



Rehabilitation of Torture Victims and Fight against Impunity

SUMMARY REPORT 2009 - 2011



This project is funded
by the European Union

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RCT/EMPATHY, Georgia

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Tbilisi 2012

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Introduction

This Report presents summary of outcomes of activities of the RCT/EMPATHY that covers results of two projects: The RCT/EMPATHY's Project "Strengthening the System of Rehabilitation for Torture Victims in Georgia" and IRCT International Project: "Use of forensic evidence in the fight against torture".

Target country:

Georgia, Tbilisi and all regions, including the military conflict zones (Abkhazia, South Ossetia) and surrounding areas (Gori, Pankisi Gorge, Zugdidi, Kodori Gorge), the penal institutions in whole Georgia, part of the action (training component) covered the whole South Caucasian region (Armenia and Azerbaijan.)

Mentioned above actions were implemented by the financial support of the European Union, UNVFVT and IRCT/Oak Centre Grants.

The RCT/EMPATHY on behalf of its clients highly appreciated support of donor agencies in implementation of the needed activities.

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Summary of Objectives

Project: Strengthening the system of Rehabilitation for Torture victims in Georgia

Overall objectives of this proposal were: (1) to strengthen the existing non-governmental, nationwide system focusing on complex, based on multi disciplinary approach (medical, mental/psychological, social and legal redress, forensic medical expertise according to the Istanbul Protocol Principles), rehabilitation for torture victims in Georgia; (2) To increase effectiveness of services, monitoring and evaluation measures; (3) To implement international standards on prevention of torture in Georgia. To implement Istanbul Protocol Principles; UN CAT Articles: Article 1, Article 10, Article 11 - 12, Article 14, Article 16; to provide support for implementation of the UN OP CAT, WMA Declaration adopted by the WMA General Assembly in Copenhagen in 2007, regarding doctor's obligations to document cases of torture according to the Istanbul Protocol. (4) The program main component is also focused on skills-based training, educational and research programme on Documentation and Prevention of Torture, as well as on rehabilitation, awareness building, and institutional capacity building of EMPATHY and Partners (especially Crisis intervention Centre in Military Conflict Zone in Abkhazia).

Specific Objectives: (1) ***Micro level:*** For target groups: to provide adequate treatment and rehabilitation, social and legal support to restore their rights to legal redress and compensation; (2) ***On mezzo level:*** to strengthen non – governmental comprehensive multi faced rehabilitation system established by the RCT/EMPATHY during the ongoing and previous projects and increasing of effectiveness of the services and offices of the RCT/EMPATHY and other involved

in the action professional and non – professional stakeholders; (3) *On macro level:* project will focused on development of the training – educational, research and lobbying activities and will make significant contribution on the fight against torture in Georgia and in development of the rehabilitation and torture documentation standards in generally, especially, in whole South Caucasian Region.

Project was implemented in whole Georgia, including the military conflict zones, Para – military zones, penal institutions; The training – educational component will cover the Doctors “at risk” from other South Caucasian Countries: Azerbaijan and Armenia.

Main target groups were the torture victims and their family members, including second generation, according to the UN CAT Article 1; special attention should be paid to the civilian population still living in the military conflict zones, especially from Ethnic Cleaning Region (Abkhazia) prisoners with experience of torture and ill – treatment; women and children with ill – treatment, sexual abuse and sexual harassment experience.

Project “Use of forensic evidence in the fight against torture”

In many countries in the world, one of the main obstacles to effective prosecution of torture cases is the lack of access to clear and reliable medical evidence to prove such allegations. This project aims to fight impunity by generating forensic evidence that can be used in the prosecution of alleged torture cases in national and regional courts and by strengthening the capacity for medical examinations according to internationally recognized principles, i.e. the Istanbul Protocol.

Georgia is one of the partner Countries for the project and RCT/EMPATHY is the local implementing partner. Project activities in Georgia have a dual aim: First, to support prosecution of torture cases by producing high quality forensic medical evidence through examinations by local and international experts in forensic medical and psychiatric documentation of torture. Second, to implement an advocacy campaign seeking to improve the Georgian system of investigating and prosecuting torture cases. This campaign will predominantly focus on facilitating the use of forensic medical evidence.

This is the first time internationally recognized forensic medical experts (including psychiatrists) will be involved in examinations of torture cases in Georgia. We hope that this international presence can contribute to an increased role of forensic medical evaluations in the fight against torture, especially in implementation of the National and International obligations on prompt, impartial and effective investigation of torture cases. Furthermore, it might facilitate the establishment of a system of fully independent medical experts with involvement of international experts to examine torture cases in the future.

Background

On 1 April 2009 the IRCT launched a new three-year EC-funded project “Use of forensic evidence in the fight against torture”. The project aims to fight against impunity by strengthening the capacity for medical examination according to internationally recognized principles, i.e. the

Istanbul Protocol, and generating forensic evidence that can be used in the prosecution of alleged torture cases in national and regional courts and/or human rights institutions.

The specific objectives are:

- To increase the availability of high quality forensic documentation concerning allegations of torture
- To use and facilitate victims' access to forensic documentation as evidence in legal proceedings
- To increase awareness about the significance of medical forensic evidence, victims' rights and state obligations under the UN Convention Against Torture to investigate and prosecute perpetrators

The IRCT Secretariat, in partnership with the Forensic Department of the University of Copenhagen, has set up an international focal point for forensic expertise, which will draw upon an international advisory group of international forensic experts as well as on the extensive experience and expertise accumulated through previous projects on the documentation of torture.

Rehabilitation centres in five countries in five regions will act as national focal points to identify torture cases where examination support is needed and which could be taken forward to national or regional courts. Via the international focal point and the advisory forensic experts group, the expertise required to perform forensic examinations of torture survivors will be channelled to health professionals in the five target countries through on-case examination support and peer supervision.

The expert group will further provide support in examining torture victims in at least ten representative cases at the international, regional or national level to establish best practice examples. Thus, medical reports will be submitted in at least 15 court cases concerning allegations of torture in order to strengthen the evidentiary basis in these cases and will be supplemented by expert testimony in the proceedings where relevant.

Additionally, the international focal point and the expert group will map, gather and further develop materials relevant to the medical examination of torture victims and consequent legal proceedings. The involved experts will participate in relevant human rights and health conferences with a view to exchanging knowledge and presenting the project's objectives and findings.

This work will be supported by targeted advocacy towards judges, prosecutors, lawyers and health professionals. Moreover, via campaigning and advocacy activities throughout the project, as well as a major conference at the conclusion of the project, policy-makers, health and legal professionals and the public at large will have a better understanding of and dedication to promoting the fight against impunity.

Objective

The specific objectives of the partnership between IRCT and the Centre are:

- To increase awareness of the problem of torture in Georgia and victims' rights and state obligations under the UN Convention Against Torture to investigate and prosecute perpetrators;
- To promote the recognition of medical evidence among relevant stakeholders, including health and legal professionals, governmental and academic institutions and national courts through a range of advocacy activities;
- To strengthen the capacity of the Centre regarding medical documentation of torture according to international standards;
- To carry out strategic litigation by submitting a medico-legal report as evidence in minimum one case of torture and bringing forward the case in national legal proceedings with the aim to establish precedent and national jurisprudence;
- To draw on national experience and expertise in IRCT's international advocacy efforts to promote medical forensic evidence and to share experience and project findings within the IRCT network.

