

RCT/EMPATHY



Outcomes of Traumatic Stress Among Torture and Ill – Treatment Victims in Georgia

DONORS: EUROPEAN UNION, UNVFVT, IRCT



ANNUAL REPORT 2010

Annual Report 2010

RCT/EMPATHY, Georgia

Outcomes of Traumatic Stress Among Torture and Ill – Treatment Victims in Georgia

© All rights reserved RCT/EMPATHY

Tbilisi 2011

Annual Report 2010

RCT/EMPATHY, Georgia

Outcomes of Traumatic Stress Among Torture and Ill – Treatment Victims in Georgia

Dr. Mariam Jishkariani

Address: 23 Kandelaki Str., Tbilisi 0160, Georgia

URL: www.empathy.ge

E – mail: centre@empathy.ge

This project is funded by: European Union, UNVFVT and IRCT

ISBN: 978-9941-0-3708-5

Tbilisi 2011

Acknowledgments:

The RCT/EMPATHY expresses great gratitude for support in assistance of victims of torture and ill – treatment to the Donor organizations: European Union, UNVFVT and IRCT.

Also we would like to express thanks to all staff members of the RCT/EMPATHY that participated in activities and in preparation of this report, especially on preparation of the case studies

RCT/EMPATHY thanks to the partner, associated partner and sub contractor organizations for support in implementation of these activities.

Contents

Chapter I: Summary	5
1. Developments and challenges encountered during the implementation period (organization matters, events in the country etc)	5
Chapter II: Profile of Target Groups.....	20
Chapter III: Objectives of the Study	29
Chapter IV: Results 2010:.....	30
Chapter V: Data on Outcomes	47
Chapter VI: Torture and ill – treatment history:.....	52
Chapter VII: Conclusion on Victims of Ethnic Cleansing	58
Chapter VIII: Conclusion on Prison System of Georgia	60
Chapter IX: General Recommendations:	64
Chapter X: Case Stories 2010 of the RCT/EMPATHY.....	69
Cases according to the UNVFVT form for Report 2010 of the RCT/EMPATHY that demonstrates provided assistance.....	70
Case N1 (Mr. R.B.)	70
Case N2 (Mrs. A.B.)	80
Case N3 (Mr.V. B.).....	85
Case N4 (Mrs. M. Z.).....	93
Case # 5 (Mr.E. D.).....	101
Case N6 (Mrs. I.SH.)	104
Case N7 (Mr. G.J.).....	111
Case N8 (Mr.K. B)	118
Case N9 (Mrs.I .K).....	123
Case # 10 (Mr. V. K.).....	131

Chapter I: Summary

1. Developments and challenges encountered during the implementation period (organization matters, events in the country etc)

War 2008 follow – up developments: It 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 2010 too. The mentioned above population is under threaten of the new aggression from the side of Russian Federation that increase the stress – related disorders among the risk and target population and makes difficulties during the rehabilitation course, especially among victims from Abkhazia, which are still living in the military conflict regions. **Developments in the Country in the field of prevention of torture: Positive development:** The NPM Georgia was successfully operated in Georgia, especially in Orphans houses and penal system. The first NPM report was published in the end of 2010, also the special report on Health in Prison was published too, all reports are available at the www.ombudsman.ge **Negative developments:** The mechanisms on prevention of torture in Georgia is not relevant to the international standards up today, also the guidelines on expertise and documentation of torture, on prompt and effective investigation are not relevant to the Istanbul Protocol Guidelines. Finally, the penal system of Georgia is not opened for NGOs and experts working in the medical and human rights field. The CPT report published in September 2010 showed severe situation on the issue of ill - treatment in penal system of Georgia.

Events

Conference “Together Against Torture”

The Conference "Together Against Torture" was held in Tbilisi on 26 June, UN International Day in Support of Victims of Torture. About 80 persons, representatives of State and Non – State officials and organizations, international and intergovernmental organizations were participated in this Conference. The Declaration with recommendations for prevention of torture was submitted to the President of Georgia, to the Parliament and to the Prime Minister of Georgia. An exhibition-sale of art -works of victims of torture and ethnic cleansing, women and juvenile prisoners, was organized during the Conference.

Information support was provided by:

- International Rehabilitation Council for Victims of Torture (Copenhagen, Denmark).
- Georgian Public Broadcasting

Media coverage

The Video Clip (TV - spot by Isabel Coixet) translated on Georgian was circulated during 3 days in Georgian Public Broad Casting. Special TV presentations on torture situation in Georgia and activities of the RCT/EMPATHY with interview with clients were presented in special TV spot "Currier Post Scriptum" by the TV Channel "Rustavi 2". As well as the interviews during the Conference and information regarding conference were presented on all Georgian Channels' News during the whole day and published in newspapers.



Conference – UN International Day in Support of Victims of Torture, 26 June 2010, Tbilisi, Tbilisi Marriott Hotel Ballroom.

The regional training for South Caucasian Countries was prepared and held in Tbilisi by the RCT/EMPATHY and partners.

The Caucasian Regional Training – Workshop “Physical and Mental/Psychological Consequences of Torture. Principles of Documentation and Reporting according to the

Istanbul Protocol, Treatment and Rehabilitation” was held in the Hotel Vere Palace (22/24 Kuchishvili Str.), from 23 till 25 of September, 2010, in Tbilisi, Georgia

Languages of the Training-Workshop were: English, Russian, Georgian with simultaneous translation

DURING THIS TRAINING - SEMINAR WERE TRAINED: Doctors working with risk groups (Forensic Medical Experts, Psychiatrists, etc.); also legal Experts and Human Rights Defenders.

This training – workshop was held in the framework of the RCT/EMPATHY’s (The Rehabilitation Centre for Victims of Torture “EMPATHY”, Georgia) project “Strengthening the System of Rehabilitation for Torture Victims in Georgia” (EIDHR/2008/148 – 184).

Co – organizers and partners of this training – workshop was: The Penal Reform International (PRI) and the Georgian Medical Association. Also should be mentioned that the Armenian Psychiatrist’s Association and the Azerbaijan Medical Association were involved actively in the preparation of this training.

Donors of above mentioned RCT/EMPATHY’s project are: European Union, UNVFVT and IRCT (International Rehabilitation Council for Torture Victims (Denmark, Copenhagen).

During the training – workshop on international standards of documentation and reporting of torture (Istanbul Protocol), as well as principles of multi – faced rehabilitation for victims of torture 31 medical experts and 18 legal experts from Azerbaijan, Armenia and Georgia were trained. All participants were received the Certificates.

This training was accredited at the CME/CPD programme of the Ministry of Labour, Health and Social Welfare of Georgia and medical participants received 25 credit points.

The representatives of the Donor organization - European Union, as well as National Medical Associations, Leading Forensic Experts, and International Experts from the IRCT participated at the Opening Session.

All trainer/experts have international experience of training/workshops in the Istanbul Protocol – UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Trainer/Experts were:

Dr. Mariam Jishkariani, Director of the RCT/EMPATHY, Georgia, Georgian NPM member, International Expert - Council member of the World Psychiatric Association Section “Psychological Consequences of Torture and persecution”,

Dr. Rusudan Beriashvili, MD. PhD, Head of the Forensic Medical Department of the National Forensic Expertise Bureau of Georgia, International Expert of IRCT.

Dr. Levan Labauri, MD, PhD, Secretary General of the Georgian Medical Association, UNDP Medical Expert.

Ms. Maia Khasia – Penal Reform International, Legal Expert.

Three International Experts from IRCT, Medical Director of the IRCT Dr. Onder Ozkalipci, co – author of the Istanbul Protocol, Dr. Bente Rich, Forensic Psychiatrist and Mr. Asger Kjaerum, legal expert, participated in this training – workshop as well.

Mr. Armen Sogoyan MD.PhD., President, Armenian Psychiatric Association, Zone Representative, World Psychiatric Association, Zone 10, Eastern Europe, Vice President - Asian Federation of Psychiatric Associations., and Mr. Safarli Nariman , MD, PhD, Chairman of Azerbaijan Medical Association (AzMA), were involved in the Training – Seminar activities intensively.

International manuals and materials on the medical and legal aspects of torture were used during this training, including principles of the Istanbul Protocol, IRCT and Redress manuals, WPA Section “Psychological Consequences of Torture and Persecution” materials etc.

Following published materials and CD materials were distributed during this training:

- 1) Legal Manual Russian version (IRCT Manuals (Redress legal Manual, HRFT Checklist) for IP training, Russian version prepared by the PRI)
- 2) Medical Psychological Manual Russian Version – Prepared by the RCT/EMPATHY and GMA and Forensic Expert’s Association (Jishkariani, Labauri, Beriashvili, IRCT materials were used, also materials of WPA Section “Torture Psychological Consequences and Persecution).
- 3) Istanbul Protocol Russian Version
- 4) International Instruments for the Fights Against Torture, Russian Version (IRCT, Updated and prepared Russian Version by the PRI)
- 5) All presentations also were distributed on CD.

Finally, following future plans and recommendations were elaborated during this training – workshop:

- 1) Creation of the Caucasian network against torture with coordination of legal and medical organizations, especially National medical and psychiatrists’ associations with involvement of the International organizations IRCT, PRI etc.
- 2) Increasing the role of mental/psychological evaluation during the forensic expertise of victims of torture.
- 3) Organization of the special symposium at the Regional Congress of WPA, to be held in Erevan in 2011.

- 4) Increasing the Role and Activity of the WPA Section “Psychological Consequences of Torture and Persecution” in the region of South Caucasus.



General Discussion among international and national experts during the Caucasian Regional Training – Seminar, September 23 – 25, Tbilisi, 2010

The Charity Action – IDPs, former prisoners – women and children Art Work Sale – Exhibition, Special Press – Conference was held in December 20, 2010 in connection of the International human Rights Day.

On December 20 of 2010 the Center for Rehabilitation of Victims of Torture “Empathy” in cooperation with Gallery “9” organized exhibition and sale of clay art works of beneficiaries of the center – IDPs, former prisoners and prisoner women and children . Within the framework of the above mentioned event the RCT/EMPATHY hold a special press conference dedicated to the issues of documentation and prevention of cases of torture and inhuman and degrading treatment in Georgia.

The above mentioned event was conducted along with exhibition of art work of famous Georgian painters.

In the charity sales-exhibition participated famous Georgian painters and 10% of proceeds from sales of their art work were designated for provision of medical services to IDPs, who had become victims of ethnic cleansing.

The event was held in connection with International Day of Human Rights (December 10) and conducted within the framework of other events.

At the press conference was presented the cases of inhuman and degrading treatment, including the case of underage beneficiary of the center Empathy; also were highlighted problems characteristic to penitentiary system of Georgia and standpoint of European Committee for Prevention of Torture (CPT), reflected in the report of the Committee.

Center Empathy made a special statement on the issue of restriction to which was subjected the project on “Strengthening of the System of Rehabilitation of Victims of Torture in Georgia” by actions of the Ministry of Correction and Legal Assistance of Georgia. During 2009-2010, the project was facing numerous problems, starting from July 22 of 2010 the project on medical and psycho-social rehabilitation in penitentiary facilities for women and juveniles, where previously were functioning three rehabilitation centers, established by center Empathy, - in women #5 facility, in the same facility juveniles prison and in juveniles colony, has practically ceased any operations.

During the event representatives of media, international organizations, inter-governmental organizations and accredited diplomatic representations, as well as local governmental and non-governmental organizations became familiar with recommendations of the center Empathy in regard to new Anti – Torture Plan of Georgia.

The above mentioned recommendations were submitted to the Government of Georgia, Inter-agency coordination council and published on web page

The above referred recommendations are primarily focused on prevention of torture and healthcare within penitentiary system of Georgia, which is also reflected in the report of European Committee on Prevention of Torture, published in September of 2010, as well as documentation and effective investigation of cases of torture and inhuman treatment in accordance with international standards.

The event was organized in the framework of the projects of the Center Empathy and International Rehabilitation Council of Torture Victims (IRCT), which is financially supported by European Union (EU), UN Volunteers Fund for Victims of Torture (UNVFVT) and International Rehabilitation Council of Torture Victims (IRCT). Project partners are the Penal Reform International, Georgian Medical Association, Georgian Psychiatrist’s Society and Crisis Intervention Centre in Gali Region,

Proceeds from the sales of artwork produced within the framework of the project of the center Empathy on “Strengthening of the System of Rehabilitation of Victims of Torture” will be given to the authors – IDPs, former prisoners and other vulnerable categories.

Information on Action was published in several newsletters, presented on TV and radio channels:



Charity action in Gallery 9, December 20, 2010



Special press – conference, in Gallery 9, RCT/EMPATHY and Georgian Painters against torture and ill – treatment, December 20, 2010, Tbilisi

International Event:

The RCT/EMPATHY representatives were participating in the Conference “Right to health and rehabilitation”, European network of rehabilitation centres for survivors of torture, hold in Copenhagen in May 19th – 21st, 2010. The presentation “Country Related Specifics toward to Victims of Torture and Members of Their Families in Georgia” was presented during this conference.



Presentation on the Conference “Right to health and rehabilitation”, European network of rehabilitation centres for survivors of torture, Copenhagen May 19th – 21st, 2010

Publications and other outputs:

Several publications, reports and manuals, were published and presented during the Conferences and Regional Training sessions, held in Tbilisi on 23 - 25 of September 2010 for doctors and legal experts from three Countries of the Region. The Charity action and special press conference with presenting the severe cases of torture were held in Tbilisi in connection with International Human Rights Day on December 2010. All 2010 Publications are available at the address www.empathy.ge

Other outputs – torture victims’ art therapy works. During the Conferences the sale exhibitions were conducted. Also the sale exhibition was conducted at the Action: Press –

Conference and Charity action held on 20 of December 2010, in connection with International Human Rights Day.



Art Work sale – exhibition in Gallery 9.

2. Results achieved in terms of assistance to victims

- 1) The model system of multifaceted rehabilitation: Including the following components: medical, psychological, social and legal, also the forensic expertise according to the Istanbul Protocol, with developed crisis intervention and long term rehabilitation activities is functional, tangible and visible;
- 2) All documentation and evaluation system is developed, including several medical files, forms, data base system – “Access” etc on Georgian, Russian and English languages;
- 3) The legal department and the forensic expertise departments were developed at the RCT/EMPATHY. Panel of experts that could be used for specific expertise on violations prisoners’ right to health, also for expertise of quality of medical aid, for documentation of cases of torture and ill – treatment, for providing the forensic psychiatry and medical, psychological expertise was established at the

RCT/EMPATHY. The experts panel cover needs not only for the RCT/Empathy's clients, but also for the Public Defender of Georgia in the framework of memorandum. Also several legal organizations and lawyers applied to this department for intervention. The RCT/EMPATHY is only organization in Georgia that provides expertise of victims of torture according to the Istanbul Protocol. The medical reports, also the recommendations given by the experts were used by the legal representatives in the legal proceedings.

- 4) 1) The educational programme on issue of torture and documentation of torture was developed for Students, Residents and Doctors for permanent educational programmes; psychiatrists of the RCT/EMPATHY provided students of Tbilisi State Medical University with course on Psychiatry that includes aspects of torture and its documentation according to the Istanbul Protocol Guidelines. The guidelines of torture documentation, outcomes and rehabilitation officially were included in the Curricula of Psychiatry at the Tbilisi State Medical University 2) The South Caucasian Regional Training – Seminar was held in Tbilisi for doctors and legal experts.; 3) medical and legal manual, power point presentations, case studies and several international manuals were distributed during the regional training. 4) This training programme was accredited at the MoH of Georgia CME/CPD and tainting participants – health professionals received 25 points. 5) The draft programme for post – graduated course for residents of psychiatry was elaborated together with experts involved from GPS and was submitted to the MoH of Georgia. This programme includes Syllabus on Outcomes of Torture, Standards of Expertise and Documentation and Rehabilitation.
- 5) 1) Different integrated services offered to the victims of torture and their families through the described above multi faced rehabilitation system, including assistance on all relevant levels: Medical, Mental/Psychological, Social and Legal is operating. 2) Involved multi disciplinary team of professionals in the course of rehabilitation is visible and effective; 3) Assistance is based on client oriented approach; free of charge services for victims and their families are timely and accessible.
- 6) All these components were implemented: The Treatment and Rehabilitation Department, Forensic and Legal Department are operating. Number of clients assisting and receiving multi faced rehabilitation are n = 542; among them in 65 cases the legal aid were provided as well; in 39 cases mono art therapy was implemented in art studio, about 188 cases were under the crisis intervention department and forensic experts department intervention. Number of professional staff involved for achieving the result on micro level met the objectives of this programme: are 19 persons of the RCT/EMPATHY staff members, as well as from the GMA - 1 person, 3 persons from Gali Crisis Intervention Centre, and 17 permanent consultants. Total Number of involved staff n = 40 doctors, lawyers, psychologists, art therapists and other health professionals. In addition, the programme objective on micro level was achieved that means that about 542 clients received adequate

assistance. In most of cases the improvement of health and social conditions were resulted too.

- 7) Results on mezzo level: 1) All components of the Rehabilitation system, including several services, field centres, departments are developed and successfully operated; 2) training/educational programmes were set up; 3) Sub Contractor Organizations were involved in the implementation of this action; 4) Involved in the action partner organizations, among them Georgian Medical Association (GMA) and National Psychiatrists Association; health professionals and legal experts, NGO leaders involved in the regional training programme from the other Countries of South Caucasus, including the military conflict zones and ethnic minority representatives from Georgia demonstrated strength of the activities and programs of the RCT/EMPATHY. These activities have been provided directly by the RCT/EMPATHY staff with support of the staff and consultants involved in the implementation of this action from project partner organizations. As well as 24 sub – contractor medical facilities are involved in the implementation of this activity through the referral programme of the RCT/EMPATHY.
- 8) Other Prevention activities’ results: 1) the number of necessary recommendations in accordance with international torture prevention mechanisms was elaborated and submitted to the responsible public officials. 2) Number of Recommendations for Prison Health Reform; for Forensic and Prison psychiatry were elaborated and submitted to the Public Defender of Georgia and Ministry of Correction and Legal Assistance of Georgia; 3) State officials were encouraged to make necessary changes in the relevant legislation according to the UN CAT Articles; UN OP CAT, Istanbul Protocol, also to make changes and legal regulations on Forensic Medical and Psychiatric Expertise etc, were encouraged to implement WMA Resolution, to Implement Torture Documenting international standards in practical work of relevant agencies; Several reports were submitted to the Intergovernmental Organizations: CPT, UPR Georgia, Special Reporter on Torture and IRCT.

9) Summary of treatment: Assessment of Services

Total number of health professionals and legal experts involved in the treatment and rehabilitation activities were: 157 persons, additional 11 persons from the RCT/EMPATHY and partners were involved in the administrative and training/research and prevention activities only.

Pharmacology treatment N of patients	230
Pharmacology treatment amount (Budget Line: 4.5.)	31212 EUR
Average amount per patient	135,7043 EUR Per Client
Experts Fee amount (Budget line 1.3.7.)	2660 EUR

Experts consultations N of Clients (paid consultations)	123 (consultations), N of clients 89
Average amount per client	21,62602 EUR per client
External examination, consultations, inpatient treatment and forensic medicine expertise – Number of clients (Budget lines: 52.1. and 5.2.2.)	225
External examination, consultations, inpatient treatment and forensic medical expertise – Amount spend	39367 EUR
Average amount per person	174,9644 EUR Per Person

3. Changes in the in-take process

Developments in the RCT/EMPATHY: It should be mentioned that 5 experts from the RCT/EMPATHY were involved in the NPM Georgia activities by the Public Defender's Office and other experts also participated in the expertise of cases of ill - treatment in the framework of the Memorandum. The special report on Health in Prison about 95 pp. was elaborated and submitted to the public Defender of Georgia. In addition, the Special report (about 110 pp) on activities 2009 - 2010 of the RCT/EMPATHY in penal system of Georgia was submitted to the Ministry of Correction and legal Assistance of Georgia. In year 2010 the special report on updated situation on prevention of torture in Georgia was submitted to the CPT. Also the meeting was held with CPT during their visit in Georgia in 2010 February. The updated report on torture prevention field in Georgia was submitted to the UN Special Reporter on Torture in 2010 and UPR Georgia updated report was submitted to UN as well.

The Syllabus on Torture documentation according to the Istanbul Protocol, also the standards of treatment and rehabilitation were elaborated for the residents of psychiatry post graduate course of Medical Universities of Georgia and together with Medical University Psychiatry Division were submitted to the MoH of Georgia.

Capacity Building: The Centre development programmes were elaborated and submitted to the IRCT and the Centre support grant was received. Also was developed the Forensic Expertise Unit and Experts' Panel by the support of the International Project of the IRCT on Using the Forensic Evidences for the Fight against Torture, the RCT/EMPATHY was selected as local partner in this IRCT international project.

Negative developments: Three civilian rehabilitation Centres of the RCT/EMPATHY were closed according to the decision of the Ministry of Correction and legal Assistance of Georgia that makes furious resistance for investigation and documentation of cases of torture and ill – treatment in penal system of Georgia. Due to the significant differences in point of view between the RCT/EMPATHY and mentioned Ministry officials regarding issue of torture, ill – treatment and inadequate medical care the Ministry of Correction and legal Assistance of Georgia in 22 of July 2010 stopped RCT/Empathy’s project activities in three civilian rehabilitation Centres that were operated in Penal System of Georgia, - since 2001 in Women Colony, since 2003 in Juveniles’ Colony and since 2007 in Juveniles’ pre – Trial Prison. The formal reason stated in the answer of the MCILA for not continuing the Contract with the RCT/EMPATHY was “Alternative” projects implemented in these facilities. According to the Georgian Public Defender’s Special Report on Health in Prison no civilian medical project was observed in penal system of Georgia. Also it should be mentioned that the unlike situation created in the fields of health in prison, especially toward to the prisoners with mental problems, also in the field of investigation of cases of ill – treatment is stated in the CPT Report Published in September 2010, also in the NPM Georgia report and in Special Report of the Public Defender published in December 2010. After negotiation of Public Defender of Georgia and local EC Delegation representatives the Minister was agree on continuing the project in Women facility during 5 or 6 months without any explanation: why 5 or 6 months and why only in this facility. Also should be mentioned that draft Contract prepared by this ministry was inadequate and was contained articles not related to the project objectives, also instruments for making pressure at the RCT/EMPATHY medical staff. By this reason taking in consideration significant differences in value system of this Minister and the RCT/EMPATHY, this Contract was unacceptable for the RCT/EMPATHY.

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

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 were involved in the implementation of local activities. This staff provides first time identification of torture victims, local consultations and medial support; sends the clients for long term rehabilitation and more comprehensive multi faced support to the RCT/EMPATHY, participates 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 in 2010 were 117 (in 113 cases First time identification) patients and 18 persons with only consultations. Crisis Centre provides locally follow – up monitoring on the clients of the RCT/EMPATHY.

- (1) 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 conducted in 2010 in Tbilisi. The training material was selected as well and was prepared for translation and publication. One legal expert of the PRI Tbilisi is involved in this activity. The following training materials were prepared by the PRI for regional training: Legal Manual on Russian (according to the International Legal Manuals of the IRCT – associated partner in the implementation of the programme), also Russian version of the IRCT Manual on International Standards and Mechanisms for the Fight Against Torture, as well as the Istanbul Protocol Russian version was re – printed too. The PRI managed relations with national, legal and human rights partners from Armenia, Azerbaijan and Georgia and participating during the training as Trainer/Expert.
- (2) The Georgian Medical Association is involved in the implementation of the rehabilitation and training/research activities; Staff member from GMA coordinated the Training programme, participated as the trainer/expert in the training - seminars, this person if required, provides Centre with necessary medical consultants, with updated information related to the Health management; Provides accreditation of the medical trainings at the MoH; Is preparing together with RCT/EMPATHY training manuals and publications. One staff member is involved on permanent basis in the implementation of this programme. In 2010 the GMA managed preparation of the Regional/Training Seminar with Medical Experts from Azerbaijan, with National medical Association. Also was participated in the training as an expert.
- (3) Georgian Psychiatrists' 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 for the Curricula of the Medical University and the State University Medical faculty in Psychiatry. Syllabus includes the special topics related to torture, the Istanbul Protocol and mental/psychological outcomes of torture. As a result of this activity, this Syllabus was included officially in Curricula of Psychiatry of the mentioned above Universities. In year 2009 the formal agreement was received from Tbilisi State Medical University for including the Istanbul Protocol educational programme in the programme of medical residency (post – graduate) course in Psychiatry. In the implementation of this activity the Georgian Medical Association was involved as well. In 2010 the modules of residency course in Psychiatry was elaborated and together with the RCT/EMPATHY was submitted to the MoH.

During the implementation of this action in 2010 the RCT/EMPATHY had 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 was achieved, but

it should be mentioned that in many cases of referral state programmes (Insurance Policy – Lower Poverty) was not comprehensive, adequate and quality of assistance was not satisfactory.

- Associate(s)

The Public Defender's Office is the associated partner organization in the implementation of this action. In 2009 the Memorandum of Collaboration was signed between the RCT/EMPATHY and the Georgian Public Defender that includes joint activities for identification, documentation and prevention of torture, joint monitoring missions and experts – doctors and lawyers from the RCT/EMPATHY - involvement in the fight against ill – treatment and assistance to victims. As a result of this networking, the 26 June Conference was jointly organized and held in Tbilisi at the UN International Day in Support of Victims of Torture. Totally 147 prisoners, direct beneficiaries, were assisted and consulted during this joint missions, one joint monitoring action was provided in the West Georgian Penal System and the RCT/EMPATHY was participated in the preparation of the Public Defender's Report on Health in prison that was included in the Special Report on Health in Prison Published by the Georgian Public Defender on December 2010. Also the crisis intervention in year 2010 was provided according to the request of Public Defender in several orphans houses too.

