctors on how relevant are to each other the observed injuries and findings given by the prisoner.

The same situation was observed in prison system regarding injuries received in prison system. In most of cases from the injuries registration journals are not clear where and by whom these injuries were caused.

As it is well known the 1/5 (20 %) of territories of Georgia are occupied by Russian Forces, as well as about 1/9 of population of Georgia about 500 000 persons in several time are victims of ethnic cleansing. The State have not any strategy toward to protection of their rights and any articles and legal regulations for standards of investigation, especially on cases happened at the occupied territories.

In addition, there were not any state funded programme of treatment and rehabilitation for victims of torture or ill –treatment in Georgia.

3. Positive changes:

The only organization that conducted the complex medical evaluation toward to torture victims is the RCT/EMPATHY.

During of the project of the RCT/EMPATHY “Strengthening the System of Rehabilitation of Torture Victims in Georgia” together with National Professional Organizations (GMA and GPS) the following results were achieved in 2009: The Istanbul Protocol Guidelines were included in the curricula of students of medical faculties in the syllabus of psychiatry. In year 2010 the special course (module) for psychiatry residency course is under elaboration. The agreement for incorporating of this module in the mentioned syllabus for psychiatry residency course is already received from the State Medical University.

As is mentioned above in the new Anti – Torture Plan of Georgia the implementation of Istanbul Protocol is included.

The possibility of alternative expertise is done in the Procedural Criminal Code, also in the country exists the independent expertise bodies.

According to the legal regulations attorney has right to apply to the alternative forensic evaluation without any agreement from the side of prosecutor or investigator or Court. As well as usually according to the Court decision the requested expert from the lawyer’s side could be included in the experts’ commission.

Since December 2009 the NPM is established in Georgia that strengthens the possibilities of prevention of torture, as well as to identify cases of torture or ill – treatment.

In the legal regulations it is not any .limitations to use the Istanbul Protocol guidelines during the forensic medical and mental/psychological investigation, but as it seems, it will be better if the special article or order will be included on this issue in the specific legal regulations.

Based on this analysis and recommendations already submitted to the relevant State agencies by the RCT/EMPATHY we present following recommendations for improving the standards of prevention and documentation of cases of torture and ill – treatment:

4. Recommendations:

1. To prevent torture in Georgia, under Articles 1, 2 and 3 of the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it is necessary to adequately modify and streamline special articles of the Criminal Code of Georgia so as to fully contain the definition of torture, particularly the following section of the definition: **“or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity”**.
2. According to the Articles 12 and 13 of the mentioned Convention, concerning to the state obligations for the fast and impartial inquest of the facts of torture, i.e. to carry out an

effective inquest, implying the guidelines of “Istanbul Protocol” for documentation of tortures and ill treatment and their effective inquest, seems to be of great importance. It is necessary to incorporate and implement the Istanbul protocol Guidelines and form a legislative framework to document the facts of torture.

3. It is necessary to include in the Criminal Procedural Code of Georgia special article for obligatory complex forensic medical and mental/psychological examination according to the IP Guidelines.
4. Based on mentioned international standards it is necessary to include in the Criminal Procedural Code of Georgia time limitation for conducting the Complex Forensic Medical and Mental/Psychological Evaluation, as soon as possible after the torture or ill treatment event.
5. To prevent the facts of torture and ill treatment, under Article 10 of the mentioned Convention it is necessary to incorporate torture prevention information in curricula (for the law-enforcement personnel, state or military, medical personnel, government officials or other persons dealing with imprisonment and interrogations as well as for students in educational institutions) and develop special programs. It is also necessary to include the prohibition in special instructions regarding the duties of the aforesaid persons. Consequently, it is necessary to include the principles of “Istanbul protocol” in Curricula, mainly and exclusively for lawyers and representatives of medical sphere, taking into consideration a new Article 16 of the Convention.
6. Under Article 14 of the mentioned Convention, the State is obliged to provide and assure compensation and full rehabilitation for the torture victims. For this purpose, it is necessary to set up a torture victims’ compensation and rehabilitation fund.
7. It is necessary to recognize the standards on international medical ethics and to introduce completely the Code on medical ethics on the territory of Georgia; In accordance with the Articles 11 and 16 of the said Convention it is necessary to carry out medical service reform in the places of imprisonment of Georgia covering – the council recommendations, mainly, the appeal of the committee of the Ministry to the participating countries regarding to the organizational and ethical aspects of medical care systems in prisons, the recommendations # R (98) 7; by the third general report (1992) of CPT; It should be emphasized as well that the new code project on imprisonment, which had been submitted to the Parliament of Georgia for approval doesn’t correspond to the international standards existed in medical care system of prisons in Georgia and consequently, it should not be accepted under such condition.
8. According to the Articles 55 and 56 of the Georgian Law on “Health Care”, every medical establishment needs medical the license, proved and issued by the Ministry of Health Care of Georgia. At the same time monitoring of medical units should be provided as well. It should be underlined that despite of some recommendations issued by us the law on health and mental care (2006) still has not been implemented in any place of imprisonment. Due to the Law on mental care (Chapter 1, article 4, item d), Psychiatric Department is the institution possessing an appropriate license on which the opponents, mainly, the

structures of Ministries of Justice and Health Care have the following answers – due to the Georgian Law on Licensing (article 1, item 2), licensing process is not compulsory for medical units at prisons. To our opinion this is a discriminating statement contradicting the Constitution of Georgia. Existence of different standards of Health care for different categories of population is unacceptable for us. Consequently, we appeal to take some steps to eradicate such discrimination without delay.

9. On the road to torture prevention, we think it important to reform the law on Forensic Medical and Psychiatry Expertise, to elaborate special Order regarding Forensic Evaluation of Victims of Torture and Ill – Treatment according to the Istanbul Protocol with necessity of using the Istanbul Protocol Guidelines according to the Annex 4, Annex 3 of IP.
10. Under the Hamburg Declaration of the World Medical Association, it is necessary to develop instruments to ensure the protection of the rights of doctors working in “risk zones” (prisons, medical experts, etc). Especially, the Georgian Law on “Doctors Activities”, Article 6 (professional independent of doctoral activities states that” it is forbidden if the person demands from the physician to act against the principles and ethical norms of doctors activities indicated in this Law, despite of his/her post, nationality, ethnical and social belongings and religion”, though how this action should be executed is not determined by the Criminal Law of Georgia; as a result it is necessary to include special article in the Criminal Law related to putting pressure on medical personnel)
11. It is necessary to develop a special concept and strategic plan on both international and local levels in order to implement the principles of the UN Convention against Torture and principles of International Humanitarian Law across the whole territory of Georgia, including the Occupied Territories (National Anti-torture Plan, including the Occupied Territories and Strategy paper on Victims of Ethnic Cleansing and Discrimination recognized by international professional organizations).

Chapter VII: ANNEX 1 CASE STORIES 2009

Case N 1, Patient Mr. CHG, code G-2009-GTS-012; 66, male; married, Georgian by nationality, citizen of Georgia, residing in Nabakevi Village, Gali Region

1. The Personal history of the victim

a) In what context the victim was tortured, including dates and places;

As told by the patient:

During the hostilities in 1993, the Abkhazian militants attacked and robbed Mr. CHG's home. At that time, he learned that his sister and brother-in-law had been held under arrest in Ochamchire and that those holding them captive were asking for a ransom in exchange for them. When Mr. CHG tried to obtain their release, he found his brother-in-law shot dead. He succeeded in redeeming his sister only (by paying a ransom). On his way home, he witnessed how the Abkhazian paramilitaries shot dead 17 Georgian soldiers. He escaped narrowly by fleeing into the woods.

On May 26, the patient was arrested by the Abkhazian Police in his own home as a "guerrilla". He was subject to butting, booting, and carried out into the yard, thrown on the ground and subject to continued beating. Then the Abkhazian Police set fire to his house and to those of his neighbors. Just before his eyes, they threw two elderly women into the fire and jammed the door to prevent them from getting out. The Abkhazians were laughing and swearing at them. In an attempt to rescue them from fire, the patient dashed at the house but the Abkhazians caught him, bound his hands and feet, and hit him in the head, as a result of which the patient lost his consciousness. When he came around, the neighbors untied his hands and feet. After that, he sought and found the burnt corpses and, all alone, dug the ground with hands and buried the burnt corpses.

In September 1998, the patient was caught and beaten by the Abkhazian Militia in his own garage. From there, he was transferred to the police isolation ward and held there for three days. During that time, he was subject to physical as well as psychological pressure: he was threatened, intimidated, humiliated, beaten with the leg of a chair, punched, and requested that he confess to "aiding the Georgian guerrillas".

While crossing the Enguri boarder in 1999, he was arrested by the Abkhazian Police. The policemen forced vodka into his mouth, saying "when he is drunk, he will let it all out". Then they beat him, particularly in the head and belly to force him into giving information – "they wanted me to confess I was a guerilla and to give the names of other guerillas". During the beating he lost the consciousness.

Since then, each time the Abkhazians launch a "cleansing operation", the patient hides in a "trench" that he dug specifically for this purpose.

In February 2009, an armored personnel carrier mounted with 20 soldiers of the Russian regular army drove into the patient's yard. The patient was asked to lay the table. The soldiers were drunk.

They yelled and swore at the patient, threatening they would kill him and set fire to his house. After a few hours, the occupants drove away, leaving the patient with nothing to eat.

Which Type Torture he suffered?

Physical Methods of torture

Systematic beating with hands, boots, a butt, the leg of a chair, particularly in the head and belly, non-physiological situation.

Psychological methods of torture and ill – treatment:

Deprivation – isolation, having to be with other victims of torture, uncertain expectation of torture, threats to attack his family, sleep deprivation, hearing the noises and sounds of others being tortured, witnessing others being tortured, coldness, darkness in the cell, deprivation of drinking water and food, limiting the satisfaction of natural needs, verbal assault, humiliation, intimidation, abuse of ethnic feelings. Unreal choice

The type of perpetrator involved?

The so-called Abkhazian paramilitaries and the Russian military.

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

Acute brain injury followed with loss of consciousness , wounds in the face, back and lower extremities, acute nose and lower lip bleeding, bruising all over the body, pain-caused shock, pain in the heart area, respiratory failure.

Acute psychological after-effects:

The patient describes an affective-shock reaction – a stupor version, alteration of consciousness, numbness, and sleep disturbances.

Chronic after-effects

Physical after – effects

Stitches in the back, lower extremities, lower lip, headaches, pains in the back area, chronic pneumonia, and respiratory failure.

Psycho – Somatic after effects

The patient describes arterial pressure liability, periodic pains in the heart and belly, loss of weight, perspiration, vertigo attacks, disruption of coordination, muscular tension, ear pollution, fatigability, general weakness, body trembling when nervous.

Mental/psychological after – effects:

Insomnia, nightmares, depression, periodic aggression, dysphasia, emotional liability, fearing to stay alone, hyper vigilance, weakened concentration ability, intrusive memories and flashbacks of traumatic experiences, hostility to the world, distrust, contact complications, noise annoyance, introversion, suicidal feelings, feelings of helplessness.

Psychical and somato-neurological disorders according to ICD -10

- **Post-traumatic stress disorder /F43.1/**
- **Surface cranial trauma after-effects /T 90.0/**
- **Chronic pneumonia /J 17/**
- **Mitral valvular disease /I 34/**
- **Chronic cholecystitis /K81.1/**
- **Chronic hepatitis /K73.9/**

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

Based on the referral from the head physician of Nabakevi and Darcheli Women's Association Crisis Center, a partner organization to RCT/EMPATHY, the patient applied to EMPATHY office for medical checkups and treatment on 06. 05. 2009.

b) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

RCT/EMPATHY conducted a multi-disciplinal and multi-profile examination and rehabilitation program (rehabilitation involved medical and psycho-social treatment and rehabilitation and lawyer service). The examination was conducted by Istanbul Protocol Principles, employing the following methods:

1. Examination and rehabilitation were conducted through the standard questionnaire developed by RCT/EMPATHY.
2. Clinical-psychological examination: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI), Hamilton Depression Rating Scale, Bas d'Ark Aggression Research Test, Shikhan Anxiety and Alarm Evaluation Questionnaire, Minnesota Multiphase Personality Inventory (civil version) (MMPI).
3. Specialists' consultations: doctor therapist – case manager, neurologist, psychiatrist, psychologist, social worker, nurse.
4. Para-clinical examinations: (National Therapy Center and Integrated Therapy Center) general blood and urine analysis, coagulography, echocardiography, cardioechoscopy, echoabdominoscopy, cardioroentgenography.
5. Pharmacotherapy provided through administration of the following medications: Avecson, Ciprofloxacin, Erespal, Preductal MR, Gentamicin, Cocarnite, Vitamin EE, Vitamin C, Arifon

Retard, Cardiomagnil, Ampiox, Kavinton, Stimulotin, Somna-Ritz, Veroshpiron, Normodipin, Cardiomagnil, Taufon, and plantain syrup.

6. Psychotherapy: 5 individual psychotherapy sessions were provided.

c) The staff members who carried out the assistance;

Doctor therapist – case manager, doctor psychiatrist, neurologist, psychologist-psychotherapist.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Case Manager - Doctor Therapist	Centre "EMPATHY"	Consultation	2	6	12
Doctor Psychiatrists	Centre "EMPATHY"	Consultation	3	2	6
Psychologist	Centre "EMPATHY"	Consultation	1.5	2	3
psychotherapist	Centre "EMPATHY"	Consultation	1	5	5
Phone consultation	Centre "EMPATHY"	Consultation	0.10	10	1
Nurse	Centre "EMPATHY"	Consultation	0.33	3	1
Social Worker	Centre "EMPATHY"	Consultation	3	3	9
Total				31	37 Hours

d) Where the assistance was provided.

Nabakevi Crisis Center, EMPATHY Center Central Office, National Therapy Center.

The results: What results have been achieved through the assistance provided

The patient's general condition has relatively improved: heartaches and respiratory failures are gone, no more complaints about dizziness, loss of balance or sleep disruptions. No more nightmare complaints. Haunting memories on the decrease, arterial pressure – back to normal.

Future assistance:

a) Describe the assistance to be provided to the victim under this project;

Monitoring over the patient's psycho-somatic condition.

b) For how long the assistance will be provided;

Duration depends on the results of the monitoring over the patient's psycho-somatic condition.

c) What results are expected?

The patient's medical and psycho-social rehabilitation.

3. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff _

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

<i>Description</i>	<i>Place</i>	<i>Unit</i>	<i>N of Units</i>	<i>Unit Cost in GEL</i>	<i>Total in GL</i>
<i>Instrumental Investigations</i>					
<i>XR radiology investigation</i>	National Centre of Therapy	<i>investigation</i>	2	12	24 GEL
Cardio -Echoscope	National Centre of Therapy	<i>investigation</i>	2	17.5	35 GEL
Echoscope	National Centre of Therapy	<i>investigation</i>	1	17.5	17.5 GEL
ECG	National Centre of Therapy	<i>investigation</i>	2	9.6	19.2 GEL
<i>Sub Total Instrumental Investigations</i>					95.7 GEL
<i>Laboratory Investigations</i>					

Blood Common Analysis	National Centre of Therapy	Analysis	1	5.2	5.2 GEL
Urinary Common Analysis	National Centre of Therapy	Analysis	1	5.2	5.2 GEL
Blood Coagulogramme	National Centre of Therapy	Analysis	1	16	16 GEL
<i>Sub Total laboratory Investigations</i>					26 .4 GEL
<i>pharmacotherapy</i>					
Aveqsoni 2g	Farm Firm PSP in office of the Centre "EMPATHY"	# 1 fl	7	15.05	105.35 GEL
Ciprofloxaciliny 500 mg	Farm Firm PSP in office of the Centre "EMPATHY"	N 10. in Tab	N 1	4.145	4.145 GEL
Erespal 80 mg	Farm Firm PSP in office of the Centre "EMPATHY"	N60 in Tab	N 1	32.04	32.04 GEL
Preduktal MR	Farm Firm PSP in office of the Centre "EMPATHY"	N 60 tab	2	26.393	52.786 GEL
Gentamicini 4%	Farm Firm PSP in office of the Centre "EMPATHY"	#10in amp	2	2.132	2.132 GEL
Kokanrniti	Farm Firm PSP in office of the Centre "EMPATHY"	#6 in amp	1	30.788	30.788
Vitamin E 400mg	Farm Firm PSP in office of the Centre "EMPATHY"	#30 in cap	1	9.168	9.168 GEL
Cipro 14 500mg	Farm Firm PSP in office of the Centre "EMPATHY"	#14in cap	1	7.835	7.835 GEL

Vitamin C 0.05g	Farm Firm PSP in office of the Centre "EMPATHY	#200in tab	1	2.150	2.150 GEL
Arifoni retard	Farm Firm PSP in office of the Centre "EMPATHY	#30in tab	1	12.633	12.633 GEL
Kardiomagnili150mg	Farm Firm PSP in office of the Centre "EMPATHY	#30in tab	1	4.816	4.816 GEL
Ampioqsi	Farm Firm PSP in office of the Centre "EMPATHY	#30in tab	3	2.607	2.607 GEL
Plantain syrup	Farm Firm PSP in office of the Centre "EMPATHY	N1FI	2	9.424	9.424GEL
Syringes	Farm Firm PSP in office of the Centre "EMPATHY	N10	10	1.12	1.12 GEL
Lioton1000	Farm Firm PSP in office of the Centre "EMPATHY	#1	2	9.649	19.298 GEL
Medicines sub Total					296.292 GEL
Total external costs in GEL					418.392 GEL
Total external Budget in USD	Average C 1 USD=1,68GEL				249.042 USD

Case N2. Patient B.B. Patient's history N175, code G-2008-AK-055, aged 47, Male, with secondary vocational education, married, Georgian by nationality, residing in Tagoloni Village, Gali region.

1. The Personal history of the victim

b) In what context the victim was tortured, including dates and places;

As told by the patient: he has to live under constant stress, tension and fear of death. In 1998, the Abkhazian separatists burned down his house. Together with the rest of the village residents, he managed to leave his house and move over to Zugdidi. He returned to his house to live there the same year, where he lived together with his wife and 2 children. On 8 October 2009, near the so-called Abkhazian-Georgian border in Tagiloni Village, the patient was stopped by 3 Russians-speaking persons, who were clad in military uniforms and were under the influence of alcohol. They told him that he was violating the so-called boarder. Then they hurled verbal insults at him and starting booting and butting him mercilessly in the back and feet, as a result of which the patient lost consciousness, but does not know how long. He was brought around by a neighbor passing by, who took him home. The patient could not move, and suffered unbearable pain in the back. The patient applied to Nabakevi Crisis Center, and with the Head Physician's recommendation applied to EMPATHY Center.

1) *Which Type Torture he suffered?*

Physical Methods of torture

Methods used: systematic beating with a foot, butt, hand in the back and feet.

Psychological methods of torture and ill – treatment:

The patient describes: uncertain expectation of torture, shooting and beating threats, verbal abuse, intimidation, humiliation, abuse of ethnic feelings, lack of medical care.

c) The type of perpetrator involved?

Soldiers of the Russian regular army.

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

The patient describes: acute brain injury with lost of consciousness, strong general weakness, bruising all over the body, pain and limited movement in the back and feet, respiratory failure.

Acute psychological after-effects:

The patient describes an affective-shock reaction – stupor variant, alteration of consciousness, confusion, and attempted suicide.

Chronic after-effects

Physical after – effects

The patient describes strong general weakness, dizziness, loss of balance, nausea, unbearable pain and movement limitations in the back and right foot.

Psycho – Somatic after effects

The patient describes perspiration, hypersalivation, dizziness, balance disruption, fatigueability, general weakness.

Mental/psychological after – effects:

Sleep disruption, nightmares, intrusive memories of the traumatic experiences, lowered spirit.

Psychic and somato-neurological disorders according to ICD:

- **Post-traumatic stress disorder. Organic emotionally labile [asthenic] disorder /F 43.1 F 06.6**
- **Lumbar spondylosis, L₅ vertebrae ventral lysis, L₄ disc rightside foraminal prolapse. Lumbar and other intervertebral disc disorders with radiculopathy. / M 43.1 M51.1 /**

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

Based on the referral from the head physician of Nabakevi and Darcheli Women's Association Crisis Center, a partner organization to EMPATHY Center, the patient applied to EMPATHY Center for medical checkups and treatment on 29.10.2009.

c) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

EMPATHY Center conducted a multi-disciplinary and multi-profile examination and rehabilitation program (rehabilitation involved medical and psycho-social treatment and rehabilitation and lawyer service). The examination was conducted by Istanbul Principles, employing the following methods:

7. Examination and rehabilitation were conducted through the standard questionnaire developed by EMPATHY Center.
8. Clinical-psychological examination: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991).
9. Specialists' consultations: doctor therapist – case manager, psychiatrist, neurologist, neurosurgeon, psychologist-psychotherapist, lawyer, nurse.
10. Surgery and clinical treatment: Municipal Hospital N4.
11. Para-clinical examinations: (Radiology Center): head and vertebra, back magnetic-resonance examination.
12. Pharmacotherapy provided through administration of the following medications: Nucleo CME, Cyprofloxacin, Stimuloton, Somna-Ritz, Lan 30.
13. Psychotherapy: 2 individual psychotherapy sessions were provided.

14. Legal support: application has been lodged with the European Court of Human Rights. The case is pending.

c) The staff members who carried out the assistance;

1. Doctor therapist – case manager, psychiatrist, neuro-surgeon, neurologist, psychologist-psychotherapist, lawyer, nurse.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Case Manager - Doctor Therapist	Centre "EMPATHY" office N 4 Clinic and home	Hours	4 Hours	3	12 Hours
Doctor Psychiatrists	Centre "EMPATHY" office N 4 Clinic and home	Hours	3 H	2	6 Hours
Psychologist	Centre "EMPATHY" office	Hours	1.5	2	3 Hours
psychotherapist	Centre "EMPATHY" office and home	Hours/ Sessions	1	1	1 Hours
Phone consultations	Centre "EMPATHY" office	Hours	0.10	4	0.4 Hours
Nurse		Hours	0.33	3	1
Lawyer	Centre "EMPATHY" office N 4 Clinic and home	Hours	3	2	6
Total					30.4 Hours

d) Where the assistance was provided.

Nabakevi Crisis Center, RCT/EMPATHY Central Office, Radiology Center, and Municipal Hospital N4.

4. The results: What results have been achieved through the assistance provided

The patients' general mental-physical condition has relatively improved: was conducted surgery operation and in-patient treatment , pains in the back and right foot are gone, dizziness, loss of balance and nausea feelings are also gone, movement has been restored with certain limitation, sleep has become relatively normal, nightmares – from time to time.

5. Future assistance:

d) Describe the assistance to be provided to the victim under this project;

The assistance to be provided includes repeated consultations of the therapist, psychiatrist, neurosurgeon, and psychologist plus psychotherapeutic work and, if necessary, continued treatment with medications, legal support after the final judgment has been made domestically entails lodging an application with the European Court of Human Rights versus Russian Federation.

e) For how long the assistance will be provided;

The duration of rehabilitation depends on the results of the monitoring over the patient's psychosomatic condition.

f) What results are expected?

Rehabilitation of the patient's medical and psycho-social condition. If the European Court of Human Rights grants the application, compensation of moral and material damages to the applicant is expected.

6. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff _

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

Description	Place	Unit	N of Units	Unit Cost in GEL	Total in GL
In-patient treatment	Municipal hospital # 4	Surgery operation and in-patient treatment	1	6 599	6 599
Sub Total In-patient treatment					6 599 GEL
External Consultations					
Neurosurgeon	Centre "EMPATHY"	Consultation	1	20	20

	office				
Sub Total External Consultations					20 GEL
Instrumental Investigations					
<i>MRI (head area)</i>	Municipal hospital # 4	investigation	1		240
<i>MRI(Waist area)</i>	Municipal hospital # 4	investigation	1		240
Sub Total Instrumental Investigations					480 GEL
Pharmacotherapy					
Nucleo CMF	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 30	N 2	24.149	48.298
Ciprofloxacin 500 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 10.	N 1	4.145	4.145
Stimulotony 20 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N	N 3	26.961	80.883
Somna-rici	Farm Firm PSP in office of the Centre "EMPATHY"	In Tan N 10	N 6	4.242	12.726
Lan 30	Farm Firm PSP in office of the Centre	In Caps N30	N 1	23.56	23.56

	"EMPATHY				
Medicines sub Total					169.612 GEL
Total external costs in GEL					7 268.612 GEL
Total external Budget in USD	Average C 1 USD=1,68GEL				4 326.5547 USD



Case #2: Mr. BB in Neurosurgery Clinic after Surgery Operation

Case #3 Client's code: G – 2009 – NN – 022 .Mr. GCH; Age 15, Male, by Ethnicity Georgian, prisoner, currently is allocated in Juveniles' Pre-Trial Prison in Tbilisi, in Women's and Juvenile Prison Facility N5 of the Penitentiary Department of the Ministry of Corrections and Legal Assistance of Georgia.

1. The personal history of the victim:

a) In what context the victim was tortured, including dates and places;

The Information was received from Mr. GCH

(The first episode of torture)

Mr. GCH was arrested in Samtredia in 05.06.2009 by Samtredia Policemen, was taken in Police station, and beaten by policemen with hands and boots, he was humiliated, scolded, the policemen wanted from him to receive information. After about 2 hours he was taken in preliminary detention centre.

(The second episode of torture) The client was tortured by Kutaisi #2 Pre-Trial Prison staff and Penitentiary Special forces representatives from 6 July 2009 night to 7 July early morning, during about 7 hours. Mr. GCH was in the cell with other juvenile prisoners, he was sleeping and was awoken by Special Forces representatives and taken out forcedly from the cell to the corridor. One Special Forces representative hit him in ear area with cudgel, and others started beating him– with hands, boots in head and whole body. Together with him were beaten other prisoner juveniles. In a short time Mr. GCH was taken in prison director's room together with 6 juveniles and beaten by Prison staff. "The stuff made us to sit on the chairs with lower heads, they humiliated on us, scolded, beat us on heads with polyethylene bottles filled with water, with cudgels, hands and boots in extremities and in whole body," The torture in the prison director's room was continuing about five hours, the reason of torture was so called "riot", "which wasn't actually committed in prison". After this Mr. GCH was taken second time in the corridor, where prison staff was standing in two rows, the client was forced to walk between rows and was beaten from two sides. He lost consciousness at the end of row, on the stairs, and then he was taken in the Penitentiary Department car together with 6 Juveniles and brought in Tbilisi Juveniles' Pre-Trial Prison after 3 hours. In the car he had strong headache and vomit.

b) The description of torture suffered: Physical and Psychological

Physical methods of torture: Cruel systematic beating with hands, boots, cudgels, bottles full with water, non-physiological situation.

Psychological methods of torture and ill treatment: sleep deprivation, he suffered with humiliation, threaten, scold and abuse. He was tortured together with his friends, other juvenile prisoners, he was together with other torture victims, heard voices of torture; – some of them were his friends, he experienced lack of medical aid.

c) The type of perpetrator involved

Torturers were Samtredia police station policemen, (in 05.06.2009), Kutaisi Pretrial Prison # 2 stuff and Special forces representatives (06-07.07.2009)

d) The description of psychological and physical after – effects suffered

Acute physical after-effects:

Mr. GCH suffered with cranial trauma with the loss of consciousness, strong headache, vomit, wounds on forehead and ankle areas and injuries, bleeding, Insufficiency of respiratory system with, contusions and bruises on whole body, excluding extremities.

Acute psychological after-effects:

The client suffered with emotional-shock reaction, stupor variant with feeling of emptiness and helplessness, with numbing and being in defensive pose, sleep disturbances.

Chronic after-effects:

Physical:

Multiple Scars on knees, ankle, back, shoulder areas, limitation of body movement, strong headaches, pain in knees areas, and sense of pressure in eyes.

Psycho-somatic after-effects:

Shortness of breath and air deficiency, pain in heart, asthenia, vertigo, hyposalivation, sleep cycle disturbances, dizziness and disturbances of coordination.

Mental health condition:

Mr. GCH suffers with insomnia with nightmares, strong headache, there is presented irritability, emotional lability and strain, disphoria, anxiety, decreasing of memory possibilities and attention concentration possibilities, intrusive memories.

Mental and Somatic-Neurological disturbances in accordance with ICD–10 were revealed (in dynamics):

- Surface cranial trauma after - effects **(T 90. 0)**
- Multiple surface Contusions on different parts of body **(T 00.8)**
- Edema of discs of both optic nerves **(H 47.3)**
- PTSD **(F 43.1)**
- Problems related with imprisonment **(Z 65.1)**

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

As a physical and psychological torture victim Mr. GCH was identified by the Juvenile Prison Case Manager in Tbilisi (branch office of RCT/EMPATHY for Juveniles' in juveniles Pre-Trial Prison), in 10.07.2009 and from the same time he began the long-term course of Medical and Psycho-social Rehabilitation.

b) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

- Center’s Medical and Psycho-social monitoring and Rehabilitation program for Victims of Torture (Specially elaborated in accordance with Istanbul Protocol).
- Psychological questionnaires: Investigation with Lusher test, Hand Test, Wechsler test.
- Provided Medical and Social-Psychological treatment expenses were covered by RCT/EMPATHY (see schedule bellow)
- Centre Empathy MDT: Doctor Psychiatrist, Doctor Neurologist, Doctor Neurosurgeon, Doctor Traumatologist, Psychologist-psychotherapist, Social Worker, and Nurse.
- Specialists’ consultations: Doctor Psychiatrist –case manager, Doctor Neurologist, Psychologist-psychotherapist - case manager, Doctor Traumatologist, Doctor Neurosurgeon, Doctor Oculist.
- Instrumental methods: E.E.G. Investigation.
- Pharmacotherapy: Tablets of Noofeni, Paratsetamoli, Diacarbi, Nimesili, Mildronati, ungentum Diklaki.
- Psychotherapy – were held 8 sessions of Individual Psychotherapy with using of suggestive and supportive Therapy.
- Social (environmental) Support: Environmental Support was conducted in Juvenile Pre-Trial Prison, was consulting facility staff and doctors, and was conducted mediator activities in prison.
- Rehabilitation period: from 10.07.2009 till today.

c) The staff members who carried out the assistance:

Doctor Psychiatrists–case manager, Doctor Neurologist, Psychologist –psychotherapist –case manager, Doctor Traumatologist, Social worker, Nurse.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (sessions of Consultations)	Total # of Hours
Case Manager – Psychologist - psychotherapist	Juvenile Prison	Hours/Sessions	1	21	21
Doctor Neurologist	Juvenile Prison	Hours/Sessions	2	1	2
Doctor Psychiatrist- Case Manager	Juvenile Prison	Hours/Sessions	2	12	24
Doctor Traumatologist	Juvenile Prison	Hours/Sessions	2	1	2

Social worker	Juvenile Prison	Hour s/Ses sions	4	3	12
Nurse	Centre "EMPATHY" office	Hour s/Ses sions	0.5	3	1,5
Total				84	62,5

d) Where the assistance was provided.

The assistance was provided in the following facilities: 1) In Juveniles Prison RCT/EMPATHY branch office; 2) in RCT/EMPATHY office

3. The Results

- In generally the client's health condition has improved (both mental and physical) – headaches, pain in knees area, sense of pressure in eyes are insignificant, mental status is stabile, - intrusive memories and nightmares reduced, mood in generally is in normal condition.