I. Target Groups

Main beneficiaries were the torture and ill – treatment victims in accordance with UN Convention against Torture.., especially Article 1, as well as Article 16 and other articles related to ill – treatment and any violations of articles including in this Convention, their family members and community members, whole civilian population living in the high risk settings; Organizations: RCT/EMPATHY and partners, as well as other medical and non- medical actors involving in the implementation of the project.

Total number of clients applied to the RCT/EMPATHY in the period of 2009 – 2011 were n = 2272: Number of clients assisting and receiving multi faced rehabilitation in years 2009 - 2011 were n = 1528 (67 % of Tn= 2272); among them in 65 cases the legal aid were provided as well; in 109 cases mono art therapy was implemented in art studio and in years 2009 – 2010 in Women Colony Rehabilitation Centre and in Juvenile Colony Rehabilitation Centre; about 643 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 1528 clients received adequate assistance. In most of cases the improvement of health and social conditions, also in legal cases significant progress were resulted too. In year 2009 total number of health professionals trained in Istanbul Protocol and other relevant guidelines on torture were n = 17 persons and 4 legal experts, in 2010 the South Caucasian Regional Training was held, were trained about 33 health experts and 18 legal experts Armenia and Azerbaijan, also from Georgia, including the representatives from military conflict zone of Abkhazia and representatives of ethnic minorities. In year 2011 total number of health professionals 56, among them from the military conflict zone of Abkhazia were 5 persons and

legal experts n = 22. Total number trained health experts (doctors, psychologists, social workers) during 3 years: n = 106 and legal experts: n = 44 p. T n = 150 trained professionals.

Table 1: Status of the Target Groups (Direct beneficiaries)

Prisoner	Ex - Prisoner and probation	Refugee from Chechnya	IDP from SO and War Victims	Living in Gali Region	IDPS from Abkhazia and Kodori	Others (Orphans Houses and psychiatry Hospitals, street children	Total
543	37	40	413	335	23	137	1528
35.5	2.4	2.6	27	22	1.5	9	100 %

Table 2: Citizenship T.N 1528

Georgian	Russian	Turkish	Ukrainian	Libya and Tunis , Algeria, Shri – lanka, Iranian, Angolan	Total
1482	34	2	1	9	1528

According to the Table 1 among direct beneficiaries of the RCT/EMPATHY in years 2009 – 2011 543 35, 5 % of 1528 were prisoners with experience of torture, ill- treatment and inadequate medical care, about 37 (2, 4 % of 1528) were former prisoners, about 40 (2, 6%) were refugees from Chechnya with torture and captivity experience, 413 – 27 % were IDPs from South Ossetia and other 2008 war victims – victims of several kind of military crimes and violations of International Humanitarian Law, 335 – 22 % were civilian population still living in the military conflict zone in Abkhazia with experience of torture, captivity, imprisonment and other kind of ill – treatment about 23 – 1, 5 % were old IDPs from Abkhazia and IDPs from Kodori Gorge, 137 – 9 % were children and juveniles from orphans houses, children with street violence experience, inhabitants of psychiatry hospitals, other population with ill – treatment and abuse experience – peaceful actions, manifestations participants etc.

Among total direct beneficiaries in years 2009 - 2011 298 of 1528 were children and adolescents, about 20 %.

Table 3. Children and Adolescents Direct beneficiaries n = 298 (20% of 1528)

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 , Orphans Houses and	Total

							Street Childr en	
<i>% of total Direct 298</i>	48	2	1	10	1	3	35	100 %
Total N of Assisted Persons (Direct Beneficiaries + Indirect)	166	5	2	30	6	9	128	346
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2009 - 2011) Total N = 298	143	5	2	30	4	9	105	298

According to the Table 3, among total n = 298 children and adolescents about 48 % were prisoners, about 10 % new war victims (Russian – Georgian War 2008), about 3 % IDPs from Abkhazia and clients living in the military conflict zone in Abkhazia, 25 were ex – prisoners and probation service users and 1 % refugees from Chechnya and about 35 % inhabitants of orphans houses and street children with violence experience.

Among total direct beneficiaries in years 2009 - 2011 583 of 1528 were women, about 38 %.

Table 4. Women (38 % of 1528)

<i>Target Group</i>	Prisoner	Ex Prisoners and Probation ers	Chechnya	IDP from South Ossetia and War Victims	IDPs from Abkhazia	Gali and from Abkhazia	Other	Total
% of Direct 583	18	3	3	40	1	32	3	100 %
Total N of Assisted Persons (Direct	162	20	16	317	12	232	69	828

Beneficiaries + Indirect)								
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in 2009 - 2011) Total N = 583	105	16	15	236	9	187	15	583

According to the Table 4 among total n = 583 women about 18 % were prisoners, more than 40 % 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 3 % refugees from Chechnya and 3 % other beneficiaries.

Among total direct beneficiaries in years 2009 - 2011 n = 647 of 1528 were men, about 42 %.

Table. 5. Men (42 % of 1528)

<i>Target Group</i>	Prisoner	Ex - Pris Probation ers	Refugees from Chechnya	IDP from South Ossetia and War Victims	IDPs from Abkhazia	Gali and from Abkhazia	Other	Total
% of Direct N = 647	46	2	4	23	2	21	2	100%
Total N of Assisted Persons (Direct Beneficiaries + Indirect	569	24	24	206	10	171	44	1048
Direct Beneficiaries Torture and Inhuman, Degrading Treatment Victims and their family members (Treated in	295	16	23	147	10	139	17	647

2009 - 2011) Total N = 647								
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According to the Table 5, among total n = 647 men about 46 % were prisoners, more than 23 % new war victims (Russian – Georgian War 2008), about 23 % IDPs from Abkhazia and clients living in the military conflict zone in Abkhazia and 8 % other beneficiaries, ex – prisoners, refugees from Chechnya etc.