The international associated partner is the IRCT that provides the RCT/EMPATHY with the professional training/experts, manuals and other international developments, information on the issue of the rehabilitation and documentation. The IRCT Medical Director, legal and psychiatry experts participated in the South Caucasian Regional Training on documentation, prevention and rehabilitation of torture held in Tbilisi in 2010. Among the experts two participated on voluntary basis in this training.

- Sub-contractor(s)

As it was mentioned above the RCT/EMPATHY during the implementation of this action had about 24 sub – contractor organizations that were providing specialized services for diagnostics, treatment and rehabilitation. About 118 external consultants, doctors and other health professionals were involved directly in the implementation of this action.

- Final Beneficiaries and Target groups

The final beneficiaries and target groups are described below, total number of direct beneficiaries involved in the implementation of this action in year 2010 were about 542 persons, several target groups: Prisoners, ex – prisoners and probationers, refugees from Chechnya, IDPs from Abkhazia, new 2008 August war victims (new IDPs etc), as well as population still living in the military conflict zone in Abkhazia etc.

- Other third parties involved.

Other third parties that the RCT/EMPATHY has networking relations are several NGOs, International and Inter Governmental Organizations. In several cases the reports and medical documentation of the RCT/EMPATHY upon request were provided to the Young Lawyer's Association, Article 42 of Constitution, Human Rights Initiative, Chief Prosecutor's office etc. Also it should be mentioned that in year 2010 the special report was submitted to the CPT before its visit in Georgia, submitted to the UPR Georgia and to the Special Reporter as well. Networking with more than 10 organizations from Armenia and Azerbaijan, that are mentioned in the chapter related to the Training/Research activities, was established and developed in year 2010. Among them particularly should be mentioned close partnership relations with National Medical and Psychiatric Associations.

Chapter II: Profile of Target Groups

Main target groups include, but not limited:

- (1) Detainees and former detainees;
- (2) IDP from military conflict regions (Abkhazia and South Ossetia);
- (3) Refugees from Chechnya;
- (4) Asylum seekers from Chechnya or other countries (Turkish 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.

During the 12 months period, year 2010: Total Number of clients were: N = 806; among them direct beneficiaries - total Number 542 persons; Long term rehabilitation was provided in 315 cases and in 188 cases were provided short – term rehabilitation and crisis intervention. As well as about 39 cases were provided just mono and double therapy including art therapy and psychotherapy sessions. Indirect beneficiaries N = 264.

Target Group/Direct Beneficiaries	Location/Region	Number of Direct Beneficiaries	Indirect Beneficiaries (community members, lawyers etc)	Gender/Age of direct beneficiaries
Victims of torture and their families	Tbilisi, Out Patient Type Rehabilitation Centre/Clinic	257	163	Women/Men/Children all ages Men N = 117 Women N = 137 Child male N = 1 female N = 2 Total Child N = 3
Victims of Torture, Ill – Treatment, inadequate medical care and their community and family members	Rehabilitation Centre in Women Colony and Crisis Intervention programme in Women’s Pre – Trial Prison	41	20	Women up to 18 Juveniles female N = 2; Women up to 18 N = 39
Victims of Torture, Ill – Treatment, inadequate medical care and their community and family members	Crisis Intervention Centre in Juveniles Pre – Trial Prison	24	33	Juveniles Male from 14 till 18 N = 24
Victims of Torture, Ill – Treatment, inadequate medical care and their	Rehabilitation Centre in Juvenile’s Colony	21	12	Juveniles Male from 14 till 18 N = 21

community and family members				
VoT, their family members, community members (Refugees, Probationers and former prisoners)	Art Studio in Tbilisi	20 (Mono Therapy + 6 multi therapy= total 26 persons in 2010 was passed art studio workshops)	0	Women, Men and Juveniles Women up to 18 - 12 persons and Juveniles from 14 till 18 Male 4 persons; Juveniles Female 4 persons;
VoT, their family members, community members	Crisis Intervention Centre in Gali Region (Military Conflict Zone in Abkhazia)	117 (in 113 cases First time identification, crisis intervention and sending at the Tbilisi RCT/EMPATHY Office for rehabilitation, these persons are included in the number of Central Office beneficiaries too. Also 4 persons were crisis intervention during the visit in Gali region.	18	Women/Men/Children all ages Men N = 56 Women N = 58 Children N = 3 (1 male and 2 female)
VoT and Community members	Monitoring and Crisis Intervention Programme in Prison Colonies in Tbilisi (Central Prison Hospital, Pre – Trial Prison #8; Rustavi Prison #6,	78	8	Men up to 18 N = 78

	Rustavi Prison/Colony #1 and #2. Ministry of Interior facilities: Municipal Police Temporary Detention Centre #2 and #1; TB National Centre 1 former prisoner)			
VoT and Community members	Monitoring and Crisis Intervention Programme in the Regions in Prisons (Kutaisi, Zugdidi and Batumi pre – trial prisons, Geguti Colony and Khoni Colony)	70	7	Men up to 18 N = 68 Women Up to 18 N = 2
VoT and Community members, family member	Monitoring and Crisis Intervention Programme in the Regions in Pankisi	11 (These persons then were invited in the Central Office in Tbilisi for Rehabilitation and also are included in the Number of Central Rehabilitation Centre Office	1	Women/Men/Children all ages Women N = 3 Men N = 8
VoT and Community members, family member	Monitoring and Crisis Intervention Programme in Khoni Forensic Psychiatry Hospital	2	1	Women/Men up to 18 Women up to 18 N = 1 Men N = 1
VoT and Community	Monitoring and Crisis	0		Women/Children/Juven

members, family member	Intervention Programme in the Regions in Gori, youth House (nearest military conflict zone of South Osetia) Compact living areas of new IDPs from South Osetia in Koda, Shavshvebi,, Tirdznisi, Khurvaleti. Gardabani			iles/Men all ages Intervention only locally were provided in 15 cases: Women Total N Men TN =
VoT and Community members, family member	Monitoring and Crisis Intervention Programme in Kodori Gorge (Abkhazia/Georgia) Nearest military conflict zone in Abkhazia.	0	0	Women/Children/Juveniles/Men all ages Women N = Men N =
VoT and Ill Treatment Community members	Monitoring and Crisis Intervention Programme in Orphans Houses Kojori, Tskneti, Dusheti (4 visits), and Prosecutor's office	29	1	Children from 12 till 18 Female 5 Male 24
Total Number of Direct Target Groups		542	264 (Only consulted)	
Target Group for training programme				
Regional Training for Health Professionals	In Tbilisi, Hotel "Vere Palace" Was held	49	More than 250	Women/Men up to 18 Total number of participants was 51

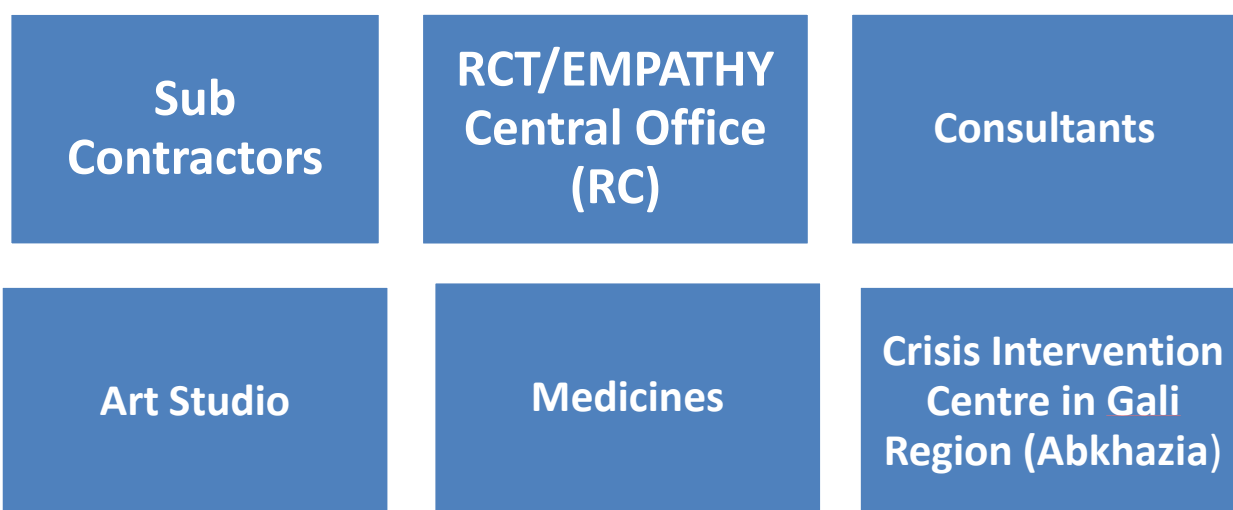
and legal Experts	September 23 – 25, 2010			persons, among them 28 participants from Armenia and Azerbaijan and 23 participants from Georgia. Among them 18 legal experts and 33 medical doctors: Forensic experts and psychiatrists etc.
Total Number for Training Programme		49		
Beneficiaries involved in the project implementation				
RCT/EMPATHY Staff, Partners and consultants	Tbilisi and Regions	46	100	Women/Men up to 25
Sub Contractor Medical Organizations and Pharmacology Firms	Tbilisi	118 (24 medical diagnostic centres and clinics, as well as 3 farm firms. And one forensic expertise Centre “Vektori”	100	Women/Men up to 25
Prison System Doctors and other supportive staff from Social Unit and Administration	national wide	20	150	Women/Men up to 25
Associated partners involving in the project and other	national wide	20	100	Women/Men up to 25

networking organizations (Public Defender's Offices, Legal NGOs, medical NGOs etc)				
Health Care professionals and other stakeholders working in the nearest military conflict zones) from State actors or other medical organizations	Region Kodori, Zugdidi, Pankisi, Gori.	15	100	Women/Men up to 25
Ministry of Health and Ministry of Justice	National wide	20	100	Women/Men up to 25
Other State actors: Judges, General Prosecutor's Office, Anti – Torture Council, Georgian Parliament etc	National wide	40	100	Women/Men up to 25
Total Number of Beneficiaries, partners and other stakeholders involved in the implementation of the action		279		

Chapter III: Services of the RCT/EMPATHY

- 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 %

Branches of the RCT/EMPATHY and Partners, IDP services



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:

- 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 Centres: Diagnostic and Inpatient treatment (Hospitals), as well as Forensic medical Expertise Centre and Pharmacology Firms.
- 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 (European Commission)**
- **UNVFVT**
- **IRCT**

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
- Counselling
- Community visits
- Referrals
- Financial assistance (support for travel and accommodation for out patient type treatment for VT)
- 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)

Chapter III: Objectives of the Study

Main objectives of the Study were:

- To identify outcomes of traumatic stress among victims of ethnic cleansing and other target groups
- To identify complexity of health problem and relations between trauma experience, physical and mental health condition.
- Based on individual study programme to elaborate person oriented plan of multi faced treatment and rehabilitation.
- Based on statistical data analysis to reveal medical – psychological, social and legal problems of different target groups and to elaborate general recommendations.

Methods:

Methods of identification and documentation are based on principles of Istanbul Protocol.

This methodology includes examination of client by using multi- profile medical file, clinical-psychological interview by using “Harvard Trauma Questionnaire (Molica et al, 1992)” and “PTSD rating scale” (Watson et al, 1994); several other questionnaires were used: MMPI (Mini-Mult 71 questions) , Buss – Durkey inventory , Hamilton Depression Rating Scale, Beck Depression Inventory, Mississippi PTSD Rating Scale (civilian version), Shikhan Self-Rating Anxiety scale, Wechsler short version and other clinical psychological instruments.

Chapter IV: Results 2010:

1. General Data

Table 1: Status of Direct Target Groups: Total No = 542 about 67 % of clients applied to the Centre (542 of 806).

Prisoner	Ex - Prisoner and probation	Refugee from Chechnya	IDP from SO and War Victims	Living in Gali Region	IDPS from Abkhazia and Kodori	Others	Total
230	12	16	114	118	12	40	542
43	2	3	21	22	2	7	100 %

Table 2: Citizenship T.N 542

Georgian	Russian	Turkish	Libya and Tunis
523	16	1	2

According to the Table 1, about 43 % of 542 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 % of 542 were Ex – prisoners and probationers with similar experience or their family members or community members. About 3 % of 542 were refugees from Chechnya with experience of torture, captivity and ill – treatment in the Russian Federation during military conflicts in Chechnya.

About 21 % of 542 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 22 % of 542 were clients still living in the Military Conflict Zone under the occupation of Russian military forces in the regions of Abkhazia, with experience of ethnic discrimination, torture and ill –

treatment, or other forms of military crime. About 2 % of 542 were IDPs from Abkhazia, including Kodori Gorge with experience of ill – treatment and ethnic discrimination. About 7 % of 542 were other population with experience of ill – treatment in Psychiatry Hospitals or in other closed institutions – orphans’ houses.

Table 3. Children and Adolescents

Target Group	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 , Orphan Houses and Street Children	Total
% of total Direct 87	47	1	0	4	1	3	31	100 %
Total N of Assisted Persons (Direct Beneficiaries + Indirect)	96	1	0	4	1	3	31	89
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2010) Total N = 87	47	1	0	4	1	3	31	87

Among total direct beneficiaries in year 2010 87 of 542 were children and adolescents, about 16 %.

According to the Table 3.1., among total N = 87 children and adolescents about 54 % were prisoners, about 5 % new war victims (Russian – Georgian War 2008), about 5 % IDPs from Abkhazia and clients living in the military conflict zone in Abkhazia and about 36 % inhabitants of orphans houses and street children with violence experience.

Table 4. Women

<i>Target Group</i>	Prisoner	Ex Prisoners and Probationers	Chechnya	IDP from South Ossetia and War Victims	IDPs from Abkhazia	Gali and from Abkhazia	Other	Total
% of Direct 191	41	6	5	70	5	58	6	100 %
Total N of Assisted Persons (Direct Beneficiaries + Indirect)	60	6	5	89	6	68	33	267
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2010) Total N = 191	41	6	5	70	5	58	6	191

Among total direct beneficiaries in year 2010 191 of 542 were women, about 35 %.

According to the Table 3.2., among total N = 191 women about 22 % were prisoners, more than 36 % new war victims (Russian – Georgian War 2008), about 33 % IDPs from Abkhazia

and clients living in the military conflict zone in Abkhazia, about 3 % former prisoners, more than 2 % refugees from Chechnya and 4 % other beneficiaries.

Table. 5. 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 = 264	142	5	11	40	6	57	3	100%
Total N of Assisted Persons (Direct Beneficiaries + Indirect	243	7	12	54	6	66	12	400
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2010) Total N = 264	142	5	11	40	6	57	3	264

Among total direct beneficiaries in year 2010 264 of 542 were men, about 49 %.

According to the Table 3.2., among total N = 264 men about 54 % were prisoners, more than 15 % new war victims (Russian – Georgian War 2008), about 24 % IDPs from Abkhazia and clients living in the military conflict zone in Abkhazia and 7 % other beneficiaries, ex – prisoners, refugees from Chechnya etc.

Tables 6: Ages of Target Beneficiaries:

Ages Long Term Rehabilitation N= 315

Sex	Age group							
	0-15	16-25	26-35	36-45	45-60	60 65	Over 65	TOTAL
Male	9	39	26	17	34	10	21	156
Female	1	16	27	25	60	16	14	159
Sub-totals	10	55	53	42	94	26	35	315
TOTAL	315							

Ages Short Term Rehabilitation N= 188

Sex	Age group							
	0-15	16-25	26-35	36-45	45-60	60 - 65	Over 65	TOTAL
Male	23	33	63	36	15	1		171
Female	5		2	4	5		1	17
Sub-totals	28	33	65	40	20	1	1	188
TOTAL 18	188							

Ages Long Term Rehabilitation Mono and Double Therapy N= 39

Sex	Age group							
	0-15	16-25	26-35	36-45	45-60	60-65	Over 65	TOTAL
Male	2	5		4	4	1		16
Female	4	11	5	2	1			23
Sub-totals	6	16	5	6	5	1		39
TOTAL	39							

Average age of women direct beneficiaries (total number = 191) was: E = 40, 86

Average age of men, direct beneficiaries (total number = 264) was: E = 41.48

Average age of children and adolescents, direct beneficiaries (total number = 87) was: E = 14.06

2. Data from treatment and Rehabilitation Activities year 2010 (January –December)

- Total Number of the Clients applied to the Centre - Total N = 806
- Direct Beneficiaries – Victims of Torture and Ill Treatment - 542
- Long Term MDT Rehabilitation - Total N = 315
- Short Term Rehabilitation, crisis intervention and emergency care – 188

Among these, total 315 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 309 of 315 cases (about 98, 1 %) improvement of general health and psychological condition with improvement of possibilities of social adaptation observed. In six (1, 9 %) cases patients were died due to the severe illness (oncology disorders level IV, as well as severe cardio – vascular system problems. All they were with experience of torture and ill – treatment. Among them 3 persons were from Gori region – victims of new war conflict, 1 with experience of captivity, other 2 persons were living in Gali region and one old IDP from Abkhazia.

This activity has been provided directly by the RCT/EMPATHY staff with support of the staff and consultants involved in the implementation of this activity from the partner organization – Georgian Medical Association. As well as the sub – contractor medical

facilities are involved in the implementation of this activity through the referral programme of the RCT/EMPATHY. Contractors are: Multi Profile Treatment Centre Outpatient Clinic in Tbilisi; National Centre of Therapy; Yoakum and Anna Gynaecology Hospital; National Centre of Urology; Oncology / Mamology Clinic “Kironi”, Oncology National Centre; D. Tatishvili Treatment and Diagnostic Centre, Clinic “Ophtalmigy”, Optic etc; for medicines and medical supplies following pharmacology firms are sub – contractors of the RCT/EMPATHY: PSP Richter, GPC and “Titani”. For forensic medical expertise the sub – contractor organization is Independent Forensic Centre “Vektori”.

Assessment by statistical data – Activity 1: Treatment and Rehabilitation Department:

Table 7: General Data:

Target Group	Prisoners	Ex - Prisoners	Refuges from Chechnya	IDPs from South Ossetia and 2008 war Victims	Gali Region and Abkhazia including IDPs	Others	Total
	230	12	16	114	130	40	542
Total N of Assisted Persons (Direct Beneficiaries + Indirect – Members of Community = Family members, Lawyers etc) persons	399	14	17	147	150	79	806
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2010) Total N =	230	12	16	114	130	40	542
Torture and Inhuman, Degrading Treatment Victims (Clients from 2009)	17	2	5	26	31	1	82

Torture and Inhuman, Degrading Treatment Victims (New Clients in 2010) Total N = Long Term MDT	187	5	11	76	98	37	414
Total number of long term rehabilitation in 2010 Victims of Torture	65	5	16	102	124	3	315
<i>Family Member of VT Long term Rehabilitation Total N =</i>	0	0	0	0	0	0	0
Total Number of long term rehabilitation in 2010	65	5	16	102	124	3	315
Torture and Inhuman, Degrading Treatment Victims (Clients from 2009)short term rehabilitation	7	0	0	0	0	0	7
Short Term Rehabilitation and Crisis Intervention in 2010 Victims of Torture Total N =	139	2	0	0	5	35	181
Short Term Rehabilitation and Crisis Intervention in 2010 family members Total N =	0	0	0	0	0	0	0
Total Number of only Short Term Rehabilitation and Crisis Intervention in 2010	146	2	0	0	5	35	188
<i>Persons only Consulted Community members,</i>	124	1	1	30	17	11	184

<i>Family members, Lawyers etc N =</i>							
<i>« Hot Line « Consultations Total N</i>	45	1	0	3	3	28	80
<i>Referrals and Guidance to other Hospitals N=</i>	6	0		6	17	0	29
Mono Therapy Art Therapy	15	5		12	1	2	35
Mono Therapy Psychotherapy	3	0		0		0	3
Double Therapy Art Therapy + Psychotherapy	1	0		0		0	1

Table 8: Movement of Patients in 2010 Long Term Rehabilitation

Gender	a) Patients transferred from 2009	b) New Patients in 2010	c) Discharged during 2010	Total (a+b-c)
Men	32	85	99	18
Women	39	116	139	16
Children female	2	2	3	1
Children Male	9	29	37	1
Total	82	232	278	36
				Total: 315

In all 315 cases, the long-term rehabilitation medical files were opened and led by the case managers (doctors). The long term rehabilitation files are prepared according to the international guidelines of expertise and documentation of torture (Istanbul Protocol), as well as standards of international guidelines of disorders and diagnostic system (ICD – 10 revision – International Classification of Disorders) are in use during the treatment and

rehabilitation. This medical file includes following data: (1) Personal Data, (2) Torture and ill – treatment History according to the story of the client/or and their family members, attached medical or legal documentation, classification of methods of torture and caused additional stress factors etc; (3) Comprehensive anamnesis of the client before and after torture and ill – treatment facts, including physical and mental/psychological health status. (4) This file also includes the information regarding acute and chronic outcomes of torture; (5) Includes elaborated individual plan of diagnostic, treatment, and rehabilitation in each individual case. (6) As well as, file includes follow – up measures for the re – evaluation and monitoring of the dynamics of health and psychological condition.

Existing Work Timetable: RCT/EMPATHY Work Timetable:

Head Office of the RCT/EMPATHY, Georgia

Work timetable:

Working hours : 10.00. – 18.00.

Each day (including the weekends): 24 Hours Duty Doctors Position “Hot Line”

Monday	Thursday	Wednesday	Thursday	Friday
Doctor Therapist Consultations X	X	X	X	X
Docor Psychiatrist Consultations X	X	X	X	X
Psychotherapy Sessions X	X	X	X	X
Psychologist Consultations X	X	X	X	X
Doctor Neurologist Consultations X	X	X		X
Doctor Traumatologist Consultations X	X	X	X	X
Nurse Sessions X	X	X	X	X
Each Morning Satf meetings X	From 10.00. till 10.30.	From 10.00. – 10.30.	From 10.00. till 10.30.	From 10.00. – Till 10.30.

Social Workers Visits together with clients for para – clinical investigations (In the National Centre of Therapy; In the National Centre of Urology, in the Multiprofile Diagnostic Centre, D. Tatishvili Diagnostic Centre, Gynecology National Centre etc	From the Office to several medical sub contractor facilities (Meeting with clients at 11.00. in the Office and then going to the several facilities for para – clinical investigation	From the Office to several medical sub contractor facilities (Meeting with clients at 11.00. in the Office and then going to the several facilities for para – clinical investigation	From the Office to several medical sub contractor facilities (Meeting with clients at 11.00. in the Office and then going to the several facilities for para – clinical investigation	
Legal Consultations in Different facilities depending from the needs of clients X	X	X	X	X
Several Consultants Consultations depending from the needs of the clients (Surgery, Cardiologist, Dermato – Venerologist, Pulmonologist) X	X	X	X	X
Laser Therapy with acupuncture, if required	X	X	X	X

3. Forensic Medicine and Forensic Psychiatry Department (FD) Assessment of Results

- The forensic experts panel was established at the RCT/EMPATHY: List of involved experts in the experts consultation or reporting activities: 4 doctor psychiatrist, one clinical psychologist, 1 neurologist, 1 traumatologist, 1 neurosurgeon, 1 surgeon, 1 forensic medical expert, 1 children psychologist, Also in the framework of the other international project where the RCT/EMPATHY is involved as the partner of the IRCT two international experts also are involved in the expertise activity of the RCT/EMPATHY: one forensic medical expert and one expert psychiatrist. Total number of permanent experts: 12 persons.
- 6 medical reports of expertise based on Istanbul Protocol guidelines were used by the RCT/EMPATHY lawyers in European Court of Human Rights; in local Courts and investigator bodies were submitted 8 short reports.
- In 9 cases the medical information from long term rehabilitation files were used and in 5 cases the short term crisis intervention files were used.
- In 2 cases 3 forensic medical expertise reports were prepared by the sub contractor forensic expertise Centre “Vektori”.
- In one case the Quality Control expertise of medical care was provided according to the request of MoH and GMA toward to the died prisoner that committed suicide in the Psychiatry Department of the prison Hospital.
- Expert’s consultations in 147 cases of prisoners where provided according to the request of Public Defender’s Office and in the same time appeals submitted to the RCT/EMPATHY in the framework of the Memorandum between RCT/EMPATHY and Public Defender.

4. Legal Department: Assessment of results:

Total number of assisted clients in year 2010 was 65 persons, among them 11 new cases and other 54 ongoing. Among total 65 cases, 28 were victims of ethnic cleansing, discrimination, torture and ill – treatment with captivity experience, 24 among them submitted to the European Court of Human Rights in 2009, 5 cases submitted to the Chief Prosecutor’s Office in 2010. From military conflict region of Abkhazia total number were 17 persons, among them 9 cases were submitted in year 2009 in European Court of Human Rights and 8 cases in 2010 were submitted to the Chief Prosecutor’s Office. Total number of prisoners and one died prisoner’s cases are 15 persons, among them 6 cases are submitted to the European Court of Human Rights, 5 cases in Chief Prosecutor’s Office, 1 District Prosecutor’s Office and other 3 cases are submitted to the Ministry of Correction and Legal Assistance. Also 3 persons were former prisoners, their cases were submitted to the European Court of Human Rights, and one case regarding died prisoner that now in the

Tbilisi City Court and one case of doctor that is submitted to the European Court of Human Rights. 3 cases submitted to the European Court of Human Rights now are under discussion with Government of Georgia. TN = 43 cases were submitted to the European Court of Human Rights.

5. *Assessment of results Women Colony:*

The Rehabilitation Centres were operating in the Women Colony, Juvenile Colony, as well as the monitoring and crisis intervention was providing in the Pre – Trial Prison for Women. But it should be mentioned that functioning of these rehabilitation centres were stopped since July 22, 2010 due to inadequate decision made by the Ministry of Correction and Legal Assistance of Georgia - not continuing contract with RCT/EMPATHY.