4. Future assistance:

a) Describe the assistance to be provided to the victim under this project

- Continuing of client's general support and his further Medical and Psycho-social Rehabilitation as Victim of Torture.
- Additional Investigations, consultations and medical treatment (in case of need)

b) For how long the assistance will be provided

The future assistance will be continued in case of need till his release from the institution.

c) What results are expected?

Full Medical and Psycho -social Rehabilitation of Client as the Victim of Torture

5. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

Description	Place	Unit	N of Units	Unit Cost in GEL	Total in GEL
Instrumental					

Investigations					
Electro Encephalogram (EEG Investigation)	Juvenile Prison	EEG Investigation	1	50	50
Sub Total Instrumental Investigations					50 GEL
Pharmacotherapy					
Noofeni	From Farm Firm PSP in Juvenile Prison	in tabl # 20	1	19.161	19.161
Paratsetamoli	From Farm Firm PSP in Juvenile Prison	in tabl #10	1	0.258	0.258
Diakarbi	From Farm Firm PSP in Juvenile Prison	in tabl #24	1	7.70	7.70
Nimesili	From Farm Firm PSP in Juvenile Prison	in pack # 10	1	6.318	6.318
Diklaki 5%	From Farm Firm PSP in Juvenile Prison	Ungv #1	1	9.168	9.168
Mildronati 250 mg	From Farm Firm PSP in Juvenile Prison	in tabl #40	1	15.05	15.05
Medicines sub Total					57.655 GEL
External					

Consultations					
Oculist	Juvenile Prison	consultation	1	20	
Neurosurgeon	Juvenile Prison	consultation	1	20	
Sub Total External Consultations					40 GEL
Total external costs in GEL					147.655 GEL
Total external Budget in USD	Average C 1 USD = 1, 68 GEL				87.88 USD

Case N4; Client code: G-106/2009 KG-016; Ms. NL; aged 32; female, Georgian, citizen of Georgia; divorced; permanent residence: Tbilisi; now a prisoner, serving a sentence in the women’s colony of Women’s and Juvenile Prison Facility N5 of the Penitentiary Department of the Ministry of Corrections and Legal Assistance of Georgia.

1. The Personal history of the victim

Information about Ms. NL Based on the results of the monitoring (from 12.03.09 to date) conducted by the specialists of Center EMPATHY and the findings of the outpatient forensic-medical psychiatric examination as well as the information from the medical personnel, other inmates of Prison Facility N5 as well as from the Patient.

a) In what context the victim was tortured, including dates and places:

In her childhood, the patient suffered a traumatic stress several times - psycho-physical and sexual violence from her father, lack of attention from her mother, the patient had a troubled private live, remarried several times (the first marriage took place when she was 12 - unofficially), often changed sexual partners, had no permanent job, is a single mother (has two minor children from different marriages); has suffered a brain injury several times (4-5 times with losing consciousness), pre-morbidly was an excited, conflict-prone person, tending to auto- aggression, taking too much alcohol; for ten months after her imprisonment from 13.06.08, systematically abused psychotropic substances (Amitriptilin, Azaleptin) for a non-medical purpose, to reach the effect of intoxication;

According to unconfirmed reports, during a conflict occurring towards the end of February 2009, she was severely beaten by inmates – other prisoners (including in the head). On 08.03.09, for a non-medical purpose, to reach the effect of intoxication, took preparations Sedarex, Azaleptin and

Baclofen (in of unknown quantity), as a result of which developed psychosis, manifesting inadequate behavior: walked in an uncertain direction with a „fixed” gaze, did not talk, did not answer questions, had a cold shower with her “sneakers” on; from 12.03.09 started overtaking, did not sleep at night, had a feeling of fear. Diagnosed with increased arterial pressure 160/100 mm Hg, tachycardia;

On 12.03.09, was consulted by the psychiatrist from EMPATHY Center; the preliminary diagnosis: acute psychosis (supposedly as a result of taking the medication of an intoxicative origin - Baclofen).

Refused to take voluntary treatment, the condition deteriorated; was excited, aggressive;

On 13.03.09, with the help of the specialists of Center EMPATHY, was transferred to mental hospital, but according to the regulations of the Penitentiary Department and the mental hospital, on motive of an incompliance in conveying the patient, she was returned to Prison facility N5;

The psychiatrist of Center EMPATHY regularly assessed the mental status of the patient and the information about the results of the monitoring, along with adequate recommendations, was systematically provided to the Authorities and the medical unit of Prison Facility N5, including in writing (12.03.09; 06.04.09; 10.04.09; 13.04.09; 22.04.09; 13.07.09); the patient consented to treatment, and the psychiatrist of EMPATHY Center recommended treatment with anti-psychotic medications and anti-depressants, with the patient under the dynamic supervision of the medical personnel, until legal and organizational issues related to the conducting of a forensic-mental examination were addressed; despite the recommended strict monitoring over the patient’s psycho-physical condition, the patient was held in an overcrowded barrack of prisoners, where no treatment conditions could have been observed. This contributed to a prolonged psychotic condition that was frequently aggravated with insomnia, raving, psychomotor excitement and aggressiveness;

By order of the Authorities of Prison Facility #5, on a motive to prevent conflict with other prisoners as well as to protect the safety of the patient as well as those around her, the patient was twice isolated being in an acute psychotic condition:

First during 13.03.09 - 16.03.09, the patient was placed in an isolated ward of the Juvenile Facility under the close supervision of the convoy.

For the second time: the patient was transferred to the isolation ward of the Women’s facility (transfer date could not be established), where she was subject to prolonged treatment with anti-psychotic medications by instruction of the doctor of Prison Facility N5; on 10.04.09, the psychiatrist of Center EMPATHY repeatedly monitored the patient’s condition. However, despite the preliminary agreement with the security unit, the isolation ward door was not opened. The psychiatrist of Center EMPATHY could talk to the patient and inspect the isolation ward condition through the ventlight only – the patient was lying in a dirty bed, with her clothes on, there was no linen in the bed. The cell was fraught with insanitariness and cold, the window had no glass and the wind was blowing in. There was an untouched food in the corner; the patient was excited, demanding that she should be returned to the residential unit, and as a sign of protest refused to take injections of medications; the situation was assessed as inadequate medical care and inhumane treatment, hospital mental care and a forensic medical examination were re-

recommended to determine further mental care and the legal status of the patient. The results of the consultation were provided in writing to the senior doctor of Prison facility N5. Nevertheless, the security unit of the penitentiary Department left the patient in the isolation ward till 11.04.09;

On 22.04.09, within the powers granted by the Public defender, the psychiatrist from Center EMPATHY consulted the patient in Women's Facility N1 of the Penitentiary Department where the patient had been transferred to following the "mutiny" occurring in Women's Facility on 19.04.09 and till 24.06.09 was held in an overcrowded cell in an acute psychic condition, with no mental care whatsoever;

19.04.09-13.07.09 – by order of the Penitentiary Department, the monitoring of patients in Prison facility N5 by the specialists of EMPATHY Center was terminated;

According to the information obtained by an EMPATHY Center lawyer, the attorney for the patient, the patient was provided with outpatient forensic-mental examination and on 25.05.09 a hospital examination was appointed. The Penitentiary Department ignored the above fact and it was only after the activities of the attorney that the hospital forensic-mental examination was conducted in 08.10.09-16.10.09. However, the results have so far been unknown, and the patient is still serving sentence in the Prison Facility.

b) Which Type Torture he suffered?

Physical torture (by other prisoners), inadequate medical care, inhuman treatment.

Physical Methods of torture

Beating with a hand, non-systematic, by other prisoners, to which the competent authorities of Prison Facility N5 have made no reaction;

Psychological methods of torture and ill – treatment:

Ms. NL, the mental patient, was denied adequate medical care, the safety of the patient as well as of those around her was not protected, was twice isolated in the prison isolation cell, where the patient had no personal items, the cell was fraught with insanitariness and cold, the patient was not provided with adequate food, the forensic-mental examination was conducted seven months late that violated the rights of a mental patient. Therefore, the patient is a victim of inhumane treatment.

c) The type of perpetrator involved;

Penitentiary system – deficit of professionalism and humaneness, defects in the laws of Georgia and departure from the current laws; inadequacy of the medical unit;

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

TA – increase 160/100 mm Hg, tachycardia;

CNS: eye profile – widened, accommodation, convergence, materially weakened, impossible to cause abdominal skin reflexes, instable in Romberg pose;

Acute psychological after-effects:

Starting from 08.03.09, manifested inadequate behavior: walked in an uncertain direction with a „fixed” gaze, did not talk, did not answer questions, had a cold shower with her “sneakers” on; had a feeling of fear.

Turmoil, expedited associations, indistinctness; pseudo and true hearing hallucinations, mentismi, psycho-physical automatism, Manicheistic raving ideas of attitude, impact, disorientation in time, affective liability, excitement, prone to conflicts and aggression to those around, Warbsityvaoba, verbal contact can be established, mostly lacking context, verbal products originating from psychic automatism – „own poems” or „songs”;

Chronic after-effects

Physical after – effects

Significant weight gain

CNS: light oculostatic phenomenon. Romberg – easily unstable, light red dermographism and light tremor of fingers are manifest;

Mental/psychological after – effects:

Due to loss of the ability to realize her own mental condition, often refuses to take in medications, the medical personnel provides no dynamic monitoring, the treatment conditions are violated, leading to permanent deterioration of the patient’s condition;

Mental health condition:

Mainly staying alone, not seeking contact, walks about the yard alone, stereotypically, with short steps; difficult to maintain a target-oriented conversation, facial mimics, gesticulation - limited; answers questions briefly, formally, spontaneously starts „dancing”, „reading poems”, „singing”, that is mostly a string of unrelated associations and badly rhymed words, widely missing the mark; her behavior often turns her into an object of mockery from those around; questioning causes psycho-physical automatism and raving ideas of impact; mood – indifferent, dis-adapted to environment, contacts limited to most elementary needs only; critical attitude to her own condition is only formal; continuing to receive treatment with medications in accordance with the psychiatrist’s prescription under the supervision of the medical personnel of Prison Facility N5;

Mental and Somatic-Neurological disturbances in accordance with ICD–10 were revealed (in dynamics, according to the anamnesis, clinical and para – clinical investigations):

- Acute polymorphic psychotic disorder with symptoms of schizophrenia, /F23.1/
- Sequelae of superficial injury of head, /T90.5/

e) Legal and social consequences

Client's Isolated from society (was in detention), ability of work and psycho-social functioning were reduced, did not receive adequate psychiatric and Legal assistance, Stigmatization;

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

On 12.03.09 by #5 Women Facility Chief Doctor's appeal to RCT/EMPATHY.

b) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

The multi – profile MDT investigation, treatment and rehabilitation was provided by the MDT of the Centre "EMPATHY", including medical, psycho – social and legal assistance.

12.03.09_07.08.09_ Crisis Intervention was provided and from 07.08.09 long-term course of Medical and Psycho-social Rehabilitation has started, which is undergoing up today.

- Center's Medical and Psycho-social monitoring and Rehabilitation program for Victims of Torture (Specially elaborated in accordance with Istanbul Protocol) – Medical Card was used.
- Centre Empathy MDT: Doctor Psychiatrist/psychotherapist (case manager), Psychologist, Doctor Neurologist, Nurse and lawyer in dynamics till nowadays.
- Specialists' consultations: Doctor Psychiatrist/psychotherapist (case manager), Doctor Neurologist, Psychologist; Lawyer of the center Empathy, representing client's interests.
- Clinical diagnostics of psycho-physical state and adequate legal and medical assistance was provided.
- The lawyer of the center Empathy, representing client's interests has conducted evaluation of the legal status of Ms LN and initiated relevant legal and medical measures.

d) The staff members who carried out the assistance:

Doctor Psychiatrists/psychotherapist (case manager), Psychologist, Neurologist, lawyer, and Nurse in dynamics till nowadays.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Doctor Psychiatrist/psychotherapist (case manager)	RCT/EMPATHY Office Women colony N5 and N1	Hours/Sessions	2,0	23	46

Doctor Neurologist	Women colony N5	Hours/ Sessions	2	1	2
lawyer	RCT/EMPATHY Office; Women colony N5; National Forensic Bureau; Prosecutor's Office of Georgia; Ministry of Correction and Legal Assistance	Hours/ Sessions	6,0	10	60,0
Psychologist	Women colony N5	Hours/ Sessions	0,5	1	0,5
Nurse	RCT/EMPATHY Office	Hours/ Sessions	1	2	2
Total				37	110,5

d) Where the assistance was provided.

RCT/EMPATHY Office; Women colony N5 and N1; National Forensic Bureau; Prosecutor's Office of Georgia' Ministry of Correction and Legal Assistance

7. The results:

What results have been achieved through the assistance provided.

- Assessment of mental and neurological status; Implementation of adequate psychiatric assistance; Mental status is stabile, psychotic sings and aggressive tendencies decreased;
- Implementation of Social and legal assistance and defending of client's interests.

8. Future assistance:

g) Describe the assistance to be provided to the victim under this project;

- Continuation of monitoring;
- Implementation of relevant medical, psycho-social and legal rehabilitation measures, corresponding of results of monitoring;
- Social and legal assistance and defending of the client's interests.

h) For how long the assistance will be provided;

- Depends on results of monitoring

i) What results are expected?

- Implementation of Involuntary Psychiatric treatment and providing of adequate legal assistance.

- In the event of adequate treatment remission of the disease and reduction of the above mentioned symptoms.

9. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff _

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

<i>Description</i>	<i>Place</i>	<i>Unit</i>	<i>N of Units</i>	<i>Unit Cost in GEL</i>	<i>Total in GL</i>
<i>Pharmacotherapy</i>					
Sedarexi 2mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab.#30	#7	9,2345	64,6415
Tizercini 25mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tubb.#50	#3	8,385	25,155
Fevarini 50mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab.#15	#8	20,08	160,64
<i>Medicines sub Total</i>					250,4365 GEL
<i>Total external costs in GEL</i>					250,4365 GEL
<i>Total external Budget in USD</i>	C 1 USD = 1, 68 GEL				149. 07 USD

Case N5; Patient V.T. Patient's code G-2008-NG-001, aged 72, male, with higher education, widower, Georgian by nationality, residing in Khurcha Village, Zugdidi Region.

1. The Personal history of the victim

c) In what context the victim was tortured, including dates and places;

As told by the patient: Mr. has to live under constant stress, tension and fear of death. He Claims multiple armed assault and robbery on the part of Abkhazians, other North Caucasian armed persons and Russian soldiers. 1) 1993-1994 Abkhazian and other North Caucasian armed men broke into his house several times, where he was together with his wife. Threatening him with arms, they seized money, household items and food products, and shot with submachine gun rounds whatever they could not take away. 2) For about 2 weeks in August 2008, the soldiers of the Russian Federation and, together with them, Abkhazian armed men broke into his house several times a day, threatened to murder him, and demanded that he leave the house. The Georgian population of Khurcha Village was under the same pressure on the part of the occupants. The patient claims to have been beaten by the Abkhazians, with an episode of losing consciousness. His life became unbearable, health condition deteriorated, due to which his relatives took him for treatment to Zugdidi hospital by using a bypass road. 3) In the morning of 19 September 2008, in one of the bombings of Khurcha Village from the Russian army, a bomb hit the patient's house. At that time, the patient was home together with his daughter and relative. As the bomb exploded, the wall knocked down. The patient and his daughter lost consciousness for a while.

Which Type Torture he suffered?

Physical Methods of torture

The following method was used: non-systematic beating with a hand, with a fainting episode.

Psychological methods of torture and ill – treatment:

The patient describes: staying with the other victims of torture, hearing the voices of others being tortured, presence during the torture of a family member, sleep deprivation, uncertain expectation of torture, threats of shooting, beating, family pogrom, verbal abuse, abuse of ethnic feelings, humiliation, intimidation, unreal choice, lack of medical care.

c) The type of perpetrator involved?

The so-called Abkhazian paramilitaries and Russian soldiers.