Tables 6: Ages of Target Beneficiaries:

Ages Long Term n=
Rehabilitation 801

Sex	Age group							
	0-15	16-25	26-35	36-45	45-60	60 65	Over 65	TOTAL
Male	19	102	53	29	96	25	59	383
Female	6	33	62	65	163	42	47	418
Sub-totals	25	135	115	94	259	67	106	801
TOTAL	801							

Ages Short Term Rehabilitation n= 618

Sex	Age group							
	0-15	16-25	26-35	36-45	45-60	60 - 65	Over 65	TOTAL
Male	70	94	124	84	57	4	17	450
Female	28	17	28	19	35	8	33	168
Sub-totals								
TOTAL	618							

Ages Long Term Mono and N= 109
Rehabilitation Double Therapy

Sex	Age group							
	0-15	16-25	26-35	36-45	45-60	60 65	Over 65	TOTAL
Male	10	28	2	4	4	1	0	48
Female	21	14	12	8	4	1	0	60
Sub-totals								
TOTAL	109							

Average age of women direct beneficiaries (total number = 583) was: E = 46

Average age of men, direct beneficiaries (total number = 647) was: E = 43.87

Average age of children and adolescents, direct beneficiaries (total number = 298) was: E = 15.33

II. OUTCOMES OF STUDY PROGRAMMES REGARDING TARGET GROUPS: YEARS - 2009 – 2011

Year 2009

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

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

According to the stories of the clients and collected medical or other kind of information 305 of 573 (more than 53 %) of cases were victims of physical torture. Among physical methods mainly following methods were used: Beating (with cudgel, boots, pistol, other blunt object, hand etc) – among 259 cases (about 85 %), Electric Shock – 9 cases (about 3 %); Hanging – 8 cases (more than 2, 5 %); non – physiological dislocation – 151 cases (more than 49 %), Sexual torture – 9 cases, about 6 %. Breaking of Tooth – 2 persons about 0, 6 %; Suffocation (by the water, bag, gas - mask or other - please indicated) By hands – 11 cases (about 4 %); Pharmacology torture by using a unknown drugs – 3 cases, cauterizations – extraction of nails – 2 cases, Burning with cigarette etc – 15 cases, about 5 %; torture with animals – 4 cases (about 1 5); Medical Torture (Physical severe pain and suffering – enhance - caused by the inadequate medical care) During captivity in Tskhinvali Prisons - 33 cases, about 11 %.; Wounded During War and severally Beaten, bombing of civilian population and living targets during the war (August 8): - 26 persons (more than 8 %); Other methods: Town from the third floor on railway by the reason to kill. Killing attempt by the firearm, Pulling Hair, Spraying Gas CS ; “Phalange”, especially should be not among War victims with experience of captivity forced labor (**Burying of corpses**)

– (about 25 persons); bombing of civilian population and living targets during the war; One woman - Pulling of earrings; These 7 women received several injuries with bruises during the riot happened in Women Colony in Tbilisi in 19 of April 2009, it is not clear by whom were made these injuries; Regarding two juveniles male prisoners: 1. Putting bag on the head and throwing from the second floor, squeezing hand in iron grip 2. "Telephone"; total by using the other described methods were about – 93 persons (more then 30 %). Total facts per person were about 659; average per fact per person was more than 2 facts per person.

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

Physical and psychological squeal (after-effects) of the victims assisted

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

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

Chronic Physical disorders: Physical outcomes or other related chronic disturbances were diagnosed in 362 cases (more then 63 %) of total $N = 573$. Among revealed and treated disorders were: Cardio – vascular system disorders: 109 cases (30 %); Respiratory system – 45 (12 %); Allergic disorders – 13 (3 %); Infection Disorders TB Meningitis ; Hepatitis C, HIV – 23 (6 %); Tumor – 30 (8 %); Abdominal System – 144 (40 %); Uro – Genital System – 83 (22 %); Ocular System – 73 (20 %); Otto – Laryngological – 38 (10 %); Endocrine System: 37 (10 %); Osteo –

Muscular System – 132 (36 %); CNS Disorders (Organic (Epilepsy etc) and functional): 159 (44 %); Infected Injury – 8 (2 %); Dental System Problems – 5 (1 %); Dermatological – Venerology Disorders – 21 (6 %); Scars caused after Fire arm wounds and burnings - 6 (1 %); others – 3 cases. Total disorders were revealed N = 929, that means per person average E = 2.5663 (more than 2 diagnoses per person).

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

(Table N 13) Chronic Physical Disorders

Somatic Disorders

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

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15	Deramto – Venerology Disorders	9	0	6	6	0	0	21	0.1
16	Genetic Disorders	1	0	0	0	0	0	1	0.0
17	Colagenosis	1	0	0	0	0	0	1	0.0
18	Scars coued after Fire arm wounds and burnings	0	0	2	4	0	0	6	0.0
19	Blood System Disorders	0	0	1	0	0	0	1	0.0
	Facts	182	18	294	410	21	4	929	2.6

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

Total Children

94 4 21 5 1 2 127

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

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

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

Total adults		196	12	127	87	8	16	446	
#	Diagnosis	Total Prisoners	Ex prisoners and Probationers	IDPs from South Osetia and War Victims	Total Gali and IDPs	Total Ref from Chechnya	Others	Total	F
		85	9	115	84	8	3	304	0.68
1	Cardio – Vascular System	6	0	57	43	2	1	109	0.36
2	Respiratory System	4	4	18	14	2	0	42	0.14
3	Allergic Disorders	1	0	8	4	0	0	13	0.04
4	Infection Disorders TB ; Hepatitis C	15	1	2	4	0	0	22	0.07
5	Tumor	5	1	10	14	0	0	30	0.10
6	Abdominal System	8	3	74	50	4	0	139	0.46
7	Uro – Genital System	6	4	31	36	4	0	81	0.27
8	Ocular System	0	0	47	24	1	0	72	0.24
9	Otto - Laryngological	0	0	29	7	0	0	36	0.12

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10	Endocrine System	7	2	10	15	1	0	35	0.12
11	Osteo – Muscular System	10	1	52	30	4	0	97	0.32
12	CNS Disorders (Organic (Epilepsy etc) and functional)	32	2	48	33	3	3	121	0.40
13	Infected Injury	0	0	4	3	0	0	7	0.02
14	Dental System Problems	0	0	3	0	0	0	3	0.01
15	Deramto – Venerology Disorders	5	0	5	5	0	0	15	0.05
16	Genetic Disorders	1	0	0	0	0	0	1	0.00
17	Colagenosis	1	0	0	0	0	0	1	0.00
18	Scars couesd after Fire arm wounds and burnings	0	0	3	2	0	0	5	0.02
19	Blood System Disorders	0	0	0	1	0	0	1	0.00
	Facts	101	18	401	285	21	4	830	2.73

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

Table N 14: Summary of Caused – Effect Relations

	Somatic Disorders and relations with torture or ill treatment	Total	F
1	Direct physical outcomes of torture are	252	0.3
2	Exacerbation of chronic Diseases	278	0.3
3	Is not related to torture or is difficult to define cause and effect relations	399	0.4
	Total Facts	929	1.0
	Total Persons	362	2.6

Mental/Psychological Problems:

