THE ISTANBUL PROTOCOL IMPLEMENTATION PROJECT 2003- 2005

Country Related Specifics
(For IPIP Training – Seminar)

MENTAL AND PSYCHOLOGICAL CONSEQUENCES OF TORTURE AMONG TORTURE SURVIVORS IN GEORGIA

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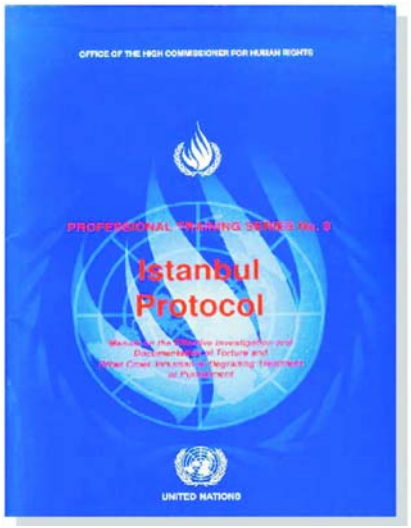

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Content

Introduction

As known, torture indelibly traces life, physical and mental health and social activities of a human. Physical and mental disorder symptoms developed as a result of torture may be recovered, though emotional or moral harm, which a person undergoes during the torture and life-long consequences reflected not only in his family but also in a number of generations, has been a perpetual shadow of his life and activities.

Just proceeded from the demolishing and destructive role of torture for a human, is subject to restriction in any situation.

Hence, legal and medical documenting, investigation and expertise of torture are of great importance.

For this aim, introduction of an international guiding manual and implementation of its basic principles on the world scale will contribute to formation of common space of combat against torture and restrict the countries being in membership of the UN or European Convention against Torture in torture practice and provide with opportunity of effective reaction upon these facts.

Such guiding manual of torture documenting and expertise is the “Istanbul Protocol”; investigation and acquaintance of governmental or non-governmental professional societies with its principles will be of great importance and will be of a significant consequence in investigation of facts concerning torture and its prevention in Georgia.

Psychiatric/psychological expertise has gained great significance taking into account the following reasons:

- Physical torture leaves not only substantial physical traces but also psychical ones being not of less importance often having far-going consequences.
- While the usage physical torture methods leaving no physical traces, the role of mental/psychological trace confirmation and diagnostics is too important in torture documenting activities.
- Psychological methods of human torture are used as widely as physical ones being therefore another considerable argument for the necessity of conducting psychiatric/psychological expertise activities.
- At the same time, it should be noted that unlike physical trace of torture which may disappear, psychical/psychological trace can be detected lately after years.
- And at the end, in any case torture includes the psychological/mental component.

Legislative Background

- Georgia joined the UN Convention against Torture in 1994. Though measures corresponding to the convention demands have not been carried out in the country yet.
- One of the important steps taken towards these activities was introduction of item 335-e in Georgian Code of Criminal Law. This item, though incompletely, presents definition of torture and defines special punishment for it. However, there is no mention of moral or psychological influence and torture or inhuman, dignity pinching treatment.
- Unfortunately, even though has been acting as the independent country for 14 years, no reforms have been applied to medical expertise issues, except the fact that it has been transferred to the Ministry of Health. Nevertheless, Procurator's Office still, though unofficially, has too much influence upon it.
- The law regarding to medical expertise and more over, psychiatric expertise does not exist in Georgia. There is only the proposition of the year 1997 based on the Soviet Union Law.
- Since 2003, alternative expertise and expert panels have been established and functioning in the country. However, still there is no non-governmental expertise institution in Georgia.
- As already mentioned above, psychiatric/psychological expertise of torture is the most important issue for torture documenting activities. Though, despite above mentioned significant factors, preceded from the state or alternative expertise materials and the data provided by Centre "Empathy", there has not been fixed any case of torture when lawyer of torture victim or investigation agencies, procurator's offices or court apply to psychiatric/psychological expertise for the purpose of documenting torture results.
- What is more, in case of torture victim expertise, as a rule only outward injury expertise is carried out mainly and consequently, torture results are determined only by intensity of such damages; that is, there is excluded not only psychiatric/psychological expertise but also other complex medical expertise of any kind.
- As a rule, there is not determined any way of expertise planning due to the relevant situation and which methods and why had been utilized for the aforesaid expertise, in expert conclusions issued by state expert systems; this concerns not only medical expertise conclusions in general, but also psychiatric/psychological inferences.
- Against this background, no wonder that there are no diagnostic standards for torture victim expertise.
- Considerable factor encouraging in general lawyers, attorneys, etc. not to apply to psychiatric/psychological expertise for confirmation of torture, is a the fact that educational level of the society in terms of torture psychiatric/psychological consequences is not convenient.
- Herein, it should be mentioned that during last period medical documenting concerning facts of torture became a subject of interest for Ombudsman of Georgia and non-governmental organization "Liberty Institute". For the purpose of obtaining complex medical and mental/psychological inference,

they have been applying to centre “Empathy”, as an independent and fair institution.