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

Patient describes: strong general weakness, acute cranial trauma with losing consciousness.

Acute psychological after-effects:

Patient describes affective-shock reaction stupor variant, alteration of consciousness, confusion, loss of balance, feelings of nausea, sleep deprivation.

Chronic after-effects

Physical after – effects

Patient describes strong general weakness, dizziness, headache, heartaches.

Psycho – Somatic after effects

Patient describes from time to time perspiration, hypersalivation, dizziness, loss of balance, fatigueability, general weakness.

Mental/psychological after – effects:

Sleep disturbance, nightmares, hypervigilance, and intrusive memories regarding psycho-traumatic experiences.

Psychic and somato-neurological disorders according to ICD-10:

- **Post-traumatic stress disorder. /F 43.1 /**
- **Hypertensive heart disease with (congestive) heart failure, stage III / I 11.0 I 20.10 /**
- **OD Senile nuclear cataract. OS Terminal glaucoma. / /H 25.1 H 40.8 /**

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

Based on the referral from the chief doctor of Nabakevi and Darcheli Women's Association Crisis Center, a partner organization to EMPATHY Center, the patient applied to EMPATHY Center for medical checkups and treatment on 24.11.2008.

e) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

Center EMPATHY conducted a multi-disciplinal and multi-profile examination and rehabilitation program (rehabilitation involved medical and psycho-social treatment and rehabilitation and lawyer's service). The examination was conducted by Istanbul Protocol Principles, using the following methods:

2. Examination and rehabilitation were conducted through the standard questionnaire developed by Center EMPATHY.
3. Clinical-psychological examination: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI), Hamilton Depression Rating Scale, Bas d'Ark Aggression Research Test, Shikhan Anxiety and Alarm Evaluation Questionnaire, Mississippi Test (civil version) (MMPI).
4. Specialists' consultations: doctor therapist – case manager, traumatologist, psychiatrist, neurologist, cardiologist, psychologist, social worker, nurse, lawyer.
5. Clinical treatment and coronarography (Academician Chapidze Emergency Cardiology Center).
6. Para-clinical examinations: (Therapy National Center and Integrated Therapy Center): general blood and urine analysis, coagulography, EKG, cardioechoscopy, load test, lipid specter, echoabdominoscopy, cardio-fluorography.

7. Pharmacotherapy provided through administration of the following medications: Cardiket, Cardiomagnil, Corinofar-Retard, Noliprel, Productal, Lozap, Satmlo, Avexon, Azimak, plantain syrup, Lacto-G, Prestarium, Lacipil, Concor, Cardiomagnil, ZO-20.

8. Psychotherapy: 4 individual psychotherapy sessions have been provided.

9. Application has been lodged with the European court of Human Rights. The case is pending.

c)The staff members who carried out the assistance;

Doctor therapist – case manager, psychiatrist, traumatologist, neurologist, psychologist-psychotherapist, social worker, nurse, lawyer.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Case Manager - Doctor Therapist	Centre "EMPATHY" office	Hours	1.5 Hours	14	26
Doctor Psychiatrists	Centre "EMPATHY" office	Hours	1 H	3	3
Psychologist-	Centre "EMPATHY" office	Hours	1.5	4	6
Neurologist	Centre "EMPATHY" office	Hours	1	1	1
Traumatologist	Centre "EMPATHY" office	Hours	1	2	2
Nurse	Centre "EMPATHY" office	Hours	0.33	10	3.3
Social Worker	Centre "EMPATHY" office – medical facilities	Hours	3	3	9
Phone consultations	Centre "EMPATHY" office	Hours	0.10	7	0.7 Hours
Lawyer	Centre "EMPATHY" office	Hours	4	16	64

Total					116 Hours
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d) Where the assistance was provided.

Nabakevi Crisis Center, EMPATHY Center Central Office, National Therapy Center, Multi Profile Therapy Center and Academician Chapidze Emergency Cardiology Center, the European Court of Human Rights.

10. The results: What results have been achieved through the assistance provided

The patient's general condition has relatively improved: relieved of pains in the heart area, dizziness, loss of balance, sleep disturbance, no more complaints of nightmares, and arterial pressure back to normal. The patient has been provided with legal aid. A claim for damages has been lodged with the European Court of Human Rights.

11. Future assistance:

j) Describe the assistance to be provided to the victim under this project;

Legal support in the European Court of Human Rights being planned, monitoring over the psychosomatic condition of patients, monitoring over the patient's psycho-somatic condition.

k) For how long the assistance will be provided;

The duration of rehabilitation depends on the length of proceeding in the European Court of Human Rights.

l) What results are expected?

Rehabilitation of the patient's medical and psycho-social condition. If the European Court of Human Rights grants the application, compensation of moral and material damages to the applicant is expected.

12. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff _

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

<i>Description</i>	<i>Place</i>	<i>Unit</i>	<i>N of Units</i>	<i>Unit Cost in GEL</i>	<i>Total in GL</i>
<i>In-patient clinic treatment</i>	Academician Chapidze Emergency Cardiology Center	<i>Coronarography and treatment</i>	1	795	795
<i>Sub Total In-patient clinic</i>					795 GEL

<i>treatment</i>					
External Consultations					
Cardiologist	Academician Chapidze Emergency Cardiology Center	Consultation	1	30	30
Cardiologist	Centre "EMPATHY" office	Consultation	2	30	60
ophthalmologist	Multi Profile Treatment Centre	Consultation	1	10	10
<i>Sub Total External Consultations</i>					100 GEL
<i>Instrumental Investigations</i>					
<i>ECG</i>	Multi Profile Treatment Centre	Investigation	1	10	10
<i>XR radiology investigation</i>	National Centre of Therapy	Investigation	1	12	12
<i>ECG</i>	National Centre of Therapy	Investigation	2	9.6	19.2
VeloErgometry	National Centre of Therapy	Investigation	1	25	25
Cardio-Echoscope	National Centre of Therapy	Investigation	2	17.5	35

Echoscope Abdominal	National Centre of Therapy	Investigation	1	17.5	17.5
Sub Total Instrumental Investigations					118,7 GEL
Laboratory Investigations					
Blood Common Analysis	Multi Profile Treatment Centre	Analysis	1	6	6
Urine Common Analysis	Multi Profile Treatment Centre	Analysis	1	6	6
Blood analysis	Multi Profile Treatment Centre	Analysis	2	16	32
Blood analysis	National Centre of Therapy	Analysis	1	15.2	15.2
Sub Total laboratory Investigations					59.2 GEL
Pharmacotherapy					
Cardiket-retard 20mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 20	N 2	5,046	10,092
Cardiomagnily 75 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 100.	N 1	10.802	10.802
Corinfar-retard 20 mg	Farm Firm PSP in office of the Centre	In Tab N 30	N 1	6,321	6,321

	"EMPATHY"				
Olikard retard 40 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Caps N 20	N 5	15,274	15,274
Noliprely	Farm Firm PSP in office of the Centre "EMPATHY"	In tab. N30	N1	18,06	18,06
Preductal MR	Farm Firm PSP in office of the Centre "EMPATHY"	In tab. N 30	N2	26,393	52,786
Zo 20 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 20	N 3	15,351	46.053
Lozapy	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 30	N1	16,4	16,4
Stamlo 10 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 20	N1	16,512	16,512
Sol Aveqsony 2 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Fl N 1	N 5	12,05	75,25
Azimaky 500 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Caps N 3	N 1	7,671	7,671
Sol mucoplant	Farm Firm PSP in office of the Centre "EMPATHY"	In fl	N 2	3.122	6,244

Sol Lidokainy 2%	Farm Firm PSP in office of the Centre "EMPATHY	In Amp N 10	N 1	0,98	0,98
Cardiomagnily 150 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 30	N 1	5,022	5,022
Prestariumy 10 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 30	N 2	23,005	46,01
Lacipily 4 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 14	N 1	16,882	16,882
Prestariumy 10 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 30	N 1	17,386	17,386
Concory 10 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 50	N 2	7,826	15,652
Cardiomagnily 150 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 100	N 1	8,8989	8,8989
Medicines sub Total					392.2959 GEL
Total external costs in GEL					1 465.196 GEL
Total external Budget in USD	Average C 1 USD=1,68GEL				872.14 USD

Case N6: Patients: mother TA, patient code G-2008-AK-048, aged 44, with higher education, widow, Georgian by nationality, son KZ, male, code G-2008-AK-049, aged 15, school student. IDPs from Akhgori, now living in Tserovani IDP Settlement.

1. The Personal history of the victim

d) In what context the victim was tortured, including dates and places;

As told by the patients: During the hostilities in Gori Region in August 2008, they were staying in Tbilisi. After the end of active military operations, on 10 September 2008, the patients travelled to their own home in Akhgori. They could not open the door to the house, as the locks had been changed. Shortly afterwards, a group of about 15 armed Ossetians, including one Russian, clad in military uniforms, arrived. They yelled at the mother and her son to leave the place immediately. The mother and her son were subjected to physical pressure: the son was hit so hard that he was flung into a concrete pillar, as a result of which he lost consciousness. As for the mother, the assailants first punched her in the face, then twisted her arms, and put a snake on her back. They threatened they would kill them. Then they made the mother to watch a video record showing the brutal murders of Georgian soldiers. After a few hours, they let the mother and her son go on condition that they would never return. The mother and her son left Akhgori the same day.

1) Which Type Torture he suffered?

Physical Methods of torture

Methods used: irregular beating with a hand, non-physiological situation, torture with an animal (reptile).

Psychological methods of torture and ill – treatment:

The patients describe: presence during the torture of a family member, uncertain expectation of torture, threats of shooting and beating, verbal abuse, humiliation, intimidation, abuse of ethnic feelings, lack of medical care.

c) The type of perpetrator involved?

The so-called Ossetian separatists.

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

Mother describes: respiratory failure, son: episode of losing consciousness, pain and limited movement in the neck and back areas, bruising, respiratory failure.

Acute psychological after-effects:

The mother and her son describe affective-shock reaction, a stupor version, alteration of consciousness, numbness, and harassment.

Chronic after-effects

Physical after – effects

Mother complains about strong general weakness, sleep disruption, **son**: pain in the neck, limited movement.

Psycho – Somatic after effects

Mother describes general weakness, fatigue ability, sleep disruption, loss of weight, perspiration, hyper salivation, dizziness, balance disorder. **Son**: sleep disruption, dizziness, balance disorder, fatigue ability, general weakness.

Mental/psychological after – effects:

Mother: low in spirits, nightmares, and intrusive memories of traumatic experiences.

Son: nightmares, loss of appetite, loss of working ability, anhedonia, lowered concentration ability.

Psychic and somato-neurological disorders according to ICD- 10

Mother:

- **Post-traumatic stress disorder with depression. / F 43.1 F 43.22 /**
- **Vegetovascular dystonia / G 90.0 /**
- **Viral conjunctivitis / H 13.1 B 00.5 /**
- **Chronic cholecystitis / K 81.1 /**

Son:

- **Post-traumatic stress disorder / F 43.1 /**
- **Closed trauma of vertebrae. Post cervical vertebra L1 compression fracture period. / S 22.30 /**

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

The patients applied to EMPATHY Center on their own on 16.10.2009.

f) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

EMPATHY Center conducted a multi-disciplinal and multi-profile examination and rehabilitation program (rehabilitation involved medical and psycho-social treatment and rehabilitation and lawyer service). The examination was conducted by Istanbul Protocol Principles, employing the following methods:

15. Examination and rehabilitation were conducted through the standard questionnaire developed by Center EMPATHY.
16. Clinical-psychological examination: Mother: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI),

Hamilton Depression Rating Scale, Bas d'Ark Aggression Research Test, Shikhan Anxiety and Alarm Evaluation Questionnaire, Mississippi Test (civil version), (MMPI). Son: Luser?? Test, Hand Test.

17. Specialists' consultations: doctor therapist – case manager, traumatologist, psychiatrist, neurologist, neuro-surgeon, ophthalmologist, angiologist, children psychologist, psychologist-psychotherapist, social worker, lawyer, nurse.
18. Para-clinical examinations: (National Therapy Center, Integrated Therapy Center, Javrishvili Clinic OPTHALMIGI, T. Tatishvili Center): general blood and urine analysis, coagulography, echoabdominoscopy, dopplerography, determining glucose in blood, cervical vertebra roentgenography.
19. Pharmacotherapy provided through administration of the following medications: Contratubex, Holudexan.
20. Psychotherapy: 6 individual psychotherapy sessions were provided.
21. Legal support: application has been lodged with the European court of Human Rights. The case is pending.

c) The staff members who carried out the assistance;

Doctor therapist – case manager, traumatologist, psychiatrist, neurologist, psychologist-psychotherapist, adolescent psychologist, lawyer, social worker, nurse.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Case Manager - Doctor Therapist	Centre "EMPATHY" office	Hours	1	10	10 Hours
Doctor Psychiatrists	Centre "EMPATHY" office	Hours	1 H	5	5 Hours
Traumatologist	Centre "EMPATHY" office	Hours	1	2	2 Hours
Psychologist	Centre "EMPATHY" office	Hours	1.5	8	12 Hours

psychotherapist	Centre "EMPATHY" office	Hours/ Sessions	1	6	6 Hours
Neurologist	Centre "EMPATHY" office	Hours	1	4	4 Hours
Adolescent Psychologist	Centre "EMPATHY" office	Hours /Sessions	1	3	3
Nurse	Centre "EMPATHY" office	Hours	0.33	6	2
Lawyer	Centre "EMPATHY" office	Hours			206
Social Worker	Centre "EMPATHY" office -	Hours	3	3	9
Phone consultation	Centre "EMPATHY" office	Hours	0.10	10	1 Hours
Total					260 Hours

d) Where the assistance was provided.

RCT/EMPATHY Central Office, National Therapy Center, Multi profile Therapy Center," Opfthalmiji", Tatishvili Clinic.

13. The results: What results have been achieved through the assistance provided

The patients' general mental-physical condition has relatively improved: **Son:** pains in the neck area are gone, movement has become free, sleep – normal, no more nightmares, appetite – back to normal, working ability – back to normal, no more complaints about concentration problems, spirit – back to normal. **Mother:** general weakness - gone, dizziness, balance disorder, sleep disruption, nightmares, intrusive memories and dry mouth – also gone.

14. Future assistance

m) Describe the assistance to be provided to the victim under this project;

Legal support in the European Court of Human Rights being planned, monitoring over the psychosomatic condition of patients.

n) For how long the assistance will be provided;

The duration of rehabilitation depends on the length of proceeding in the European Court of Human Rights and the results of the monitoring over the patients' psycho-somatic condition.

o) What results are expected?

Rehabilitation of the patients' medical and psycho-social condition. If the European Court of Human Rights grants the application, compensation of moral and material damages to the applicants.

15. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff _

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

<i>Description</i>	<i>Place</i>	<i>Unit</i>	<i>N of Units</i>	<i>Unit Cost in GEL</i>	<i>Total in GL</i>
External Consultations					
Neurosurgeon	Centre "EMPATHY" office	Consultation	1	20	20
Angiologist	Centre "EMPATHY" office	Consultation	1	20	20
ophthalmologist	Opfthalmiji	Consultation	1	55	55
Sub Total External Consultations					95 GEL
Instrumental Investigations					
<i>XR radiology investigation of Neck area</i>	Multi Profile Treatment Centre	investigation	2	20	40
<i>Doplerography</i>	Tatishvili Clinic	investigation	1	40	40
Echoscope of Abdominal area	National Centre of	investigation	1	17.5	17.5

	Therapy				
Sub Total Instrumental Investigations					97.5 GEL
Laboratory Investigations					
Blood Common Analysis	National Centre of Therapy	Analysis	1	5.6	5.6
Urinary Common Analysis	National Centre of Therapy	Analysis	2	5.6	11.2
Blood analysis coagulogramm	Tatishvili centre	Analysis	2	16	32
Blood analysis of glucoses	National Centre of Therapy	Analysis	1	3	3
Sub Total laboratory Investigations					51.8 GEL
Pharmacotherapy					
Ung. kontratubex	Farm Firm PSP in office of the Centre "EMPATHY"	In tub. N 1	N 2	14.302	28.604
Choludexani	Farm Firm PSP in office of the Centre "EMPATHY"	In Caps N 20.	N 1	27.675	27.675
Medicines sub Total					56.279 GEL
Transport Fees with per diems					

For Client	Centre “EMPATHY” office	Tserovani – Tbilisi and Back		21	21
Transport Fees with per diems Sub Total					21 GEL
Total external costs in GEL					321.579 GEL
Total external Budget in USD	Average C 1 USD=1,68GEL				191.416 USD

Case #7 Client’s code: G – 2009 – NN – 003 Mr. IB; Age 17, Male, by Ethnicity Georgian, former convict of Women’s and Juvenile Prison Facility N5 of the Penitenmtiary Department of the Ministry of Corrections and Legal Assistance of Georgia. (Juvenile’s Pre –Trial Prison), presently is undergoing compulsory treatment in Kutiri Mental Health Center.