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

Problems revealed among adults

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

Table N 15: Mental Psychological Problems and Diagnoses

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

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Adjustment Disorder	F 43.20	0	0	0	2	0	0	0	2
Somatoform Disorder (Hypochondria Disorder)	F 45.2	1	0	0	0	0	0	0	1
Severe Depression Episode with Psychotic Symptoms	F 32.3.	2	0	0	0	0	0	0	2
Moderate Depression Episode	F 32.1.	2	0	0	0	0	0	0	2
Mixed Type Schizoaffective disorder with PTSD	F 43.1.; F 25.2.	0	0	0	1	0	0	0	1
Chronic Changes of Personality (after torture)	F62.0.	0	1	0	0	0	0	0	1
Emotional Personality Disorder with PTSD	F60.3. F43.1	0	0	0		0	0	0	0
Organic Personality Disorder (Epilepsy) with PTSD	F07.0. F43.1.	1	0	0	2	0	3	0	6
Acute or Transitory Psychotics Disorder (Other previously Delusional psychotic Disorders)	F 23.3	1	0	0	0	0	0	3	4
Organic Personality Disorder (Epilepsy)	F07.0; G. 40.	5	0	0	0	0	0	2	7
Organic Personality Disorder	F 07.0.	6	0	0	0	0	0	0	6
PTSD; Socio -phobia; Claustrophobia	F 43.1 ; F 40.1. F 40.2.	25	0	0	0	0	0	0	25
Unspecified mental disorder caused by the brain organic dysfunction	F 06.9	0	0	0	0	0	0	0	0
PTSD with unspecified mental disorder caused by the brain organic dysfunction	F.06.9. F 43.1.	2	0	0	0	0	0	0	2
Schizophrenia	F 20	2	0	0	0	0	0	3	5
Chronic Delusion Disorder	F 22	10	0	0	0	0	0	2	12
Organic Anxiety Disorder	F 06.4.	0	0	0	0	0	0	0	0
Organic emotional Disorder	F 06.6.	1	0	0	0	0	0	0	1
Organic Bipolar Disorder	F 06.31	2	0	0	0	0	0	0	2
Organic Depressive Disorder (Affective)	F 06.32	0	0	0	0	0	1	0	1
Organic Delusion Disorder	F 06.2	4	0	0	0	0	0	2	6
Organic Delusion Disorder (Epilepsy)	F 06.2. G 40.	1	0	0	0	0	0	0	1

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Adjustment Disorder with Prevalence of Behavior Disturbance	F 43.24	1	0	0	0	0	0	0	1
Organic Dissociative Disorder with PTSD	F 06.5. F43.1	0	0	0	0	0	2	0	2
Dementia Caused by organic Epilepsy	F 02.8	0	0	0	0	0	0	1	1
PTSD with mild cognitive disorder	F 43.1. F 06.7.	0	0	0	1	0	1	0	2
Mental Retardation (minor level)	F 70.	0	0	0	0	0	0	1	1
Mental Retardation (Moderate Level)	F 71	1	0	0	1	0	0	0	2
Converse Personality Disorder	F 60.4.	3	0	0	0	0	0	0	3
Victim of Natural Disaster, war and other military actions	Z 65.5.	0	1	0	4	0	0	0	5
Imprisonment and other incarceration ; Absence or Inaccessibility of adequate medical treatment with PTSD	Z 65.1. Z 75.3. F 41.1.	2	0	0	0	0	0	0	2
Imprisonment and other incarceration ; Absence or Inaccessibility of adequate medical treatment	Z 65.1. Z 75.3.	42	0	0	0	0	0	0	42
Victims of Torture and ill treatment	Z 65.4.	47	0	0	0	0	0	0	47
Mental Retardation with Organic Halutsination Syndrome	F. 7. F 06.0	18	0	0	0	0	0	0	18
PTSD with Drug Addiction Withdrawal State	F43.1; F19.22	1	0	0	0	0	0	0	1
Adjustment Disorder with Drug Addiction Withdrawal State With Delirium	F43.22; F19.4	1	0	0	0	0	0	0	1
Mixed Anxiety - Depression Reaction; Adjustment Disorder with Drug Addiction Withdrawal State	F43.22; F19.22	1	0	0	0	0	0	1	2
Problems Related to Release from Prison	Z 65.2.	1	5	0	0	0	0	0	6
Additional Diagnosis in all Among 446 persons									

Drug Addiction and Alcoholism with Remission	F 19.21								
		36	0	0	0	0	0	1	37
Addiction Syndrome (On Benzodiazepines in Prison System)	F 19.2.								
		4	0	0	2	0	4	0	10

Table N 16: Mental/Psychological Problems among Adults by Main Categories

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

Problems revealed among children and adolescents:

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

Table N 18: According to the ICD – 10

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

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Socially Disintegrated Behavioral Disorder	F 91.1	2	1	0	0	3	0	0	0	0	0	0	3
Mixed Anxiety and depressive reaction caused by adaptation disorder	F 43.2	0	2	0	1	3	0	0	0	0	0	0	3
Emotionally labile(Asthenia) Organic Disorder	F 06.6	1	0	0	0	1	0	0	0	0	0	0	1
Emotionally labile(Asthenia) Organic Disorder with PTSD	F06.6 F 43.1	1	0	0	0	1	0	0	0	0	0	0	1
Mild Depressive Episode	F 32.0	1	0	0	0	1	0	0	0	0	0	0	1
Non Define Behavior Disorder	F 91.9	1	1	0	0	2	0	0	0	0	0	0	2
Unknown Tick Disorder: Reaction on severe stress, unknown	F 95.9 F 43.9	0	1	0	0	1	0	0	0	0	0	0	1
Imprisonment and Other Incarceration ; Absence or Inaccessibility of adequate medical treatment	Z 65.1 ;Z 75.3.	0	3	0	0	3	0	0	0	0	0	0	3
Imprisonment and Other Incarceration ;	Z 65.1	28	5	6	8	47	0	0	0	0	0	0	47
Victim of Natural Disaster, war and other military actions	Z 65.5.	0	0	0	0	0	0	1	16	1	0	0	18
Problems associated with conflict with Law	Z 65.3.	0	0	0	0	0	4	0	0	0	0	1	5
Total Diagnoses		47	31	7	9	94	4	1	21	4	1	2	127

Experience of Addiction Problems					5	5	0	0	0	0	0	0	5
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Table N 19: Mental/Psychological Problems in Children and Adolescents by main Categories

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

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

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

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

from Abkhazia from the region of Kodori (new 2008 ethnic cleansing victims). Total number of persons with captivity or other kind of detention in military conflict zones experience among them was about 54 cases.

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

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

Table N 20: Aim: Among 573 persons

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

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

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

Year 2010

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 21: Caused – Effect Relations

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

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 %); Dermat – 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 22: Mental/Psychological Outcomes (Adults)

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

Table 23: Mental/Psychological Outcomes (Children and Adolescents)

<i>By main categories (according to the ICD - 10, chapters F and Z) Disorders</i>	<i>N</i>	<i>F</i>
<i>PTSD</i>	<i>10</i>	<i>0.11</i>
<i>PTSD with other disorders</i>	<i>5</i>	<i>0.06</i>
<i>Adjustment, stress related and neurotic disorders</i>	<i>11</i>	<i>0.13</i>
<i>Personality Disorders</i>	<i>14</i>	<i>0.16</i>
<i>Mood Disorders</i>	<i>1</i>	<i>0.1</i>
<i>Psychosis</i>	<i>0</i>	<i>0</i>
<i>Mental Retardation</i>	<i>2</i>	<i>0.2</i>
<i>Psychological problems</i>	<i>44</i>	<i>0.51</i>
<i>Total number Juveniles and Children</i>	<i>87</i>	<i>1</i>
<i>Experience of Addiction Problems</i>	<i>12</i>	<i>0.14</i>

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 behaviour 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).