Historical Review

The study of psycho - physical outcomes of torture has widely started after the World War II among former deported persons and former captives of concentration camps. But such studies are very scanty and do not almost exist among the victims of torture of the time of the former Soviet Union totalitarian regime. To our knowledge, the torture methodology elaborated and refined during that period is widely used in post - soviet countries up to the present day, especially among detainees kept in police isolators.

Due to totalitarian regime of Soviet period, medical expertise of that time was totally subjected to power-holding structures, namely, to the system at the Ministry of Internal Affairs and every doctor-expert was an official or unofficial subordinate of this body; moreover, medicine and namely, psychiatry were used not for determination of torture consequences but conversely – for political purposes.

Certainly, searching psychiatric expertise archives of this period we will not encounter any case of psychiatric/psychological expertise of torture facts or torture consequences.

The only diagnosis which, according to the archive materials, could point to torture and inhuman treatment is a filing consisting of expertise cases of prisoners transferred from prison system. These cases are notable for the following diagnosis – reactive state revealed as psychoses. Due to the Soviet psychiatrist’s attitude, however, main role in the genesis of abovementioned diagnosis was given to structural peculiarities of an individual, i.e. disposition to the development of psycho-pathological picture in stressful situations. As to importance of special stressful situation, being able to influence even a healthy individual towards mental disorder, practically it had been moved to background.

Today’s state psychiatric/psychological expertise systems still have been functioning under the guidance of this principle. Reactive state is diagnosed, though without any mention of torture or inhuman treatment and conditions experienced by prisoners either in a preliminary detention isolator or prison.

Likewise, influence of aforementioned factors and stressful situations upon development and structure of endogenous psychoses or mental disorders of organic register has not been investigated yet.

Besides, the role of abovementioned components in the genesis of stressful and neurotic, also – adjacent states’ and personal disorder is unexplored as well in Georgia.

Current Situation in Georgia

Although Georgia acceded to the International Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment on 22 September 1994, torture in Georgia still occurs on a regular basis and the relevant changes in the Georgian legislation have not prepared up today.

In April 2002, the United Nations Human Rights Commission officially condemned Georgia for being a country with widespread torture.

The wide practice of torture is indicated in the OMCT Report 2003 regarding children's right in Georgia, in preparing of this report the Centre EMPATHY reports and materials were used, and as well as in the Amnesty International Report 2003.

At least twice in 2002 year Human Rights Watch has expressed its concern about "widespread and continuing subjection of prisoners to torture and cruel, inhuman or degrading treatment or punishment by law enforcement officials and prison officers" – in April and in its recent Press release of 26 November: "… the interior minister (of Georgia) is pushing for a torturers' chapter," said Elizabeth Andersen, executive director of Human Rights Watch, calling for "halt of the further erosion of safeguards against torture" in Georgia.

Each month, the Ministry of Justice publishes a list of people who were transferred from police lock-ups to pre-trial detention centres and who have evidence of torture on their bodies. The January – September, 2004 list contains more then 500 victims and it is just a partial list, according to the Ministry of Justice. It does not include those who were tortured "carefully" so there are no outward marks. Nor does it include those victims who were psychologically tortured.

The problem of torture and inhuman treatment victims and other abuse of human rights, rape etc is still exist and is actual in the military ethnic conflict zones (Abkhazia), in accordance our information and monitoring analysis in Gali region among repatriated persons too.

It must be indicated, that there are about 300 000 IDPs in Georgia and their problems are not solved yet. In accordance of our investigations most of them are with traumatic stress experience, such are torture, violence, rape and other human rights abuse. That problem exists among the refugees from Chechnya too, especially among victims of torture with captivity experience in the Russian "Filtration Camps".

A report by the European Committee for the Prevention of Torture (CPT) on its May 2001 visit to Georgian detention facilities, published in July 2002, exposed how loopholes both in the criminal procedure code, and in its implementation, facilitated ill-treatment and torture. (See below extracts from CPT Report on Georgia).