1. The personal history of the victim:

***b) In what context the victim was tortured, including dates and places;
Information is provided by Mr. IB and his mother, as well as on the basis of the criminal record
and forensic medical expertise.***

Mr. IB with his mother lived in poverty; they didn’t have home to live, and often changed shelter. Mr. IB’s mother sold ice-cream in streets, and Mr. IB helped her. The client attended the special school for children with mental disabilities for 3 years, and then he couldn’t continue studying process.

In 24.10.2008 in afternoon Mr. IB committed crime –in the same building were he lived temporarily (Collective Centre for IDP’s in Gori) he entered the bath room, unscrewed 6 taps (total cost 60 GEL / 35 USD) and sold 4 of them in bazaar. In the same evening the policemen came to his living room, and asked him if he knew about stolen things. Mr. IB didn’t hide that he committed crime and showed them 2 residuary taps. Policemen took him in Gori police station, during the interrogation the policemen beat him with hands, pulled his hair from had, threatened him – they demanded from him to say names of accomplices, but after one hour left him alone. In the next day policemen took Mr. IB in the bazaar to show them the man who had bought stolen taps from the client, but Mr. IB couldn’t find him, and policemen took him in Preliminary detention centre. The court demanded from him to pay 3000 GEL / 1785 USD gage until 20.11.2008, Mr. IB, of course, couldn’t pay such sum of money, and was arrested in 29. 01.2009,after he went in police station to see his case detective, and allocated in the Juvenile’s Pre-Trial prison # 5.

In 24.02.2009 during the monitoring of RCT/EMPATHY staff members in the prison, Mr. IB was identified. With facilitation of RCT/EMPATHY the patient was provided with state forensic psychiatric expertise and in 10.07.2009, from the trial was transferred to psychiatric hospital in compulsory treatment.

b) The description of torture suffered: Physical and Psychological

Physical methods of torture: beating with hands, pulling hair.

Psychological methods of torture and ill treatment: he suffered with humiliation, threaten, scold and abuse, uncertain expectation of torture, he experienced lack of medical aid. At the time of detention and during the period of detention he did not receive any adequate medical treatment, due to which he can be considered as a victim of inhuman treatment and inadequate medical treatment.

c) The type of perpetrator involved;

Gori Policemen, Staff of the Ministry of Justice, Probation and Juridical Aid.

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

Mr. IB suffered with contusions and bruises on body.

Acute psychological after-effects:

The client suffered with emotional-shock reaction, stupor variant with feeling of emptiness and helplessness, with numbing and being in defensive pose.

Chronic after-effects

Physical after – effects

The client suffers from headache and it is related to torture fact.

Mental/psychological after – effects:

Mr. IB suffers with insomnia with nightmares, headache, There is presented fear, anxiety and emotional strain.

Mental disturbance in accordance with ICD–10 was revealed

- Slight mental retardation with significant behavior disorder (**F 70. 1**)

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

Mr. IB was identified by the Juvenile Prison Case Manager in Tbilisi (branch office of RCT/EMPATHY for Juveniles' in MoJ juveniles Pre-Trial Prison), in 24.02.2009 and from the same time he began the long-term course of Psycho-social Rehabilitation.

b) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

- Center's Medical and Psycho-social monitoring and Rehabilitation program for Victims of Torture (Specially elaborated in accordance with Istanbul Protocol).
- Psychological questionnaires: Investigation with Lusher test, Hand Test, Wechsler test.

- Centre Empathy MDT: 3 Doctor Psychiatrists, Doctor Neurologist, and 2 Psychologist-psychotherapist, lawyer.
- Specialists' consultations: Doctor Psychiatrist –case manager, 2 psychiatrists- one of them expert, Doctor Neurologist, 2 Psychologist-psychotherapists, lawyer.
- Psychotherapy – were held 4 sessions of Individual Psychotherapy
- Social (environmental) Support: Environmental Support was conducted in Juvenile Pre-Trial Prison, was consulting facility staff and doctors, and was conducted mediator activities in prison.
- Clinical diagnostics of psycho-physical state and adequate legal and medical assistance was provided.
- The lawyer of the center Empathy, representing client's interests has conducted evaluation of the legal status of Mr. IB and initiated relevant legal and medical measures, depended clients interests in Court during the trials.
- Rehabilitation period: 24.02.2009 – 16.07.2009

c) The staff members who carried out the assistance:

3 Doctor Psychiatrists –1 case manager, 1 expert, 1 deputy director, Doctor Neurologist, 2 Psychologist –psychotherapists – 1 case manager, and Lawyer.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (sessions of Consultations)	Total # of Hours
Case Manager – Psychologist - psychotherapist	Juvenile Prison	Hours /Sessions	1	10	10
Psychologist - psychotherapist	Juvenile Prison	Hours /Sessions	2,5	2	5
Doctor Neurologist	Juvenile Prison	Hours /Sessions	2	1	2
Doctor Psychiatrist- Case Manager	Juvenile Prison	Hours /Sessions	2,8	9	26
Doctor Psychiatrist- Expert	Juvenile Prison, Forensic Psychiatric Expertise	Hours /Sessions	8	2	16
Doctor Psychiatrist	Juvenile Prison	Hours /Sessions	2.5	2	5

Lawyer	Juvenile Prison, Several Courts, Clients Family in Gori	Hours /Sessions	2.6	10	26
Total				36	90

d) Where the assistance was provided.

The assistance was provided in the following facilities: 1) In Juveniles Prison RCT/EMPATHY branch office; 2) in RCT/EMPATHY office; Forensic Psychiatric Expertise, Several Courts, Clients Family in Gori.

3. The Results

- In generally the client's health condition has improved – headaches, fear, anxiety and nightmares reduced, sleeping became stabile.
- Mr. IB – a person with mental problems, received adequate medical, psycho-social and legal assistance;
- Expert Psychiatrist of Empathy took part in Client's State Forensic Psychiatric Expertise as an Independent expert. It should be mentioned that Centre Empathy's Expert- psychiatrist had serious obstacles from the side of the Chief of State Psychiatric Expertise Chief.
- The lawyer was defending client's interests in several trials. In 10.07.2009, for the purpose of provision of compulsory treatment Mr. BI, in accordance with court ruling, was transferred from the trial to Naneishvili National Center of Mental Health (in Kutiri).

4. Future assistance:

a) Describe the assistance to be provided to the victim under this project

- Continuation of monitoring: in Naneishvili National Center of Mental Health
- Additional Investigations, consultations and medical treatment (in case of need)
- Implementation of relevant medical, psycho-social, and legal rehabilitation measures, corresponding to results of monitoring
- Social and legal assistance and defending of interests

b) For how long the assistance will be provided

Depends on results of monitoring

c) What results are expected?

Mr. IB' s disease is of chronic character, but after adequate treatment there is expected improvement of behavior and social adaptation.

Case N8: , Patient father E.P. Patient code G-2009-AK-002, history N004-2009, aged 69, with secondary vocational education, widow, Georgian by nationality, residing in Nabakevi Village, Gali Region. Daughter - patient M. P. Code G-2009-AK-005, history N008-2009, aged 45, with secondary vocational education, single, Georgian by nationality, residing in Nabakevi Village, Gali Region.

1. The Personal history of the victim

e) In what context the victim was tortured, including dates and places;

As told by the patients: they have to live under constant stress, in tension and fear of death. At present, the family consists of father E.P. and 2 single daughters, one of whom, namely **M.P.** describes multiple torture and violence: **1)** As they were going in a street in Nabakevi Village in 1993, **E.P.** and **M. P.** were stopped, on a pretext to check their documents, by 3 armed Abkhazian separatists, who asked them to produce their IDs. The patients did not have their IDs with them, for which they were beaten severely, as a result of which **M. P** sustained an injury in the right eye, requiring enucleation – a surgery involving for the removal of the eye. **2)** In January 1994, the so-called Abkhazian paramilitaries together with the Russian “peacekeepers” appeared in Nabakevi Village. **E.P.** and his daughters managed to run to the woods, but his wife remained home. On returning home, they found their home burnt down, and the wife – murdered, with long wounds all over the body. The next day, the so-called Abkhazian paramilitaries and the Russian “peacekeepers” appeared in **E.P.’s** yard again. They severely beat up **E.P.** as a result of which the victim lost consciousness. When he came round, the assaulters pulled out his gold tooth with a pliers, took him captive and put him in Gali Police Precinct for 3 days. During his captivity, **E.P.** describes systematic beating with fainting episodes, burns with a cigarette, strangling with a hand. The patient was held in a cell along with other ethnic Georgians. **E.P.** – was tortured because the torturers wanted to obtain information about a Georgian guerilla that **E.P.** did not have. **E.P.** was released after a ransom had been paid. **3)** In 1997, three Abkhazian paramilitaries broke into **E.P.’s** home. At that time, his daughter, who was ill, was lying in bed. The Abkhazian paramilitaries raped her before his eyes and then brutally tortured him. **E.P.** was unable to get his daughter out of Gali Region to bring her to the doctor. The daughter died one week after the incident. **4)** On his way in 1998, **E.P.** was stopped by armed Abkhazian paramilitaries who demanded that he tell them the location of the Georgian guerillas. As he did not know the location, one of the Abkhazian paramilitaries put a sub-machine gun barrel on his head and emptied the magazine by firing in the air. As a result, **E.P.** sustained a burn in the head. The Abkhazian ordered that he did not move from the place even after they had left. **E.P.** stood at that place alone for several hours in the rain, and then a neighbor took him home by force. **5)** In June 2004, a Russian APC stopped at **E.P.’s** house. 2 Russian soldiers jumped out of the APC and demanded that the patient give them vodka and food that the patient did not have. The soldiers searched the house and finding nothing, they took **E.P.** to the Russian checkpoint in Nabakevi, held him there for 3-4 hours and released him thereafter on condition that he would bring them vodka and food to them. If he disobeyed, they threatened they would put him under arrest again. The patient got back home, gathered vodka and food from the neighbors and brought them to the Russian soldiers at he checkpoint. **6)** In the evening of 11 August 2008, 5 drunk Russian soldiers broke into **E.P.’s** house. They asked for food. The daughters managed to flee but the patient was brutally beaten, as a result of which he lost consciousness. A few hours after he had come round, he was brought to Zugdidi Hospital with the held of his daughters. **7)** In the

evening of 03.03.2009, two armed masked persons broke into **E.P's** house. The intruders spoke Russian. The daughters managed to flee again. **E.P** was asked to provide gold and money. They took whatever they liked in the house and went away.

Which Type Torture he suffered?

Physical Methods of torture

Patient **E.P** was subject to: systematic beating with a food, butt of an arm, hand, non-physiological condition, extraction of teeth, strangling, burns inflicted with a cigarette.

Patient M. P was subject to: systematic beating with a food, butt of an arm, blunt instrument, hand.

Psychological methods of torture and ill – treatment:

Patient E.P describes: deprivation, isolation, darkness, oxygen insufficiency, coldness, lack of sanitary conditions, having to be with the other victims of torture, hearing the voices of others being tortured, presence during the torture of a family member, sleep deprivation, uncertain expectation of torture, threat of shooting, beating, family pogrom, verbal abuse, humiliation, intimidation, punishing with a false death, denying food and drinking water, restricting the fulfillment of natural needs, unreal choice, abuse of ethnic feelings, lack of medical care.

Patient M. P describes: presence during the torture of a family member, threat of family pogrom and torture of a family member, verbal abuse, humiliation, intimidation, abuse of ethnic feelings, lack of medical care.

c) The type of perpetrator involved?

The so-called Abkhazian paramilitaries, armed masked persons and Russian soldiers.

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

Patient E.P describes: acute brain injury with fainting, bruising all over the body, acute bleeding from the nose, mouth, restriction of movement, respiratory failure, pain in the heart area, burns in the forehead and head.

Patient M.P describes: acute brain injury with fainting, bleeding from the right eye and loss of eyesight, respiratory failure, bruising.

Acute psychological after-effects:

Patient E.P describes: affective-shock reaction of a stupor version, alteration of consciousness, confusion.

Patient M.P describes: affective-shock reaction of a stupor version, alteration of consciousness, confusion.

Chronic after-effects

Physical after – effects

Patient E.P describes: strong general weakness, dizziness, loss of balance, feeling nausea, pain in the chest.

Patyient M.P describes: general weakness, dizziness, loss of balance, feeling nausea, loss of eyesight in the right eye.

Psycho – Somatic after effects

Patient E.P describes: weight loss, perspiration, dizziness, loss of balance, fatigueability, trembling.

Patient M.P describes: perspiration, hypersalivation, sleep deprivation, dizziness, deprivation of coordination, general weakness, trembling from time to time.

Mental/psychological after – effects:

Patient E.P has the following indications: sleep deprivation, nightmares, intrusive memories of traumatic experiences, flashbacks from time to time, weakened memory, low in spirit, irritability, tendency to detachment.

Patient M.P has the following indications: sleep deprivation, recurring nightmares, intrusive memories of traumatic experiences, hypervigilance, over-carefulness, weakened memory, low in spirit, weakened social functioning ability.

Psychic and somato-neurological disorders according to ICD -10

Patient E.P

- **Post-traumatic stress disorder. /F 43.1 /**
- **Sequel of superficial injury of head /T90.0 /**
- **Ventricular extra systole, arterial hypertension, stage II, /I 20.00. I 49 /**
- **Chronic pneumonia / J 18.9 /**
- **Patient M.P**
- **Post-traumatic stress disorder. /F 43.1/**
- **Right side anophtalmia. Chronic inflammation of lacrimal passages / T 90.4 ; H 04.4 /**
- **Chronic vulvitis. Secondary oligomenorrhea / N 76.3; N 91. 4 /**

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

Based on the referral from the head doctor of Nabakevi and Darcheli Women’s Association Crisis Center, a partner organization to EMPATHY Center, the patient applied to Center EMPATHY for medical checkups and treatment on 02.02.2009.

g) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

EMPATHY Center conducted a multi-disciplinal and multi-profile examination and rehabilitation program (rehabilitation involved medical and psycho-social treatment and rehabilitation and

lawyers' services). The examination was conducted by Istanbul Protocol Principles, employing the following methods:

6. Examination and rehabilitation were conducted through the standard questionnaire developed by the Center EMPATHY.

7. Clinical-psychological examination: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI), Hamilton Depression Rating Scale, Bas d'Ark Aggression Research Test, Shikhan Anxiety and Alarm Evaluation Questionnaire, Mississippi Test (civil version) (MMPI).

8. Specialists' consultations: doctor therapist – case manager, psychiatrist, neurologist, cardiologist, angiologist, endocrinologist, psychologist-psychotherapist, social worker, nurse, lawyer. **To daughter**: in addition gynecologist's and ophthalmologist's consultations.