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 24: 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. Ethnical 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 then 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 then 3%); non – physiological dislocation –95 cases (more then 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 25: Methods of Physical Torture among n = 542

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	Methods of Torture	Total Prisoner	Total Ex Prisoners	Total Ref Chechnya	Total IDP Sout Osseti and Victim	Total Gali and living in other parts of Abkhazia	Total IDPs fro Abkhazia	Total Other	Total	F
		9	4	1	4	8	5	1	25	0.47
1	Beatin (wit cudgel boots pistol othe blun object hand othe - pleas indicated)	9	4	1	3	7	4	1	24	0.94
	A. Systematically	3	3	1	2	3	1	1	10	
	B.	5	1	4	1	4	3	1	13	
2	Electric	2	0	8	0	1	0	0	1	0.04
	A.	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	1	
	D Othe (pleas indicate) – Head, armpit	0	0	0	0	0	0	0	0	
3	Hangin	1	0	6	0	1	0	0	8	0.03
4	Non - physiology dislocation	1	1	1	1	4	3	0	9	0.37
5	Sexual torture	0	0	3	0	0	0	0	3	0.01
	A. Rape or Rape attempting	0	0	2	0	2	0	0	4	
	B.	0	0	2	0	2	1	0	5	
	C. Forced Onanizm	0	0	0	0	0	0	0	0	
	D Takin par a th someone's rape	0	0	0	0	0	0	0	0	
	E. To be in humility pose	2	0	2	9	1	0	0	3	
	F Injure o th genita system organs	0	0	0	0	0	0	0	0	
	G Othe (pleas indicate) – grou rap wit ana 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	0.01
7	Suffocation (by the water, bag, gas - mask or other - please indicated) By hands	0	0	5	2	1	0	0	8	0.03
8	Pharmacology tortur (wit differen drugs injection - know o no wha kinds o drug - pleas indicate - 1 cas Usin th punishmen psychiatry method	0	0	0	0	0	0	0	0	0
9	Cauterization (amputation o th extremity - nose ear eyes, cu of meet nail et - pleas indicate extraction of nails	1	0	0	5	0	0	0	6	0.02
1	Burning (with cigarette, with hot iron objects, thermal injury with boiled water etc - please indicated)	0	0	5	4	5	0	0	1	0.05
1	Tortur wit animal (dog etc.	1	0	1	0	0	0	0	2	0.00
1	Othe (pleas describ – Specia metho “telephone”) – Pullin Hair Spraying Ga CS ; ‘Phalange’	1	1	0	7	3	0	0	1	0.04
1	Medical Torture (Physical severe pain and suffering – enhance - caused by the inadequate medical care)	0	0	0	0	0	0	0	0	0
1	Wounded During War Georgia (August 8)	0	0	0	0	0	0	0	0	0
	Total Facts								40	1.58
	Per Fact Per Person								1.58	

According to the data and medical files of the clients the psychological ill – treatment and torture methods were used in 542 cases (**Table 25**). 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 labour 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 26: 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 for torture	95	3	16	100	92	6	2	314	0.57934

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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

Year 2011 Outcomes:

According to the collected data among total 595 persons applied to the RCT/EMPATHY in year 2011 about 413 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 223 of 413 (more then 54 %) of cases were victims of physical torture. Among physical methods mainly following methods were used: Beating (with cudgel, boots, pistol, other blunt object, hand etc) – among 223 cases (about 91 %), Electric Shock – 6 cases (about 3 %); Hanging – 9 cases (more then 4%); non – physiological dislocation –107 cases (more then 48 %), Sexual torture – 10 cases, about 4 %. Breaking of Tooth – 3 persons about 1 %; Suffocation (by the water, bag, gas - mask or other - please indicated) By hands –7 cases (about 3 %); cauterizations – extraction of nails – 1 cases, Burning with cigarette etc – 13 cases, about 6 %; torture with animals – 1 cases. Other methods: "Telephone";

“Phalanga” etc: 67 cases (27 %). Total facts per person were about 424; average per fact per person was 2 facts per person. According to the data and medical files of the clients the psychological ill – treatment and torture methods were used in 413 cases. Mainly as psychological ill treatment were identified inadequate living conditions as well as inadequate medical care in prison/colonies –40 cases (more than 10 %), threaten to be raped or other kind of violence were identified in 147 cases – more than 36 %, 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 –76 cases (more than 18 %); Humiliation, inhuman attitude, oppression - 197 cases (about 48 %); false death - 32 cases, 8 %; Limitation of the natural needs of the Human - 39 cases (about 9 %); Uncertainly waiting for torture – 267 cases (more than 65 %); Sleep deprivation – 177 cases, more than 43 %; Torture of the family members or other close persons – 137 cases (about 33 %); Attending on some ones torture fact – 109 cases (about 27 %) etc. Ethnical discrimination, danger of death – 298 (73 %). Inadequate living condition and street children experience and women with family violence – 72 (18%). According to the collected data total identified facts were about 2597, that means that fact per person E = 6.

Squeals of the victims assisted (physical and psychological):

Acute period physical outcomes: Physical outcomes in the acute period were identified in 223 cases of 413 (more than 54 %). Mostly were identified following traumas and after effects: Cranial Trauma with the loss of consciousness - 86 cases (about 38 %); injuries: 61 cases (about 27 %); Burn – 11 cases (about 5 %); acute bleeding – 65 (29 %); Fractures, dislocation – 11 cases (5 %); Pain - traumatic shock - 39 cases (17 %); Acute cardiac syndrome – 46 (21 %); Disturbance of respiration – 42 (19 %); Disturbance of the renal system – 28 (12 %); Infection diseases: TB and acute prostatitis; diarrhea etc – 21 (5 %); Acute disturbance of the uric - genital system – 21 (9 %); Neurogenic - pain syndrome (pareses, paralysis, contractures, injury of the nerves, cramps, tremor or other, please indicated) - 13 (6 %); Contusions, hematomas : 166 (65 %); Acute disturbances of the ocular system – 53 (21 %); Acute disturbances of the Otto - laryngological system – 29 (13 %); other etc. Total number of revealed disturbances TN = 716 (among 223 persons), that means that E = 3 disturbances per person.

Acute mental/psychological after effects, according to the clients stories the acute outcomes were identified in 411 cases (about 99 %) of total 413. Among them: Acute - Shock Reaction – 143 cases of 411 (about 35 %); Disturbance of Consciousness (clouded consciousness, disorientation, obnubilation, unconsciousness etc –25 cases (about 6%); Suicide actions, suicide ideas, tendencies, fact of self - injury or activities to self - injury, ideas of self – injury –6 cases (1%); Other Fear of torture, Helplessness etc – 237 cases (58 %).