"The CPT recommends that appropriate measures (including, if necessary, legislative amendments) be taken to ensure that all criminal suspects in respect of whom it is proposed to apply the preventive measure of remand in

custody are physically brought before the judge who is responsible for ordering such a measure.

29. It is axiomatic that the judge must take appropriate action when there are indications that ill-treatment by the police may have occurred. In this regard, **the CPT recommends that whenever criminal suspects brought before a judge at the end of police custody allege ill-treatment by the police, the judge record the allegations in writing, order immediately a forensic medical examination and take the necessary steps to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express allegation of ill-treatment, the judge should request a forensic medical examination whenever there are other grounds to believe that a person brought before him could have been the victim of ill-treatment.**

30. The importance of the role to be played by forensic doctors should also be emphasised. The findings of such doctors will carry considerable weight in legal proceedings; it is therefore essential that they be closely associated with cases involving allegations of ill-treatment.

State forensic doctors met by the delegation at the Institute of Forensic Medicine in Tbilisi indicated that, since 1999, they had been authorised to accept requests for examinations presented to them directly by persons who allege ill-treatment or by their lawyer. Such examinations were paid for by the persons concerned. However, it became apparent that, in practice, examinations of detained persons continued to be performed only upon a request by an investigator/prosecutor. As to the contents of the forensic medical reports, the delegation noted that they comprised an account of the detainee.s statements, an account of objective medical findings, and the doctors. Brief conclusions.

In addition to examinations by State forensic doctors, the 1999 Code of Criminal Procedure makes provision for examinations by independent forensic experts.

However, the observations made by the CPT's delegation suggest that the procedure as regards the recording of injuries observed upon arrival in prison could be improved. The .Registers of traumatic lesions. seen by the delegation contained only brief descriptions of injuries as well as an occasional summary account by the prisoner concerned as to how the injuries had been sustained.

Further, the CPT was concerned to note that the medical examination took place in the presence of the police officer(s) who delivered the person to prison as well as non-medical prison staff; such a practice is a flagrant violation of the principle of medical confidentiality and could clearly inhibit the person concerned from making a truthful statement about what had happened to him.

32. In the light of the remarks made in paragraphs 30 and 31, **the CPT recommends that the reports by forensic doctors, as well as the record drawn up by prison doctors following a medical examination of a newly-arrived prisoner contain: (i) a full account of statements made by the person concerned which are relevant to the medical examination (including his**

description of his state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of (i) and (ii), indicating the degree of consistency between any allegations made and the objective medical findings. Further, **the results of every examination, including the abovementioned statements and the doctor's conclusions, should be made available to the detained person and his lawyer.**

In addition, **the CPT recommends that all medical examinations be conducted out the hearing and – unless the doctor concerned expressly requests otherwise in a particular case – out of the sight of law enforcement officials and other non-medical staff.**

d. access to a doctor

43. According to section 73 (1) (f) of the CCP, .a suspect has the right, following his first interrogation as a suspect, to request a free medical examination and a corresponding written opinion.. This provision makes clear that the right of access to a doctor extends only to persons formally declared suspects.

The CPT recommends that the right of persons deprived of their liberty by the police to be examined by a doctor be guaranteed from the very outset of their deprivation of liberty (and not only after they have been formally declared suspects).

105. As regards the recording of injuries observed on arrival, the situation (already described in paragraph 31 above) was not entirely satisfactory. In this context, **the CPT wishes to recall the recommendation made in paragraph 32 concerning the record to be drawn up following a medical examination of a newly-arrived prisoner. The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison.**

iii. medical records and confidentiality

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The CPT recommends that a personal and confidential medical file be opened for each prisoner, containing diagnostic information as well as an ongoing record of the prisoner's state of health and of his treatment, including special examinations he has undergone. The prisoner should be able to consult his medical file, unless this is unadvisable from a therapeutic standpoint, and to request that the information it contains be made available to his family or lawyer. In the event of transfer, the file should be forwarded to the doctors of the receiving establishment.