Total Number of clients were N = 61 (46 of 61 in Women Colony and 15 of 61 in Women's Prison), among them 39 were direct beneficiaries; 5 persons were from the Women's Pre – Trial Prison and 34 in Women Colony. Among direct beneficiaries long – term multi – faced rehabilitation was provided in 27 cases, short – term rehabilitation in – 2 cases, and in 8 cases mono therapy – art therapy sessions, in two cases just psychotherapy sessions and in one case double psychotherapy and art therapy sessions.

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

The individual and group psycho – therapy sessions were conducted in 16 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 Buss – Durkey Inventory too. As a result of psychotherapy intervention the level of aggression 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.

The art – therapy sessions were conducted for 16 clients, among them 6 persons in the framework of multi – faced rehabilitation and other 9 persons mono-art therapy, 1 double therapy (art therapy and psychotherapy). Art therapy sessions included training in clay modelling and then work with clay modelling. The art work of the clients were sold at the 26 of June Conference on International Day In support of Victims of Torture and also during the event December 20, 2010 in connection with Human Rights Day, organized by the RCT/EMPATHY.¹⁴ Art work of 3 clients from Women Colony were sold on 26 June action, income was 56 GEL. 24 art works of 6 clients from Women's Colony was sold on the action 20 of December; amount received by the beneficiaries was 84 GEL. In addition, the art

works of beneficiaries handed to them and they sold it themselves or gave as gifts to their family members, relatives and friends.

6. Juvenile Colony Assessment of Results

In Juvenile Colony were consulted TN = 33 juvenile prisoners, among them 21 patients were direct beneficiaries during 2010 in RCT/EMPATY branch office, and, most of them were afterwards and simultaneously involved in other activities in colony: Client's of RCT/EMPATY from year 2009 and follow up consulted in 2010 were involved: 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 14 persons -with several somatic and mental problems were in generally improved.

During the Event 26 of June – UN International Day in Support of Victims of Torture total 11 art works of 4 clients (Juveniles of Juvenile Colony) were sold, amount 48 GEL. Also during the Action 20 of December, related to the International Human Rights Day, 26 Art Works of 7 Juveniles were sold, amount 117 GEL. It should be also mentioned that the art work of juveniles were handed to them and they use it as gifts for friends, family members and relatives.

7. Juvenile Pre – Trial Prison: Assessment of results (year 2010):

Total number of juveniles consulted during the year were 60 persons, among them 24 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 23 cases the long - term rehabilitation was provided. In 1 case short term medical intervention was held in the Prison #8, where the juvenile pre – trial prison was transferred. The legal and psychiatrists intervention is continuing in one new case due to closing the RC in the Juveniles' pre – trial facility in year 2010, July 22.

In one case was provided the forensic medical examination, also the complex mental and medical evaluation report was issued. The legal assistance is providing in this case as well.

8. Art Studio in Tbilisi

Total number of beneficiaries involved in the work in Art Studio were 26 person, among them 6 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 20 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 include more then 5 hours work on clay modelling, twice per week. Total numbers of sold works are 2373 different objects created by the beneficiaries.

9. Partner Centre in Gali Region: Assessment of Results:

From Gali region after the first time identification, 117 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 135 persons were consulted by this partner Centre.

10. Crisis Intervention and Monitoring Department: Assessment of Results:

Total N of Visits were: 36 Prisons, 7 Orphans Houses.

Total Number of new (2010 clients) Prisoners N = 139 and Psychiatry Hospital in Khoni 2 persons and one long-term rehabilitation – identification visit in Kutaisi Central Hospital. Also 2 women in prison were long term rehabilitation and after closing the Rehabilitation Centre in Women Colony the crisis intervention was continued. Also prisoners transferred from 2009 N = 7. Among total direct beneficiaries N = 151, 148 were only crisis intervention and other three long term rehabilitation.

11. Regional Training/ Educational/Research Centre

During the training – workshop on international standards of documentation and reporting of torture (Istanbul Protocol), as well as principles of multi – faced rehabilitation for victims of torture 31 medical experts and 19 legal experts from Azerbaijan, Armenia and Georgia were trained. All participants received the Certificates (One person from Armenia received two Certificates because her legal and health basic education).

12. Involvement

All listed above branches and services are operating: Central Office – Day Care Rehabilitation Centre with multi services; 3 Branches in Penal System were operating until July 2010.

After this the intervention continue with Crisis Intervention and Monitoring department in the framework of Memorandum held between the RCT/EMPATHY and Public Defender of Georgia.;

Partner Crisis Centre in the Gali Region, Art Studio; Several Department TRD, Legal Department; Forensic Department; Training/Research, Administrative, Crisis Intervention and “Hot Line”;

Totally 46 the RCT/EMPATHY staff and permanent consultants, as well as experts/trainers are involved in the implementation of this action.

Training/Educational Programmes: About 10 persons are involved as experts and trainers in this programme.

More than 24 sub contractors and more than 118 health professionals are involved in the implementation of this action.

During the activities for preparation of the regional training by the PRI are involved several stakeholders from Azerbaijan and Armenia in the implementation of this action. Total number of persons involved from these countries was about 28 persons.

Below is table 9: indicated involvement of several stakeholders in the implementation of this action:

Table 9:

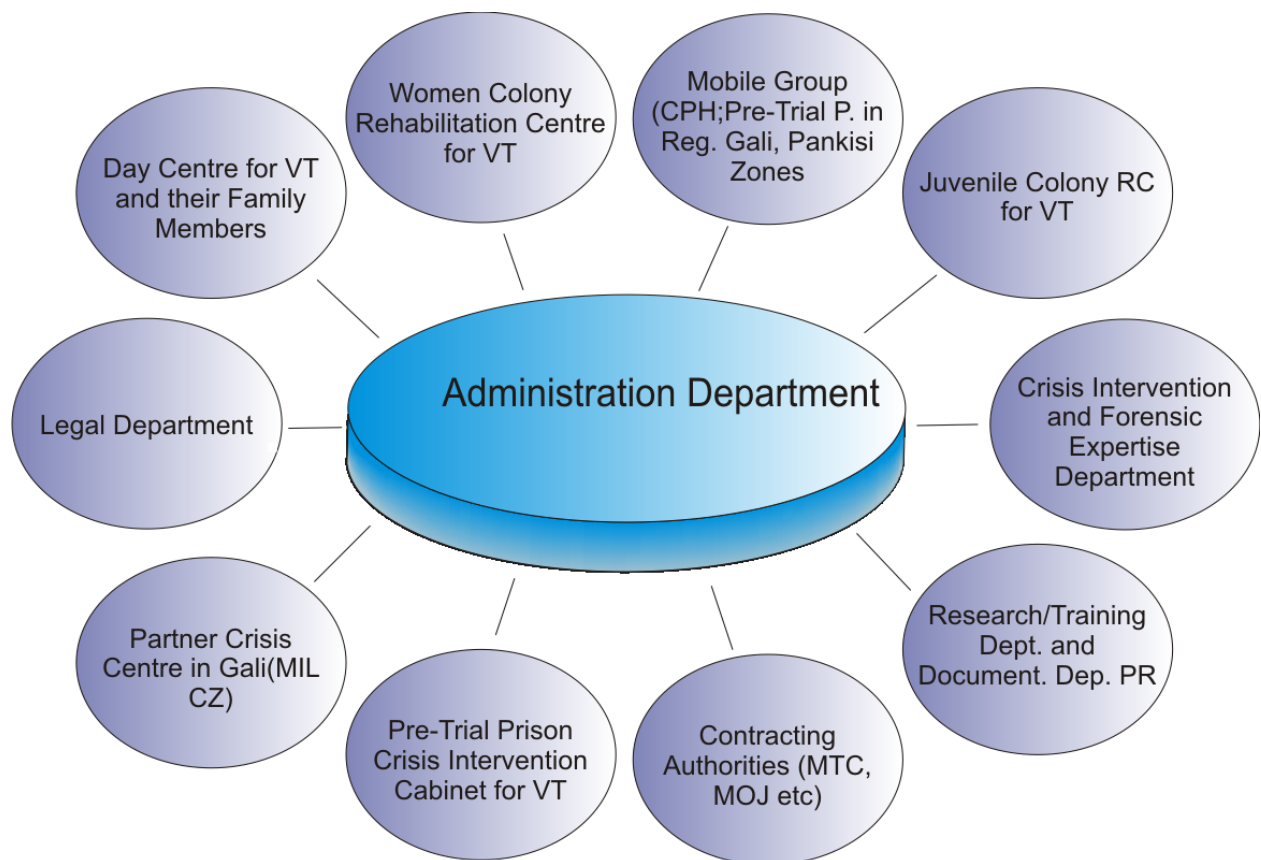
806

542

Applications	Total Number of applications N=806	F	Direct Target Groups N = 542	F
Lawyers and Family Members	138	0,1712	24	0,04428

Identified During the Monitoring visits of the RCT/EMPATHY	59	0,0732	25	0,04613
Identified During the Monitoring visits of the RCT/EMPATHY and GMA staff Public Defenders staff Prison Institutions and Psychiatry Hospital in Khoni	99	0,1228	91	0,1679
Public Defenders Request	57	0,1228	57	0,10517
Human Rights NGO Applications	4	0,0050	2	0,00369
Self – Helping Group Activities (self - apply)	109	0,1352	105	0,19373
“Hot Line”	80	0,0993	4	0,00738
Gali Crisis Centre (Partner Organization)	135	0,0993	117	0,21587
Referred from Psychiatry Hospitals	0	0,0000	0	0
Clients Transferred from 2009	89	0,1104	89	0,16421
Clients Transferred on Mono Therapy (Art Therapy) from 2009	12	0,0149	12	0,02214
Information Received from the Prison Doctors and other prison representatives, as well as Psychiatry Hospital Doctors	14	0,0174	7	0,01292
Identified During the Monitoring visits of the RCT/EMPATHY and GMA	0	0,0000	0	0
Prosecutor office	4	0,0050	3	0,00554
Ministry of refugees	4	0,0050	4	0,00738
Ministry of Health Abkhazia	1	0,0012	1	0,00185
TB centre doctor	1	0,0012	1	0,00185
Probation Service Apply	0	0,0000	0	0
Journalists	0	0,0000	0	0
Total	806	1,0000	542	1

Organigramme:



Chapter V: Data on Outcomes

Acute period physical outcomes: Physical outcomes in the acute period were identified in 256 cases of 542 (more than 47 %). Mostly were identified following traumas and after effects: Cranial Trauma with the loss of consciousness - 119 cases (about 46 %); injuries: 99 cases (about 39 %); Burn – 23 cases (about 9 %); acute bleeding – 89 (35 %); Fractures, dislocation – 18 cases (7 %); Pain - traumatic shock - 93 cases (36 %); Acute cardiac syndrome – 77 (30 %); Disturbance of respiration – 67 (25 %); Disturbance of the renal system – 45 (18 %); Infection diseases: TB and acute prostatite; diarrhea etc – 21 (5 %); Acute disturbance of the uric - genital system – 21 (8 %); Neurogenic - pain syndrome (pareses, paralysis, contractures, injury of the nerves, cramps, tremor or other, please indicated) - 24 (9 %); Contusions, hematomas : 166 (65 %); Acute disturbances of the ocular system – 53 (21 %); Acute disturbances of the Otto - laryngological system – 40 (16 %); other

disturbances – 2 (1 %). Total number of revealed disturbances TN = 949 (among 256 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 389 cases (about 72 %) of total 542. Among them: Acute - Shock Reaction – 272 cases of 389 (about 70 %); Disturbance of Consciousness (clouded consciousness, disorientation, obnubilation, unconsciousness etc –8 cases (about 2 %); Suicide actions, suicide ideas, tendencies, fact of self - injury or activities to self - injury, ideas of self – injury –8 cases (2%); Other Fear of torture, Helplessness etc –118 cases (30 %).

Chronic Physical Disturbances were identifies in 374 cases – 69 % of 542)

- Cardio – vascular system disorders: 136 cases (36 %);
- Respiratory system – 41 (11 %);
- Allergic disorders – 22 (6 %);
- Infection Disorders TB Meningitis ;
- Hepatitis C, HIV – 38 (10 %);
- Tumor – 25 (7 %);
- Abdominal System –185 (49 %);
- Uro – Genital System – 106 (28 %);
- Ocular System – 112 (30 %);
- Otto – Laryngological – 36 (10 %);
- Endocrine System - 42(11%);
- Osteo – Muscular System – 100 (27 %);
- CNS Disorders (Organic (Epilepsy etc) and functional): 102 (27 %);
- Infected Injury – 13 (3 %);
- Dental System Problems – 6 (2%);
- Deramto – Venerology Disorders –20 (5 %);
- Scars caused after Fire arm wounds and burnings - 1 (1 %);

Total disorders were revealed N = 985, that means per person average E = 2.63 (about 3 diagnoses per person).

Table 10: Caused – Effect Relations

Somatic Disorders and relations with torture		Total %
1	Direct physical outcomes of torture are	277 / 28
2	Exacerbation of chronic Diseases	469 / 48
3	Is nor related to torture or is difficult to define cause and effect relations	239 / 24
Total Facts		985 (100 %)
Total Persons		374

Physical outcomes or other related chronic disturbances were diagnosed in 374 cases (more than 69 %) of total N = 542. Among revealed and treated disorders were: Cardio – vascular system disorders: 136 cases (36 %); Respiratory system – 41 (11 %); Allergic disorders – 22 (6 %); Infection Disorders TB Meningitis ; Hepatitis C, HIV – 38 (10 %); Tumor – 25 (7 %); Abdominal System – 185 (49 %); Uro – Genital System – 106 (28 %); Ocular System – 112 (30 %); Otto – Laryngological – 36 (10 %); Endocrine System: 42 (11 %); Osteo – Muscular System – 100 (27 %); CNS Disorders (Organic (Epilepsy etc) and functional): 102 (27 %); Infected Injury – 13 (3 %); Dental System Problems – 6 (2 %); Deramto – Venerology Disorders – 20 (5 %); Scars caused after Fire arm wounds and burnings - 1. Total disorders were revealed N = 985, that means per person average E = 2.63 (more than 2 diagnoses per person).

Among observed disorders TN = 985, according to the principles of Istanbul Protocol: Direct physical outcomes of torture are: 277 diagnoses (about 28 %); Exacerbation of chronic Diseases /indirect outcomes – 469 (48%); is not related to torture or is difficult to define cause and effect relations: 239 (24 %). According to this data about 76 % of cases the physical chronic after effects were in direct or indirect relations with torture or ill treatment suffered and in 24 % 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.

Table 11: Mental/Psychological Outcomes (Adults)

Mental/Psychological Outcomes By main categories (according to the ICD - 10, chapters F and Z)Disorders	N	F
PTSD	224	0.49
PTSD with other disorders	23	0.05
Adjustment, stress related and neurotic disorders	20	0.04
Personality Disorders	53	0.12
Mood Disorders	14	0.03
Psychosis	33	0.07
Mental Retardation	4	0.01
Psychological problems	83	0.18
Total number of Women Adults	455	1
Experience of Addiction Problems	36	0.08

Table 12: Mental/Psychological Outcomes (Children and Adolescents)

By main categories (according to the ICD - 10, chapters F and Z)Disorders	N	F
PTSD	10	0.11
PTSD with other disorders	5	0.06
Adjustment, stress related and neurotic disorders	11	0.13

Personality Disorders	14	0.16
Mood Disorders	1	0.1
Psychosis	0	0
Mental Retardation	2	0.2
Psychological problems	44	0.51
Total number Juveniles and Children	87	1
Experience of Addiction Problems	12	0.14

Mental /psychological outcomes or just psychological problems were revealed in all 542 cases of torture or ill – treatment. Among total number 542 adults were 455 (About 84 %) and 87 persons were children and adolescents (about 16 %). 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 224 (about 49 %) cases of (total Adults 455; PTSD with other neurotic or organic disorders were diagnosed in 23 (5%); Adjustment and other stress related or neurotic disorders were observed in 20 (4%) ; Psychotic level disorders were observed in 33 (7 %); Personality disorders, among them with chronic changes of personality after the torture were revealed in 53 (12 %); Mood Disorders (Depression or mixed affective disorders) in 14 cases (3 %). Mental retardation in 4 (about 1 %); in one case (0.2 %) – Dementia caused by the Epilepsy. Total number of persons with mental problems were revealed TN = 372 (82 %); and in other 83 (18 %) 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 Drug Addiction and Alcoholism with Remission – in 36 cases and Addiction Syndrome (On Benzodiazepines in Prison System) 3 persons.

Problems revealed among children and adolescents: Among total number of 87 persons children and adolescents the following problems were observed: Just PTSD – in 10 (11% of total 87 cases); PTSD with other discords – 5 (6 %); Adjustment, stress related and neurotic disorders – 11 (13 %); Personality and behavior disorders – 14 (16 %); Mood disorders (depression) – 1 (1 %); Mental Retardation – 2 (2 %); Total number of clients with mental problems were about – 43 persons (49 % of 87). Psychological problems related to the

conflict with law, mass war traumas, imprisonment were revealed in other 44 cases (51 % of 87). Experience of Addiction Problems was revealed in 12 cases (14 % of 87).

Chapter VI: Torture and ill – treatment history:

According to the Table 1, about 43 % of 542 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 % of 542 were Ex – prisoners and probationers with similar experience or their family members or community members. About 3 % of 542 were refugees from Chechnya with experience of torture, captivity and ill – treatment in the Russian Federation during war conflicts in Chechnya. About 21 % of 542 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 22 % of 542 were clients still living in the Military Conflict Zone under the occupation of Russian military forces in the regions of Abkhazia, with experience of ethnic discrimination, torture and ill – treatment, or other forms of military crime. About 2 % of 542 were IDPs from Abkhazia, including Kodori Gorge with experience of ill – treatment and ethnic discrimination. About 7 % of 542 were other population with experience of ill – treatment in Psychiatry Hospitals or in other close institutions – orphans’ houses.

269 facts among 118 persons from the military region of Abkhazia happened in the territory of Abkhazia and perpetrators were Russian forces and Abkhazian militants. In 37 cases of 16 persons refugees from Chechnya the Russian soldiers and officials were involved in the facts of torture and ill – treatment. 137 facts among 114 new IDPs from South Ossetia and living in “Buffer” zones was revealed, perpetrators were Ossetian militants and Russian soldiers. Among 12 persons IDPs from Abkhazia were revealed 16 facts; perpetrators were Russian and Abkhazian forces. 230 persons were prisoners with experience of ill – treatment or torture in Police loc – ups and mainly ill – treatment victims in Penal System of Georgia. Among ex – prisoners 36 facts in 12 cases were revealed, among them 2 Guantanamo former prisoners, other with experience of inadequate treatment in Georgian penal System. Other 42 facts in 40 cases were ill – treatment victims in Orphans houses or in psychiatry hospitals. A total fact of torture and ill – treatment revealed was 933 among 542 persons. Among them in 260 IDPs and refugees from military region facts happened in the Military regions or during the war conflicts.

Aims of torture among total 542 according to the stories of our clients were:

Table 13: Among total 542

Aim	N of Persons	F
1. Receiving the information	122	0.225092
2. Confession in criminal action	128	0.236162
3. Confession in the criminal action that was not committed by this person	79	0.145756
4. Money Extortion	130	0.239852
5. Humiliation of personality	307	0.566421
6.To break the personality	280	0.516605
7. Ideological considerations	175	0.322878
8. Religious values or points of views	15	0.027675
9.Sadistically tendencies of the torturers	215	0.396679
10. Ethnic Discrimination	259	0.47786
11. Political discrimination	240	0.442804
12. Ethnic cleansing	256	0.472325
13. Problems of inadequate medical services in prison/colonies	217	0.400369
14. Other - Social problems 101, inadequate medical services 8	441	0.813653
15. Riot in prison	6	0.01107
Total Aims per person	2870	5.295203

Methods:

According to the collected data among total 806 persons applied to the RCT/EMPATHY in year 2010 about 542 were identified as victims of torture, ill – treatment or other kind of violations of international humanitarian law.

According to the stories of the clients and collected medical or other kind of information 256 of 542 (more than 47 %) of cases were victims of physical torture (**Table 14**). Among physical methods mainly following methods were used: Beating (with cudgel, boots, pistol, other blunt object, hand etc) – among 243 cases (about 95 %), Electric Shock – 11 cases (about 4 %); Hanging – 8 cases (more than 3%); non – physiological dislocation –95 cases (more than 37 %), Sexual torture – 3 cases, about 1 %. Breaking of Tooth – 4 persons about 1 %; Suffocation (by the water, bag, gas - mask or other - please indicated) By hands –8 cases (about 3 %); cauterizations – extraction of nails – 6 cases, Burning with cigarette etc – 14 cases, about 5 %; torture with animals – 2 cases. Other methods:."Telephone"; "Phalange" etc: 12 cases. Total facts per person were about 406; average fact per person was about 2 facts per person.

Table 14: Methods of Physical Torture among n = 542

	Methods of Torture	Total Prisoners	Total Ex - Prisoners	Total Ref Chechnya	Total IDPs from South Ossetia and War Victims	Total Gali and living in other parts of Abkhazia	Total IDPs from Abkhazia	Total Other	Total	F
		92	4	16	44	82	5	13	256	0.472
1	Beating (with cudgel, boots, pistol, other blunt object, hand, other - please indicated)	90	4	16	39	77	4	13	243	0.949
	A. Systematically	37	3	12	20	34	1	1	108	
	B. Once	53	1	4	19	43	3	12	135	
2	Electric Shock	2	0	8	0	1	0	0	11	0.043
	A. Oral	0	0	0	0	0	0	0	0	
	B. Through genital organs	0	0	4	0	0	0	0	4	
	C. With Phalanx (extremities)	2	0	7	0	1	0	0	10	
	D. Other (please indicate) – Head, armpit	0	0	0	0	0	0	0	0	
3	Hanging	1	0	6	0	1	0	0	8	0.031
4	Non - physiology dislocation	12	1	14	18	47	3	0	95	0.371
5	Sexual torture	0	0	3	0	0	0	0	3	0.012
	A. Rape or Rape attempting	0	0	2	0	2	0	0	4	
	B. Stripe	0	0	2	0	2	1	0	5	
	C. Forced Onanizm	0	0	0	0	0	0	0	0	
	D. Taking part at the someone's rape	0	0	0	0	0	0	0	0	
	E. To be in humility pose	2	0	2	9	17	0	0	30	
	F. Injure of the genital system organs	0	0	0	0	0	0	0	0	
	G. Other (please indicate) – group rape with anal and	0	0	0	0	2	0	0	2	
6	Medical Torture (extract a tooth or other) – Breaking of Tooth	1	0	1	1	1	0	0	4	0.016
7	Suffocation (by the water, bag, gas - mask or other - please indicated) By hands	0	0	5	2	1	0	0	8	0.031
8	Pharmacology torture (with different drugs, injections - knows or not what kinds of drugs - please indicate) - 1 case Using the punishment psychiatry method	0	0	0	0	0	0	0	0	0
9	Cauterization (amputation of the extremity - nose, ear, eyes, cut off meet, nails etc - please indicate) extraction of nails	1	0	0	5	0	0	0	6	0.023
10	Burning (with cigarette, with hot iron objects, thermal injury with boiled water etc - please indicated)	0	0	5	4	5	0	0	14	0.055
11	Torture with animals (dogs etc.)	1	0	1	0	0	0	0	2	0.008
12	Other (please describe – Special method “telephone”) – Pulling Hair, Spraying Gas CS ; ‘Phalange’	1	1	0	7	3	0	0	12	0.047
13	Medical Torture (Physical severe pain and suffering – enhance - caused by the inadequate medical care)	0	0	0	0	0	0	0	0	0
14	Wounded During War in Georgia (August 8)	0	0	0	0	0	0	0	0	0
	Total Facts								406	1.586
	Per Fact Per Person								1.586	

According to the data and medical files of the clients the psychological ill – treatment and torture methods were used in 542 cases (**Table 15**). As a psychological ill treatment mainly were identified inadequate living conditions, as well as inadequate medical care in prison/colonies – in 226 cases (more than 41 %), threaten to be raped or other kind of violence were identified in 230 cases – more than 42 %, 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 – in 152 cases (more than 28 %); Humiliation, inhuman attitude, oppression - in 284 cases (about 52 %); false death - in 61 cases, 11 %; Limitation of the natural needs of the Human - in 80 cases (about 15 %); Uncertainly waiting for torture – in 314 cases (more than 58 %); Sleep deprivation –in 274 cases, more than 50 %; Torture of the family members or other close persons – in 154 cases (about 28 %); Attending on some ones torture fact – in 205 cases (about 38 %) etc; Ethnical discrimination, danger of death – in 250 (46 %); Inadequate living condition and street children experience and women with family violence – in 52 cases(9%); Inadequate medical aid in prison/colonies or in other close institutions –in about 226 cases(42 %). According to the collected data total identified facts were about 4006, that means that fact per person E = 7.