9. Clinical treatment to patient E.P: Coronography in Academician G. Chapidze Emergency Cardiology Center.

5. Para-clinical examinations: (National Therapy Center): **to Patient E.P** - general blood and urine analysis, coagulography, lipid specter, glucose determination, EKG, load test, cardioechoscopy, cardio-fluorography, cardio Ro-graphy, echoabdominoscopy, dopplerography of lower extremities, thyroid gland echoscopy, thyroid gland hormonal analysis. **To Patient M.P** : general blood analysis, general urine analysis, EKG, gynecological echoscopy, analysis of gynecological smear.

6. Pharmacotherapy provided through administration of the following medications: **Patient E.P** Zinacep, Zinacep Forte, Vit E, ACC, Cardiomagnil, Lacipil, Pevarin, Lacto-G, Cordaron, Cardiomagnil, Omeprazol, Prestarium, Aspirin Cardio. **Patient M.P**: Amoxuclav, Polyzhen, Exyten, Progestron, Cyloxan, Rovamicin, Dalicin, Tobradex, Oftan-Quicks.

7. Psychotherapy: **Patient E.P** was provided with 4 and **Patient M.P** – with 3 individual psychotherapy sessions.

8. Legal support: application has been lodged with the European court of Human Rights. The case is pending.

c)The staff members who carried out the assistance;

Patient E.P doctor therapist – case manager, psychiatrist, neurologist, psychologist-psychotherapist, social worker, nurse, lawyer. **Patient M.P** doctor therapist – case manager, psychiatrist, neurologist, psychologist-psychotherapist, social worker, nurse, lawyer.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

For both patients

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Case Manager - Doctor Therapist	Centre "EMPATHY" office TSMU Central Clinic	Hours	1.5 Hours	16	23 Hours
Doctor Psychiatrists	Centre "EMPATHY" office	Hours	1 H	10	10 Hours
Psychologist-	Centre "EMPATHY" office	Hours	1.5	4	6 Hours
psychotherapist	Centre "EMPATHY" office	Hours/ Sessions	1	8	12 Hours
Neurologist	Centre "EMPATHY" office TSMU Central Clinic	Hours	1	3	3 Hours
Family Consultations	Centre "EMPATHY" office	Hours	1	4	4
Nurse	Centre "EMPATHY" office	Hours	0.33	18	6
Social Worker	Centre "EMPATHY" office	Hours	3	8	24
Lawyer	Centre "EMPATHY" office	Hours			116

Phone consultations	Centre "EMPATHY" office	Hours	0.10	7	0.7 Hours
Total					204.7 Hours

d) where the assistance was provided.

Nabakevi Crisis center, EMPATHY Center Central office, National Therapy Center, Academician G. Chapidze Emergency Cardiology Center, Chachava Gynecological Research Institute, National Endocrinology Center, Tatishvili Clinic.

16. The results: What results have been achieved through the assistance provided

The patients' general condition has relatively improved: **Patient E.P** has been relieved of pains in the chest, respiratory failure, headaches, dizziness; arterial pressure has become stable, no more complaints about sleep deprivation, nightmares. **Patient M.P** has been relieved of pains in the lower third of the belly, menstrual cycle has got back to normal, lacrimation has stopped, sleep patterns have become relatively normal, no more complaints of nightmares.

17. Future assistance:

p) Describe the assistance to be provided to the victim under this project;

Monitoring over the psycho-somatic condition of patients, legal support in the European Court of Human Rights.

q) For how long the assistance will be provided;

The duration of rehabilitation depends on the length of proceeding in the European Court of Human Rights and the results of the monitoring over the patients' psycho-somatic condition.

r) What results are expected?

Rehabilitation of the patients' medical and psycho-social condition. If the European Court of Human Rights grants the application, compensation of moral and material damages to the applicants.

18. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff _

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

Description	Place	Unit	N of Units	Unit Cost in GEL	Total in GL
In-patient clinic treatment	Chapidze klinic	Coronarography	1	795.25	795.25
Sub Total In-patient clinic					795.25 GEL

<i>treatment</i>					
External Consultations					
Cardiologist	Centre "EMPATHY" office	Consultation	1	30	30
Angiologist	Centre "EMPATHY" office	Consultation	1	20	20
endocrinologist	National Centre of endocrinology	Consultation	1	20	20
Oculist	National Centre of Therapy	Consultation	2	10	20
<i>Sub Total External Consultations</i>					90 GEL
<i>Instrumental Investigations</i>					
XR radiology investigation	National Centre of Therapy	Chest XR	2	12	24
XR radiology investigation	National Centre of Therapy	fluorography	1	12	12
ECG	National Centre of Therapy	investigation	2	9.6	28.8
Cardio-Echoscope	National Centre of Therapy	investigation	1	17.5	17.5
Test of Tension	National Centre of Therapy	investigation	1	20	20

Echo-abdominoscopy	National Centre of Therapy	investigation	1	17.5	17.5
gynecological echoscope	Chachava Clinic	investigation	1	20	20
doplerography	Tatishvili Clinic	investigation	1	40	40
Thyroid Gland Echoscope	National Centre of endocrinology	investigation	1	20	20
<i>Sub Total Instrumental Investigations</i>					199.8 GEL
<i>Laboratory Investigations</i>					
Blood Common Analysis	National Centre of Therapy	Analysis	3	5.6	16.8
Urinary Common Analysis	National Centre of Therapy	Analysis	2	5.6	16.8
Blood lipid spectrum analysis	National Centre of Therapy	Analysis	1	15.2	15.2
coagulogramme	National Centre of Therapy	Analysis	2	16	32
Hormonal Analysis	Chachava Clinic	Analysis	1	43	43
Vaginal Smear Analysis	National Centre of endocrinology	Analysis	1	36	36
<i>Sub Total laboratory</i>					159.8

<i>Investigations</i>					GEL
<i>Pharmacotherapy</i>					
Zinacef 750mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Amp. N 1 fl	N 10	5.495	54.95
Zinacef –forte 960 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 10.	N 1	8.222	8.222
Vit E 400 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In caps N 30	N 1	12.35	12.35
ACC 200 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In tab N 20	N 1	6.244	6.244
Cardiomagnily 150 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In tab. N100	N1	11.773	11.773
Lacipily 4 mg.	Farm Firm PSP in office of the Centre "EMPATHY"	In tab. N 14	N1	16.882	16.882
Fevariny 100 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 15	N 2	20.004	40.008
Cordaroni 200 mg		In tab N 30	N 2	16.426	32.858
Lacto-G		In tab N 10	N 2	6.959	13.898
Omeprazoli 20 mg		In caps N 10	N 3	1.247	3.741
Prestariumi 10 mg		In tab N 30	N 1	17.388	17.388
Aspirini cardio 100		In tab N 20	N 2	7.723	15.446

mg					
Amoksiklavi 1000 mg		In tab N 10	1	18.585	18.585
Poliginax		In caps N 6	2	15.454	30.908
Existeni 7.5 mg		In tab N 10	1	8.376	8.376
Progesteroni 2.5 % 1 ml		In amp N 10	1	1.35	1.35
Ciloxani 0.3 % 5 ml		In fl	1	8.987	8.987
Rovamicini 3 ml		In tab N 10	1	20.545	20.545
Dalicini 2% 20 gr		In tub N 1	1	26.729	26.729
Tobradexi		In fl N 1	1	9.03	9.03
Ophtaqvix 0.5 % 5 ml		In fl N 1	1	20.984	20.984
Medicines sub Total					379.252 GEL
Transport Fees with per diems					
For Client	Centre "EMPATHY" office	Zugdidi – Tbilisi and Back	2	45	90
Transport Fees with per diems Sub Total					90 GEL
Total external costs in GEL					1 714.102 GEL
Total external Budget in USD	Average C 1 USD=1,68GEL				1 020.2988 USD



Case N8, Torture History of family (Father and Daughter): Extracted tooth during the Torture.

Case N 9: Mrs. NM, Client's code: G-2008 - KG-028; aged 49; female, Georgian, citizen of Georgia; married, having children; IDP; permanent residence: Tskhinvali, also Achabeti Village, Gori Region; temporary residence: Karaleti IDP Settlement, Gori.

1. The Personal history of the victim

a) In what context the victim was tortured, including dates and places;

Ms. NM twice (1991; 2008) fell a victim to torture, ethnic discrimination and inhumane treatment and was twice forced out of her own house.

In Tskhinvali in 1991, during the Georgian-Ossetian armed conflict, the Ossetian separatists threatened the lives of her and her family members, forcing them to leave their place of residence, and murdering her father with torture; it was only two weeks thereafter that was finally succeeded in removing the corpse of her father after paying a pecuniary ransom to the Russian militaries.

Starting from 1991, she lived in Achabeti Village, Gori Region as an internally displaced person (IDP) (the Russian-Georgian military conflict zone in August 2008);

From the beginning of August 2008, particularly on 6-9 August, the Russian army and the armed formations of the separatist government of Ossetia carried out intensive and systematic

bombardment and shooting towards the civilians of the Georgian villages, including Achabeti Village and the Russian aviation dropped bombs on the territory from the air, tearing down houses and causing civilian casualties. In the face of imminent fear of death, her children along with their families and other ethnic Georgians left the territory; on 09.08.08, Achabeti Village was occupied by the Russian army, Russian Cossacks, North Caucasian and Ossetian paramilitaries. Mrs. NM managed to sneak out of the village; the occupants robbed and burned the homes of Georgians. They robbed and burnt her house as well; on 10.09.08, Ms. NM was taken captive by a group of armed persons who were ethnic Ossetians and Russian Kossacks clad in military uniform. Together with other 15-20 Georgians and ethnic Ossetian co-villagers, she was forced with the accompaniment of shooting and fear of death, to walk 3-4 kilometers, then pressed into an UAZ truck like sardines and driven to Russian-occupied Tskhinvali; in August 9-21 2008, together with other ethnic Georgians, Mrs. NM was held captive in the so-called police isolation ward, in an extremely overcrowded (up to 60 women in an 18-20 m² cell). The cell was damp, there was no air to breathe, and sanitary conditions were terrible. Food and water were provided in extremely small quantities, and no medical care was available (has been ill with diabetes mellitus since 1991), there was no condition to sit or sleep; the chance to fulfill the natural needs was extremely limited; were fully isolated from environment. The armed ethnic Ossetians clad in military uniform who provided supervision on them subjected the captives to continued ideological and psychological pressure, spreading disinformation, humiliated them for their ethnic origin, and verbally abused them; threatened to torture them physically, punish them with death and rape them; Mrs. NM became an eye-witness to the physical torture of other captives, was forced to do humiliating labour;

As part of the exchange of military prisoners with the Georgian side on 21.08.2008, through mediations of International Red Cross, being extremely depressed morally and weakened physically, together with other Georgian prisoners, was transferred to Rustavi and accommodated to a collective IDP settlement center.

b) Which Type Torture he suffered?

Physical Methods of torture

Ms. NM was forced to walk 3-4 towards Tskhinvali, and while being driven by car and held captive, for most of the day was in a non-physiological condition; had no chance to sleep, sit, lie or move as necessary.

Psychological methods of torture and ill – treatment:

1991 – discrimination for ethnic belonging, forcing out of the residential house under life-threatening conditions, father tortured to death, seeing the tortured corpse;

06.08.08-09.08.08. Mrs. NM – discrimination for ethnic belonging, imminent threat to life, forcible isolation from family members, bombing and occupation of the residential area, robbing and burning of her home; captivity, death threats, forceful transfer to the so-called police isolation ward in Tskhinvali;

09.08.08-21.08.08.

Isolation, lack of oxygen, being held in an overcrowded wet cell, insanitariness, lack of food and drinking water, lack of medical care, restricting the chance to fulfill natural needs, threats of torture, rape and murder, staying with other victims of torture; seeing the results of the physical torture of others, forcible humiliating labour, ideological and psychological pressure, systematic verbal abuse, humiliation and intimidation, discrimination for ethnic belonging;

c) The type of perpetrator involved;

1991 – Ossetian paramilitaries, with the aid from the Russian army;

09.08.08-21.08.08.

The Russian army, the Russian Cossacks and the paramilitaries of ethnic Ossetians;

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

Mrs. NM

1991 suffered from body weakening, perspiration, mouth dryness, and grew pale.

09.08.08-21.08.08.

The client had a systematic feeling of hunger and thirst, general weakness;

Acute psychological after-effects:

1991 – feelings of fear;

06.08.08-09.08.08.

Fear for imminent threat to her own life and to those of her relatives and friends, feelings of helplessness.

09.08.08-21.08.08.

Expectation of torture, rape and capital punishment, suicidal feelings, feelings of injustice, abuse and helplessness; lack of sleep, fear, hopelessness; continuing concern for the brutal torture of other captives as well as for material loss;

Chronic after-effects

Physical after – effects

From 1991 has been suffering from diabetes mellitus, regularly takes hyperglycemic medications.

2008 mouth dryness, intense hunger, headache, increased arterial pressure, swelling in lower extremities, varicose veins, burns and pain in lower extremities, feelings of heaviness in lower extremities, impaired eyesight;

Psycho – Somatic after effects

General weakness and fatigue ability, lack of hair, weight loss, disruption of menstrual cycle, insomnia, and feeling of muscle tension, sudden heating, perspiration;

Mental/psychological after – effects:

Mental health condition:

Increased irritability, turmoil, lowering self-evaluation and mood, emotional liability and affective reactions in retelling traumatic experiences, memory deficit on certain details of traumatic experiences, Flashbacks of traumatic experiences, startling at the sounds associated with extreme stress, insomnia, concern for material loss as well as for being an IDP and financial straits;

Social and legal consequences

Suffered a heavy material loss, lost material welfare, the ability of work ordinary psycho-social functioning, her residential place is occupied by the Russian army. is an IDP in her own homeland; is a victim to ethnic cleansing and inhumane, degrading treatment and torture;

Mental and Somatic-Neurological disturbances in accordance with ICD–10 were revealed (in dynamics, according to the anamnesis, clinical and para – clinical investigations):

- Post-traumatic stress disorder /F43.1/
- Diabetes mellitus, type 2; /E11/
- Hypertonic disease I x; Hypertonic angiopathy. /I 10/
- Varicose of left lower extremity, postthrombotic occlusion of vena cava. /O 183.9/
- OS - Pterigium, OU - Presbyopia, /H 52.4 /

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

13.11.08 – on her own initiative (learned from the community members) applied to the specialists of EMPATHY Center, was identified as a victim of torture and inhumane treatment and 18.11.08y long-term course of Medical and Psycho-social Rehabilitation has started, which is undergoing up today.

h) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

The multi – profile MDT investigation, treatment and rehabilitation was provided by the MDT of the Centre “EMPATHY”, including medical and psycho – social, clinical and para – clinical investigations according to the principles and guidelines of the “Istanbul Protocol”.

- Center’s Medical and Psycho-social monitoring and Rehabilitation program for Victims of Torture (Specially elaborated in accordance with Istanbul Protocol).
- Psychological questionnaires: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI), Hamilton

Depression Rating Scale, Bass-Dark Aggression Research Test, Shikhan Anxiety and Alarm Evaluation Questionnaire, Minnesota Multiphasic Personality Inventory (civil version) (MMPI).