Chronic after effects and disorders: Physical: Physical outcomes or other related chronic disturbances were diagnosed in 325 cases (more than 79 %) of total N = 413. Among revealed and treated disorders were: Cardio – vascular system disorders: 176 cases (54 %); Respiratory system – 28 (9 %); Allergic disorders – 20 (6 %); Infection Disorders TB Meningitis ; Hepatitis C, HIV – 17 (5 %); Tumor – 20 (6 %); Abdominal System – 173 (53 %); Uro – Genital System – 117 (36 %); Ocular System – 106 (33 %); Otto – Laryngological – 76 (23 %); Endocrine System: 60 (18 %); Osteo – Muscular System – 129 (40 %); CNS Disorders (Organic (Epilepsy etc) and functional): 97 (30 %); Dental System Problems – 49 (15 %); Deramto – Venerology Disorders – 13 (4 %); Scars caused after Fire arm wounds and burnings - 1. Total disorders were revealed N = 1086, that means per person average E = 3.34 (more than 3 diagnoses per person). Among observed disorders TN = 1086, according to the principles of Istanbul Protocol: Direct physical outcomes of torture are: 167 diagnoses (about 15 %); Exacerbation of chronic Diseases /indirect outcomes – 303(28%); is not related to torture or is difficult to define cause and effect relations: 616 (57 %). According to this data about 43 % of cases the physical chronic after effects were in direct or indirect relations with torture or ill treatment suffered and in 57 % 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 27: Somatic Disorders 2011

	23	9	136	151	15	79	413	
Diagnosis	Total Prisoners	Ex Prisoners and probationers	Total IDPs From Abkhazia and Gali	Total IDPs from South Osetia and War Victims	Total Ref from Chechnya	Others	Total	F
	21	4	134	132	14	20	325	0.79
Cardio – Vascular System	2	0	85	85	3	1	176	0.54
Respiratory System	0	0	17	9	2	0	28	0.09
Allergic Disorders	0	0	13	5	2	0	20	0.06
Infection Disorders TB Meningitis-3 ; TBC-6; Hepatitis C _4; HIV	9	2	4	2	0	0	17	0.05
Tumor	2	0	12	5	0	1	20	0.06
Abdominal System	2	1	85	76	8	1	173	0.53
Uro – Genital System	1	2	59	43	10	2	117	0.36
Ocular System	1	0	49	47	9	0	106	0.33
Otto - Laryngological	1	2	36	31	6	0	76	0.23
Endocrine System	1	0	33	22	2	2	60	0.18
Osteo – Muscular System	3	1	64	51	9	1	129	0.40
CNS Disorders (Organic (Epilepsy etc) and functional)	11	2	37	25	6	16	97	0.30
Infected Injury	0	0	0	1	0	0	1	0.00
Dental System Problems	1	0	26	19	0	3	49	0.15
Deramto – Venerology Disorders	1	0	8	2	2	0	13	0.04
Genetic Disorders (Velgof Disorder)	1	0	0	0	0	0	1	0.00
Burn B	0	0	0	2	0	0	2	0.01
scars	0	0	0	1	0	0	1	0.00
Facts	36	10	528	426	59	27	1086	3.34

Table N 28: Cause – Effect Relations:

Somatic Disorders and relations with torture	Total Prisoners	Ex - Prisoners and probationers	IDPs from South Osetia and War Victims	Total Gali and IDPs	Total Ref from Chechnya	Others	Total	F
Direct physical outcomes of torture are	14	5	46	84	18	0	167	0.15
Exacerbation of chronic Diseases	21	3	126	112	14	27	303	0.28
Is nor related to torture or is difficult to define cause and effect relations	1	2	254	332	27	0	616	0.57
Total	36	10	426	528	59	27	1086	1.00

Mental/Psychological: Mental /psychological outcomes or just psychological problems were revealed in all 413 cases of torture or ill – treatment. . Among total number 413 adults were 329 (About 79 %) and 84 persons were children and adolescents (about 31 %). Diagnostic was provided according to the ICD – 10 revisions.

Problems revealed among adults In most of cases were observed the PTSD symptoms, just PTSD was diagnosed in 176 (about 53 %) cases of (total Adults 329; PTSD with other neurotic or organic disorders were diagnosed in 25 (8%); Adjustment and other stress related or neurotic disorders were observed in 11 (3%) ; Psychotic level disorders were observed in 6 (1 %); Personality disorders, among them with chronic changes of personality after the torture were revealed in 6 (2%); Mood Disorders (Depression or mixed affective disorders) in 4 cases (1 %). Mental retardation in 1 (about 1 %); In Total number of persons with mental problems were revealed TN = 235 (71 %); and in other 94 (29 %) 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 16 cases (5 %).

Problems revealed among children and adolescents: Among total number of 87 persons children and adolescents the following problems were observed: PTSD and other stress related disorders – 5 (6%); Adjustment, stress related and neurotic disorders – 11 (13 %); Personality and behaviour disorders – 4 (0.5%); Mood disorders (depression) – 1 (1 %); Mental Retardation – 19 (23 %); Total number of clients with mental problems were about – 40 persons (48 % of 84). Psychological problems related to the conflict with law, mass war traumas, imprisonment were revealed in other 44 cases (52 % of 84).

Torture History: According to the Table 1, about 6 % of 413 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 413 were Ex – prisoners and probationers with similar experience or their family members or community

members. About 4 % of 413 were refugees from Chechnya with experience of torture, captivity and ill – treatment in the Russian Federation during war conflicts in Chechnya. About 37 % of 413 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 31 % of 413 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 6 % of 413 were IDPs from Abkhazia, including Kodori Gorge with experience of ill – treatment and ethnic discrimination. About 19 % of 413 were other population with experience of ill – treatment in Psychiatry Hospitals or in other close institutions – orphans’ houses, street child experience, as well as victims of ill – treatment during the attacks to peaceful –demonstrations. 299 facts among 130 persons from the military region of Abkhazia happened in the territory of Abkhazia and perpetrators were Russian forces and Abkhazian militants. In 49 cases of 15 person - refugees from Chechnya the Russian soldiers and officials were involved in the facts of torture and ill – treatment. 197 facts among 151 new IDPs from South Ossetia and living in “Buffer” zones was revealed, perpetrators were Ossetia militants and Russian soldiers. Among 6 persons IDPs from Abkhazia were revealed 12 facts; perpetrators were Russian and Abkhazian forces. 23 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 32 facts in 9 cases were revealed, among them 2 Guantanamo former prisoners, other with experience of inadequate treatment in Georgian penal System. Other 281 facts in 79 cases were ill – treatment victims in Orphans houses or in psychiatry hospitals. A total fact of torture and ill – treatment revealed was 955 among 413 persons. Among them in 557 IDPs and refugees from military region facts happened in the Military regions or during the war conflicts. Tables will be attached to the paper report.