Table 15: Psychological Torture and Ill – treatment Methods

Methods of psychological Torture and ill - treatment	Total Prisoners	Total Ex - Prisoners and probationers	Total Ref Chechnya	Total IDPs from South Ossetia and War Victims	Total Gali and living in other parts of Abkhazia	Total IDPs from Abkhazia	Total Other	Total 542	F
	230	12	16	114	118	12	40	542	1
Deprivation, isolation	61	4	14	78	82	7	2	248	0.45756
Dark, less of oxygen, cold	128	2	13	62	56	4	0	265	0.48893
Animals in the isolator (rodents, insects etc)	167	1	5	17	3	1	0	194	0.35793
Dirt and lack of the sanitary - hygienic normal conditions	177	2	13	50	60	1	0	303	0.55904
Agent in the cell	0	1	2	2	0	0	0	5	0.00923
Other torture victims in the isolator	26	1	12	60	31	3	0	133	0.24539
Hearing the voices of someone's being tortured	31	1	12	87	84	7	0	222	0.40959
Attending on some ones torture fact	48	2	12	64	70	8	1	205	0.37823
Torture of the family members or other close persons	12	0	13	49	73	7	0	154	0.28413
Sleep deprivation	67	1	15	99	85	7	0	274	0.50554
Uncertainly waiting	95	3	16	100	92	6	2	314	0.57934

for torture									
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	92	2	16	34	83	2	1	230	0.42435
Humiliation, inhuman attitude, oppression	92	2	16	69	89	3	13	284	0.52399
False death	2	0	11	20	25	2	1	61	0.11255
Starvation and lack of the water	5	1	13	29	61	2	0	111	0.2048
Limitation of the natural needs of the Human	4	0	13	28	34	1	0	80	0.1476
Non - real choice (collaboration as agent, signification, providing information etc)	66	2	14	23	42	3	2	152	0.28044
Lack of medical aid, inhuman treatment	38	3	8	93	91	9	1	243	0.44834
Other (please described) Ethnical discrimination; Danger of Death	2	0	1	114	117	12	4	250	0.46125
Inadequate medical aid in prison/colonies or in other close institutions	211	11	0	0	0	0	4	226	0.41697
Inadequate living condition and street children experience and women with family violence	19	1	0	0	0	0	32	52	0.09594
Total Facts per person								4006	7.39114

Chapter VII: Conclusion on Victims of Ethnic Cleansing

Observation was done among traumatized victims of severe violation of International Humanitarian law from the ethnic cleansing regions of Georgia (so called “South Ossetia” and Abkhazia), also refugees from Chechnya.

- According to the tables, we can conclude that all 260 persons (100 %) have psychological, social, legal and material damages as consequence of implemented mass violence and ill – treatment toward to the civilian population.
- All they are in need of legal assistance and advocacy for receiving adequate redress and for restoration of their rights. Among them 94% have direct and indirect psychical outcomes as well.
- Consequently we can conclude that mixed physical and psychological trauma was observed in more than 69% of cases.
- Consequently all these survivors are in need of medical, psychological, social and legal rehabilitation too.
- Special attention in women population should be paid to the special needs – in most of cases mental/psychological problems were followed by the cardio – vascular system (57 %) problems, oncology (10 %), endocrinology (21 %) and gynecology (40 %) problems.
- In all above listed cases life stress events have severe consequences that reveal in PTSD symptoms. The most common symptoms were revealed as follows: recurrent images, thoughts, dreams, episodes of flashbacks, symptoms of depersonalization and derealization. These symptoms were followed by vital feelings of feebleness, humiliation, fear of extinction and deep depression senses, with anxiety.
- In addition, the course of treatment and rehabilitation were based on individual approach and included mixed measures implemented by the Multi – disciplinary team of specialists (Psychiatrists, General Practitioners, Neurologist, Traumatologist, Psychologist/Psychotherapist, Social Worker, Nurse etc).

Finally, we propose to address following studies: whether or not PTSD or other stress related disorders fully met the consequences of violation of vital fundamental rights of Human being.

Legal and Social Problems Revealed:

Policy Directly toward to Victims of Torture and members of families (IDPs and other persons with experience of ethnic discrimination and other forms of ill – treatment)

- 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.
- 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 IDPs, about 12 000 persons (including just new IDPs)

Most of IDPs from the region of “South Ossetia” had legal status of internally displaced persons, but they haven’t any status of victims of war crime or ethnic cleansing.

Lower Poverty Policies had about 50 of 114 applied to the RCT/EMPATHY clients - IDPs from South Ossetia;

Mentioned policies doesn’t cover some relevant instrumental investigations and other para clinical methods of examination in necessity cases, e.g. Neuro- imagine methods of investigation, hormone analysis etc. Cost of needed medicines was covered only for 20 % (maximum), that means that in most of cases of chronic diseases the medical insurance doesn’t cover adequate measures of diagnostic and treatment. For this reason medical aid for victims of ethnic cleansing from the region of South Ossetia that have Lower Poverty Policies is not relevant and adequate to the needs of this population and also is not cost – effective and oriented on prevention measures.

Have not any policies – IDPs from Abkhazia and persons living in Abkhazia

- Persons living in Buffer Zones
- IDPs from South Ossetia who received money compensation
- By the RCT/EMPATHY in 2012 was provided para – clinical examination for 201 persons ((DPs and Refugees), total number of examination sessions were n=2447.
- Amount 78 395, 74 GEL was spend
- 18 Inpatient treatment and Surgery Operations were proved.

Chapter VIII: Conclusion on Prison System of Georgia

- According to the collected data (Table N1), about 230 - 43 % of 542 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.
- 92 persons – prisoners (40 %) of total n = 230 were with experience of physical torture and ill treatment (Table N14)
- 211 of 230, about 92 % with experience of inadequate medical care as well (Table N15), especially should be mentioned that persons with mental problems were under inadequate medical aid on permanent basis.
- All collected data could not cover all problems related to the penal system of Georgia due to the extremely limited access of civilian professionals to the penal system of Georgia.
- Experience and observations of the RCT/EMPATHY clearly shows tendencies of Ministry of Correction and legal Assistance of Georgia to hide facts of torture and ill treatment, also reveals severe problems in prison health sector.
- Applications submitted to the European Court of Human Rights on violation of Articles 3 and 13 of the European Convention clearly show problems of impunity on domestic level.

Specific Problems of Torture Preventive Mechanizes in Penal System of Georgia

- It is not in any prison institution of Georgia adequate medical examination facilities in prisoners' reception units.
- Usually, first time medical examination during entrance of prisoner is provided with violation of confidentiality that creates problems of objective examination that causes problems during the furthermore investigation of facts of torture and ill – treatment.
- The Injuries registration journals is not relevant to the international standards, in most of cases doesn't contain full information regarding injuries. Significantly should be mentioned that in most of cases is not mentioned what happened, when happened, by whom and where.
- Forensic medical evaluation in cases of torture and ill – treatment is not provided in time and according to the National and International standards, especially should be mentioned that it is not relevant to the guidelines of the Istanbul Protocol - UN

Manual for Effective Investigation and Documentation of facts of Torture and Ill treatment.

- It is not possible to make any photo documentation of injuries neither during the forensic evaluation, nor during the State Forensic evaluation and during the Alternative Forensic Medical Evaluation that creates serious problems during the investigation of facts of torture and ill – treatment.
- It is not provided adequate security measures by prison department and prison administration toward to prisoners, which makes declaration regarding torture and ill – treatment that creates problems of investigation of facts of torture and also creates high probability for furthermore ill – treatment and pressure toward to prisoners who made allegations regarding torture.
- According to our observation it is not provided confidentiality in respect to the prisoners' complaints that creates problems for prisoners to apply to the investigator bodies or other international and national mechanisms and organizations regarding facts of torture and ill – treatment.
- Prison department and prison administration have unlimited rights regarding changing the regimes of prisoner that creates possibility for illegal punishment of the prisoners who declared regarding torture and ill – treatment.

Juvenile Justice

- On September of 2010 the Ministry of Corrections and Legal Aid has moved prison for juvenile delinquents on the territory of prison No 8. Although the block for juvenile delinquents is isolated from the blocks for adult offenders, the reception area, regime and the courtyard for walking is not adequate and does not comply with standards for juvenile justice.
- The staff of the prison has not received any specialized training for handling minor offenders.
- Juvenile offenders have limited access to the Civilian medical and legal aid programmes, especially, torture victims' rehabilitation programmes. That was caused because the MCLA decided to close the rehabilitation and crisis intervention facilities of the RCT/EMPATHY in penal system of Georgia.
- Such approach to minor offenders is not in compliance with international standards for juvenile justice, the state policy, proclaimed in the Criminal Procedural Code of Georgia, adopted in October of 2010 and principles of European Neighborhood Policy, namely provisions related to safeguarding of human rights and requirements related to juvenile justice.

Specific Problems of Health in Prison

- New Code of Imprisonment of Georgia doesn't contain relevant to the national and international health standards articles on prison health services.

- The Prison Health System in Georgia formally is under the control of the MCLA Medical Department, but informally it is obvious significant influence from the side of prison department.
- All medical documentation in prison system of Georgia is not relevant to the Orders of Ministry of labor, Health and Social Welfare of Georgia
- Observation reveals violation of confidentiality during the medical examination of prisoners, also all medical documentation in prison.
- Quality of health care in prison is not relevant to the national and international guidelines and standards.

Mental Health Problems in Prison

- It is not any adequate protection and support mechanisms toward to especially vulnerable categories of prisoners' _ prisoners with severe mental illness or juvenile offenders with mental retardation.
- Practically doesn't work the MCLA and MoH joint commission in respect with prisoners with severe mental problems.
- It is obviously observable tendencies of prison doctors to decrease of diagnoses (Hypo-diagnostics) in respect of prisoners with severe mental problems.
- The order of MoH regarding incurable and severe diseases that could be basis for release from prison practically doesn't work toward to prisoners with severe mental problems; also it is not relevant to the new international and national guidelines in Psychiatry.
- It was observed also the tendencies of overusing and misusing of psychotropic drugs toward to prisoners in Georgian penal system that causes dependence problems and together with other forms of ill- treatment causes high risk of personality changes and behavioral problems of prisoners.
- Limitation of medical, social and psychological rehabilitation programmes in penal system of Georgia also creates basis for mental health problems in prison.
- Torture, ill – treatment and inhuman regulations that is not supported by the legal regulations, but is the usual practical rules in penal system of Georgia (e.g. prisoners manners of walking with hands in the back and head down position) in most of cases causes the mental and psychological problems with violation of adaptation possibilities, creates high risk for self and mutual aggressive reactions, self – injuries and self – harm tendencies.

Problems of Forensic Evaluation

- According to the 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 neither 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.

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, impartial 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.

In the Criminal Procedural Code of Georgia do not exist 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.

Chapter IX: General Recommendations:

Preamble

Guided by article 5 of Universal Declaration of Human Rights (Resolution No217 (III) of UN General Assembly, adopted on December 10 of 1948);

Acknowledging requirements of article 3 of the European Convention on Protection of Human Rights and Fundamental Freedoms on prohibition of torture (Rome, November of 1950): and article 13 on the right of effective investigation;

Honoring European Convention on Prohibition of Torture and other Inhuman and Degrading Treatment and Punishment (Tureen, 18.10.1961);

Adhering to Provisions of Additional Protocol to UN Convention and understanding the need of their implementation in Georgia for the purpose of undertaking major measures in prevention of torture in Georgia (entered into force on June 22, 2006);

Recognizing principles of Istanbul Protocol, which represent guidelines for documentation and effective investigation of cases of torture;

Guided by UN Convention on Prohibition of Torture and other Inhuman and Degrading Treatment and Punishment (Adopted by General Assembly of UN, Resolution 39/46, December 10, 1984; entered into force on June 26, 1987);

And in adherence to the principals of international human law;

In accordance with requirements of provisions of the Constitution of Georgia on prohibition of torture;

We consider as major step inclusion of articles 144', 1442, 1443 and definition of torture into the Criminal Code of Georgia;

We welcome introduction of national preventive mechanism in accordance with requirements of Optional Protocol of UN Convention against Torture and the strategy for elaboration of new action plan on prevention of torture;

We acknowledge the need for improvement of situation on Georgia from the standpoint of prevention of torture and drawbacks in the sphere of documentation and investigation of cases of torture, as well as unfavorable situation in the sphere of protection of human rights and accessibility of healthcare within penitentiary system of Georgia, which is confirmed by Report of the European Committee on Prevention of Torture (published in September of 2010), which dwells on the facts of inhuman and degrading treatment within the penitentiary system of Georgia, as well as incompliance with international standards in the sphere of healthcare; The above is further reinforced by the report of the Public Defender of Georgia, drafted within the framework of the national preventive mechanism (Published in December of 2010).

Data collected by the center Empathy in 2010 is also indicating to unfavorable situation in given sphere. In 2010 the center Empathy received over 200 applications of the convicted persons on the facts of physical ill-treatment and other forms of inhuman treatment, including applications on the facts of inadequate medical services.

It becomes clear from statistical data and reports of the center Empathy, that priority should be assigned to the following issues:

Improvement of the standards for investigation and documentation of cases of torture in Georgia;

Immediate improvement of the healthcare services within penitentiary system of Georgia;

Issues related to juvenile justice.

We have elaborated recommendations, related to the above mentioned spheres and the list of measures, that need to be implemented, which is provided below:

Recommendations

It is necessary to bring relevant articles of the criminal Code of Georgia in compliance with articles 1, 2 and 4 of the Convention on Prevention of Torture and other Inhuman and Degrading Treatment and Punishment” and provide adequate and comprehensive definition of torture, namely include following passage: “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. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions”.

Taking into consideration articles 12 and 13 of the same Convention, as well as article 13 of the European Convention which dwells on obligations of the state on ensuring of quick and effective investigation of cases of torture and ill-treatment, we consider it important to ensure adoption of guiding principles of Istanbul Protocol on effective investigation and documentation of cases of torture and development of relevant legal framework for implementation of principles provided by Istanbul Protocol. Implementation of Istanbul Protocol was included only in the action plan on prevention of torture, elaborated for the period of 2008-2009, although these principles have not been put into practice.

We consider it necessary to enter separate article into the Criminal Code of Georgia on appointing and conducting of complex forensic medical and psychological-psychiatric examination as required by Istanbul protocol.

In accordance with the same international standards it is necessary to enter into the Criminal Procedural Code of Georgia separate article on deadlines for conducting of compulsory forensic examinations, which implies conducting of forensic examinations in the shortest possible time upon identification of cases of torture.

In the Criminal Procedural Code of Georgia should be entered article defining timeline for timely and effective investigation of cases of torture; also there should be entered provision on conducting of investigation in accordance with Istanbul Protocol.

For ensuring of prevention of torture it is necessary in accordance with requirements of article 10 of the UN Convention to ensure, that the state organizes educational and training programs for the staff of the law enforcement bodies, medical staff, staff of state or military organizations, civil servants, as well as other persons, who have to deal with convicted persons, interrogations and etc on the issues related to prohibition of torture, as well as ensure inclusion of this information into educational materials for students. Prohibition of torture should also be included in special instructions for staff, responsible for the above mentioned; consequently, it is necessary to include Istanbul Protocol into educational programs, especially in the curriculum for lawyers and professionals of medical sphere (taking into consideration requirements of article 16 of the Convention).

In accordance with article 14 of the Convention the state is obligated to ensure reparation for the victims of torture and their rehabilitation. For this purpose it is necessary to ensure access of persons, deprived of liberty, especially women and minors and representatives of other risk groups to such rehabilitation programs.

We consider it necessary to acknowledge international medical ethical norms and enforcement of medical code of ethics in Georgia. Reforms should be conducted in the sphere of healthcare services within penitentiary facilities of Georgia to ensure compliance with requirements of Articles 11 and 16 of the UN Convention. The same is required by EC Recommendations, namely the address of the Council of Ministers to the members states on organizational and ethical aspects within penitentiary systems of the countries; (Recommendation # R (98) 7; III report of CPT, 1992); It should also be noted, that the new Code on Imprisonment is not in compliance with international standards on medical services within penitentiary system; the same is true in regard to transparency of prisons.

According to articles 55 and 56 of the law of Georgia on Healthcare any medical facility needs medical license, which shall be approved by the Ministry of Healthcare. Also, control should be established over healthcare facilities. It should be noted, that despite numerous recommendations, elaborated by our organization the above referred law is not implemented within penitentiary system of Georgia. The law on Psychiatric aid is not implemented within penitentiary system too (adopted in 2006). According to Chapter I, article 4, paragraph "d" of the law psychiatric facility should possess relevant license. Opponents, namely the Ministry of Penitentiary and the Ministry of Healthcare argue, that in accordance with article 1, paragraph 2 of the law of Georgia on Licenses, medical departments of the penitentiary system are not required to possess license, which in our opinion is discriminatory statement and is in conflict with requirements of the Constitution of Georgia. We consider it inadmissible, that there should be different healthcare standards for different categories of citizens of Georgia. Consequently, we call upon you to adhere to relevant measures for elimination of such discrimination in shortest possible time.

For ensuring implementation of standards for prevention of torture we consider it necessary to enter amendments into Resolution No2254/n and No142/n of the Ministry of Healthcare and Social Aid, which dwell on the issues of forensic medical and psychiatric examination. Special resolution should be adopted on the need of compulsory forensic examinations in accordance with annexes 3 and 4 of the Istanbul Protocol.

In accordance with Hamburg declaration of the World Medical Association under the title of “Declaration of the doctors of the world in support of those doctors, who refuse to participate or tolerate torture and inhuman and degrading treatment and other forms of ill-treatment” it is necessary to establish mechanisms of protection of the rights of doctors in the “risk zones” (prisons, medical experts and etc). article 6 of the law of Georgia on “Activities of Medical Professionals” dwells on professional independence of professionals of medical sphere and states, that “. . . it is prohibited for a person to request from independent healthcare professional to deviate and act in the contrary to the principles stated in the law and ethical norms of medical sphere, notwithstanding position or ethnic and social belonging of such person, as well as his religious beliefs”. It must be stated, that the Criminal Code of Georgia does not contain any provision as to how such offence can be punishable. Consequently, it is necessary to enter separate provision into the Criminal Code of Georgia on coercion of healthcare professionals.

According to Helsinki resolution of World Medical Association, adopted in 2003 (revised in 2007) on the issue of “Responsibility of medical professionals on documentation and condemnation of cases of torture and inhuman and degrading treatment”, doctors national associations should promote inclusion into the legislation of special provisions on responsibility of doctors in regard to cases of torture and ill-treatment, namely their responsibility to declare about such violations if the fact of torture or ill-treatment becomes known to them. Taking into consideration the above mentioned amendments should be entered into the law of Georgia on Healthcare, the law on Patient’s Rights and Activities of Healthcare Professionals, as well as the Criminal Code of Georgia and Criminal Procedural code of Georgia.

In accordance with articles 14 and 16 of the UN CAT, as well as in accordance with International Standards of Healthcare in Prisons, namely as example here we can provide only some of them, such as: Mental Health in Prison, WHO Report, Hague, November 18 – 21, 1998, Recommendation No. R (98) 7 of the Committee of Ministers to Member States Concerning the Ethical and Organizational Aspects of Health Care in Prison, April 8, 1998., mental health in prisons represents one of the priorities of healthcare within penitentiary system; Another important issue is introduction of civil healthcare in penitentiary system; we consider it necessary, that within penitentiary system should be implemented projects on medical and psycho-social rehabilitation of victims of torture, as such projects should be accessible for civilians, as well as persons deprived of liberty, especially for such vulnerable categories, as minors and women. Consequently, suspension of the project of the center Empathy, which was implemented within penitentiary system means violation of international standards on prevention of torture and cannot be justified. In given regard we apply to the government of Georgia with request to revise decision of the Ministry of Corrections and Legal Assistance.

Additional recommendations in regard to juvenile justice:

Minor offenders should be isolated from other convicts and they should be under special regime and have access to rehabilitation programs. The center Empathy calls upon the government of Georgia to move prison for minor offenders to the territory, where correctional facility for minor offenders is located and elaborate packet of documents for special approaches and regimes.

Taking into consideration of international principles of juvenile justice enter special provisions into the Criminal Procedural Code of Georgia on conducting of compulsory psychiatric and psychological examinations of minor offenders.

Enter relevant amendments into the law on psychiatric aid and resolutions of the Ministry of Healthcare on forensic examinations.

Minor offenders, as especially vulnerable category should be provided with wide range of medical and psycho-social services; they should have opportunity for participation in projects, implemented for general public; standards for prevention of torture should be implemented and minor offenders should have opportunity of declaring on cases of ill-treatment and have access to defense mechanisms and rehabilitation. In the legislation should be entered amendments, which shall allow for implementation of relevant programs within penitentiary system and the Ministers or other state officials should not have opportunity of concealing of facts of violation upon their discretion and close down rehabilitation projects for minors or other convicts, such as it was implementing in case of the center Empathy.

Special Recommendations in regard to victims of ethnic cleansing

It is necessity to recognize by the Parliament of Georgia the Victims of Ethnic Cleansing as special categories needed redress and compensation similar to the victims of torture according to the International regulations.

To collect facts of torture, ethnic cleansing and discrimination since 1992 implemented toward to population living in the Occupied Territories of Georgia and to prepare the Appeal to the International Criminal Court (ICC).

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), as well as international strategy for human rights' protection and guarantees for security in these territories.

It's necessary to develop special working group which will elaborate working plans for recognizing Russian federation as a party of conflict and, therefore, will elaborate project of resolution regarding necessity of entering International Military Police Forces in Occupied Territories of Georgia.

Chapter X: Case Stories 2010 of the RCT/EMPATHY

Following cases serve as an example of infringement of international standards in Prison Health System of Georgia, as well as general tendencies of impunity toward to cases of torture and ill – treatment:

Case No1:

On September of 2010 the Ministry of Corrections and Legal Aid has moved prison for juvenile delinquents on the territory of prison No 8. Although the bloc for juvenile delinquents is isolated from the blocks for adult offenders, the reception area, regime and the courtyard for walking is not adequate and does not comply with standards for juvenile justice. Apart from this in the reception department of the prison have been registered cases of beating and other forms of inhuman treatment towards offenders. On one occasion one of juvenile offenders became witness for such treatment, which had serious impact on him and he had attempt at suicide. The Ministry of Corrections and Legal Aid did not apply to any measures in given regard. The staff of the prison has not received any specialized training for handling minor offenders. Such approach to minor offenders is not in compliance with international standards for juvenile justice, the state policy, proclaimed in the Criminal Procedural Code of Georgia, adopted in October of 2010 and principles of European Neighborhood Policy, namely provisions related to safeguarding of human rights and requirements related to juvenile justice.

Case No2

To infringements of international standards of juvenile justice and proclaimed policy indicates following case of juvenile offender. This is the case of a 16 year old offender, whose family has officially been acknowledged as under the poverty line and is beneficiary of a policy. The offender has physical as well as mental disability. He has been detained under the charges of burglary, namely allegedly he stole cigarettes and some beverages from a grocery store in Telavi. It is noteworthy, that the teenager was used by other juvenile offenders for getting into the shop through a window, as by his physical development he is lagging behind and is very slim and short. On April 6 of 2010 he was beaten by the staff of Telavi department of the Ministry of Interior. Apart from that he was subjected to intimidation and coercion, as well as ill-treatment. Namely, he was isolated, had no access to water, food or washroom and was not allowed to get in touch with his family and lawyer.

Despite the fact, that upon his transfer to prison he made a statement on the fact of his beating and inhuman treatment and injuries on his body were duly registered by the staff of the prison as well as medical expert of the Public Defender's Office and group of experts of the center Empathy the law enforcement bodies conducted forensic medical examination of the alleged offender with huge delay. Center Empathy conducted alternative forensic medical examination. The group of experts consisted of two international expert as well.

In Telavi prosecutor's office criminal proceedings were initiated on the basis of article on exceeding of authority, which is not corresponding to the factual circumstances of the case. Presently more than 8 months have elapsed and all that the center Empathy could attain was transfer of the case under jurisdiction of Isani-Samgori Prosecutor's office. As to the case of the juvenile offender, as he had previous conviction and was sentenced to conditional sentence, the judge of Telavi District Court sentenced him to deprivation of liberty (imprisonment) for the term of 10 years. The judge did not grant solicitation of the defense counselor on appointing of forensic psychiatric examination. It should be taken into consideration, that according to pension benefit documents the under-age offender was diagnosed with mental retardation. The center Empathy also submitted to the court 78 page conclusion on the physical and mental state of the offender.

Given case is very clear indication of gross violation of relevant international and national standards, including the Criminal Procedural Code. It should be stated, that investigation on the case of ill-treatment of a 16 year old offender with disabilities was not fair or effective.

Case No3

This is the case of a 33 year old woman, who was convicted. While under custody she was diagnosed with heavy mental disease. As a result of intervention of the center Empathy was conducted state forensic psychiatric examination and she was assigned to compulsory treatment in Khoni Psychiatric Hospital. Despite this for one more year she was kept in prison where she had no access to adequate treatment and care. She was moved to Khoni Psychiatric Hospital only after the center Empathy applied to the European Court of Human Rights with request of application of interim measures. On the grounds of article 39 of the Convention the European Court of Human Rights required from the Ministry of Corrections and Legal Aid immediate transfer of the convicted woman to psychiatric hospital.

Cases according to the UNFVVT form for Report 2010 of the RCT/EMPATHY that demonstrates provided assistance

Case N1 (Mr. R.B.)

Client Mr. RB, Code of medical file: G-114/ NM/2010; Male, Age - 37; Nationality and Citizenship – Georgian, Permanent living place: Georgia/Abkhazia (military Conflict Zone) Gali Region, Village Nabakevi.