2. Torture and other forms of physical ill-treatment

recommendations

- appropriate measures (including, if necessary, legislative amendments) to be taken to ensure that all criminal suspects in respect of whom it is proposed to apply the preventive measure of remand in custody are physically brought before the judge who is responsible for ordering such a measure (paragraph 28);

- whenever criminal suspects brought before a judge at the end of police custody allege ill- treatment by the police, the judge should record the allegations in writing, order immediately a forensic medical examination and take the necessary steps to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express allegation of ill-treatment, the judge should request a forensic medical examination whenever there are other grounds to believe that a person brought before him could have been the victim of ill-treatment (paragraph 29);

- reports by forensic doctors in respect of detained persons, as well as the record drawn up by doctors following a medical examination of a newly-arrived prisoner, to contain: (i) a full account of statements made by the person concerned which are relevant to the medical
examination (including his description of his state of health and any allegations of ill- treatment); ii) a full account of objective medical findings based on a thorough examination and (iii) the doctor's conclusions in the light of (i) and (ii), indicating the degree of consistency between any allegation made and the objective medical findings The results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the detained person and his lawyer (paragraphs 32 and 34);

- all medical examinations to be conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a particular case - out of the sight of law enforcement officials and other non-medical staff (paragraphs 32 and 34).

comments

- steps must be taken to ensure that the examination of persons admitted to temporary detention isolators is performed by qualified medical personnel and in a systematic and thorough manner (paragraph 34). ".

It must be mentioned that the situation on torture and ill – treatment in Georgia was not changed up today and is same as it's described in the CPT Report 2002.

Main Target Groups and Risk Groups in Georgia

- Police Torture Victims: Prisoners and former prisoners
- IDPs – torture victims that were suffered to torture during the military conflict in Abkhazia and in South Osetia (especially with captivity experience).

- Repatriated IDPs and civilian population of Gali region (military conflict zone) both Georgian and Abkhazian, who are current repressive and torture and inhuman treatment victims.
- Chechen refugees – torture and inhuman, degrading treatment victims, especially with captivity experience in Russian "Filtration Camps)

Used Methodology for Identification and Documentation of Torture Cases

For identification diagnostic and documenting of torture cases, for revealing mental and psychological evidence or other somatic evidence of torture, main methods that the EMPATHY uses are:

1. Clinical / Structural Interview
2. Clinical observation in dynamic
3. Clinical Psychological questionnaires (Subjective and Objective tests)

For Adults:

- PTSD (Watson 1991)
- Harvard Trauma Questionnaire (Molica at al 1992)
- Civilian Mississippi PTSD (Keane et al., 1988)
- Hamilton Depression Questionnaire
- Beck Depression Inventory (BDI)
- Taylor Anxiety Test
- Shikhan Anxiety Test
- Bass – Durki Aggressive Test
- MMPI

For Adolescents

- PTSD (Saigh 1991)
- Lusher Test
- Hand Test

For the medical diagnostic of the torture outcomes the ICD – 10 revisions are uses by the EMPATHY that is accepted in Georgia as medical diagnostic guidelines. As well as the investigation of the torture victims and evidence of torture the special worked out clinical medical card are used: Client Medical and Psychological Monitoring and Rehabilitation Programme for Victims of Torture - that is prepared in accordance with Istanbul Protocol.

In case of necessity in connection of torture outcomes both mental and physical the para – clinical methods are used too: especially: EEG; EKG; CT; X R etc

It must be indicated that in most of cases the complex outcomes (physical and mental/psychological) of torture is revealed. For that investigation of torture consequences is prepared by the multidiscipline group of specialists that in most of cases includes: Psychiatrist; Neurologist; General Doctor; Traumatologist and psychologist; as well as in case of necessity other specialists are involved in the investigation.

In addition the complex expertise conclusion that is prepared for client or to his lawyer includes:

- Personal datas of the client (date and place of birth – age; nationality and citizenship; place of living; status of the client (prisoner or refugee etc); current living place.
- Who applied and when for investigation
- Who participated in the investigation and preparation of conclusion: by indicating of Professions and names, surnames and affiliations.
- Where and when the investigation was Dane
- Who were attended on this investigation
- Description of torture history
- Client's anamnesis
- Methodology of Investigation
- Subjective investigation (complaints of the Client about his /her health condition)
- Objective Investigation (clinical and para – clinical (laboratory and instrumentary investigations) records that includes the visual and palpation examination records too.
- CNS clinical examination record and para – clinical examination records too (EEG; CT; XR)
- Mental Status of the Client (clinical examination record)
- Medical Psychological Examination Records
- Results of the analysis of the mental/psychological and physical health condition of the client
- Diagnosis
- Conclusion
- Treatment and recommendations
- To whom was handed this Conclusion
- Number of pages
- Signature of all doctors

Main Torture Methods Identified in Georgia and additional Stress and Inhuman Factors Reflected on the Psychological and Mental Health of Victims of Torture

All identified torture victims (according to UN Convention, article 1) were 252 persons clients of the Centre EMPATHY in the year 2003.