- Till nowadays provided clinical, instrumental and laboratorial investigations expenses has been covered by RCT/EMPATHY (see schedule bellow)
- Centre Empathy MDT: Doctor Psychiatrists/psychotherapist (case manager), Doctor Therapist, Psychologist, Social Worker, and Nurse in dynamics till nowadays.
- Consultations: Doctor Psychiatrists, Doctor Therapist, Doctor Optalmologist, Doctor Angiologist, Doctor Endokrinologist.
- Clinic-laboratorial investigation: Blood general clinical analysis; Urine general clinical analysis; Blood biochemical analysis (GLUC fasting, GLUC 120 min and HbA1c); Hemostasis analysis system;
- Instrumental methods: Venosis system duplex scanning; ECG; Oftalmoscopy, Refraqtometry, Biomikroskopy, Vizometry, Tonometry;

c) *The staff members who carried out the assistance;*

Doctor Psychiatrists/psychotherapist (case manager), Doctor Therapist, Psychologist, Social Worker, and Nurse.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Case manager Psychiatrist/ psychotherapist	RCT/EMPATHY Office	Hours/ Sessions	4	19	76
Doctor General Practitioner	RCT/EMPATHY Office	Hours/Sessions	1	5	5
Psychologist	RCT/EMPATHY Office	Hours/ Sessions	3	1	3
Social worker	All medical facilities;	Hours/ Sessions	1	10	10
Nurse	RCT/EMPATHY Office	Hours/ Sessions	1	4	4
Total				39	98

d) *Where the assistance was provided.*

Office of EMPATHY Center; Javrishvili Eye Microsurgery Clinic „OPHTHALMIJI“; JSC „National Therapy Center – Research Institute of Therapy“; N. Bokhua Angiology and Vascular Surgery Center; Tbilisi Endocrinology Center.

19. The results:

What results have been achieved through the assistance provided?

- The psycho-physical health and the quality of psycho-social adaptation improved, labor contacts - restored;
- Together with her family, was provided by the state with temporary lodging and medical insurance policy;

20. Future assistance:

s) *Describe the assistance to be provided to the victim under this project;*

- Referral according to the place of residence, with adequate medical and psycho-social recommendations - Medical Document Form N IV – 100 /A issue.
- Repeated monitoring according to the place of residence
- Intervention relevant to the results of monitoring, as part of the project of EMPATHY Center.

t) *For how long the assistance will be provided;* The length and volume of further psycho-social rehabilitation shall be determined according to the results of monitoring.

u) *What results are expected?*

- *Unless medical and psycho-social rehabilitation and measures are continued, medical, psycho-physical health condition will worsen and adaptation will fail.*

21. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre “EMPATHY staff

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

<i>Description</i>	<i>Place</i>	<i>Unit</i>	<i>N of Units</i>	<i>Unit Cost in GEL</i>	<i>Total in GL</i>
External Consultations					
endokrinologist	Centre for Endocrinology	Consultation	1	20	20
angiologist	RCT/EMPATHY Office	Consultation	2	20	40
Complex clinical investigation and doctor Oftalmologist	The Eye Clinic „Oftalmiji”	consultacion complex clinical investigation	1	55	55
<i>Sub Total External Consultations</i>					<i>115,0 GEL</i>
<i>Instrumentary and Laboratory Investigations</i>					
Blood biochemical analysis	The National Centre of Therapy;	Test	3	7,0; 3,20; 3,20;	13,40
• GLUC fasting	Centre of Endocrinology	Test	1	3,20	3,20
• GLUC 120 min		Test	1	30,0	30,0
• HbA1c					
Hemostasis analysis system	The National Centre of Therapy; Centre of Angiology and blood Vessel Surgery	Test	3	16	48,0
Blood general clinical	The National Centre of	Test	1	5,60	5,60

analysis;	Therapy				
Urine general clinical analysis;	The National Centre of Therapy	Test	1	5,60	5,60
E.C.G.	The National Centre of Therapy	investigation	1	9,4	9,4
Venosis system duplex scanning;	Centre of Angiology and blood Vessel Surgery	investigation	2	40,0	80,0
<i>Subtotal Instrumentary and Laboratory Investigations</i>					195,2
<i>Pharmacotherapy</i>					
Detralexi 0,5	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab.#120	#5	#4 _19,5625 #1 _14,788	93,038
Liotoni -1000	Farm. Firm PSP in of the RCT/EMPATHY Office	In tube	#7	9,649	67,543
Varfarini 2,5 mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab.#100	#2	7,233	14,466
Oftam qviqsi 0,5%-5,0ml	Farm. Firm PSP in of the RCT/EMPATHY Office	In Fl.#2	#2	20,984	41,968
Prestariumi 10mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab.#30	#1	23,005	23,005

Ferum-leki	Farm. Firm PSP in of the RCT/EMPATHY Office	In amp.#10	#1	28,139	28,139
Siofori 0,5	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab #30	#2	12,874	25.748
Ataraxi 25 mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab #25	#1	19,281	19,281
Somno-rici	Farm. Firm PSP in of the RCT/EMPATHY O Farm.	In tab #60	#6	6,437	38.662
Klimadinoni 20mg	Firm PSP in of the RCT/EMPATHY Office ffice	In tab #30	#1	16,3983	16,3983
Fraxiparini		In amp #10	#1	94,510	94,510
Dikloberili		In amp #10	#2	7,144	14,288
Venodioli		In tab #120	#4	18,163	72,652
Elastic bint		10cmX800cm	#2	5,6749;4,7668	10,4417
Shpric's 5,0ml		#10	#10	0,146	1,46
<i>Medicines sub Total</i>					<i>561,6 GEL</i>
<i>Total external costs in GEL</i>					<i>871,8 GEL</i>
<i>Total external Budget in USD</i>	C 1 USD = 1, 68 GEL				<i>518. 93 USD</i>

Case N10, Patient MKH. History N009 (patient code G-2009-AK-006), aged 49, female, with secondary vocational education, married, Georgian by nationality, residing in Karaleti Village, Gori Region.

1. The Personal history of the victim

f) In what context the victim was tortured, including dates and places;

As told by the patient: During hostilities in Gori Region in August 2008, Mrs. MKH was home in Karaleti Village. The Russian aviation started dropping bombs on the village on 6 August. On 13 August, mixed military groups appeared in the village. They broke into homes, shot men, and robbed people. The male members of the patient's family went for hideout in gardens but she stayed home together with her relative, also a lady. The same day, 4 armed men clad in military uniforms broke into the house. As the patient says, 1 of them was Ossetian, 1 – Russian and 2 Cossacks. They asked for jewelry, physically abused the patient's relative with a butt of a firearm, with a hand, and pushed the patient against the wall. They seized whatever they liked, and smashed whatever they did not like and left. In a few hours, other Russian-Ossetian-Cossack group of 4 armed men clad in military uniforms broke into the house again. This time, the patient was home alone. The intruders asked for money, gold and car. They searched the house, and when they did not find what they were looked for, they decided to blow the house up, at which time the patient resisted, after which one of the intruders raped her who, as the patient was resisting punched her in the head, as a result of which she lost consciousness. When she came round, she found no one home. She tidied herself up and speedily left the house and the village along with her relatives.

1) Which Type Torture he suffered?

Physical Methods of torture

Methods used: non-systematic beating with hand, sexual torture – rape.

Psychological methods of torture and ill – treatment:

The patient describes: staying with the other victims of torture, hearing the noises of others being tortured, presence during the relative being tortured, uncertain expectation of torture, threats of shooting, beating, family pogrom, verbal abuse, humiliation, intimidation, abuse of ethnic feelings, unreal choice, lack of medical care.

c) The type of perpetrator involved?

Ossetian-Russian-Cossack military groups.

d) The description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

The patient describes: acute cranial injury with fainting, bruising and pain in the head, limbs, chest and genitalia, limitation of movement, strong general weakness, and respiratory problems.

Acute psychological after-effects:

The patient describes stupor version of an affective-shock reaction, alteration of consciousness, numbness, helplessness and emptiness.

Chronic after-effects

Physical after – effects

The patient describes extreme general weakness, headaches, weakened memory, weakened eyesight, vaginal outflow of white mass, frequented urination, arterial pressure lability, pangs in the heart area.

Psycho – Somatic after effects

The patient describes breathing problems, weight gain, sleep deprivation, general weakness, weakened libido, insomnia, nightmares.

Mental/psychological after – effects:

The patient describes weakening concentration ability, weakening memory, difficulty to fall asleep, disrupted sleep, feeling tired when awaking in the morning, episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), repeated nightmares with psycho-traumatic subject, decreasing of mood.

Psychic and somato-neurological disorders according to ICD:

- Post-traumatic stress disorder. /F 43.1 /
- After-effects of head trauma / T90.0 /
- Chronic vaginitis, colpitis / N 76.1 N 83.8 /
- Unstable angina II, arterial hypertension, stage II, Heart failure II / I 20.00. I 11.0 /
- Presbyopia / H 52.4 /

2. The Assistance provided under the project:

a) How and when (date) the victim came into contact with, or was referred to, the organization:

The patient applied to Center EMPATHY for diagnosis and treatment with the recommendation of NGO Human Rights Priority on 13.02.2009.

i) The description of assistance was provided to the victim under the project, including details on the number, type and frequency of consultations;

Center EMPATHY conducted a multi-disciplinal and multi-profile examination and rehabilitation program (rehabilitation involved medical and psycho-social treatment and rehabilitation and lawyer service). The examination was conducted by Istanbul Protocol Principles, employing the following methods:

10. Examination and rehabilitation were conducted through the standard questionnaire developed by EMPATHY Center.

11. Clinical-psychological examination: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI), Hamilton Depression

Rating Scale, Bas d'Ark Aggression Research Test, Shikhan Anxiety and Alarm Evaluation Questionnaire, Mississippi Test (civil version) (MMPI)..

12. Specialists' consultations: doctor therapist – case manager, psychiatrist, neurologist, psychologist-psychotherapist, social worker, nurse, ophthalmologist, gynecologist, endocrinologist.

4. Instrumental examinations: (National Therapy Center, Tatishvili Clinic, Chachava Research Institute, St Joachim & Ann Maternity Home). General blood and urine analysis, immunofermental analysis, vaginal smear analysis, RPR, HIV, gynecological echoscopy, cranial Ro graphy, thyroid gland echoscopy, EKG.

5. Pharmacotherapy provided through administration of the following medications: Pevarin, Cavinton-Forte, Veroshpiron, Metronidazol, daizy, Hexicam, Prestarium, Grandaxin, Fezam, Novo-Pasit, Cardiomagnil, Dolobene-Gel, Festal, Paroxetin.

6. Psychotherapy: 8 individual psychotherapy sessions were provided.

c) The staff members who carried out the assistance;

Doctor therapist – case manager, psychiatrist, neurologist, psychologist-psychotherapist, social worker, nurse.

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries)

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Case Manager - Doctor Therapist	Centre "EMPATHY" office	Hours	2,2 Hours	15	33 Hours
Doctor Psychiatrist	Centre "EMPATHY" office	Hours	1 H	4	4 Hours
Psychologist	Centre "EMPATHY" office	Hours	1.5	4	6 Hours
psychotherapist	Centre "EMPATHY" office	Hours/ Sessions	1	8	8 Hours
Neurologist	Centre "EMPATHY" office	Hours	1	6	6 Hours
Phone consultation	Centre "EMPATHY"	Hours	0.10	7	0.7 Hours

	office				
Social Worker	Centre "EMPATHY" office, Medical Facilities	Hours	3	5	15
Nurse	Centre "EMPATHY" office,	Hours	0.33	18	6
Total					78.7 Hours

d) Where the assistance was provided.

Center EMPATHY Central Office, National Therapy Center, Multi Profile Center, Tatishvili Diagnostic Center, Chachava Research Institute, Endocrinology Clinic, St Joachim & Ann Maternity Home.

22. The results: What results have been achieved through the assistance provided

The patient's general condition has relatively improved: the patient is relieved of dizziness, loss of balance; no more vaginal flow of white mass, no more sleep deprivation or nightmares, arterial pressure has stabilized.

23. Future assistance:

v) Describe the assistance to be provided to the victim under this project;

Monitoring over the patient's psycho-somatic condition, if necessary, the medical; and psycho-social rehabilitation course, support in environment will be prolonged.

w) For how long the assistance will be provided;

The length of rehabilitation depends on the results of monitoring and re-evaluation of the patient's psycho-somatic condition.

x) What results are expected?

The patient will be rehabilitated. Improvement of the patient's psycho-somatic condition. The patient is provided with legal assistance by NGO Human Rights Priority.

24. Please give an indication, in one or two of the ten cases, of the costs of the assistance provided to the victim for one year. Below is an example that you could follow:

Budget of the Case excluding the salaries of the Centre "EMPATHY staff _

External Clinical and Para – Clinical Investigations, Pharmacotherapy and transport fees (Per Diems):

Description	Place	Unit	N of Units	Unit Cost in GEL	Total in GL
In-patient Clinic	Saint Joakime and Anna Hospital	Surgery Manipulation	1	30	30
Subtotal In-patient Clinic					30 GEL
External Consultations					
Ophthalmologist	Multi Profile Treatment Centre	Consultation	1	10	10
Gynecologist	Chachava Clinic	Consultation	1	20	40
Endocrinologist	Endocrinology clinic	Consultation	1	35	35
Subtotal External Consultations					85 GEL
Instrumental Investigations					
<i>XR radiology investigation</i>	National Centre of Therapy	XR Investigation	<i>1</i>	<i>12</i>	<i>12</i>
<i>ECG</i>	National Centre of Therapy	Investigation	<i>1</i>	<i>9.4</i>	<i>9.4</i>
Gynecology-Echoscope	Chacava Clinic	Investigation	1	25	25
Thyroid Gland Echoscope	Tatishvili centre	Investigation	1	35	35
Subtotal					81.4 GEL

<i>Instrumental Investigations</i>					
<i>Laboratory Investigations</i>					
Blood Common Analysis	Multi Profile Treatment Centre	Analysis	1	5.6	5.6
Urine Common Analysis	Multi Profile Treatment Centre	Analysis	1	5.6	5.6
RPR, HIV	Chacava Clinic	Analysis	1	32	32
Vaginal Smear Analysis	Chacava Clinic	Analysis	1	25	25
Immune –ferment investigation	Chacava Clinic	Analysis	1	100	100
<i>Sub Total laboratory Investigations</i>					168.2 GEL
<i>Pharmacotherapy</i>					
Fevarini100mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 1 5	N 6	27.288	163.728
Cavinton-forte 10 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 30	N 3	11.094	33.282
Veroshpironi 25 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 20	N 3	5.117	15.351
Metronidazoli 0.5 mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 20	N 1	4.438	4.438

Matricaria chamomilla	Farm Firm PSP in office of the Centre "EMPATHY	In pack	N3	0.808	2.424
Hexicami	Farm Firm PSP in office of the Centre "EMPATHY	In Sup. N 10	N1	13.511	13.511
Prestariumi 10 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab. N 30	N 2	23.005	46.01
Grandaxini 50 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 20	N1	8.5375	8.5375
Fezami 0.4 g	Farm Firm PSP in office of the Centre "EMPATHY	In caps. N 60	N2	7.233	14.466
Novopassiti 100 ml	Farm Firm PSP in office of the Centre "EMPATHY	In Fl	N 4	5.014	20.056
Cardiomagnili 75 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 100	N 1	10.802	10.802
Dolobene-gel	Farm Firm PSP in office of the Centre "EMPATHY	In Tub	N 1	10.131	10.131
Festali	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 10	10	1.445	14.45
Paroxetini 20 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 30	N 2	N/A - From Humanitarian Aid	N/A - From Humanitarian Aid

Cardiomagnili 75 mg	Farm Firm PSP in office of the Centre "EMPATHY	In Tab N 50	N 1	3.647	3.647
Spectacles	"Optika"		1	35	35
Medicines sub Total					395.8335 GEL
Transport Fees with per diems					
For Client	Centre "EMPATHY" office	Karaleti – Tbilisi and Back	5	10.8	54
Transport Fees with per diems Sub Total					54 GEL
Total external costs in GEL					814.4335 GEL
Total external Budget in USD	Average C 1 USD=1,68 GEL				484.478 USD

Chapter VIII: ANNEX 2: Additional data regarding assessment of activities and results in 2009:

Total staff involved in the treatment and rehabilitation activities, including the legal assistance: TN = 28.