1. The Personal history of the victim

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

In May of 1998, cannot remember exact date, the victim was in Gali, where Abkhaz Separatists in composition of 40 persons were conducting special operation, during which he was detained, handcuffed and taken to Gali police department. He was beaten with fists, kicked, beaten with clubs, wooden planks and they were demanding from him to confess, that he was participating in the partisan battles. He was also required to divulge information on members of the partisan movement, how many of them were in the armed units, where were the camps located and etc. Four days later he was transported to Sokhumi isolator and placed in the cell, where there were 10 more convicts kept besides him. Here he was subjected to torture by different methods, namely: he was beaten while his hands and legs were tied, metal wire was pushed under his nails, electric shock was used on him, cold water was poured over him while he was asleep. The victim was subjected to physical pressure. This kind of treatment continued for ten months. Then he was tried under the charges of violation of border crossing rules and was sentenced to 8 years of deprivation of liberty. The victim spent 5 years in Sokhumi prison. As G. P. states, he was kept in inhuman and degrading conditions having no access to medical aid. After 6 months passed from his conviction in the cell were remaining 3 convicts, fate of the rest of them is not known to him. The convicts had no access to any hygienic articles and they have not had shower for ten months. Drinking water was given to them in extremely limited quantities and it was filthy and muddy. Their daily bread ratio was 50 grams. There was no light bulb in the room and daylight and fresh

air could not penetrate too. There were double deck wooden bunks on which they slept. Often the convicts were made to sleep on the concrete floor without any mattress or blanket. There was a bucket in the room, which the convicts used for their physiological needs. As the convicts were not taken out to use toilets or showers, there was unbearable smell in the room and it was terribly dirty. The victim was in absolutely vulnerable condition. He was permanently listening to the sounds of torture of other convicts. Convicts were taken out from the cell and were returned in terrible condition, as they were beaten mercilessly and permanently threatened to be killed. He was beaten mercilessly too and was threatened with death. Out of three convicts, that were kept in the same cell one was strangled right in front of the other two. As a result of beating the patient himself had broken ribs, severe bleeding from ear and broken teeth. He developed breathing disorder, gastrointestinal problems, headaches, loss of balance, tremor of limbs, sleep disorder, anxiety and fear syndrome.

The patient had no access to any medical care during this period. Due to intolerable conditions he and two other convicts, who were kept in the same cell tried to commit suicide. They tore a blanket, made rope out of it and tried to hang themselves on the bars of the window, although one of them changed his mind in the last minute and saved the other two too. He was kept in such conditions for 5 years. Convicts in the cell were beaten on regular basis, insulted verbally, degraded, coerced, there were attempts of rape. During this period the convicts were several times visited by representatives of the Red Cross, but the prison administration was permanently intimidating the convicts and requiring from them to keep silent on incidents of torture and inhuman treatment. After 5 years the patient was moved to Drdani prison where there were “relatively better” conditions from the point, that he could have shower at least once a month and was beaten relatively rarely. After two years members of his family paid to the prison governor certain sum of money and he was released in 2005.

b) Which Type Torture she/he suffered?

Physical Methods of torture

In the period of 1998-2005 while the patient was imprisoned physical methods of torture were applied towards him. Namely, regular beating with “clubs, blunt objects, feet, gun stock, metallic conductors were placed under his nails, power current was run through his phalanges, the patient was kept in un-physiological condition, was given water unsuitable for drinking.

Psychological methods of torture and ill – treatment

1998-2005: Deprivation, isolation, darkness, lack oxygen, lack of sanitary conditions and facility, being kept together with other victims of torture, listening to the sounds of torturing of other persons, attending when other people were tortured, expectation of being subjected to torture, fear of death, deprivation of sleep, verbal insults, degrading treatment, unavailability of suitable food and drinking water, limited ability for satisfaction of physiological needs, no access to medical care, discrimination on ethnic grounds.

c) The type of perpetrator involved?

1998-2005: representatives of de-facto government of Abkhazia: Gali police, staff of Sokhumi and Dzdani prisons.

d) Description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

1998-2005: In the period of conviction the patient received following damages: repeated bruising of soft tissues in the area of scapula, sheens, back, fracture of ribs, severe trauma of encephalon with loss of consciousness, severe bleeding from ear, fingers, burns in the area of application of electric shock, broken teeth, bleeding from gums, shock caused by pain. In the period of conviction the patient developed pulmonary deficiency, breathing disorder, burning sensation in the stomach, pain in the whole body, headaches, difficulties in movement.

Acute psychological after-effects

1998-2005: On the basis of permanent expectation of torture and death the patient developed condition of alternation of state of stupor with state of anxiety, suffering, sensation of absolute vulnerability, sleeping disorder, dizziness, suicidal thoughts, one unsuccessful attempt at suicide (was saved by another convict).

Chronic after-effects

Somatic after effects

Lability of arterial pressure, heart flutter, periodic sensation of spasm in the heart with irradiation towards the left shoulder, headaches, volatility of indicators of arterial pressure, sensation of heaviness and pain in the right latus.

Psycho-somatic after – effects

Dizziness, loss of equilibrium, fatigue, overall weakness, tremor of hands, sensation of shiver, sleeping disorder, nightmares, anxiety, tension, deterioration of memory.

Mental/psychological after – effects:

Repeated bad memories and sensation of being subjected to traumatic experience, obsessive memories in the form of dreams, acute worsening of mood, suicidal tendencies, parasuicide, startled at sounds associated with stress, long periods of vigilance, anxiety, feeling of distrust, loss of sense of security, permanent expectation of punishment and death.

Social and legal after – effects:

1998-2005: In the period of conviction the patient received severe psychosomatic trauma and physical trauma, as a result of which his working ability deteriorated and his psycho-social functioning worsened. The patient is the victim of ethnic cleansing, degrading and inhuman treatment and psycho-physical torture. Presently the patient still resides in the conflict zone.

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

- PTSD /F 43.1/ ; Adjustment Disorder: Prolonged Depression disorder /F43.21/
- Cardio – Ischemic Disorder /I25/
- Chronic Cholecistitis /K81.1/
- Chronic Festering Epimezzo timpanitis /H66.2/
- Sequels of Head Trauma /T90.2/:

2. The Assistance provided under the project:

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

First time identification was provided in 23.04.2010 by the partner Centre in Gali region and he was referred to the RCT/EMPATHY and the medical file was opened at the RCT/EMPATHY in 28.02.2010.

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 and psycho – social, clinical and para – clinical investigations according to the principles and guidelines of the “Istanbul Protocol”.

Diagnostic and needs assessment was provided by using the following methods:

- 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 Rating Scale (Watson et al 1991), Beck Depression Inventory (BDI), Hamilton Depression Rating Scale, Bass-Durkay Aggression raiding scale, Shikhan Anxiety rating Scale, Mississippi PTSD Rating Scale (civilian version); Minnesota Multiphase Personality Inventory (MMPI Short version, 71 questions).
- MDT Diagnostic and Rehabilitation was provided by: Doctor Therapist /Case manager , Doctor-Psychiatrists, Doctor Neurologist, Doctor cardiologist, Psychologist/psychotherapist, Social Worker, Nurse
- External Consultations: Doctor ophthalmologist, Doctor otolaryngologist.
- Clinic-laboratorial Testing: Blood general clinical analysis; Urine general clinical analysis; Coagulogram; **analysis on Rheumatic Factors;**
- Para clinical Instrumental investigation: E.C.G, XR of chest area. Echo – Cardiology, Echo-abdominal – scope investigation,
- Clinical and para clinical diagnostics of psycho-physical state and adequate legal and medical assistance was provided

Multi – Faced rehabilitation including medical, mental/psychological and social assistance was provided, as well as the legal consultations were provided, but he refused to submit the appeal to the investigator bodies due to the fear of discrimination and death. It should be mentioned that he still is living at the military conflict region of Abkhazia. The course of multi – faced rehabilitation was undergoing since April 28 till October 22, 2010, during about 6 months period.

c) The staff members who carried out the assistance;

Assistance provided by the MDT staff of the RCT/EMPATHY (Responsibilities under fixed Per – Month Salaries), including type of sessions:

Description	Place	Unit	Average time of the session	N of Units (Sessions of Consultations)	Total N of Hours
Doctor Physician– Case manager	Centre “EMPATHY” office	Hours/ Sessions	1.5 Hours	11	16.5
_Doctor Psychiatrists	Centre “EMPATHY” office	Hours/ Sessions	1 H	4	4
Psychologist	Centre “EMPATHY” office	Hours/ Sessions	2	6	12
Psychotherapist	Centre “EMPATHY” office	Hours/ Sessions	1	4	4
Neurologist	Centre “EMPATHY” office	Hours/ Sessions	1	2	2
Social Worker	Treatment - Therapeutic National Centre	Hours/ Sessions	3	3	9

	S.p.s. „Davituliani”				
Nurse	Centre “EMPATHY” office	Hours/ Sessions	0. 20	6	1.2
Lawyer	Centre “EMPATHY” office	Hours/ Sessions	0. 30	2	1
Gali Crisis Intervention Centre Director Doctor Physician	Gali Crisis Centre in Military Conflict zone in Abkhazia (partner Organization)	Hours/ Sessions, First Time Identification	2	1	2
Crisis Intervention Programme Coordinator	First Time identification and crisis intervention at the RCT/EMPATHY Office	Hours/ Sessions, First Time Identification	2	1	2
Phone consultation	Centre “EMPATHY” office	Hours/ Sessions	0. 10	5	0.5
Total				44	65

d) where the assistance was provided.

1. Partner Organization, Crisis Intervention Centre in Gali Region (Military Conflict Zone)
2. Centre “EMPATHY” – Rehabilitation Centre
3. Sub contracting medical – diagnostic Centers: National Centre of Therapy, Multi Diagnostic Treatment Centre, Neuro - Imagine investigation Centre – LDT Besik Davituliani.

3. The results:

What results have been achieved through the assistance provided:

- Improvement and stabilization of somatic disorders.

- Decreasing of symptoms of PTSD, re – covering of symptoms of depression.
- But it should be mentioned that person still is living in the military conflict zone under fear of ill – treatment and ethnic discrimination that is risk for exacerbation disturbances of adaptation and PTSD symptoms.

4. Future assistance:

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

Taking in consideration high potential risk of repeated violence and living conditions under extreme stress situation the client need follow – up monitoring of his health condition in each three months that is provided locally by the Crisis Intervention Centre located in Gali region (Military Conflict Zone). In case of request the legal assistance will be provided for achieving the legal redress and compensation.

b) For how long the assistance will be provided;

The course of rehabilitation was provided during 6 months period. The client needs follow – up monitoring and evaluation after each 3 months and duration of monitoring depends on living conditions and general situation in the occupied territory of Abkhazia.

C) What results are expected?

The client’s psychological, medical, social and legal condition depends from the situation in military conflict zone. His has chronic disorders that should be controlled minimum each 3 months. In case of adequate supportive therapy and adequate living conditions the stabile remission could be achieved.

- 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” and partner Centre 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					
Otolaryngologist	Multi Profile Treatment Centre	Consultation	1	10	10
Cardiologist	Therapy National Centre	Consultation	2	30	60

Cardiologist	Multi Profile Treatment Centre	Consultation	1	10	10
<i>Sub Total External Consultations</i>					<i>80 GEL</i>
<i>Instrumentary Investigations</i>					
E.C.G.	Therapy National Centre	investigation	2	9.4	18.8
Echo – cardiology Investigation.	Multi Profile Treatment Centre	investigation	1	10	10
XR of chest area	Therapy National Centre	investigation	1	12	12
Echo - abdominoscopy	Therapy National Centre	investigation	1	17.5	17.5
CT of Chest area	<i>LTD. Davituliani Clinic for Neuro – Image Investigation.</i>	investigation	1	120	120
<i>Sub Total Instrumentary Investigations</i>					<i>178.3GEL</i>
<i>Laboratory Investigations</i>					
Blood Common Analysis	Therapy National Centre	investigation	1	5.6	5.6
Urinary Common Analysis	Therapy National Centre	investigation	1	5.6	5.6

Blood coagulogram	Therapy National Centre	investigation	1	16	16
Rheumatoid samples	Treatment Centre	investigation	1	37	37
<i>Sub Total laboratory Investigations</i>					64.2 GEL
<i>Pharmacotherapy</i>					
Magnefari B 6	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 60	N 2	7.14	14.28
Cardiomagnili 75	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 30	N 1	3.160	3.160
Cardiomagnili 75	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 100	N 1	6.160	6.160
Cardiomagnili 75	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 100	N 1	6.038	6.038
Trimekori	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N60	N 1	20.784	20.784
Mexibati	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 30	N 2	20.08	40.160
Mexibati	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 30	N 2	21.568	43.136
Megasefi 0.5	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 10	N 1	2.044	20.44
Megasefi 0.5	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 20	N 1	2.0884	41.768
Megasefi 0.5	Farm Firm PSP in office of the Centre	In Tab. N 10	N 1	2.19701	21.9701

	"EMPATHY"				
Bioritmo	Farm Firm PSP in office of the Centre "EMPATHY"	In flak N 20	N 1	19.84	19.84
Fevarini 50mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab.N 15	N 8	19.56	156.48
Fevarini 100mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 15	N 2	25.383	50.766
Fevarini 100mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab.N 15	N 6	25.384	152.304
Fevarini 100mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 15	N 9	25.384	152.304
Fevarini 100mg	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab.N 15	N 3	25.02	75.06
Cavintoni forte	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 30	N2	10.08	20.16
Cavintoni forte	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 30	N2	10.7596	21.5192
Floxadexi	Farm Firm PSP in office of the Centre "EMPATHY"	In flak N2	N 2	4.94465	9.8893
Gold-rei	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab N 10	N 1	26.295	26.295
Stugeroni	Farm Firm PSP in office of the Centre "EMPATHY"	In Sir.N 50	N	4.5032	4.5032
Veroshpironi	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N20	N 1	5.296	5.296

<i>Medicines sub Total</i>					<i>739.8488GE</i>
<i>Transport Fee including accommodation</i>	Centre “EMPATHY” office	From Gali to Tbilisi and Bak, with accommodation in Tbilisi	1	150	150 L
<i>Transport Fees</i>	Centre “EMPATHY” office	From Gali to Tbilisi and Bak	2	45	90 L
<i>Transport Fees with per diems Sub Total</i>					<i>240L</i>
<i>Total external Budget in GEL</i>					<i>1302.3488 GEL</i>
<i>Total external Budget in USD</i>	Average in 2010 C 1 USD = 1,7823 GEL				<i>730.71245</i>

Case N2 (Mrs. A.B.)

Client Mrs. A.B.; Medical File N81/NM/-2010. Female, 44 years old, Nationality and Citizenship – Georgian, permanent living place: Georgia/Abkhazia (military Conflict Zone) Gali region, village Otobaia.

1. The Personal history of the victim

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

In spring of 1993, she cannot indicate exact date, armed Abkhaz separatists assaulted her house in village Ottobaia, after which they burnt down her house. She and her family moved to the house of their relatives and started partial rebuild of their burnt house. In the fall of 1998, she cannot state exact date, her house was burnt down again by Abkhaz separatists. The patient and her family again started living in with their relatives and started rebuilding their house anew again.

In September of 2002, she cannot state exact date, her neighbor’s son, who was wearing a military cap, visited her house. The same night around 30 armed Abkhazians assaulted her house again and they were requiring that they give out that person, who was wearing a military cap. They searched the house, although they could not find that young man. The Abkhazians beat her up with fists, kicked her, hit her with the butt of a gun. She was insulted verbally too. The patient lost her consciousness. After this incident she developed problems with breathing, headaches, high blood pressure. Later on, with passage of several years her abdomen circumference of her waist and lower part of the body increased, she started having pain in the lower part of her back, developed loss of equilibrium, tremor of limbs, sleep disorder, anxiety and fear.

b) Which type of torture she suffered?

Physical Methods of torture

To the victim were applied following physical methods of torture: beating with fists, kicking, beating with the butt of a gun, accompanied by the episode of loss of consciousness.

Psychological methods of torture and ill – treatment

Expectation of being subjected to torture, verbal insults, degrading treatment, threats, was faced with unrealistic choice, developed deprivation of sleep, had no access to medical aid.

c) The type of perpetrator involved?

Armed Abkhazians.

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

Acute physical after-effect, including CNS:

Patient started to developed general weakness, which gradually aggravated, has feeling of fatigue, dizziness, loss of equilibrium.

Acute psychological after-effects

Patient has signs of narrowing of cognition, dizziness, sense of vulnerability, sense of fear.

Chronic after-effects

Physical after – effects

The patient complains of strong feeling of fatigue and overall weakness, gets exhausted easily, dizziness, vertigo, loss of equilibrium, tremor of hands, feeling of shiver, increase of circumference of waist and abdomen, feeling of gurgling in the stomach. The patient had swelling of lower limbs after physical exercise, heavy breathing, pain in the area of epigastria, reduction of the volume of urine.

Psycho – Somatic after effects

Lability of arterial pressure, heart flutter, periodic pain of heart and the area o left scapula.

Mental/psychological after – effects:

The patient painfully takes the material loss and suffers from heavy social state that she is presently in. Her disposition is extremely poor, has feeling of hopelessness, suffers from the feeling of complete vulnerability and insecurity, emotional lability. She gets tired from conversations easily. It is noteworthy, that as a result of traumatic experience her character underwent changes and she gets easily irritated at small things. She cannot stand, has problems with focusing her attention, her memory has deteriorated, does not like being with people. She

states, that she has problems with falling asleep, periodically she has nightmares. When she wakes up sometimes she feels disoriented, she has sensation of repetition of traumatic events.

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

- PTSD /F 43.1/. Adjustment Disorder: Prolonged Depression disorder /F43.21/
- Generalized Cr of Ovaries IV stage. II Clinical group. (C56)

2. The Assistance provided under the project:

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

First time identification was provided in 09.04.2010 by the partner Centre in Gali region and he was referred to the RCT/EMPATHY and the medical file was opened at the RCT/EMPATHY in 12.04. 2010.

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

Diagnostic and needs assessment was provided by using the following methods, according to the Istanbul Protocol by MDT of the RCT/EMPATHY and sub contractors:

- Center's Medical and Psycho-social monitoring and Rehabilitation program for Victims of Torture (Specially elaborated in accordance with Istanbul Protocol).
- Therapists and Psychiatrist, also, surgeon, gynecologist, oncologist's consultations.
- Following instrumentary investigations were provided: Blad Common analysis, Urinary common analysis, Coagulogram, XR of chest area, E.C.G., Echo – abdominoscopy, CT of abdominal organs, paracentesis, ascites liquid cytology investigation,

In patient treatment:

- Patient according to the severe health condition immediately was transferred from the RCT/EMPATHY to the TSMU Central Clinic for para – clinical and needed additional clinical investigation (in the sub contractor medical centre of the RCT/EMPATHY), then she was transferred to the Oncology National Centre for final diagnostic
- Treatment and rehabilitation was conducted at the sub contractor organization national Centre of Oncology Chemo – Therapy Department, the 11 days chemo – therapy course was conducted.
- Duration of the treatment – rehabilitation course was since 12.04.2010 till 09.07.2010.

c) The staff members who carried out the assistance;

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 Therapist – Case manager	Centre “EMPATHY” office	Hours/ Sessions	1.5 Hours	11	16.5
_Doctor Psychiatrists	Centre “EMPATHY” office	Hours/ Sessions	1.5 Hours	2	3
Social Worker	Kipshidze medical centre, National Cancer Center		3	2	6
Phone consultation	Centre “EMPATHY” office	Hours/ Sessions	0.10	5	0.5
Total					25

d) where the assistance was provided.

- EMPATHY, Rehabilitation Centre
- Tbilisi State medical University Clinic
- Oncology National Centre (Chemo Therapy Division)

3. The results:

What results have been achieved through the assistance provided

The general health condition significantly improved. The pain syndrome was re – covered in epigastria area, short breath and swelling of down limbs reduced, consequently, the mental/psychological condition was improved.

4. Future assistance:

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

Follow – up monitoring during 6 months is planed locally by the Crisis Intervention Centre in Gali Region (partner of the RCT/EMPATHY). Involvement of the client on palliative care programme (Pain management programme with pain relieving medicines).

b) For how long the assistance will be provided;

Future monitoring depends from the general condition and progressiveness of the main oncology disorder. The risk factors are the unlike situation and limitation of rule of law at the military conflict region where the client permanently is living.

C) What results are expected?

The stabilization of somatic condition is expected; depending from the leading oncology disorder, in case of adequate care the prolongation of live is expected.

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:

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

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

Description	Place	Unit	N of Units	Unit Cost in GEL	Total in GL
In patient treatment	TSMU Central clinic	investigation	2 days	1024	1024
investigation	National Center of Oncology	investigation	2 days	271	271
Chemotherapy	National Center of Oncology	treatment	11 days	859	859
Total external costs in GEL					2154 GEL
Total external Budget in USD	Average in 2010 C 1 USD = 1,7823 GEL				1208.5507 USD

Case N3 (Mr.V. B.)

Client Mr. VB, Code of medical file: G-215/ TsG/2010; Male, Age - 33; Nationality Chechen, Citizenship – Refugee from Chechnya, Living area: Collective living area of Refugees from Chechnya (Pankisi Gorge) Akhmeta region, village Tsinubani (in Georgia). Refugee from Chechnya.

1. The Personal history of the victim

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

According to information provided by the patient: when first Russian Chechen war started he lived in Grozno and was 16. The city was bombed permanently and his family had to move to another house. According to the patient in 1994-1995, when his brothers were participating in the war their house was frequently raided by special detachments and when the members of the family were interrogated, they were beaten. The patient can not exactly recall dates, as he has problems with memory. Once the patient's mother was detained and she was released only after the family paid the ransom. She was severely beaten and had bruises on the body. After this incident the patient went into forests, although several months later, as the state of health of his mother deteriorated, he had to return home. About an hour later after his return Russian militaries broke into their house and he was arrested. The patient was taken to the isolator, where he was beaten with the buttstock of a gun, thrown to the floor, kicked in the face, head and stomach. He was not given water. On the second day the patient was interrogated and they were requiring from him provision of information on Chechen partisans and his friends. During interrogation he was tortured, he was immersed into water, tortured with electric current (electrodes were put into his mouth), he was beaten with a plastic bottle with water. In the end he passed out from beating and torture. According to the patient he was unconscious for about an hour. Once at night all young men were taken outside, put in line and were shot at and threatened with execution. Then he was placed in an overcrowded cell. All convicts from the cell were tortured in turns. The cell was in the basement of a building and it was impossible to distinguish between the day and night. There were no sanitary facilities. Convicts were not given food. From time to time they were taken for interrogation and sometime later were brought back tortured and in blood. Two weeks later his relatives paid money and he was released. After release from detention the patient has lost weight and developed acute tonsillitis. In 2001 he was wounded in combat and was moved to Tbilisi, where he was operated urgently on his spinal column. Since that time he has been living in Pankisi Gorge.

b) Which Type Torture he suffered ?

Physical Methods of torture

The patient was subjected to following physical methods of torture: regular beating, torture through application of electric current, electrodes placed in his mouth, genitals, limbs, was kept in un-physiological position, was sunk in water.

Psychological methods of torture and ill – treatment:

According to information provided by the patient he was subjected to the following: deprivation, isolation, darkness, lack of oxygen, cold, insects in isolator, unavailability of sanitary facilities, patient was kept with other victims of torture, hearing sound of torture of other victims, had to attend torture of other convicts, was in permanent expectation of torture, coercion, intimidation, verbal insulting, degrading treatment, mock execution, unavailability of drinking water and food, limited possibilities for satisfaction of physiological needs, unrealistic choice.

c) The type of perpetrator involved?

Russian militaries

d) Description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

According to description of the patient: acute trauma of encephalon with loss of consciousness, severe bleeding from mouth and nose, shock caused by pain, neuromuscular damage, paresis, numerous bruises.

Acute psychological after-effects:

According to description of the patient: affect and shock reaction (combined version), extreme aggressiveness, anxiety, tension, increased vigilance and alertness.

Chronic after-effects

Physical after – effects

According to description of the patient: pain in the chest and waist, pain in the epigastric area, burning of stomach, lost 23 kilos.

Psycho – Somatic after effects

According to description of the patient: he periodically has problems with breathing, sleep disorder, giddiness, deficiency incoordination, overall weakness, fatigue, tremor, increased sweating.

Mental/psychological after – effects:

According to description of the patient: sleep disorder, nightmares, anxiety, stress, increased vigilance, emotional lability, deterioration of memory, obsessive memories regarding traumas that he has been subjected to, increased irritability.

Psycho-somatic and neurological disorders according to ICD 10:

- Post traumatic stress disorder / F 43.1 /

- gastric ulcer / K 25/
- Chronic cholecystitis / K 81.1/
- spasm of accommodation / H 52.5/
- Post operation period on the spinal column / M42/
- Intracranial hypertension / G 93.2 /

2. Assistance provided under the project:

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

On 21.07.2010 the patient applied to the Center Empathy himself.

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

In the Center Empathy was conducted multi-disciplinary and multi-profile examination and rehabilitation program (rehabilitation included medical and psycho-social treatment and rehabilitation). Examination was conducted in accordance with the principles of Istanbul Protocol and following methods were applied:

- Examination and rehabilitation was conducted on the basis of standard medical form elaborated by the Center Empathy.
- Clinical psychological examination: Harvard Trauma assessment questionnaire, (Mollica et al 1992), PTSD assessment questionnaire (Watson 1991),
- Consultations with specialists: therapist responsible for management of the case, psychiatrist, neurologist, ophthalmologist, psychologist, social worker, nurse. ophthalmologist,
- Para-clinical examinations were conducted in subcontracting organizations: bulk analysis of blood and urine, electro-Coagulogram, echo-abdominoscopy, stomach roentgenoscopy, glucose level in blood, liver functions, MRI of spinal column.
- Pharmacotherapy was conducted with following drugs: Medezol, Clarithromicin, Trichopol, Gold Ray, Festal, Prostamol Uno, Speman, Nimesil, sinte, Eglonilin, Omeprazol, Mezim Forte, Cocarnit, Polygen, Teksamen, Lan 30 and Talcide.

c) Staff members who carried out the assistance;

Therapist case manager, psychiatrist, neurosurgeon, neurologist, psychologist, 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
_Doctor Psychiatrists	Centre “EMPATHY” office	Hours	2	6	12
Doctor Therapist	Centre “EMPATHY”	Hours	2	14	28
Psychologist-	Centre “EMPATHY” office	Hours	3	3	9
Neurologist	Centre “EMPATHY” office	Hours	1,5	4	6
Consultation	Centre “EMPATHY” office	Hours	1	3	3
Neurosurgeon	Centre “EMPATHY” office	Hours	1	2	2
Nurse	Centre “EMPATHY” office	Hours	0.5	4	2
Social Worker	Centre “EMPATHY” office	Hours	3	4	12
Total					74

d) Where the assistance was provided.