- ***Among them 129 persons – prisoners and former prisoners; Among them Female – 44; and Men – 65; 35 persons prisoners – adolescents - male;***
- ***Refugees from Chechnya – All 29 persons; among them all adults. Women – 11; Men – 18 . (13 persons of them with captivity experience)***
- ***IDPs from Abkhazia and South Osetia – 29 persons, 19 Women; 10 - Men, (10 persons with captive experience)***
- ***Illegal repatriated IDPs in Gali (Abkhazia, military conflict zone) – 50 persons; among them: Women – 17 p. and Men – 25 p. 8 children (4 female and 4 male). (9 persons with imprisonment experiemce in Pre – Trial Prisons in Gali and in Sokhumi),***

In accordance with study program analysis main settings for torture actions were the police stations (142 cases among all 252 VT – 56, 34 %); Military Conflict Zones (Abkhazia; South Osetia; Chechnia) and Russian Prisons (all 110 VT – 43,66 %).

Ages and nationalities of Target Beneficiaries

Number of victims assisted

NUMBER: Total	Men	Women	Children and adolescents (12 – 17 years old)	Adults 19 – 60 years	Over 60
252	**118**	**91**	**43**	**170**	**39**

Breakdown by Nationalty

Georgians: 172 p. Russian: 6 p. Armenians 9; Chechens 35; Azerbaijan: 6p. Abkhazian 4p; Osetian 7p; Kists: 7p.; Jewish 2p. Gipsy 2; Kurt 2.

Main Torture Methods

Extract of statistical analysis of Special Medical Card (Client Medical and Psycho – Social Monitoring Programme for VT /Chapter III/ of the Centre EMPATHY)

PHYSICAL METHODS OF TORTURE

ALL – 201 persons

201 persons – victims of physical torture among Total Number 252

Table 1

Torture methods		Total N 201 N /F	Prisoners &FP N / F		R. from Chechnia N 18 N /F	IDPs from Abkhazia and SO N 19	Gali Region Ilegal Repatriated IDPs N 41
			Adult N 95	Adolescents N 28			
1	Beating (with cudgel, boots, pistol, other blunt object, hand, other - please indicated)	186 / 0,92	88 / 0, 92	28 / 1	15 / 0,83	15 / 0,79	40 / 0,97
2	Electric Shock (oral, sexual, extremities etc)	47 / 0,23	39 / 0,19	3 / 0,01	3 / 0,17	0	2 / 0,05
3	Hanging	30/ 0,15	24 / 0,25	2 / 0,07	4 / 0,22	0	0
4	Non - physiology dislocation	44 / 0,22	15 / 0,16	12 / 0,43	12 / 0, 67	4 / 0,21	0
5	Sexual torture (Rape**, Stripe, humiliation pose)** etc)	26 / 0,13	11 / 0,11 3 raped	6 (rape) / 0,21	7 / 0,39	5 / 0,26	3 / 0,07
6	Tooth - Medical Torture (extract a tooth or other)	10 / 0, 05	7 / 0,07	0	2 / 0,11	1 / 0,05	0
7	Suffocation (by the water, bag, gas - mask or other - please indicated)	45 / 0, 22	33 / 0,35	2 / 0,07	6 / 0,33	1 / 0,05	3 / 0, 07
8	Pharmacology torture (with different drugs, injections - knows or not what kinds of drugs - please indicated) ----------	3 / 0, 01	1 / 0,01	0	2 / 0, 11	0	0
9	Cauterization (amputation of the extremity - nose, ear, eyes, cut off meet, nails etc - please indicated)----------	5 / 0, 02	2 / 0, 02	1 / 0,03	0	1 / 0,05	2 / 0,05
10	Burn (with cigarette, with hot iron objects etc - please indicated)	18 / 0, 09	9 / 0,09	0	2 / 0, 11	2 / 0,10	5 / 0,12
11	Torture with animals (dogs etc) ----------	7 / 0, 03	1 / 0,01	0	4 / 0,22	1 / 0,05	1 / 0,02
12	Other (please described- Torture with neural – paralytic gas “Cheriomukha”), as well “Telephone”; “Phalange”	22 / 0,11	20 / 0,21	0	3 / 0,17	0	0
13	Other : frousing of falanges under the threaten to death	4 / 0, 02	1 / 0,01	0	2 / 0,11	1 / 0,05	0