Work of centre's Specialist and Consultants	Place of Work	Number of visits and consultations (Sessions)	N of Hours (Including Session Time + Expertise and Working Hours on Documentation (Medical Cards, Reports etc)	Number of Patients/Clients N = 871, among them direct beneficiaries 573
Case Managers Psychiatrist (2 p)full time	Women Colony, Women Prison, Juvenile Pre - Trial Prison, Juvenile Colony, RCT/EMPATHY Office	1562	5513	170
Case Manager (Therapist) 2 persons, full time	RCT/EMPATHY and home, several hospitals and sub contractors	1570	2336.76	134
Case Manager Psychologist for Children – 1 p. Full time	Juvenile Pre - Trial Prison, Juvenile Colony, RCT/EMPATHY Office	740	1026	81
Psychologist's Consultation/Investigation (For Adults) 1 p. full time	Women Colony, Women Prison, RCT/EMPATHY Office	277	794	183
Individual Psychotherapy for Adults	Women Colony, Women Prison, RCT/EMPATHY Office	230	636	59

Group Psychotherapy for Adults	Women Colony, RCT/EMPATHY Office	126	546	31
Children Psychologist Consultation/Investigations	Juvenile Pre - Trial Prison, Juvenile Colony, RCT/EMPATHY Office	270	340.6	58
Individual Psychotherapy for Children	Juvenile Pre - Trial Prison, Juvenile Colony, RCT/EMPATHY Office	423	549	57
Group Psychotherapy for Children	Juvenile Pre - Trial Prison, Juvenile Colony, RCT/EMPATHY	12	24	18
Group Educational Therapy (in prison/colonies)	Women Colony, Juvenile Colony	74	90	33
Family Consultations	RCT/EMPATHY Office	169	179.6	118
Community Consultations	Women Colony, Women Prison, Juvenile Pre - Trial Prison, Juvenile Colony, Rutavi Prison #6, Colonies #1 and #2; Pre – Trial prison #8; West Georgian Prisons and Colonies, Regions Gali, Gori, Marneuli, Kutaisi, Pankisi, Zugdidi – Collective living Centres of IDPs, war victims, refugees, Khoni Psychiatric Hospital	244	174.65	426

Psychiatrists' sessions (2 p)	Women Colony, Women Prison, Juvenile Pre - Trial Prison, Juvenile Colony, Rutavi Prison #6, Colonies #1 and #2; Pre – Trial prison #8; West Georgian Prisons and Colonies, Regions Gali, Gori, Marneuli, Kutaisi, Pankisi, Zugdidi – Collective living Centres of IDPs, war victims, refugees, Khoni Psychiatric Hospital	227	343.3	153
Therapist's sessions	RCT/EMPATHY office, Home visits, visits in Hospitals and in Sub Contractor Health Organizations	204	217.05	52
Coordinator of the crisis intervention programme (1 p. full time)	Women Colony, Women Prison, Juvenile Pre - Trial Prison, Rutavi Prison #6, Colonies #1 and #2; Pre – Trial prison #8; West Georgian Prisons and Colonies, Regions Gali, Gori, Marneuli, Kutaisi, Pankisi, Zugdidi – Collective living Centres of IDPs, war victims, refugees, Khoni Psychiatric Hospital	134	1520.15	281
Art Therapy (individual) (1 p. full time)	Women Colony, Juvenile Colony, Art Studio	134	310	75

Art Therapy (group)	Women Colony, Juvenile Colony, Art Studio	439	1632	92
Gali Crisis Centre Director Work sessions (1 p. part time)	Crisis Intervention Centre in Gali Region, RCT/EMPATHY office, Home visits in the Gali and surrounding areas	248	1149	
Neurologist's Consultations (1 p. (part time)	Women Colony, Women's Pre - Trial Prison, Juvenile's Pre - Trial Prison, Juvenile Colony, RCT/EMPATHY Office	464	955.65	263
Orthopedists Consultations (1 p part time)	Women Colony, Women Prison, Juvenile Pre - Trial Prison, Rutavi Prison #6, Colonies #1 and #2; Pre – Trial prison #8; Gori Region: Collective living Centres of IDPs, war victims,	211	917	132
Narcologist's/ Psychiatrist Consultations (Head of Clinical Work) 1 p. full time	RCT/EMPATHY Office, West Georgian Prison/Colonies, Khoni Psychiatric Hospital	966	2001	341
Lawyers Consultations with Cases in the Court (2p. full time)	RCT/EMPATHY , Prison Department, Ministry of Correction, Probation and Legal Assistance, Forensic Expertise Centre, Courts, Prosecutors'	385	4138	58

	offices			
Social Workers visits (1 p full time)	Sub Contractor Organizations, RCT/EMPATHY	607	2039.5	204
Nurses services (1 p. part time)	RCT/EMPATHY	1549	1037.45	224
Social Worker visits (from Gali Crisis Centre) (1 p. part time)	RCT/EMPATHY Crisis intervention Centre in Gali Region, Home visits, clients transportation from Gali to Tbilisi and back	316	1064.9	108
Surgery Consultations (GMA Staff member) 1p. part time	RCT/EMPATHY Office, prison/colonies	36	68	34
Experts Consultations (Forensic Doctors and Psychiatrists), Reports according the Istanbul Protocol	Women's Pre - Trial Prison, Women Colony, Juvenile's Pre - Trial Prison, RCT/EMPATHY, State Forensic Psychiatry Expertise Department, Prison/Colonies	180	1320	166
Gynecologist Consultation (staff of Gali Centre) (1p. 1/4/ time)	Crisis Intervention Centre in Gali region	35	225	35
Centre's medical Director's /Experts) Consultations (1 p full time)	Rustavi Prison #6; Tbilisi Pre - Trial Prison #8; Kutaisi Prison #2; Zugdidi	985	2394.2	436

	Prison #4; Batumi Prison #3; Geguti men Colony; Khoni Men Colony. RCT/EMPATHY Central Office			
Deputy Director's Consultations	RCT/EMPATHY Office, Women Colony, Women's Pre - Trial Prison, Juvenile's Pre - Trial Prison	650	1950	288
Issued Medical Records and other documentations	RCT/EMPATHY , Prison Department, Ministry of Correction, Probation and Legal Assistance, Forensic Expertise Centre, Courts, Prosecutors' offices	372	971.5	222
Among them Medical Documentation	RCT/EMPATHY Office	252	486	248
hot line consultation, Duty Doctors and Coordinator of the Crisis Intervention Programme	RCT/EMPATHY Office	148	40.3	123
First Time Intervention (Duty staff, crisis intervention programme coordinator)	RCT/EMPATHY Office	736	1840	368
Total Numbers		14975	38829.61	5271

Average N of Sessions Per person (Among total 871)		17.192882		
Average N of Hours per person (among total 871)			44.58049369	
Per Type of Session Per person				6.05166475 3

External Investigation, para – clinical examination and consultations, inpatient treatment were provided by the 24 sub contractor health organizations, pharmacology treatment by 3 Pharmacology firms, as well as 16 permanent consultants – health specialists were involved in the implementation of this activity – related to the Treatment and Rehabilitation. Total number of involved health professionals from sub contractors were about 118 persons and 16 permanent consultants; Total N = 134 p.

<i>Type of Investigation, external consultations</i>	Name of Institution	Number of Sessions	Number of Patients (Total N of Persons 232)
E.C.G.	National Centre of Therapy; Multi treatment Centre	112	97
E.C.G. with Holter method	Office of the RCT/EMPATHY	3	3
Echolocation	Treatment Centre; National Centre of Therapy; Urology National Centre; ; Tatishvili Diagnostic Centre, Endocrinology centre; Juvenile Prison	166	124
Echolocation with Cytology	Oncology National Centre	1	1
XR	Treatment Centre; National Centre of Therapy; Urology National Centre; Tatishvili Clinic	191	101
E.E.G	Office of the RCT/EMPATHY; Juvenile Prison, Colony	24	20
Doplerographye	D. Tatishvili Diagnostic Clinic, Angiology centre	15	13
Urine Common Analysis	Treatment Centre; National Centre of Therapy; Urology, Iashvili clinic National Centre, Iashvili clinic	158	136
Blood Common Analysis	Treatment Centre; National Centre of Therapy; D. Tatishvili Diagnostic Centre Iashvili Children clinic, Urology Centre	167	143

Echo - cardiology Investigation	National Centre of Therapy; Chapidze clinic	43	19
Cardiologist's Consultation	Office of the RCT/EMPATHY, clinic "guli", Chapidze clinic"	17	15
Urologist's Consultation	National Centre of urology; Treatment Centre	56	43
Endocrinologist's Consultation	National Centre of Therapy; Tatishvili Diagnostic Centre; Endocrinology Centre; Women Colony	35	34
Oncologist and Mamologist consultation and mammography investigation	Oncology National Centre; D. Tatishvili Diagnostic Centre, Clinic "Qironi"	13	13
Cytology Analyses	Oncology Centre	2	2
Gynecology Analysis	Ioakime and Anna Gynecology Clinic	11	11
Gynecology Consultation	Yakima and Anna Gynecology Clinic	34	25
Coagulogramme	National Centre of Therapy; Treatment Centre, Urology centre	113	74
Pulmonologist Consultation			0
NMR	Clinic N4; Radiology Diagnostic Centre; TSMU Clinic	14	14
CT	Radiology Diagnostic Centre; Diagnostic Centre Clinic N 4	17	15
Dermatologist's Consultations	RCT/EMPATHY; Women Colony; Rustavi men colony #2	20	12
Otto - Laryngologist	Multi Treatment Centre;	24	22
Surgery Manipulation	"Oftalmiji" clinic	1	1
Ophthalmologist's consultation	Clinic "Ophtalmigy"; Multi Profile Treatment Centre, Iashvili" clinic, Juvenile Prison	66	49
Angeology Consultation	Office of the RCT/EMPATHY	12	11
Hematologist - Transfusiologist Consultation	Hematology Centre	4	3
Investigation of Renal Function	National Centre of Therapy; Urology centre	5	5
PRP	National Centre of Therapy; Urology centre, Treatment centre	1	1
Electrolyte Balance in Blood	National Centre of Therapy; Urology centre	13	10
Lipid profile	National Centre of Therapy; Urology centre	23	20

Load Test	National Centre of Therapy; Clinic "Guli"	5	5
Urinary Analysis on investigation of proteins and their fractions	National Centre of Therapy	1	1
Blood Biochemist Analysis	National Centre of Therapy; Treatment Centre. Tashvili clinic, Endocrinology Centre	20	12
Blood Analysis on rheumatic factor	National Centre of Therapy; multi Treatment Centre, Tashvili Centre	6	6
Urographye	Urology National Centre	1	1
Proctologists consultation	Multi Treatment Centre	1	1
Hepatologist Consultation	Office of the RCT/EMPATHY	7	7
Test of Zimnicki	Endocrinology Centre	1	1
Endocrinology Analyses	Several hormonal Analysis in D. Tashvili Diagnostic Centre; National Centre of Therapy, Endocrinology centre	62	39
Prostate Analysis and Investigation	Urology National Centre	4	4
Analyzes on Toxoplazme	National Centre of Therapy; Multi profile Treatment Centre, Endocrinology centre, Iashvili Children Clinic		0
Bacteriology Analysis	Multi Profile Treatment Centre, Urology centre	2	2
Blood Serology Analysis on Hepatitis A	National Centre of Therapy; Multi profile Treatment Centre, Iashvili Children Clinic	1	1
Blood Serology Analysis on Hepatitis B and C	National Centre of Therapy; Multi profile Treatment Centre, Endocrinology centre, Iashvili Children Clinic	2	2
Blood Serology Analysis on Hepatitis A	National Centre of Therapy; Multi profile Treatment Centre	1	1
Blood Glucose Analysis	National Centre of Therapy; Multi profile Treatment Centre, Endocrinology centre, Iashvili Children Clinic	54	32
Analysis on RH	Tashvili Centre	1	1
Analysis on Antibodies	Tashvili Centre	1	1
PI INR	Multi Treatment Centre, Angiology Centre	12	7
Analysis on Latent Bleeding	Multi profile Treatment Centre; National Centre	1	1

	of Therapy		
Analysis on parasites	Ishvili Children Clinic and Parazitology Centre	3	3
Coronarography	Chapidze Clinic	1	0
Parazitologist Consultation	Research Centre of parazitology		0
Endoscopy	Multi profile Treatment Centre, Tatishvili Clinic	5	5
Pediatic Consultation	Iashvili Children's clinic	4	4
Infectionists Consultation	Infection Diseases National Centre	1	1
Children Neurologist	Iashvili Children's clinic	3	3
Neurosurgery Consultation	RCT/EMPATHY Office; Clinic N IV, Juvenile's Prison, Central Prison Hospital	18	16
Alergologists consultation	Iashvili Children's clinic	2	2
Allergic Analysis	Iashvili Children's clinic	1	1
Children Surgerists Consultation	Iashvili Children's clinic	1	1
Audiometric	Khechinashvili Clinic	3	3
Timpanometry	Khechinashvili Clinic	2	2
Extraction of spiral(contraceptive)	Yakima and Anna Maternity House	1	1
coprogramme	"Diagnozi-90"	2	2
Serological Analysis on ekhinococys	"Diagnozi-90"	1	1
Path morphological Research	Oncology National Centre;	1	1
Oncological Research	Oncology National Centre;	8	8
Pharadization Therapy	TSMU Central Clinic;	1	1
Galvan therapy	TSMU Central Clinic;	1	1
Physiotherapist's consultation	TSMU Central Clinic;	1	1
Neurologist's Consultation (Expert)	RCT/EMPATHY, Juvenile Prison, Police Loc - ups, Prison #8, Prison Hospital, Ksani Colony #8, Rustavi Colony #2	4	34
Oncology Research	Oncology National Centre	5	5

Neurologists Consultation	RCT/EMPATHY		0
Clinical Psychologist (Expert)	RCT/EMPATHY		0
Surgery Consultations (Endoscopy)	Multi Profile Treatment Centre		0
Glasses for Patient	Optic "TVALI"	19	17
Social Worker's Consultation	Gori Region	1	1
Massage sessions	Gori Region	20	1
Orthopedically Corset and Boots and consultation	Gudushauri Clinic	4	5
Surgery Manipulation	Yakima and Anna Clinic	2	2
Forensic Medical Expertise	Alternative Forensic Medicine Centre "Vektori"	3	3
Surgery operation and inpatient treatment	Neurosurgery Clinic ; Chapidze Cardiology Clinic; Yakima and Ana Gynecology Hospital; Oncology Clinic "Kironi"l	16	16
Radiotherapy	Oncology National Centre	2	2
Chemical Therapy	Oncology National Centre	3	2
Inpatient Treatment in Several Hospitals	TSMU Central Clinic; Neurosurgery Clinic; Cardiology Clinic; HIV and Infection Diseases Clinic	1	1
Diagnostic curettage	Yakima and Ana Gynecology Hospital; Oncology Clinic "Kironi"l	3	3
Total Number of Investigations and clients		<u>1687</u>	1311
F		1.28	
Type of Investigation Per Person (among 232)			5.65
F Per Type of Investigation Per Person (among 232) (average session per client)		7.27	
N of clients with Pharmacology Treatment			219

Total number of health professionals and legal experts involved in the treatment and rehabilitation activities were: 157 persons, additional 6 persons from the RCT/EMPATHY and partners were involved in the administrative and training/research and prevention activities only.

Pharmacology treatment N of patients	219
Pharmacology treatment amount (Budget lien: 4.5.)	24 592, 78 EUR
Average amount per patient	112.30 EUR per patient
Experts Fee amount (Budget line 1.3.7.)	4 650.17 EUR
Experts consultations N of Clients	166
Average amount per clients	28.01 EUR per client
External examination, consultations, inpatient treatment and forensic medicine expertise – Number of clients (Budget lines: 52.1. and 5.2.2.)	32008.67 EUR
External examination, consultations, inpatient treatment and forensic medicine expertise – Amount spend	232
Average amount per person	137.97 EUR

“The contents of this publication are the sole responsibility of RCT/EMPATHY and can in no way be taken to reflect the views of the European Union.”