Central office of the center empathy. Instrumental examinations were conducted in sub-contractor organizations: Ltd National Center for Therapy; ltd Davituliani – neuro-visual diagnostic center. Additional consultations were conducted in the clinic Ophtalmije.

3) The results: What results have been achieved through the assistance provided?

General state of the patient improved, his sleep became better, he is not complaining of obsessive memories regarding the traumas that he has been subjected to.

4) Future assistance:

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

Repeated consultations with psychiatrist, therapist, neurologist, and neurosurgeon are being planned. Will be conducted repeated MRI in the post operation period, treatment with drugs shall continue. General support and psychotherapy shall be continued. The patient needs surgical interference on the spinal column. Pathology of the spinal column has originally been caused by torture.

b) For how long the assistance will be provided;

Medical and psycho-social assistance shall be continued till completion of rehabilitation.

c) What results are expected?

Improvement of psycho-social state of the patient.

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
Dr. Urologist's Consultation	Multi profile treatment and diagnostic Centre	1	10	10	10
Dr. Oculist's Consultation	Clinic “Ophtalmiji”	1	55	55	55
Sub Total External Consultations			65	65	65 GEL
Instrumental Investigations					

Echo- abdominal scope	National centre of Therapy	1	17,5	17,5	17,5
E.C.G	National centre of Therapy	1	9,4	9,4	9,4
XR of Chest, vertebral and head area	National centre of Therapy	1	36	36	36
Echo- cardio scope	National centre of Therapy	1	17,5	17,5	17,5
Gastro – entero scope	Multi profile treatment and diagnostic Centre	1	50	50	50
MRI of Vertebral area	LTD Davituliani (Neuro – imagine Diagnostic Centre)	1	230	230	230
<i>Sub Total Instrumental Investigations</i>			<i>130.4</i>	<i>130.4</i>	<i>390.4</i>
<i>Laboratory Investigations</i>					
Blood and urinary Common Analysis	National centre of Therapy	1	11,2	11,2	11,2
Coagulogram	National centre of Therapy	1	16	16	16
Glucose level in the blood	National centre of Therapy	1	3,2	3,2	3,2
Blood Biochemical Analysis	National centre of Therapy	1	20	20	20
Sub Total laboratory Investigations			50.4	50.4	50.4
Pharmacotherapy	Farm. Firm PSP in of the RCT/EMPATHY Office	Medicines			

Flaproks	Farm. Firm PSP in of the RCT/EMPATHY Office	#10in tab	#1	11,232	11.232
Medezol	Farm. Firm PSP in of the RCT/EMPATHY Office	#28in tab	#2	16,464	32.9281
Klaritomicin	Farm. Firm PSP in of the RCT/EMPATHY Office	#28in tab	#4	12,736	50.9441
Trihopol	Farm. Firm PSP in of the RCT/EMPATHY Office	#14in tab	#2	2,48	4.960
Gold-rei	Farm. Firm PSP in of the RCT/EMPATHY Office	#10in tab	#1	28.048	28.048
Festal	Farm. Firm PSP in of the RCT/EMPATHY Office	#10in tab	12konv.	1,867	22.4041
Prostamol uno	Farm. Firm PSP in of the RCT/EMPATHY Office	#30in cap	#1	22.762	22.762
Speman	Farm. Firm PSP in of the RCT/EMPATHY Office	#100in tab	#1	9.128	9.128
Nimesil	Farm. Firm PSP in of the RCT/EMPATHY Office	#10 pak	10pak	0,625	6.253
Sinte	Farm. Firm PSP in of the RCT/EMPATHY	#60 in tab	#1	38.621	38.216

	Office				
Eglonil	Farm. Firm PSP in of the RCT/EMPATHY Office	#12in tab	6k	18,394	110.364
Omeprazol	Farm. Firm PSP in of the RCT/EMPATHY Office	#60 in cap	6konv.	1,296	7.776
Mezim-forte	Farm. Firm PSP in of the RCT/EMPATHY Office	#20 intab	#1	13.200	13.200
Kokarnit	Farm. Firm PSP in of the RCT/EMPATHY Office	#3 in amp	#3	16,44	49.320
Polijeni	Farm. Firm PSP in of the RCT/EMPATHY Office	#12 in tab	2k	17,348	34.696
Teksamen	Farm. Firm PSP in of the RCT/EMPATHY Office	#5 in amp	5fl	6,39	31.950
Teksamen	Farm. Firm PSP in of the RCT/EMPATHY Office	#10 in tab	#1	6.338	6.338
Fastum-gel	Farm. Firm PSP in of the RCT/EMPATHY Office	ungventum	#5	7,4554	37.277
Lan-30	Farm. Firm PSP in of the RCT/EMPATHY Office	#30 in tab	#1	20.138	20.138
Talcit	Farm. Firm PSP in of the	#20 in tab	#1	4.988	4.988

	RCT/EMPATHY Office				
<i>Medicines sub Total</i>					<i>525.731</i>
<i>Transport Fees with per diems Sub Total</i>			<i>1</i>	<i>30</i>	<i>30</i>
Total external costs in GEL					916.531
Total external Budget in USD	Average 1USD = 1,7823GEL				514.24

Case N4 (Mrs. M. Z.)

Client Mrs. M.Z.; Medical File #83/NM/-2010. Female, 61 years old, IDP from South Osethia, Nationality and Citizenship – Georgian, permanent place of residence: Village Kekhvi (presently this territory is Occupied), nowadays lives in IDP Collective settlement centre in Rustavi 21 micro-district, 11 block, 7 apt.

1. The Personal history of the victim

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

According to the patient in 1951, when she was 6 months old the soviet government resettled her family to Kazakhstan, namely mother, father and 4 children. The family was made to leave the train and they were left in the middle of nowhere with no shelter. Her father made a dugout shelter and the family lived there for four years. Elder brother of the victim somehow stayed in Tbilisi when the rest of the family was resettled and from the age of seven he was living homeless, without parent and any relatives to help. In the exile the family lived in unbearable conditions. According to the patient she lived in inhuman, degrading conditions, with no access to elementary medical care. The family did not have any access to hygienic facilities and articles. Drinking water was in limited quantity and eve whatever water was available it was poor quality and muddy. In the dugout house they did not have power, window, daylight and fresh air could not penetrate into it. After rehabilitation of the family in 1956 the mother with her two children managed to return to motherland.

In 1989 Osethian separatists burnt alive the son of her brother (nephew). After this the patient developed overall weakness, fatigue, increase of arterial pressure. In the same year the patient was diagnosed with diabetes mellitus of the II category and she is insulin dependent.

According to the patient from the beginning of August of 2008, especially on August 5-6, Russian army and armed units of South Ossetian separatist government were systematically shooting Georgian villages, including peaceful population of village Kekhvi. They were shooting with large-caliber weapons as well as machine guns, while Russian aviation was bombing these territories. Houses were demolished, burnt down, there were victims among peaceful population. Due to real risk to life her children with their families like majority of ethnic Georgians left homes in search of safety. On August 6 due to intensive artillery attack the patient had to leave her house and went towards Tbilisi by a car of her acquaintance. In Eredvi, when they were passing a bus stop near the car, in which they were riding fell a bomb, which tore the car apart. Two other ladies sitting in the car died instantaneously, while the patient was wounded in the head and passed out. Her wound was bleeding badly, she was absolutely unprotected and vulnerable, as she could not move independently. Around 15 minutes later she came back to her senses, unknown people put her in another car, took her to Tbilisi and brought her to Ghudushauri Hospital. The patient received adequate assistance in the hospital. After this incident the patient developed breathing disorder, which aggravated later, headaches and pain in her stomach, indicators of arterial pressure increased, loss of equilibrium, tremor of limbs, sleep disorder, anxiety, fear.

b) Which Type Torture she suffered?

Physical Methods of torture

Wound in the cranial area caused by fragments of bomb, severe bleeding from the wound.

Psychological methods of torture and ill –treatment

According to description of the patient: discrimination on ethnic grounds, being kept with other victims of torture, torture and killing of family members, listening to sounds of torture of other persons, being present at torture of other persons, expectation of being tortured, unavailability of medical aid.

c) The type of perpetrator involved?

1951 – Soviet rule

1989 – Illegitimate armed formations of Ossetian separatists assisted by Russian army.

August of 2008 (06.08.08) - Russian army and illegal formations of ethnic Ossetians.

d) Description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

Severe trauma of encephalon with loss of consciousness, severe bleeding from the wound, bruising of the body, shock caused by pain.

Acute psychological after-effects

Patient describes affective-shock reaction with dizziness, sensation of vulnerability and fear.

Chronic after-effects

Physical after – effects

Patient complains of overall weakness, fatigue, dizziness, loss of equilibrium, tremor, periodic ache in the heart with irradiation towards left shoulder, headaches, pain and sensation of heaviness in the right side of the chest, high arterial pressure.

Psycho-Somatic after effects

Breathing disorder, pain and burning sensation in stomach. In several days increase of arterial pressure, headache, dizziness, loss of balance, feeling of shiver and cold in the body.

Mental/psychological after – effects:

Patient has sleep disorder, problems with falling asleep, restless sleep, screams in sleep, nightmares related to stress that she has been subjected to. When she wakes up she has feeling that stress events are repeating, has obsessive memories, which she cannot avoid. When telling about the stressful events she becomes very excited, irritated, on the face has signs of hyperemia, affective-vegetative reactions. He has problems with recalling episodes from the nearest past (including details related to traumatic experience). She is suffering from her current social state, mood poor she has painful emotions related to hopelessness, no positive prospects, vulnerability. Clearly pronounced irritability, emotional lability. Gets easily tired from conversations, gets more unfocused, lack of attention. It is noteworthy, that after traumatic events her character changed – gets easily irritated at small things. Cannot stand noise, being with people. Has problems with communication, tries to be alone, talks of deterioration of memory and concentration.

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

- Post- traumatic Stress Disorder /F 43.1/ Pronounced Depressive Condition /F43.21/
- Ischemic Heart Disease /I25/
- Chronic cholecystitis /K81.1/
- Insulin-dependent diabetes mellitus (E10)
- Diabetic angiopathy (I79.2),
- Autonomic neuropathy in endocrine and metabolic diseases (G99.0)
- Diabetic cataract (H28.0)
- Presbyopia (H52.4)
- Low Degree Hypermetropia (H52.0)
- Sequelae of superficial injury of head (T90.0)

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 the RCT/EMPATHY by himself (self-apply) on 29.03.2010, and the medical file was opened at the RCT/EMPATHY on 12.04.2010.

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 and psycho – social, clinical and Para – clinical investigations according to the principles and guidelines of the “Istanbul Protocol”.

Diagnostic and needs assessment was provided by using the following methods:

- 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 Rating Scale (Watson et al 1991), Beck Depression Inventory (BDI), Hamilton Depression Rating Scale, Bass-Durkay Aggression raiding scale, Shikhan Anxiety rating Scale, Mississippi PTSD Rating Scale (civilian version); Minnesota Multiphase Personality Inventory (MMPI Short version, 71 questions).
- MDT Diagnostic and Rehabilitation was provided by: Doctor Therapist /Case manager, Doctor-Psychiatrist, Doctor Neurologist, Psychologist/psychotherapist, Social Worker, Nurse.
- External Consultations: Doctor Ophthalmologist, Doctor Angiologist, Doctor Endocrinologist.
- Clinic-laboratorial Testing: Blood general analysis; Urine general clinical analysis; Coagulogram; **Blood analysis on Sugar.**
- Para clinical Instrumental investigation: E.C.G, XR of chest area. Echo-abdominal– scope investigation, Lateral Craniography, Brain CT.
- Clinical and Para clinical diagnostics of psycho-physical state and adequate social and medical assistance was provided.
- Rehabilitation Course was undergoing during the period 12.04.2010 – 16.08.2010.

c) The staff members who carried out the assistance

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 Therapist	Centre “EMPATHY”	Hours/	1.5 Hours	6	9

- Case manager	Office	Sessions			
_Doctor Psychiatrist	Centre "EMPATHY" Office	Hours/ Sessions	1 H	3	3
Psychologist	Centre "EMPATHY" Office	Hours/ Sessions	1	6	12
Neurologist	Centre "EMPATHY" Office	Hours/ Sessions	1	2	2
Social Worker	Multi Profile Treatment Centre Therapy National Centre LTD. „Davituliani , Clinic for Neuro – Image Investigation. Endocrinology National Centre	Hours/ Sessions	3	4	12
Nurse	Centre "EMPATHY" Office	Hours/ Sessions	0.33	3	1
Consultation with specialists	Centre "EMPATHY" Office	Hours/ Sessions	0.5	2	1
Phone consultation	Centre "EMPATHY" Office	Hours/ Sessions	0.10	5	0.5
Crisis Intervention Programme Coordinator	First Time identification and crisis intervention at the RCT/EMPATHY Office	Hours/ Sessions, First Time Identification	2	1	2
Total				32	42.5

d) where the assistance was provided.

1 Centre "EMPATHY" – Rehabilitation Centre.

- 2 Sub contracting medical – diagnostic Centers: National Centre of Therapy, Multi Diagnostic Treatment Centre, Neuro - Imagine investigation Centre – LDT Besik Davituliani, National centre of Endocrinology.

3.The results:

What results have been achieved through the assistance provided

The common health condition of the patient was significantly improved, there aren't presented headaches, pain in chest area, sleeping problems (disturbances of falling asleep) have significantly reduced.

4. Future assistance:

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

In case of re-applying the organization will assess client's problems generally (Health, Psychological, Social and Legal)

b) For how long the assistance will be provided;

It depends on patient's revealed problems nature and difficulties.

c) What results are expected?

Solving revealed problems that can be dealt with.

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):

<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					
Angiologist	Centre "EMPATHY" office	Consultation	1	20	20
Oculist	Multi Profile Treatment Centre	Consultation	1	55	55
Endocrinologist	Endocrinology Centre	Consultation	2	20	40
Endocrinologist	Centre "EMPATHY"	Consultation	1	20	20

	office				
<i>Sub Total External Consultations</i>					135GEL
<i>Instrumental Investigations</i>					
E.C.G.	Therapy National Centre	Investigation	1	9.4	9.4
Chest XR	Therapy National Centre	Investigation	1	12	12
Echoabdominoscopy	Therapy National Centre	Investigation	1	17.5	17.5
Brain CT	LTD., Davituliani,, <i>Clinic for Neuro – Imagine Investigation.</i>	Investigation	1	120	120
Lateral Craniography	Therapy National Centre	Investigation	1	15	15
<i>Sub Total Instrumental Investigations</i>					173.9 GEL
<i>Laboratory Investigations</i>					
Blood Common Analysis	Therapy National Centre	Analysis	1	5.6	5.6
Urinary Common Analysis	Therapy National Centre	Analysis	1	5.6	5.6
Blood Coagulogram	Therapy National Centre	Analysis	1	16	16
Blood sugar analysis	Therapy National Centre	Analysis	1	3.2	3.2
<i>Sub Total laboratory Investigations</i>					30.4
<i>Pharmacotherapy</i>					

Cataxsoli	Farm Firm PSP in office of the Centre "EMPATHY"	In flak N 2	N 2	8.56	17.12
Tiogama i.v.	Farm Firm PSP in office of the Centre "EMPATHY"	In flak. N 10	N 1	173.568	173.568
Tiogama	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 120	N 4	25.236	100.944
Dialon T	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 60	N 3	11.2	33.6
Cavinton forte	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N90	N 3	9.52	28.56
Mezim forte 10000	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 60	N 3	6.72	20.16
Infusion System	Farm Firm PSP in office of the Centre "EMPATHY"	N 10	N 10	0.72	7.20
Persen forte	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 40	N 2	4.295	8.59
Cocarniti	Farm Firm PSP in office of the Centre "EMPATHY"	In amp N 9	N 3	16.8	50.4
Eclifsi	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab. N 74	N 3	21.504	64.512
Preductali	Farm Firm PSP in office of the Centre "EMPATHY"	In tab. N 60	N 1	19.04	19.04
Fevarini	Farm Firm PSP in office of the Centre "EMPATHY"	In Tab.N 15	N 1	26.688	26.688
Medicines sub Total					505.382GEL

<i>Total external costs in GEL</i>					844.682GEL
<i>Total external Budget in USD</i>	C 1 USD = 1,7823 GEL				473.928 USD

Case # 5 (Mr.E. D.)

Client's code: G – 2010 –KM – 011, Mr. ID; Age 17, Male, by Ethnicity Russian, former convict of Women's and Juvenile Prison Facility N5 of the Penitenmtiary Department of the Ministry of Corrections and Legal Assistance of Georgia (MCLA). (Juvenile's Pre –Trial Prison).

1. The personal history of the victim:

a) In what context the victim was tortured, including dates and places; Information is provided by Mr. ID

Mr. ID with his mother and grandmother lived in Tbilisi, in poor, socially unprotected family. His parents were divorced, and he was growing up with his mother. From the childhood he experienced lack of attention and care from family, and most of his time spent in street. Under the police field of view he came at 8-9 years, because at this time he often committed petty larceny and disorderly conduct, policemen often took him in police station for some information they would like to know from him, and due to his age liberated him fast. In street he used alcohol, tobacco and some pills. When Mr. ID was 12 years old, he was arrested by Tbilisi policemen on a charge of theft, what actually he hadn't committed. In police station he was beaten by policemen with fists in head, face and side areas, with the purpose of obtaining from Mr. ID confession of his guilt. During the beating policemen damaged Mr. ID's eye, after he had some problems of vision and visited oculist for treatment. When Mr. ID was 14, he was participating in group street fight, at the time he had pocket knife with him, and arrested again by policemen. As he remembers, it happened in summertime, in the police station he was severely beaten, including beating in feet with wooden stick, with the aim of obtaining information from Mr. ID and confession of guilt, there he was abused, humiliated, policemen scolded him and threatened. After some time he was transferred to preliminary detention centre for four days, where he was alone, and after paying the forfeiture, was released. After four months he was arrested again by policemen with accusation of theft and after spending 2, 5 weeks in Juvenile Prison Facility N 5, was released with suspended sentence. After releasing from prison Mr. ID during the period 2007 -2009 didn't received any rehabilitation services from the state agencies. On 27.12.2009 evening Mr. ID was arrested in front of his living house and taken in police station, before bringing him in police he was several times blown in head, after bringing him in station policemen beat him with hands and boots, scolded and humiliated him. They wanted from him to obtain some information about burglary. During the beating one policeman hit him in chest area with leg so heavily that he fell down together with chair in what he was sitting. Together with Mr. ID were his friends, and he was witness how policemen beat them. After some hours spent in police station, he was transferred to preliminary detention centre and then to Juvenile Prison Facility N 5. In juveniles prison he had some conflict situation with other juvenile prisoners and was much upset and nervous about this.

In 25.02.2010 during the monitoring of RCT/EMPATHY staff members in the prison, Mr. ID was identified as a victim of torture and inhuman, degrading treatment.

B) Which Type Torture she suffered?

Physical methods of torture: Systematic beating with hands, boots, wooden stick, special method "phalanx"

Psychological methods of torture and ill treatment: Mr. ID suffered with humiliation, threaten, scold and abuse, uncertain expectation of torture, was witness of torture of his friends, was together with torture victims, experienced sleep deprivation, isolation, poor sanitary – hygienic conditions, rodents in prison, as well as lack of medical aid during the period of detention.

c) The type of perpetrator involved:

Tbilisi policemen.

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

Acute physical after-effect, including CNS:

Mr. ID suffered with contusions and bruises on back, sides, feet, eye disturbance.

Acute psychological after-effects:

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

Chronic after-effects

Physical after – effects

The rare headaches and it is related to weather changes.

Mental/psychological after – effects:

Mr. ID suffers with insomnia, irritability, anxiety and emotional strain, depressive mood, dysphoria.

Psycho-somatic after effects:

Pain in heart area, periodically insufficiency of respiration, feeling of muscles tension, excessive watchfulness

Mental disturbance in accordance with ICD–10 was revealed

Adjustment disorder, prolonged depressive reaction (F 43.21)

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 MCILA juveniles Pre-Trial Prison), in 25.02.2010 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, reevaluation with the same tests.
- Centre Empathy MDT: Doctor Psychiatrist, Doctor Neurologist, and Psychologist-psychotherapist.
- Specialists' consultations: Doctor Psychiatrist – case manager, Doctor Neurologist, Psychologist-psychotherapist.
- Psychotherapy – were held 6 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.
- Rehabilitation period: 25.02.2010 – 05.10.2010

c) The staff members who carried out the assistance:

Doctor Psychiatrist- case manager, Doctor Neurologist, Psychologist – psychotherapist – case manager

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
Doctor Psychiatrist- Case Manager	Juvenile Prison	Hour s/Ses sions	3	6	18
Case Manager – Psychologist - psychotherapist	Juvenile Prison	Hour s/Ses sions	1.33	9	12
Neurologist	Juvenile Prison	Hour s/Ses sions	1	1	1
MDT Councils	Centre Empathy	Hour s/Ses sions	0.5	2	1
total			1.77	18	32

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 –irritability, anxiety, emotional strain, reduced, depressive mood and dysphoria aren't presented, sleep became stabile, but it should be mentioned, that **full rehabilitation course Mr. ID hasn't completed because contract between RCT/EMPATHY and MCLA wasn't renewed by MCLA unilateral decision.**

4. Future assistance:

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

- In case of Contract renewal and Client's request, continuation of monitoring.
- 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 client's interests.

b) For how long the assistance will be provided

Depends on results of monitoring

c) What results are expected?

After adequate treatment and rehabilitation there is expected improvement of behavior and social adaptation.

Case N6 (Mrs. I.SH.)

Client Mrs. ISH, Code of medical file: G-117/ TsG/2010; Female, Age - 40; Nationality and Citizenship – Georgian, Permanent living place: Georgia/Abkhazia (military Conflict Zone) Gali Region, Village Mziuri. Married.

1. The Personal history of the victim

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

According to the patient in the fall of 1993, she cannot recall exact date, after completion of armed conflict she crossed Rukhi Bridge and found shelter with relatives, but she lived in extremely heavy conditions. The patient and her children were often very sick. In 1994 her husband was arrested in Abkhazia and she had to return home. She was arrested too. They made her work like a slave. She was working in tangerine gardens, cooking for workers, picking tangerines and she was not paid for all the work she did. They were not provided with sufficient food or water. Together with her was working her neighbors. Men were beaten and intimidated very often right in front of them. In spring and summer of 1998, when the conflict started escalating again in Gali region, the patient and her children again crossed the border and went to Zugdidi, while her husband stayed in the village to take care of their house and save it from devastation. The patient had to return to her village as she was not provided with any temporary shelter and had nowhere to live. When she returned to the village she was again made to work in tangerine plantations and had to cook for Abkhaz boeviks (armed units). If the husband and wife expressed any protest, they were beaten and physically abused. Once they were locked in a basement on the territory of headquarters and stayed there during the night. They were not given any food or water and had no opportunity of satisfaction of their physiological needs. They were threatened and promised, that they will not be let out of that basement at all if they would express any protest against forced labor. In 2002 her husband was cutting wood in the forest, when he received a serious trauma. He was operated, but after that accident he was disabled. After that accident Abkhazians were exerting more pressure on her and requiring her to work harder to compensate for her husband's disability. She was working on tangerine plantations, cooking for Abkhaz boeviks and was also working in the village ambulatory for years as a nurse without getting any remuneration. According to the patient on April 1 of 2010 representatives of Abkhaz armed formations broke into her house and required that her husband go into tangerine plantations to treat the trees chemically, but as her husband was disabled, he refused to do this work. After his refusal Abkhaz boeviks insulted them physically, beat them up with the buttstock of a gun and the patient passed out. Before passing out the patient tried to defend her husband, although after she tried to do so, as she states "she was degraded and insulted physically", but she does not say what kind of insult she was subjected to and cries when she recalls this episode.

b) Which Type Torture she suffered?

Physical Methods of torture

Following physical methods of torture were applied towards the patient: regular beating, kept in un-physiological state. N.B. behavior of the patient and reaction of rejection; diagnosed pathologies give substantiated suspicion that the patient was raped.

Psychological methods of torture and ill – treatment:

According to description of the patient: deprivation, isolation, being kept together with other victims of torture; hearing sounds of torture of other victims, being witness of torture of members of her family, unavailability of sanitary facilities, expectation of further torture, verbal insults, degrading treatment, intimidation, insufficiency of food and drinking water, limited opportunity for satisfaction of physiological needs.

c) The type of perpetrator involved?

Armed units of Abkhaz separatists.

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

Acute physical after-effect, including CNS:

According to description of the patient: severe trauma of encephalon with loss of consciousness; severe bleeding from mouth, numerous bruises on the body.

Acute psychological after-effects:

According to description of the patient: affective-shock reaction with severe agitation.

Chronic after-effects

Physical after – effects

The patient complains of: pain in the heart, headaches, pain in the right side of her chest, waist, left limb, giddiness, heart flutter, lability of arterial pressure.

Psycho – Somatic after effects

According to description of the patient: periodic problems with breathing, sleep disorder, giddiness, coordination disorder, sensation of tense muscles, tremor, fatigue, overall weakness.

Mental/psychological after – effects:

According to description of the patient: sleep disorder, nightmares, anxiety, uptightness, increased alertness, emotional lability, fear, reduction of concentration, deteriorated memory, obsessive memories on trauma, that she has been subjected to, increase of irritability at stimulation, reveals

strong tendency for rejection and avoidance of memories regarding last episode of torture (presumably rape).