PSYCHOLOGICAL METHODS OF TORTURE

(Total Number 252)

All 252 were psychological torture victims

Table 2

Torture methods		All persons N 252 /Frequency	Prisoners &FP Number /Frequency		R. from Chechnia N / Frequency N 29	IDPs from Abkhazia and SO. N 29	Gali Region Ilegal Repatriated IDPs N 50 / Frequency	
			Adult N 109	Adolescents Nl 35			Adult N42	Children N8
1	Deprivation, isolation	163 / 0, 65	72 / 0, 67	29 / 0, 83	16 / 0, 55	21 / 0, 72	22 / 0,52	3 / 0, 37
2	Dark, less of oxygen, cold	168 / 0,67	70 / 0, 64	27 / 0, 77	20 / 0, 69	17 / 0, 59	28 / 0,67	6 / 0, 75
3	Animals in the isolator (rodents, insects etc)	110 / 0, 44	57 / 0, 52	25 / 0, 86	16 / 0, 55	6 / 0, 21	6 / 0,14	0
4	Dirt and lack of the sanitary - hygienic normal conditions	115 / 0,46	71 / 0, 28	31 / 0, 88	20 / 0, 69	6 / 0, 21	9 / 0,21	0
5	Agent in the cell	50 / 0,20	39 / 0, 15	23 / 0,66	3 / 0, 10	0	2 / 0, 05	0
6	Other torture victims in the isolator	130 / 0,51	63 / 0, 58	19 / 0, 54	18 / 0, 62	20 / 0, 69	9 / 0, 21	0
7	Hearing the voices of someone's being tortured	128 / 0,51	58 / 0, 53	16 / 0, 46	15 / 0, 52	21 / 0, 72	18 / 0, 43	0
8	Attending on some ones torture fact	103 / 0,41	25 / 0, 23	12 / 0, 34	12 / 0, 41	16 / 0, 55	30 / 0, 71	8 / 1
9	Torture of the family members or other close persons	102 / 0,41	28 / 0, 26	6 / 0, 17	16 / 0, 55	19 / 0, 65	29 / 0, 69	4 / 0, 50
10	Sleep deprivation	138 / 0,55	50 / 0, 46	25 / 0,71	18 / 0, 62	20 / 0, 69	25 / 0, 59	0
11	Uncertainly waiting for torture	173 / 0,69	82 / 0, 75	26 / 0, 74	16 / 0, 55	21 / 0, 72	23 / 0, 55	5 / 0, 62
12	Threaten 1. To be raped. 2. Regarding family 3. Regarding torture of the family member. 4. Other (please indicated or described) ----------	143 / 0, 57 1. 47 2. 48 3. 43 4. 83	75 / 0, 69 1. 25 2. 15 3. 15 4. 44	12 / 0, 34 1. 7 2. 7 3. 2 4. 7	19 / 0, 65 1. 6 2. 5 3. 5 4. 4	13 / 0, 49 1.2 2. 7 3. 6 4. 9	24 / 0, 57 1. 7 2. 11 3. 15 4. 19	0
13	Humiliation, inhuman attitude, oppression	243 / 0, 96	103 / 0, 41	35 / 1	28 / 0, 96	29 / 1	42 / 1	6 / 0, 75
14	False death	74 / 0,29	19 / 0, 07	0	10 / 0, 34	16 / 0,55	25 / 0, 59	0
15	Starvation and lack of the water	88 / 0,35	32 / 0, 29	4 / 0, 11	18 / 0, 62	5 / 0,17	29 / 0, 69	0
16	Limitation of the natural needs of the Human	82 / 0,32	37 / 0,34	21 / 0, 60	16 / 0, 55	6 / 0,21	11 / 0 26	0
17	Non - real choice (collaboration as agent, signification, providing information etc) ----------	103 / 0,41	57 / 0, 52	17 / 0,48	11 / 0, 38	9 / 0,31	8 / 0, 19	0
18	Lack of medical aid, inhuman treatment ----------	202 / 0,80	65 / 0,60	29 / 0, 83	29 / 1	29 / 1	42 / 1	8 / 1
19	Other (please described) ----------	0	0	0	0	0	0	0

The special methods that could not leave the scares were used in most of cases as well. Those are the "Box Gloves", "Modern Lastochka", "Telephone", "Phalanx". The psychological torture methods were used very widely as well, especially very "effective" was the threatening to be raped (in respect of men); humiliation, as well as inhuman attitude and oppression were used in all 252 cases too.