Table N 29: Aim of torture among total 413 according to the stories of our clients were:

	Gali	Gori	Ref Chechnya	IDP From Abkha zia	Ex - Prison ers	Other s	Juveni le Prison ers	Prison ers	413	41 3
Aim	N of Perso ns 130	N of Perso ns 151	N of Persons 15	N of Perso ns 6	N of Perso ns 9	N of Perso ns 79	N of Perso ns 2	N of Perso ns 21	Tot al	F
1. Receiving the information	32	16	10	1	4	1		2	66	0.1 6
2. Confession in criminal action	18	10	7	0	2			16	53	0.1 3
3. Confession in the criminal action that was not committed by this person	19	10	4	0	7		1	3	44	0.1 1
4. Money Extortion	110	19	5	2	0			0	136	0.3 3
5. Humiliation of personality	119	120	10	1	8	59	2	18	337	0.8 2
6.To break the personality	97	104	10	1	6	56	2	18	294	0.7 1
7. Ideological considerations	49	56	9	3	1			1	119	0.2 9
8. Religious values or points of views	0	0	8	0	0			0	8	0.0 2
9.Sadistically tendencies of	58	17	10	2	5	58	2	18	170	0.4

the torturers										1
10. Ethnical Discrimination	130	151	15	6	1		1	0	304	0.7 4
11. Political discrimination	74	62	7	4	1	1		0	149	0.3 6
12. Ethnic cleansing	129	151	15	6	0			0	301	0.7 3
13. Problems of inadequate medical services in prison/colonies	0	0	1	0	2	5	1	21	30	0.0 7
14. Other - Sexual abuse 2, Social problems , inadequate medical services 130	130	151	15	6	7	75	2	21	407	0.9 9
									241 8	5.8 5

III. Charity Actions and Press – Conferences

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 hold 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

In 2011 the Charity Action was held on Valentines' Day in Tbilisi Shardeni Str.:



Christmas Charity Action was held in December 2011:



IV. Training Programme: assessment of results:

Assessment of Results 2009 (Phase 1):

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

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



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

Assessment of Results 2010 (Regional Caucasian Training Phase 2):

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

Assessment of Results 2011 (Phase II of Training Programme):

The training – Workshop 2011, September 15 – 17 in Zugdidi: Physical and Mental/Psychological Consequences of Torture. Principles of Documentation and Reporting according to the Istanbul Protocol, Treatment and Rehabilitation for Doctors working with risk groups (Medical Experts, Psychiatrists etc) Was held in September 15 - 17, 2011 in Zugdidi in

IDP Out Patient Clinic, 206 Gamsakhurdia Str, III Floor, Zugdidi, Georgia. The Workshop was organized by the International Psycho – Rehabilitation Centre for Victims of Torture “EMPATHY”, Georgian Medical Association and Crisis Intervention Centre of Women’s association Nabakevi and Darcheli (Georgia/Abkhazia) with support of the IRCT materials in the framework of the Programme of the RCT/EMPATHY – Strengthening the System of Rehabilitation for Torture Victims in Georgia. This programme is funded by the European Union, UNVFVT, and IRCT. During this training 31 health experts, among them 26 several specialties doctors and 5 psychologists and social workers were trained on issue of torture and other relevant topics of documentation and rehabilitation and consequently received special Certificates. Training was accredited in years 2006, 2008 in the MoH CEM/CPD programme and consequently doctors received 25 credit points. In this training – workshop together with local doctors the representatives from military region of Abkhazia were participate as well. In the end of mentioned above training the future plans of collaboration were identified. Following trainer – experts, recourse persons from Tbilisi and local organizations were

participated in this training: **LIST OF Trainers/Facilitators**

All Trainers are certified specialists on Istanbul Protocol (Training of Trainers)

<i>N</i>	<i>NAME</i>	<i>FUNCTION</i>	<i>INSTITUTION</i>
1.	Dr. Mariam Jishkariani, MD, WPA, Section “Torture Psychological Consequences and Persecution”, Council Member	Torture History and Definition, Psychological Aspects of Torture, Interview Considerations and Reporting, Preparation of Case and Workshop on Medical Ethics, as well as Workshop: Current Situation in Georgia	RCT/EMPATHY, Georgia; Dr. Psychiatrist, President of the RCT/EMPATHY, Project Director
2.	Dr. Rusudan Beriashvili, MD, PhD Associated Professor,	Physical Aspects of Torture, Methods of Torture, Preparation of Reports	Georgian Association of Forensic Doctors, TSMU Forensic Medicine Department, Head of Tbilisi Emergency Aid
3	Dr Tsitsino Grdzlishvili	Facilitator	RCT/EMPATHY, Doctor Physician (case Manager)
4	Dr. Nona Tarbaia	Local Facilitator/Recourse Person	Crisis Intervention Centre in Nabakevi
5	Dr. Lia Kintsurashvili	Facilitator	RCT/EMPATHY, Crisis Intervention Programme Coordinator
6	Dr. Tamaz Janashia	Local recourse person	IDP Out Patient Clinic in Zugdidi
7	Dr. Nata Abuladze	Local recourse person	Psychiatrist, Outpatient Psychiatry Clinic in Zugdidi
8	Ms. Marina Davitaia	Local Coordinator	IDP NGO
9	Dr Levan labauri	Medical Expert (materials on ethical standards were used during the training)	Georgian Medical Association

Distributed Publications:

- Medical/Psychological Manual, Georgian and 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 and RCT/EMPATHY materials).
- Istanbul Protocol – Georgian and Russian Version, Georgian Published version was provided by the UN OHCHR Office in Tbilisi

- International Instruments for the Fights Against Torture – Georgian and Russian Version (IRCT, Updated and prepared Russian Version by the PRI)
- **All presentations also was distributed on CD.**



The training – Workshop 2011, September 15 – 17 in Zugdidi

Training – Workshops in the RCT/EMPATHY Office, 2011:

In December 22 – 24 the Training for medical Experts involved in the NPM Georgia was held at the RCT/EMPATHY on issues of documentation of torture and rehabilitation for torture victims was held at the RCT/EMPATHY. 23 Health Experts, among them several specialties doctors, as well as psychologists were trained during this training. In December 28 – 29 training – workshop on Istanbul Protocol was held at the RCT/EMPATHY for human rights lawyers from Georgian Bar Association. During the training 22 human rights lawyers – practitioners were trained.

Following materials were distributed during this training: Istanbul Protocol (Georgian Version), Torture Documentation, Outcomes and rehabilitation; International Instruments for the Fight Against Torture; also all presentations and manuals were distributed by CD.

Trainer Experts were: Dr. Rusudan Beriashvili, Forensic Expert; Ms. Lia Mukhashavria, Legal Experts and Dr. Mariam Jishkariani, Expert psychiatrist. All experts are international experts involved in the IRCT activities, namely training programmes on Istanbul Protocol.



Training for Health Experts, December 22 – 24, 2011, Held in the RCT/EMPATHY



Training for Lawyers, December 28 – 29, 2012, Held in the RCT/EMPATHY

- The syllabus on Torture for students of medical University was elaborated and incorporated in the obligatory curricula of Tbilisi State medical University programme of psychiatry since 2010.
- The syllabus on Torture was elaborated and incorporated in 2011 for obligatory residency programme of psychiatrists.
- Two expert psychiatrists from the RCT/EMPATHY were invited at the Tbilisi State Medical University psychiatry Division for teaching the students in psychiatry.

V. Presentations of Research Outcomes

The presentation was made in Barcelona at the European Rehabilitation Centre's meeting.