Psycho-somatic and neurological disorders according to ICD :

- Post-traumatic stress disorder /F 43.1 /
- Osteoblastocytus in the cranial area / D16.4 /
- Menopause / N 95.1 /
- Chronic calculouse cholecystitis / K 80.4 /
- Allergic conjunctivitis / H10.3 /

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 the basis of referral from Head of Nabakevi Crisis Center for the purpose of undergoing of medical examination and treatment; applied to Center Empathy on **30. 04. 2010**.

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

Center Empathy has conducted multidisciplinary and multiprofile examination and elaborated rehabilitation program (which included medical and psycho-social treatment and rehabilitation). Examination was conducted in accordance with the principles of Istanbul Protocol:

- Examination and rehabilitation was conducted on the basis of standard medical card, elaborated by the center Empathy;
- Clinical psychological examination was conducted by use of Harvard assessment questionnaire (Mollica et al 1992), PTSD assessment questionnaire (Watson 1991), Beck depression assessment questionnaire (BDI), Hamilton depression assessment scale, Ba-Dark aggression level identification test, Shikhan anxiety assessment test, Mississippi test (civilian version), MMPI (abridged version with 71 questions).
- Consultations with specialists: therapist, responsible for management of the case, psychiatrist, neurologist, psychologist, gynecologist, neurosurgeon, social worker, nurse;
- Laboratory and instrumental examination: (National center of therapy, Empathy, No3 maternity home, Ltd. Davituliani). Blood and urine tests, Coagulogram, electrocardiogram, echo-abdominoscopy, glucose levels in blood, CT examination;
- Pharmacological treatment with following drugs: Fevarin, Tensipsen, Kokartin, Prestarium, Texamen, Cardiomagnil, Askorutin, Polyjen, Enfeks, Heksikon, Ginotran, Lacipil, Preductal, Gold Ray.

c)The staff members who carried out the assistance;

Therapist, responsible for management of the case, psychiatrist, psychologist, social worker, nurse, gynecologist, neurosurgeon.

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 Psychiatrists	Centre “EMPATHY” office	Hours	1	1	1
Doctor Therapist	Centre “EMPATHY” office	Hours	1.5	8	12
Psychologist-	Centre “EMPATHY” office	Hours	1.5	2	3
Neurologist	Centre “EMPATHY” office	Hours	1	2	2
Consultation of specialists	Centre “EMPATHY” office	Hours	0.5	2	1
Neurosurgeon	Centre “EMPATHY” office	Hours	1	1	1
Nurse	Centre “EMPATHY” office	Hours	0.30	6	2
Social Worker	Centre “EMPATHY” office	Hours	3	4	12
Total					34

d) Where the assistance was provided.

Central office of the center Empathy, National Center for Therapy, No3 maternity home, Individual enterprise Besik Davituliani (CT survey).

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

Overall state of the patient improved, sleep regulated, does not complain of obsessive memories regarding stress that she has been subjected to.

2. Future assistance:

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

Repeated consultations with psychiatrist, therapist, neurologist and psychologist are being planned.

b) For how long the assistance will be provided;

Continuation of medical and psycho-social measures till final rehabilitation.

c) What results are expected?

Improvement of the state of the patient, it is noteworthy, that till she has to return to her village and get immersed in the same environment (dangerous for life) mental and psychological state of the patient can not improve substantially.

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):

Description	Place	Unit	N of Units	Unit Cost in GEL	Total in GL
Consultations					
Gynecologist	III Maternity Hospital	Consultation	1	20	20
Sub Total External Consultations					20
Instrumental Investigations					
E. C. G.	National centre of Therapy	Investigation	1	9.4+10	19.4

Abdomen area echoscopy	National centre of Therapy	Investigation	1	17.5	17.5
CT (Head area, Brain)	L.T.D. Davituliani (neuro – Imagine investigation Centre)	Investigation	1	120	120
Sub Total Instrumental Investigations					156.9
Laboratory Investigations					
Blood and urinary Common Analysis	National Centre of therapy, Multi – profile Diagnostic Centre	Laboratory investigation	2	11.2+20	32.2
Coagulogram	National Centre of therapy, Multi – profile Diagnostic Centre	Laboratory investigation	1	16+18	34
Gynecology analysis	Isoakime and Anna Gynecology Clinic	Laboratory investigation	1	8	8
Glucose level in Blood	National Centre of therapy	Laboratory investigation	1	3.2	3.2
Sub Total laboratory Investigations					77.4 GEL
Pharmacotherapy					
Fevarini	Farm. Firm PSP in of the RCT/EMPATHY Office	#15 in tab	#11	260.084	260.084
Tensispensi	Farm. Firm PSP in of the RCT/EMPATHY Office	#20 in tab	#2	22.249	22.240
Cokarniti	Farm. Firm PSP in of the RCT/EMPATHY	#3 in amp	#3	45.552	45.552

	Office				
Prestariumi	Farm. Firm PSP in of the RCT/EMPATHY Office	#30 in tab	#4	54.928	54.928
Texameni	Farm. Firm PSP in of the RCT/EMPATHY Office	#10 in tab	#1	6.440	6.440
Cardiomagnili	Farm. Firm PSP in of the RCT/EMPATHY Office	#30 in tab	#1	3.160	3.160
Askorutini	Farm. Firm PSP in of the RCT/EMPATHY Office	#50 in tab	#1	1.280	1.280
Poligeni	Farm. Firm PSP in of the RCT/EMPATHY Office	#12 in tab	#2	35.200	35.200
Enfexia	Farm. Firm PSP in of the RCT/EMPATHY Office	#10 in tab	#2	42.400	42.400
Hexikoni	Farm. Firm PSP in of the RCT/EMPATHY Office	#10in suppoz	#1	13.824	13.824
Ginotrani	Farm. Firm PSP in of the RCT/EMPATHY Office	#14in suppozit	#1	18.016	18.016
Lacipili	Farm. Firm PSP in of the RCT/EMPATHY Office	#14 in tab	#2	34.992	34.992
Preduktali	Farm. Firm PSP in of the RCT/EMPATHY Office	#60 in tab	#2	39.56	39.56
Gold-rei	Farm. Firm PSP in of the	#10 in tab	#2	56.864	56.864

	RCT/EMPATHY Office				
Total					634,54
Medicines sub Total					634.54 GEL
Transport Fees with per diems Sub Total					45 GEL
Total external costs in GEL					933,84 GEL
Total external Budget in USD	Average 1USD = 1,7823GEL				523,95 USD

Case N7 (Mr. G.J)

Client Mr. GJ, Code of medical file: G-172/ TsG/2010; Male, Age - 49; Nationality and Citizenship – Georgian, Permanent living place: Georgia/Abkhazia (military Conflict Zone) Gali Region, Village Otobaia.

1. Personal history of the victim

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

According to the patient starting from 1996 and presently he resides within the Russian-Georgian conflict zone, on the territory of Abkhazia, Gali region, where he lives in conditions of permanent fear, stress and hardships. The patient describes the facts of physical and psychological pressure that he has been subjected to in the period between 1993-1998. He states, that perpetrators of physical and psychological pressure were so called Abkhaz boeviks (armed formations). Pressure was exerted on him and members of his family. It is also noteworthy, that in 1998, he can not state exact date, when he was leaving his village, he was detained and required to pay 10 million Russian rubles. He was beaten, kicked, hit with the buttstock of a gun. They kept him hostage for 1 week in a basement. Conditions were inhuman, he had no adequate food or water. He had limited opportunity of satisfaction of physiological needs. In 2007 the head of Otobaia police insulted him physically. In 2008 while crossing Enguri border he was detained by soldiers of Russian regular armed forces. They threatened him with burning down his house, beat him, burnt cigarette butts on his skin and were also threatening him with raiding members of his family and arresting them. They required from him a bribe (he does not specify the amount), which he paid. He was released after payment of the bribe. On 09. 03. 2010 the patient was

crossing the bridge, when Russian soldiers and Abkhaz boeviks started chasing him and shooting at him. They were shouting at him and saying that they will kill him. He had to run towards the forest and cross the border to reach Zugdidi by the back roads, but when he was crossing the bridge he found himself under the exchange of fire. When he was trying to hide away from the bullets he fell down from the bridge and broke his shoulder blade. Despite strong pain the patient continued hiding in water under the bridge, so that Russian soldiers and Abkhaz boeviks could not find him. Several hours later he came out of water, reached Zugdidi and went to hospital.

b) Which Type Torture he suffered?

Physical Methods of torture

Following methods of physical torture were applied to the patient: regular beating (including with the purpose of extortion of money), patient was also kept in un-physiological condition.

Psychological methods of torture and ill – treatment:

According to description of the patient: deprivation, isolation, being kept with other victims of torture, hearing sounds of torture of other persons, expectation of further torture, unavailability of sanitary facilities, coercion, verbal insult, degrading treatment, threats, insufficiency of food and drinking water, limited opportunity for satisfaction of physiological needs, being put in front of unrealistic choice, unavailability of medical aid.

c) The type of perpetrator involved?

Armed formations of Abkhaz separatists and Russian soldiers.

d) Description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

According to description of the patient: severe cranial trauma with loss of consciousness, burns, severe bleeding from lips and nose, shock caused by pain, acute heart and vascular deficiency, breathing disorder, severe renal failure and psoriasis.

Acute psychological after-effects:

According to description of the patient: affective-shock reaction with agitation, distortion of cognition (dazed).

Chronic after-effects

Physical after – effects

According to description of the patient: pain in the area of heart, headache, pain in the jaw area, loss of weight, frequent urge to urinate, on the skin the patient has circular burn marks with uneven edges.

Psycho – Somatic after effects

According to description of the patient: periodic problems with breathing, sweating, sleep disorder, dizziness, loss of coordination, tension in muscles, deterioration of vision, fatigue, overall weakness, itching, was diagnosed with psoriasis.

Mental/psychological after – effects:

According to description of the patient: sleep disorder, nightmares, restlessness, anxiety, reduction of working ability, emotional lability, fear, deterioration of memory; patient complains of obsessive memories regarding traumas that he has been subjected to, increased irritability.

Psycho-somatic and neurological disorders according to Iç - 10:

- **Dislocation of left clavicle / S49.9/**
- **Post traumatic stress disorder /F 43.1 /**
- **Ischemic heart disease / I.25 /**
- **Arterial hypertension / I.11.3 /**
- **Chronic gastritis / K 29.5 /**
- **Chronic cholecystitis / K81.1 /**
- **Hepatitis / K76.0 /**
- **osteochondrosis of vertebrae in the waste area / M42.1 /**
- **Generalized psoriasis / L40.1 /**

2. Assistance provided under the project:

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

On the basis of referral of the Head Doctor of Nabakevi Crisis management Center for the purpose of conducting of medical examination and undergoing medical treatment. The patient applied to the center on Empathy **26.10.2009**

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

Center Empathy has conducted multidisciplinary and multiprofile examination and elaborated rehabilitation program (which included medical and psycho-social treatment and rehabilitation). Examination was conducted in accordance with the principles of Istanbul Protocol:

- Examination and rehabilitation was conducted on the basis of standard medical card, elaborated by the center Empathy;
- Clinical psychological examination was conducted by use of Harvard assessment questionnaire (Mollica et al 1992), PTSD assessment questionnaire (Watson 1991), Beck depression assessment questionnaire (BDI), Hamilton depression assessment scale, Ba-Dark

aggression level identification test, Shikhan anxiety assessment test, Mississippi test (civilian version), MMPI (abridged version with 71 questions).

- Consultations with specialists (multidisciplinary group): therapist, responsible for management of the case, psychiatrist, neurologist, psychologist, social worker, nurse, traumatologist, hepatologist, dermatologist, ophthalmologist;
- Instrumental examination: (National center of therapy, Empathy, Empathy, Jsc Traumatologist, Tatishvili clinic). Blood and urine tests, echocardiography, liver tests, rentgenography of chest and spinal column.
- Pharmacological treatment with following drugs was conducted: Ciprofloxacin – 500 mg, Essentiale, Karsil, Festal, Noshpa, Hepatorits, Mezim Forte, Zoo 20, Mildronat 250 mg, Erinite, Cypro – 500mg, 5-Noki.

c) The staff members who carried out assistance;

Therapist, responsible for management of the case, psychiatrist, psychologist, neurologist, social worker, nurse, traumatologist, hepatologist, dermatologist, ophthalmologist.

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 Psychiatrists	Centre “EMPATHY” office	Hours	3	2	6
Doctor Therapist	Centre “EMPATHY”	Hours	1.5	14	21
Psychologist-	Centre “EMPATHY” office	Hours	1.5	2	3
Psychotherapist	Centre “EMPATHY” office	Hours/	1	2	2
Neurologist	Centre “EMPATHY”	Hours	1	3	3

	office				
MDT meetings	Centre “EMPATHY” office		0.5	4	2
Orthopedist / Traumatologist	Centre “EMPATHY” office		1	2	2
Nurse	Centre “EMPATHY” office	Hours	0.33	6	2
Social Worker	Centre “EMPATHY” office	Hours	3	4	12
Total					54

d) Where the assistance was provided.

Nabakevi Crisis Management Center, central office of the center Empathy, National Center of Therapy, Jsc Traumatologist, Tatishvili clinic.

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

Overall state of the patient improved, sleep regulated, does not complain of obsessive memories regarding stress that he has been subjected to, coordination improved, now his psoriasis is at the stage of remissions, arterial pressure has regulated.

4) Future assistance:

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

Repeated consultations with psychiatrist, therapist, neurologist and psychologist, dermatologist are being planned; treatment with medication and general support is going to continue.

b) For how long the assistance will be provided;

Continuation of medical and psycho-social measures till final rehabilitation.

c) What results are expected?

Improvement of the state of the patient, it is noteworthy, that up to now the patient still resides within the zone of military conflict, which represents a risk factor and may cause destabilizing of psycho-somatic condition.

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 GL
Traumatological surgery	Traumatological/Orthopedic Centre	Shoulder Bone Plastic	1	899.98	899.98
External Consultations					
Hepatologist	Centre “EMPATHY” office	Consultation	4	20	80
Dermatologist	Centre “EMPATHY” office	Consultation	2	20	40
Ophthalmologist	Centre “EMPATHY” office	Consultation	1	55	55
Sub Total External Consultations					175
Instrumental Investigations					
E E.C.G.	Therapy National Centre	investigation	2	9.4	18.8
Echocardiography	Therapy National Centre	investigation	1	17.5	17.5
Echoabdominoscopy	Therapy National Centre	investigation	2	17.5	35
Chest and Lumbar X-ray	D. Tatishvili Medical Centre	investigation	4	60	60

Echoscropy	D. Tatishvili Medical Centre	investigation	1	40	40
Sub Total Instrumental Investigations					171.3 GEL
Laboratory Investigations					
Blood Common Analysis	Therapy National Centre	investigation	2	5.6	11.2
Urinary Common	Therapy National Centre	investigation	2	5.6	11.2
Liver Function Tests	Therapy National Centre	investigation	2	20	40
Blood Coagulogram	Therapy National Centre	investigation	2	16	32
Sub Total laboratory Investigations					94.4GEL
Pharmacotherapy					
Ciprofloxacin	Farm. Firm PSP in of the RCT/EMPATHY Office	#14in tab	#2	4.145	8.29
Essential	Farm. Firm PSP in of the RCT/EMPATHY Office	#30in tab	#8	64.90	64.90
Carsili	Farm. Firm PSP in of the RCT/EMPATHY Office	#20 in tab	#4	72.90	72.90
Festali	Farm. Firm PSP in of the RCT/EMPATHY Office	#10 in tab	#1	21.10	21.10
No - spa	Farm. Firm PSP in of the RCT/EMPATHY Office	#100 in tab	#1	9.56	9.56
Hepato-rici	Farm. Firm PSP in of the RCT/EMPATHY Office	#30 in cap	#1	33.10	33.10
Mezim-forte	Farm. Firm PSP in of the RCT/EMPATHY Office	#20 in tab	#1	17.10	17.10
Zoo-20	Farm. Firm PSP in of the RCT/EMPATHY Office	#20 in tab	#2	33.20	33.20
Mildronati	Farm. Firm PSP in of the RCT/EMPATHY Office	#10 in amp	#1	27.976	27.976
Mildronati 250mg	Farm. Firm PSP in of the	#20 in tab	#2	15.05	30.1

	RCT/EMPATHY Office				
Nitroxolinum	Farm. Firm PSP in of the RCT/EMPATHY Office	#50 in tab	#2	11.481	22.962
Eriniti	Farm. Firm PSP in of the RCT/EMPATHY Office	#20 in tab	#2	1.72	3.44
Cipro 500mg	Farm. Firm PSP in of the RCT/EMPATHY Office	#14 in tab	#1	7.946	7.946
5-nok	Farm. Firm PSP in of the RCT/EMPATHY Office	#50 in tab	#2	4.277	8.554
Medicines sub Total					361.128 GEL
Transport Fees with per diems Sub Total					45 GEL
Total external costs in GEL					1746.808
Total external Budget in USD	Average 1USD = 1,7823GEL				980.086

Case N8 (Mr.K. B)

Client Mr. BK, Code of medical file: G-230/ TsG/2010; Male, Age - 28; Nationality and Citizenship – Georgian, Permanent living place: Georgia/Abkhazia (military Conflict Zone) Gali Region, Village Nabakevi. Married.

1. The Personal history of the victim

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

According to information provided by the patient: In 2006 in the house of the patient broke in armed persons in masks. They required from him money, gold and grabbed his small child. The client in response grabbed the gun from the second robber and required that they let go of his child, but one of the armed persons put at his cheek his gun and started shouting at him. At this point the gun fired accidentally and the patient was wounded, after which he lost his consciousness. He came back to his senses in Zugdidi hospital, where he was taken to surgical department with the wound in the area of left lower jaw and temple. Three days later he was urgently transported by resuscitation ambulance to neurosurgical department of Ghudushauri Clinic, where several operations were made on the patient. He was discharged from hospital three

months later. On August 10 of 2008 he took child to Gali and when he was returning he was caught by Abkhaz boeviks. They took his phone, money, threatened and intimidated him. At that time there were already built many roadblocks. The patient was stopped at all of them, was insulted, intimidated, as a result he returned home very late. After he felt himself very bad. The patient tried to be very careful. He was often hiding along Enguri river embankment, water or marshes, so that Russian soldiers or Abkhaz boeviks would not arrest him. In July of 2010 when he was crossing the border to go to Zugdidi, at the border he was detained by Georgian police. He was accused of being a spy because they found in his bag a camera. He was taken to Zugdidi police, where he was mercilessly beaten. They were heating him on the head and the back. The patient was requesting the policemen not to beat him as he was wounded, but they were beating him even more severely. His wife got in touch with a lawyer, who required release of the detained. The client was released on the next day.

The client has not filed appeal in regard to any of the above mentioned episodes of torture (2006-2010) due to fear of being further terrorized.

b) Which type of torture he has suffered?

Physical Methods of torture

The client has been subjected to following torture: was used firearm, regular beating, being kept in unphysiological state.

Psychological methods of torture and ill – treatment:

Listening to sounds of torture of other people, being present at torture of others, torturing of member of the family, expectation of further torture, deprivation of sleep, unavailability of sanitary conditions, intimidation, threats, verbal insults, degrading, coercion. Patient became victim of discrimination on ethnic grounds several times.

c) What type of perpetrator was involved?

Armed formations of Abkhaz separatists and Russian soldiers, staff of Georgian police.

d) Description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

According to description of the patient: severe cranial injury with loss of consciousness, severe bleeding from face and head, fracture of jaw, shock caused by pain, damage of eyesight.

Acute psychological after-effects:

According to the patient: affective-shock reaction (stuporous state), severe sleep disorder.

Chronic after-effects

Physical after – effects

According to the patient: headaches, restriction in the process of eating and speaking, deterioration of eyesight.

Psycho – Somatic after effects

According to the patient: periodic problems with breathing, sleep disorder, giddiness, fatigue, general weakness.

Mental/psychological after – effects:

According to the patient: sleep disorder, nightmares, aggression, anxiety, increased alertness, emotional lability, fear, deterioration of memory, obsessive memories related to traumatic experience.

Mental and somatic-neurological disorders according to ICD -10:

- **Post-traumatic stress disorder /F 43.1 /**
- **Post-fracture period – left lower jaw and temple / S01.4 /**
- **Post-traumatic ankylosis of lower jaw / K03.5 /**

2. Assistance provided under the project:

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

Due to deterioration of state of health on **12.10.2010** the patient applied to the center Empathy for the purpose of undergoing examination and treatment. Initial identification of the patient was conducted by partner organization – Gali crisis center, which referred the patient to Empathy in 2006. On 12.10.2010 the patient was referred to Empathy by the Ministry of Healthcare of Abkhazia (in exile).

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

In the Center Empathy was conducted multi-disciplinary and multi-profile examination and rehabilitation program (rehabilitation included medical and psycho-social treatment and rehabilitation). Examination was conducted in accordance with the principles of Istanbul Protocol and following methods were applied:

Examination and rehabilitation was conducted on the basis of standard medical form, elaborated by the center Empathy.

- Clinical Psychological examination using the subjective and objective instruments: Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI). Consultations with specialists: therapist responsible for case management, psychiatrist, neurologist, psychologist, social worker.

- Were conducted instrumental investigations: all necessary tests and examinations were conducted previously in the National Center for otolaryngological diseases.
- Provided treatment: National Center for otolaryngological diseases recommended conducting of urgent operation. With financial support of the center Empathy resection and plastic surgery on left side of lower jaw was conducted.
- Patient was undergoing treatment and rehabilitation course for 1,5 month.

c) The staff members who carried out the assistance;

Therapist responsible for case management, psychiatrist, neurologist, psychologist, social worker.

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 Psychiatrists	Centre “EMPATHY” office	Hours	1	2	2
Doctor Therapist	Centre “EMPATHY”	Hours	1.5	4	6
Psychologist-	Centre “EMPATHY” office	Hours	2	1	2
Neurologist	Centre “EMPATHY” office	Hours	1	2	2
MDT Meeting	Centre “EMPATHY” office	Hours	1	1	1
Social Worker	Centre “EMPATHY” office	Hours	3	1	3
Total					16

d) Where the assistance was provided.

Head office of the center Empathy and National Center of otolaryngology.

3) Results: What results have been achieved through the assistance provided

Overall state of the patient improved; coordination improved; as a result of conducted operation the ability of chewing and talking (phonetic articulation) has been fully restored.

4) Future assistance:

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

Further consultations with psychiatrist, therapist, neurologist, surgeon are being planned; support in the environment;

b) For how long the assistance will be provided;

Medical and psycho-social measures shall be conducted till achievement of complete rehabilitation.

c) What results are expected?

Improvement of medical and psycho-social state of the patient, although it should be noted, that due to the fact that patient resides in the conflict zone his psycho-physical condition may deteriorate further.

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 GL
Surgery Operation	LTD "National Centre of otolaryngological diseases"		1	1714.00	1714.00
Sub Total in GELGEL					1714.00
<i>Total external Budget in USD</i>	Average in 2010 C 1 USD = 1,7823 GEL				<i>961.67872 USD</i>

Case N9 (Mrs.I.K)

Ms. KI Client Code: G-122/KG/2010; 26 years old; born on 27.07.1973; Georgian, citizen of Georgia, in civil relationship, has a new born, a daughter (born on 19.04.10, while the mother was in conviction); permanent place of residence – Ambrolauri district, village Likheti. Patient is presently deprived of liberty and is serving her sentence in prison No5 for women and minor offenders of the Ministry of Penitentiary, Probation and Legal Aid; Charges were brought on the basis of article 19-108 of the Criminal Code of Georgia. The term of conviction: 09.12.09-09.12.11.

1. Personal history of the victim

Information has been obtained by interviewing of the patient, as well as monitoring, conducted by specialists of the center Empathy (03.05.10-22.07.10) and medical documentation.

From 17.09.1998 due to mental disorder Ms. KI has been under dispensary-dynamic observation according to her place of residence, in psychiatric division of Ambrolauri district policlinic and Ltd “Kutaisi Iv. Skhirtladze Inter-regional Psychiatric Dispensary”; the patient has been diagnosed with paranoid schizophrenia /F20.0/;

In 29.10.09 was last out-patient visit, when the patient was provided with medication; Due to aggravation of mental state of the patient were conducted courses of inpatient treatment in the following clinics: 1) Ltd National Mental Health Center in honor of academician B. Naneishvili (29.05.1998–25.06.1998; 27.06.1998–28.07.1998; 24.08.07-18.09.07; 23.04.07–27.06.07); 2) Asatiani Psychiatric clinic (06.10.1998-13.11.1998; 28.11.2001–29.03.2002; 20.03.2006); In-patient, as well as out-patient treatment was conducted through utilization of following methods: neuroleptic medication, correctors, antidepressants, tranquilizers; On 25.04.2001 to Ms. KI has been assigned the status of “person with clearly pronounced disability”.

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

On 09.12.10, when Ms. KI, who at that period was already suffering from mental disorder and was 5 months pregnant, was detained. She was kept in Kutaisi No2 prison (09.12.10–30.04.10) where monitoring of her gynecological status was conducted; during 17.04.10–26.04.10 the patient was moved to Regional Treatment and Diagnostic Center; diagnose: delivery at term (19.04.10);

On 16.12.09 was conducted out-patient complex forensic psychiatric-psychological examination in the Forensic Psychiatric Examination Bureau under the Ltd. National Center of Mental Health in honor of Academician Naneishvili. According to expert’s conclusion “the patient has chronic psychiatric disease, paranoid schizophrenia, is at the stage of objective remission. At the time of conducting of the offence, the patient was at the stage of objective remission; at the time of perpetration of the incriminated offence the patient could fully acknowledge factual character of her actions, their unlawfulness and was able to manage her action. Does not need compulsory inpatient psychiatric assistance”.