The Torture methods that we defined as physical torture – include methods that mean physical violence from torturers' side to victims and pain or any other physical (body traumatization) – of other person, and as it is mentioned above, here is included the physical torture methods that didn't leave any physical scars too (for example suffocation by the gas – mask); The division

of torture on physical and psychological methods is very difficult and conditional, because all psychological methods have physical – somatic consequences too (for e.g. cold, starvation etc) and of course the physical methods have the psychological after effects too. Based on above mentioned the psychological methods included conditionally such methods that first of all damage the victims moral and psychological condition and didn't included any kind psychical violence by other person's side.

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

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

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

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

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

The consequences of torture in police are deteriorated by the inhuman living conditions in the Pre – trial prison such as: the darkness caused by the shutters on window cells, less of oxygen, cold, high level of the wet, overcrowding in the prison that is the reason that the prisoners in most of cells were sleeping in shifts or in pairs (sleep deprivation, violation of the personal autonomy); inmate-inmate relationships based on informal criminal code; high level of corruption and violence among prisoners that are silently approved by the Prison Authorities; not providing adequate medical care and some times violation of medical ethics.

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

Acute Outcomes

The observation reveals high level of complex physical and psychological disturbances in the acute period after the torture, that in most of cases were usually the cranial trauma (110 person – 43, 65 % - Total N 252) and hemorrhagic (93 cases – 36,90 %), Pain – Traumatic Shock (89 cases – 35,32 %); suicide ideas,

para – suicide or self – injury actions (in 134 cases – 53,17 %). Emotion – shock reactions were found in 183 cases – 75,62 %.

Lack of professional medical aid and in most of cases inhuman treatment and attitude to VT caused severe acute physical and mental disturbances that increased due to the consequent inhuman life conditions in the pre – trial prison and abnormal life conditions in case of Refugees and IDPs. All those situations with previous traumatic Events (repeated torture in most of cases) cause chronization of the complex traumatic stress syndromes with somatic and psycho – somatic disturbances that is revealed in tendencies to develop personality changes. In social sphere that causes difficulties of adaptation, conflict situations, and increased aggressive reactions. Incorrect attitude and improper professional medical aid, non- availability of the rehabilitation system for prisoners and any specific aid for victims of torture were the reasons for developing the following mental or psychological disturbances.

Current and Chronic Outcomes of Torture

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

For Adults (Total number 204)

Diagnosis	Code (ICD – 10)	Prisoners/ former Prisoners N 109 /F	Refugees from Chechnya N 24 /F	IDPs from Abkhazia and South Osetia N 29 /F	Gali Region N 42 F	N. / f Among 204
Acuta Stress Related Reaction	F 43.0.	6 / 0, 05	0	-	1 / 0, 02	7 / 0, 03
PTSD	F 43.0.	17 / 0, 15	8 / 0, 33	10 / 0, 34	12 / 0, 28	47 / 0, 23
PTSD with Depression	F43.1 ; F43.22.	15 / 0, 14	8 / 0, 33	10 / 0, 34	11 / 0, 26	44 / 0, 21
PTSD with Somatoform Disorder	F43.1 F45.	11 / 0, 10	2 / 0, 08	2 / 0, 07	10 / 0, 24	25 / 0, 12
PTSD with Post Commotion Syndrome	F43.1. F07.2.	23 / 0, 21	3 / 0, 12	2 / 0, 07	-	28 / 0, 14
Chronic Changes of Personality (after torture)	F62.0.	13 / 0, 12	3 / 0, 12	4 / 0, 14	4 / 0, 09	24 / 0, 12
Emotional Personality Disorder with PTSD	F60.3. F43.1.	7 / 0, 06	-	-	1 / 0, 02	8 / 0, 04
Organic Personality Disorder (Epilepsy) with PTSD	F07.0. F43.1.	3 / 0, 03	-	-	1 / 0, 02	4 / 0, 02
PTSD with psychothic syndromes	F43.1 ?	8 / 0, 07	-	-	1 / 0, 02	9 / 0, 04
Conversive – Disociated Disorder with PTSD	F 44 F 43.1	2 / 0, 02	-	-	-	2 / 0, 009
Demention (after the comotion during the crani trauma (torture event)	F03.	0	-	1 / 0, 03	1 / 0, 02	2 / 0, 009
Skizophrenia	F 20.0x0	3 / 0, 03	-	-	-	-
Disocial Personality Disorder	F60.2	1 / 0, 009	-	-	-	-

For Adolescents (Total N 43)

Juvenile Colonyand Gali Region

Diagnosis	Code	Persons (Total N 35)		P / frequency
		Prisoners N35 / f	Gali Region/ N 8 / f	All N43 / f
Non – Organic Enuresis with PTSD	F 98.0. F 43.1.	2 / 0, 06	2 / 0, 25	4 / 0, 09
Socially Integrated Behavioural Disorder with PTSD	F 91.2. F 43.1.	8 / 0, 23	-	8 / 0, 19
Socially Disintegrated Behavioural Disorder with PTSD	F 91.1. F 43.1.	9 / 0, 26	-	9 / 0, 21
PTSD with Depression	F 43.1. F 43.22.	12 / 0, 34	-	12 / 0, 28
Epilepsy with PTSD and one with enuresis	F 07.0. F 43.1.	3 / 0, 08	-	3 / 0, 07
Behavioural Depression Disorder	F 92.0	-	3 / 0, 37	3 / 0, 07
PTSD	F 43.1	1 / 0, 03	3 / 0, 37	4 / 0, 09

Experience of toxicomania – among Juvenile prisoners – in 20 cases.

Physical Outcomes of Torture

Total Number 252 among them with phisical disorders Number 199

Diagnosis	IDPs from Abkhazia and South Osetia and Gali region / N 73 /F	Refugees from Chechnya / N 24 /F	Prisoners and former Prisoners / N 102/ F	N 199 among total N 252 /F
Cardo – Vascular System	47 / 0, 64	9 / 0, 37	10 / 0, 10	66 / 0, 26
Respiratory System	7 / 0, 09	4 / 0, 05	12 / 0, 12	23 / 0, 09
Allergic Disorders	8 / 0, 11	3 / 0, 12	3 / 0, 03	13 / 0, 05
Infection Disorders	2 (Hepatitis C) / 0, 03	4 (TB) / 0, 17	5 (2 – TB, 3 Hepatitis C) / 0, 05	11 / 0, 04
Tumour	2 / 0, 03	2 / 0, 08	4 / 0, 04	8 / 0, 03
Abdominal System	26 / 0, 36	5 / 0 21	19 / 0, 79	50 / 0 20
Uro – Genital System	9 / 0, 12	15 / 0, 63	15 / 0, 62	39 / 0, 15
Ocular System	5 / 0, 07	2 / 0, 08	-	7 / 0, 03
Otto - Laringology	2 / 0, 03	3 / 0, 12	10 / 0, 10	15 / 0, 06
Endocrine System	8 / 0, 11	2 / 0, 08	12 / 0, 12	22 / 0, 09
Osteo – Muscular System	11 / 0, 15	10 / 0, 42	13 / 0, 13	34 / 0, 13
CNS Disorders	28 / 0, 38	14 / 0, 58	68 / 0, 67	110 / 0, 44
Drug Addiction and Alcoholizm 1. With remission 2. Active (episode users)	 1. - 2. 26 / 0, 36	 1 / 0, 04	 1. 11 / 0, 11 2. 21 / 0, 20	59 / 0, 23 1. 11 2. 48
Infected Injury	-	-	1 / 0, 01	1 / 0, 003
One sergury operation (Utero – ectomia)	-	-	1 / 0, 01	1 / 0, 003

As it is seen from the tables the most common diagnosis is the Posttraumatic Stress Syndrome that reveals in repetitive phase symptoms (obsession feelings or images regarding traumatic, torture event, nightmares and sleep disturbances, episodes flashbacks etc) and in avoidance phase symptoms, with depression and psycho – somatic reactions. It would be indicated that in most of cases several psycho – somatic syndromes were revealed, such as Chronic Pain Syndrome (head, back, neck area): 204 cases – 82,93 %; CNS functional disturbances: 142 cases – 56,34 %; Blood pressure liability (88 – 34, 92 %) and pain in heart area (139 – 55, 16 %) and as specific among women prisoners – Dysmenorrhoea and among adolescents – enuresis.

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

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

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

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

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

- current war situation in Chechnya;
- lack of attention from the World Society to respect of the Chechen refugees tragedy;
- lack of the protection mechanisms toward these community;

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

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

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

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

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

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