Later examinations do not confirm conclusion of outpatient forensic examination (16.12.09) on the state of objective remission; from 16.09.10 the patient has exacerbation of mental disorder and gradual aggravation of overall condition.

In 19.12. 09 was conducted consultation with a psychiatrist. Diagnosed with: psychotic state, was prescribed Sedarex 2mg X 1 and Amitriptiline 2 mg X 2; Follow up consultation with psychiatrist was not appointed, from available documentation does not become clear whether prescribed treatment was followed.

After labors on 03.04.10 Ms KI and the baby were released from maternity home; at release she had hectic fever and purulent discharge from uterus. Upon release from maternity home KI was moved to Prison No5 for women and minor offenders; The patient was entering into contact passively, had problems with focusing attention, was not interested in the baby, was not taking care of it, or feeding; most of the time the patient spent in bed; on 03.05.20 from 12:00 till 24:00 of 03.05.10 she was sleeping and “they could not wake her”.

On 03.05.10 upon verbal referral of the chief doctor of medical center of prison No5 was conducted consultation with psychiatrist of the center Empathy. At the time of examination contact was established only after application to non-verbal strong stimulation. Patient had blurred cognition, stimulation was conducted for 5-10 minutes, upon which she could fulfill several simple instructions. Preliminary diagnosis was made: soporose state, was recommended transfer of the patient to urgent medical care facility and conducting of further monitoring of psycho-physical state of the patient. Recommendation was not followed. Upon consultation of doctor of penitentiary facility was conducted treatment with antibiotics.

In the period of _03.05.10-22.07.10 within the framework of rehabilitation program of the Center Empathy the patient was diagnosed with paranoid schizophrenia, depressive-paranoidal syndrome /F 20.0/. Despite formal consent of the patient for undergoing of psychiatric treatment in regard with the state of the patient full course of voluntary treatment was not conducted; Recommendations of psychiatrist of the center Empathy were not taken into consideration and prescribed treatment regime was not adhered to (Sedareks 2mg/per day and Fevarin 100g X2); Penitentiary system failed to provide to the patient adequate inpatient psychiatric care, as the facility did not have psychiatric inpatient division. Use of intensive therapeutic methods in conditions of keeping the patient under conviction was not considered expedient, as staff of the prison and medical unit do not have sufficient experience or skills to deal with convicts with mental problems and it would have been impossible to monitor main and side effects of prescribed treatment. Due to all the above mentioned mental state of the client deteriorated substantially and her ability of psycho-social functioning have also reduced significantly.

On 16.07.10 Ambrolauri district court on the basis of expert’s conclusion, dated by 16.12.09 did not satisfy solicitation of the lawyer of the center Empathy, who was representing interests of Ms. KI on conducting of inpatient forensic psychiatric examination. Ms KI recused the lawyer of the center Empathy. The court concluded plea bargain with the client, who had chronic mental disorder and on 25.04.2001 was assigned the status of “person with clearly pronounced disability

on the grounds of mental state”, without taking into consideration the issue of her disability and the patient was sentenced to deprivation of liberty for the term of 3 years.

Administration of Prison No5 did not bring up the issue of release of the patient prior to expiration of the term on the basis of chronic mental disorder – paranoid schizophrenia as provided by the law. Mental state of the patient has deteriorated substantially without adequate mental care, her psycho-social functioning abilities have completely deteriorated and the newborn was left without care of the mother.

b) Which Type Torture he suffered?

Physical Methods of torture

Facts of physical torture in regard to the patient have not occurred.

Psychological methods of torture and ill – treatment:

Starting from 09.12.09 when Ms. KI was convicted complete and qualified forensic psychiatric examination and assessment of the state of the patient has not been conducted; adequate legal procedures were not implemented, rights and safety of the convict with mental problems, her newborn and other persons, kept in the same environment were not ensured; convict with mental disorder did not have access to adequate medical care, due to which KI has been identified as victim of inhuman treatment who had no access to adequate medical care.

c) Type of perpetrator involved:

ineffective reforms in the penitentiary and judiciary spheres, lack of professionalism and humanness, ignoring of requirements of legislation of Georgia; Medical and Penitentiary Departments of the Ministry of Penitentiary, Probation and Legal Aid.

d) Description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

After labors: hectic temperature and purulent discharge from uterus.

Acute psychological after-effects:

19.12.09 – psychotic condition

30.04.10- 03.05.10: inability to enter into contact, passiveness, problems with concentration, was not interested in the state of her newborn, was not taking care of the baby or feeding her; sleeping from 12:00 of 03.05.10 till 24:00 of 03.05.10, so that it was impossible to “wake” her.

On the day of examination (03.05.10) was established only after application to non-verbal strong stimulation. Patient had blurred cognition, stimulation was conducted for 5-10 minutes, upon

which she could fulfill several simple instructions. Preliminary diagnosis was made: soporose state. In the following days was observed narrowing of interests, worsening of disposition, auditory hallucinations, delirium, blurred perception of environment, reduction of psycho-energetic potential and psycho-social skills, introversion; was not taking care of her newborn, was not observing personal hygiene.

Chronic after-effects

Physical after – effects

Yellowish discharge from uterus with strong odor.

Mental/psychological after – effects:

Mental health condition:

Mental status: Does not seek active contact with doctor, answers questions with a delay, provides short answers, responds timidly, or keeps silence; sometimes nods or gives some other signals with movement of her head; has problems with recalling dates of events related to anamnesis, cannot reconstruct incriminated offense; has episodes of disorientation, says things like: “sometimes I think”, “where am I”, “before I thought I was in psychiatric facility”. Has auditory imperative and comment-like hallucinations; states things like “I cannot make out whose voice it is”, “it happened today morning too. . . I heard as if I died...somebody was telling me I am ad and I should die”.

Associations simple, stereotypical, retarded, expressed ambivalence, paralogism. Expresses illogical and obsessive ideas related to dependency and states that “some power is fighting her”, “it may even be an enemy. . . this power does not allow me to take my baby into my arms”.

Mood poor, indifferent, does not take care of herself, does not follow personal hygiene, is not interested in treatment, child, does not take care of the baby, is not interested in legal problems that she has, is autistic, immersed in obsessive and painful emotions; intellectual functions are reduced; psycho-energetic potential sharply reduced; behavior is preconditioned by painful sensations and obsessions, cannot take care of herself, does not fully realize her state of health or social and legal problems that she faces and does not seek solutions.

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

- Paranoid Schizophrenia, Depressive-Paranoid Syndrome / **F20.0/**
- Postpartum/puerperal Endometritis [/N71/](#)

e) Legal and social consequences

Stigmatization, Isolated from society (was in detention), disability of work and psycho-social functioning (cannot take care of herself or of her infant), **Ms. KI** did not receive adequate psychiatric and legal assistance;

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 was included in the program on the basis of application of Chief Medical Officer of Establishment #5 of the Penitentiary Department (03.05.10).

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

03.05.10 -22.07.10 long-term course of Medical, Psycho-social and Legal Rehabilitation was provided;

The multi – profile MDT investigation, treatment and rehabilitation was provided by the MDT of the Centre

“EMPATHY”, including medical, psycho – social and legal assistance.

- 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 Psychiatrists/psychotherapist (case manager), Neurologist, Psychologist, Nurse and lawyer in dynamics till nowadays.
- Specialists’ consultations: Doctor Psychiatrist/psychotherapist (case manager), Doctor Neurologist, Psychologist;

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	Hours/ Sessions	5,0	16	80
Doctor Neurologist	Women colony N5	Hours/ Sessions	2	1	2

lawyer	RCT/EMPATHY Office; Women colony N5; Court in Ambrolauri; Polyclinic care and Social department in Ambrolauri; Psychiatric Dispenser in Kutaisi; Psychiatric hospitals in Tbilisi and Khoni	Hours/ Sessions	4/8	26	176
Psychologist	Women colony N5 RCT/EMPATHY Office	Hours/ Sessions	3	1	3
Consultation with specialists	RCT/EMPATHY Office		2	5	10
Nurse	RCT/EMPATHY Office	Hours/ Sessions	0,5	2	1
Total					272

- Clinical-psychological examination: [Thematic Apperception Test](#), Rorshah test, The Weigl-Goldstein-Scheerer color-form sorting test, Burdon test, Harvard Trauma Questionnaire (Mollica et al 1992), PTSD Evaluation Questionnaire (Watson 1991), Beck Depression Inventory (BDI), Hamilton Depression Rating Scale, Bas Durkey Aggression Research Test, Shikhan Anxiety and Alarm Evaluation Questionnaire, Minnesota Multiphase Personality Inventory (MMPI).
- Clinical diagnostics of psycho-physical state and adequate legal and medical assistance was provided: **Psychiatrist and the lawyer of the center Empathy conducted dynamic assessment and monitoring of mental and legal status of Ms. KI and elaborated relevant medical and legal recommendations, verbal as well as written and systematically provided them to administration of prison No5 and relevant law enforcement bodies.**
- The lawyer of the center „Empathy”, representing client’s interests
- **From 22.07.10 the agreement, concluded between the center Empathy and the Ministry of Probation, Penitentiary and Legal Aid was terminated upon decision of administration**

of the Ministry and consequently, the Center interrupted dynamic monitoring of the mental status of the client and provision of treatment and rehabilitation.

- Legal assistance. is undergoing up today: evaluation of the legal status of Ms KI and initiated relevant legal and medical measures.

c) The staff members who carried out the assistance:

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

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

d) Where the assistance was provided.

RCT/EMPATHY Office; Women colony N5; Court in Ambrolauri; Polyclinic care and Social department in Ambrolauri; Psychiatric Dispensary in Kutaisi; Psychiatric hospitals in Tbilisi and Khoni.

3.The results:

What results have been achieved through the assistance provided.

- Assessment and RE-Assessment mental and Legal status;
- Implementation adequate psychiatric assistance;
- Implementation Social and legal assistance and defending of interests
- **Informed the Public Defender's Office**

4. Future assistance:

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

- a. Continuation of Legal status monitoring;
- b. Implementation of relevant medical, psycho-social and rehabilitation assistance
- c. Implementation of relevant Social and legal assistance

b)For how long the assistance will be provided;

- Depends on results of monitoring

c) *What results are expected?*

- Defending of interests
- Psycho-social and legal rehabilitation
- Implementation Involuntary Psychiatric treatment and providing adequate legal assistance;
- Ms KI's disease is of chronic character and :

- In the event of adequate treatment : remission of the disease and reduction of the signs and symptoms
- In the event of inadequate medical treatment the probability of hetero, as well as auto destructive actions increases, in the event of adequate treatment remission of the disease and reduction of the above mentioned risks is expected.

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):

<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					
Clinical Psychologist	RCT/EMPATHY Office Women colony N5	Consultation/clinical <i>Investigation</i>	1	50	50
<i>Sub Total External Consultations</i>				50	50
<i>Instrumental and Laboratory Investigations</i>					
<i>Sub Total Instrumental and Laboratory Investigations</i>					
<i>Pharmacotherapy</i>					
Sedarexi 2mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab.#30	#2	9,792	19,584
Fevarini 50mg	Farm. Firm PSP in of the RCT/EMPATHY	In tab.#15	#4	25,822	109,088

	Office				
<i>Medicines sub Total</i>					<i>178,672</i> <i>GEL</i>
<i>Total external costs in GEL</i>					<i>178,672</i> <i>GEL</i>
<i>Total external Budget in USD</i>	C 1 USD = 1,762 GEL				<i>101,4</i> <i>USD</i>

Case # 10 (Mr. V. K.)

Client Code: G-010/TB/2010; Mr. VKH; 77 years old, born on 01.06.1933, Georgian, citizen of Georgia; married, permanent place of residence: Gori district, village Kekhvi. Temporary place of residence: Gori, No17 kindergarten (temporary place of residence of IDPs).

1. The Personal history of the victim

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

The client lived in village Kekhvi with his spouse. On August 8 of 2008 village was bombed by Russian aviation and during one of such bombings was killed their daughter-in-law, whom the patient buried himself. On 8th of August population left the village, although the patient and his wife did not leave the village, as they could not leave the grave of their son, who died 10 months before. On 8-9 August Russian militaries passed through the village with heavy combat technique. They searched all houses in the village, as they were looking for young man and Georgian boeviks (partisans), although they did not touch the elderly. On the 10th of August to the village came Osethian boeviks. Village was bombed again, houses of Georgian population were the main target and they were deliberately bombed and burnt down. Russian soldiers advised the client to leave the village and hide away, as Osethian boeviks could kill him. When Osethian boeviks came into the village they went into their yard too and told them to leave the village. The family refused to go. On 16th of August Osethian boeviks came to their house again, aimed a gun at the chest of the client and were threatening that they would shoot at him. They were screaming at him, swearing, then used force and made them leave the house. The patient and his wife had to go by foot in the direction of Gori. At one of the villages a stranger stopped his car and offered them a lift. They accepted the offer and drove the rest of the way, although in about half hour later Osethian boeviks stopped her and told them to leave the car and lie on the ground. They took the car away from the owner, were intimidating them, swearing, insulting, then they physically insulted the driver and another passenger. They were beating them with

fists, kicking, hitting them on the head and the body, then hit one of them in the head with buttstock of a gun. The patient and his wife were left alone and they continued their way by foot again. They were going through forests. Several times on their way they met Osethian boeviks, but when they saw that the couple was very old and they did not have any valuables, they let them go. When they were under gunfire and bombing they hid in deserted houses. The couple reached village Khitsnisi, where sister of his spouse lived and stayed there several days. Then they went to Gori, where they were given shelter, a small room in a kindergarten, where they live up to now in extremely heavy conditions. They have no heating, hot water, eat poor quality food, their pension is not enough to purchase medication, which is not covered by their insurance policy too.

b) Which Type Torture he suffered?

Physical methods of torture

Making elderly people go by foot for long distance.

Psychological methods of torture and ill – treatment:

Need to bury close relative killed in the process of conflict, threats, intimidation, forced to leave their house, discrimination and persecution on ethnic grounds, isolation, unavailability of adequate sanitary conditions. Being kept together with other victims of torture, being present at torture of other people and hearing sounds of torture, insult and degrading of members of family, inhuman treatment, no access to medical aid, insufficient water and food, expectation of torture. The patient is the victim of ethnic cleansing, degrading and inhuman treatment.

c) The type of perpetrator involved:

August 9-17 of 2008: Russian army and Osethian separatist armed formation upon order of Russian Federation and so called Southern Osethia separatist government.

d) Description of psychological and physical after – effects suffered:

Acute physical after-effect, including CNS:

After August events the patient had developed general weakness, lability of arterial pressure, pain in the heart area, frequent urge to urinate, headaches, giddiness, short episodes of loss of consciousness, pain in the shoulder blade.

Acute psychological after-effects:

Patient complains of feeling of insecurity, vulnerability, emptiness, fear, anxiety, sleep disorder, tensions, irritation. The patient also states, that he has sensation of unfairness, insecurity, permanent sadness, unhappiness that he had leave the grave of his son and his house and belongings behind.

Chronic after-effects

Physical after – effects

General weakness, pain in the heart area, burning sensation in the area of shoulder blade, pain in the stomach, bloating, burning sensation in the stomach, frequent urge to urinate, headache, periodic loss of consciousness with convulsions.

Psycho – Somatic after effects

Heart flutter, sleep disorder, general weakness, giddiness, lability of arterial pressure (mainly reduced), sensation of tension in muscles, fatigue.

Mental/psychological after – effects:

Complains of permanent memories and thoughts regarding stress that he has been subjected to and events that he had witnesses, has obsessive memories regarding traumatic experience, sleep disorder, feeling of hopelessness and uncertainty, sleep disorder, nightmares, poor disposition, suppressed mood, irritability, increased vigilance, reduction of concentration.

Mental health condition:

Sad, unhappy lost expression of face; enters into contact, talks in a low voice, pace of associations slow. He states, that he permanently feels hopelessness, has problems with communication with people. Patient also states, that quite often the traumatic events drift in his memory involuntarily and the recollections are very vivid. He is suffering from his current state, feels himself useless, a burden. Intellect retained; indicates to problems with concentration of attention and deterioration of memory. Says he does not have suicidal inclinations, but at the same time states, that he often thinks of uselessness of his life and thinks that it would have been better for him if he died. His emotions get raw when he recalls stressful events, especially concerned about his material losses, the fact that he had to leave behind the grave of his son; is pessimistic about future, has problems with adaptation with the status of an IDP, cannot adapt to micro-stratum, is suffering spiritually, morally suppressed.

Social outcomes

The client carried heavy material losses, lost ability to work and has no opportunity for usual psycho-social functioning, the territory where he resided has been occupied by Russian army. He is a refugee in his own motherland, lives on the territory of kindergarten in a small room, in heavy conditions and in extreme need. Is the victim of ethnic cleansing and inhuman and degrading treatment.

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

- Posttraumatic stress disorder **F 43.1**
- Adenofibromatic hypertrophy of prostate **N 40.0**
- Chronic Cholecystitis **K 81.1**
- Chronic colitis **K52**
- Chronic ischemic heart disease **I 25**
- Sequel of cerebral infarction III degree **I 69.3**
- Progressive vascular leukoencephalopathy (Epilepsy focal focus in left hemisphere of cerebellum, lacunar infarct in left temporal zone) **I 67.3**
- Intercostal neuralgia **M 79.2**
- Adult osteochondrosis of spine, T7 body compressive deformation **M 42.1**
- Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures **G 40.2**

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 has been identified as the victim of ethnic cleansing and inhuman and degrading treatment by the staff of the center Empathy (therapist) in the process of monitoring. Later, namely on 08.02.2010 Mr. V.K. applied to the center Empathy for treatment and rehabilitation.

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 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) – Medical Card was used.
- Clinical Psychological examination using the subjective and objective instruments: 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 Multiphase Personality Inventory (MMPI).
- Centre Empathy specialist and sub contractor or other individual contractor’s – several doctors consultations and MDT Rehabilitation: psychiatrist, Physician, neurologist, cardiologist, urologist, dermatologist, traumatologist, epileptologist, clinical psychologist;
- Instrumental and Laboratory Investigations were provided (blood and urine general test, homeostasis system test, glucose level in blood, chest and lungs X-ray, chest and head CT, echo – cardio -scope, echo – abdominal - scope, EEG, ECG, 24hours Holter monitoring).

- Inpatient treatment was provided due to severe somatic disorder.
- Results of ethnic cleansing and degrading and inhuman treatment were documented.
- Was conducted clinical diagnostic of psycho-physical state of the patient and relevant medical and psycho-social rehabilitation measures were undertaken, namely, treatment with medication, psychotherapy, social therapy and support in the environment.

c) The staff members who carried out assistance;

Psychiatrist, who was responsible for case management, therapist, neurologist, traumatologist, 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 - psychiatrist	RCT/EMPATHY Office	Hours/ Sessions	3	10	30
General practitioner	RCT/EMPATHY Office	Hours/ Sessions	1	3	3
Psychotherapist	RCT/EMPATHY Office	Hours/ Sessions	3	16	48
Psychologist	RCT/EMPATHY Office	Hours/ Sessions	2	1	2
Consultation with specialists	RCT/EMPATHY Office	Hours/ Sessions	0.5	4	2
Traumatologist	RCT/EMPATHY Office	Hours/ Sessions	1	1	1
Neurologist	RCT/EMPATHY Office	Hours/ Sessions	1	2	2
Social worker	RCT/EMPATHY Office; National Center of Therapy; Tatishvili medical center, IV clinical	Hours/ Sessions	4	7	28

	hospital,				
Nurse	RCT/EMPATHY Office	Hours/ Sessions	0.5	5	2.5
Lawyer	RCT/EMPATHY Office	Hours/ Sessions	4	4	16
Total				53	134.5

d) Where the assistance was provided.

Head office of the center Empathy (Kandelaki street No23), Jsc National Center for Therapy (Chachava street No3), IV clinical hospital, Chapidze Cardiological Center, Treatment Clinic, ღვინჯარცხ-Practical centre for control and prevention of Epilepsy; Tatishvili Medical Center.

3.Results:

What results have been achieved through the assistance provided.

- Monitoring of psycho-physical status, preliminary diagnostics, medical, psycho-social and legal aid (appeal has been filed to Prosecutor's Office on the fact of ethnic cleansing and discrimination).
- To the patient was provided urgent inpatient treatment due to heavy somatic condition.
- The patient was registered in the Research-Practical centre for control and prevention of Epilepsy; plan for treatment was elaborated; patient takes antiepileptic medication.
- Psycho-physical state of the patient and his ability for psycho-social adaptation improved.

4.Future assistance:

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

Continuation of psycho-social rehabilitation and provision of legal aid.

b)For how long the assistance will be provided;

Aid shall be provided till final rehabilitation of the patient.

c)What results are expected?

- Stabilizing of psycho-physical state of the patient, improvement of ability for adaptation, attaining of adequate compensation and complete rehabilitation.

d) For how long the assistance will be provided;

5. Depends on results of further monitoring; continuation of medical and psycho-social measures till complete rehabilitation.

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):

<i>Description</i>	<i>Place</i>	<i>Unit</i>	<i>N of Units</i>	<i>Unit Cost in GEL</i>	<i>Total in GEL</i>
<i>Laboratory Investigations</i>	Medical-diagnostic centre	Blood and Urine General test	1	20	20
<i>Laboratory Investigations</i>	Medical-diagnostic centre	Homeostasis system test	1	18	18
<i>Laboratory Investigations</i>	Medical-diagnostic centre	Glucose level in blood	1	6	6
<i>Instrumental Investigations</i>	National Centre of Therapy	Chest and lungs X-ray	1	12	12
<i>Instrumental Investigations</i>	National Centre of Therapy	Cardioechoscopy	1	17.5	17.5
<i>Instrumental Investigations</i>	National Centre of Therapy	Echoabdominoscopy	1	17.5	17.5
<i>Instrumental Investigations</i>	Medical-diagnostic centre	ECG	1	10	10
<i>Instrumental Investigations</i>	Tatishvili centre	EEG	1	55	55
<i>Instrumental Investigations</i>	IV Clinical hospital	Chest and head MRI	1	240	240
<i>Inpatient treatment</i>	<i>The National Center of Therapy</i>	<i>Inpatient treatment</i>	<i>1</i>	<i>829.42</i>	<i>829.42</i>
Consultation	RCT/EMPATHY Office	Dermatologist	1	20	20
Consultation	RCT/EMPATHY Office	Neurologist	1	20	20

Consultation	Chapidze cardio clinic	Cardiologist	1	27	27
Consultation	Medical-diagnostic centre	Urologist	1	10	10
Consultation	Chapidze cardio clinic	24hours Holter monitoring	1	45	45
Epileptologist	Research-Practical Centre of Epilepsy	Epileptologist	1	Free	Free
<i>SubTotal Instrumental and Laboratory Investigations, In patient treatment and external consultations</i>					1347.42 GEL
Cipro 500mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 14	1	7.946	7.946
Cephasabali	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. #100	1	16.073	16.073
Talizi 0.4 mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 30	1	34.056	34.056
Fevarini 100mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 30	2	27.15	54.3
Prostamoli Uno	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 30	2	21.98	43.960
Raphaholini C	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 60	2	5.16	10.32
Finlepsini 200mg	Farm. Firm PSP in of the RCT/EMPATHY	In tab. # 300	6	10.777	64.6628

	Office				
Mexidoli 124mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 90	3	24.837	74.511
Cardiomagnili 150mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 30	2	3.92	7.840
Atorisi 10mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 30	1	28.380	28.308
Actovegini 10mg/2ml	Farm. Firm PSP in of the RCT/EMPATHY Office	In amp. # 25	1	51.030	51.030
Carbamazepini 200mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 50	1	3.87	3.87
Fevarini 50mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 30	2	20.004	40.008
Diprospani in amp. 1ml	Farm. Firm PSP in of the RCT/EMPATHY Office	In amp. # 1	1	12.600	12.600
Erithromicini 0.25	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 40	2	1.44	2.880
Elokomi 0.1%	Farm. Firm PSP in of the RCT/EMPATHY Office	Cream # 1	1	24.320	24.320
Topi-cream	Farm. Firm PSP in of the RCT/EMPATHY Office	Cream # 1	1	20.840	20.840
Eriusi 5mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 10	2	13.064	26.128
Ung. Dermoveiti	Farm. Firm PSP in of the RCT/EMPATHY Office	Ung. # 1	1	8.320	8.320

Eucarboni	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 20	2	2.592	5.184
Aeviti 0.2gr	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 10	1	11.944	11.944
Polkortoloni 4mg	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 50	1	15.424	15.424
Aspirin-cardio 0.1gr	Farm. Firm PSP in of the RCT/EMPATHY Office	In tab. # 20	1	7.600	7.600
Epitopi 200mg	Research-Practical Centre of Epilepsy	In tab. # 200	2	free	free
<i>Medicines sub Total</i>		<i>Medicines sub Total</i>		<i>Medicines sub Total</i>	572.1248GEL
<i>Total external costs in GEL</i>		<i>Total external costs in GEL</i>		<i>Total external costs in GEL</i>	1919.5448 GEL
<i>Total external Budget in USD</i>	Average in 2010 C 1 USD = 1,7823 GEL	<i>Total external Budget in USD</i>		<i>Total external Budget in USD</i>	1077.0043 USD

Outcomes of Traumatic Stress Among Torture and Ill – Treatment Victims in Georgia (Annual Report 2010), Tbilisi 2011, 142 pp.

Published by: COPY-PRINT

Edited by: Mr. Kakha Mikadze, Mr. Giorgi Tsibadze

Copies 20

Contact Information:

The RCT/EMPATHY, Georgia

23 kandelaki Str., Tbilisi 0160, Georgia

Phone: +(995 32) 238 10 15

Fax: +(995 32) 238 10 33

E – mail: centre@empathy.ge

www.empathy.ge

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