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

- 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

- ***Representatives of the RCT/EMPATHY were participated at the ECOTS 2011 _ 12th European Conference on Traumatic Stress, held in University of Vienna from June 2 till June 5, 2011. Following oral presentation was made: - “Outcomes of Traumatic Stress Among Women - Victims of Ethnic Cleansing in Georgia”, that published in the Abstract book (abstract 1502) This book of abstract is a supplement of the European Journal of Psychotraumatology (Supplement 1, 2011). More information regarding this conference and publication will be on <http://ecots2011.univie.ac.at>, <http://www.eurojnlpsychotraumatol.net/index.php/ejpt/issue/current>***
- ***The RCT/EMPATHY’s representative participated in the 32nd International Congress on Law and Mental Health, held at Humboldt University Faculty of Law in Berlin from July 17th to 23rd, 2011. The presentation on Effectiveness of Forensic Psychiatry Reports in Court Cases of Victims of Torture in Georgia was presented by Dr. Mariam Jishkariani in the framework of IRCT Symposia STRENGTHENING THE CASE: MENTAL HEALTH EXAMINATIONS OF TORTURE SURVIVORS ACCORDING TO THE ISTANBUL PROTOCOL. The programme and the Book of Abstracts is published on web page of the International Academy of Law and Mental Health (IALMH), 32nd IALMH Congress: www.iahmh.org***



➤ *Humboldt University Faculty of Law in Berlin from July 17th to 23rd, 2011*

- **The PROTECT final Conference and Capacity Building of IRCT member Centres was held on October 18 – 20, 2011 in Brussels, organized by the IRCT.**

The RCT/EMPATHY representatives participated in this meeting. The presentation regarding the RCT/EMPATHY's new strategy of forensic department was made on the section – Use and Value of medical Documentation in Criminal & Asylum Procedures.

VI. Summary of Outcomes Years 2009 – 2011 for target groups and final beneficiaries:

- Total Number of consulted persons in years 2009 – 2011 was: T n = 2272
- Direct Beneficiaries were: T n = 1528
- Long term rehabilitation multi faced assistance was provided in T n = 801
- Short term crisis intervention was provided in T n = 618
- Mono Art Therapy n = 109
- Legal Assistance leading in national and European Court of Human Rights: n = 65, among them n = 43 cases are submitted to the European Court of Human Rights
- “Hot Line” – Consultations: n = 256
- Experts Consultations N = 450
- Forensic Complex Expertise According to the Istanbul Protocol for prisoners – n = 19 and For War Victims – n = 27

- Forensic Expertise in “Vektori” – n = 6
- Waiting List: In waiting list for year 2012 are: 50 p. Prisoners, living in Abkhazia -6 p., IDPs from the region of South Ossetia – 14 p. Others – 1 p.
- N of Visits for Crisis Intervention and monitoring provided in years 2009 – 2011 – n = 91 in Penal System of Georgia including Tbilisi, surrounding areas prison institutions and West Georgian Prisons, in Khoni Forensic Psychiatry Hospital, in Orphans Houses.
- N of Charity actions were provided for beneficiaries’ art work sale – exhibition and incomes were given to the authors of this work: one action was held during the 26 Conference in 2009, two actions were held in 2010: During the 26 June Conference, also in connection of Human Rights Day in December 2010, In 2011 were provided on Shardeni Str. in Valentine’s Day in February 2011, during 26 of June Conference, as well as Christmas charity action was provided in December 2011 on Shardeni Str.
- ***Referrals programme were implemented in 21 sub contractor health centres.***

External Examination and Pharmacotherapy in 2009

Total Number of Investigations and clients		1687	1311
F		1.28	
Type of Investigation Per Person (among 232)			5.65
F Per Type of Investigation Per Person (among 232) (average session per client)		7.27	
N of clients with Pharmacology Treatment			219

External Examination and Pharmacotherapy in 2010

Total Number of Investigations and clients		2798	2425
F	1.153814		
Type of Investigation Per Person (among 232)		12	
F Per Type of Investigation Per Person (among 232) (average session per client)			10.
N of clients with Pharmacology Treatment			230

External Examination and Pharmacotherapy in 2011

Total Number of Investigations and clients		2211	1948
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RCT/EMPATHY Summary Report 2009 - 2011

F	1.13501027		
Type of Investigation Per Person (among 178)		12.42	
F Per Type of Investigation Per Person (among 178) (average session per client)			10.9
N of clients with Pharmacology Treatment			195

- ***Clients received high quality free of charge pharmacology treatment and received support in travel:***

For years 2009 - 2011

Pharmacology treatment N of patients	644
Pharmacology treatment amount (Budget lien: 4.5.)	79 775 EUR
Average amount per patient	123.87 EUR
Experts Fee amount (Budget line 1.3.7.)	12 775 EUR
Experts consultations N of Clients (paid consultations)	450 (consultations)
Average amount per clients	28.39 EUR per client
External examination, consultations, inpatient treatment and forensic medicine expertise – Number of clients (Budget lines: 52.1. and 5.2.2.)	642
External examination, consultations, inpatient treatment and forensic medicine expertise – Amount spend	91 983.21 EUR
Average amount per person	143.28
N of Clients that received the travel fee or for these clients were made Social Workers, Doctors or lawyers visits in places of their allocation	490
Expenses Spent for Travel of Clients, or for social workers and lawyers visits to clients Budget Line: 2.3.	9002 EUR
Average amount per person	18.37 EUR

- **Total staff involved in the treatment and rehabilitation activities, including the legal assistance: TN = 23 p. (Staff of the RCT/EMPATHY and Partner Health Organizations). Among them 8 part time and 15 full time.**

Year 2009

<i>Work of centre's Specialist and Consultants</i>	<i>Place of Work</i>	<i>Number of visits and consultations (Sessions)</i>	<i>N of Hours (Including Session Time + Expertise and Working Hours on Documentation (Medical Cards, Reports etc)</i>	<i>Number of Patients/Clients N = 871, among them direct beneficiaries 573</i>
Total Numbers 23 persons	RCT/EMPATHY Office, Women Colony and Prison, Juvenile Colony and Prison, Other prison institutions, Monitoring missions, Art Studio	14975	38829.61	5271
Average N of Sessions Per person (Among total 871)		17.192882		
Average N of Hours per person (among total 871)			44.58049369	
Per Type of Session Per person: Doctors' Case managers Consultations, Specialists Consultations, Lawyers Intervention, Psychotherapy Individual, Group, Family, Art Therapy sessions, Laser Therapy sessions, MDT Meetings, Nurse Services, Social Support, Hot Line services etc.				6.051664753

Year 2010

<i>Work of centre's Specialist and Consultants</i>	<i>Place of Work</i>	<i>Number of visits and consultations (Sessions)</i>	<i>N of Hours (Including Session Time + Expertise and Working Hours on Documentation (Medical Cards, Reports etc)</i>	<i>Number of Patients/Clients N = 806, among them direct beneficiaries 542</i>
Total Numbers	RCT/EMPATHY Office, Women Colony and Prison, Juvenile Colony and Prison, Other prison institutions, Monitoring missions, Art Studio	15703	33227.47	5065

RCT/EMPATHY Summary Report 2009 - 2011

Average N of Sessions Per person (Among total 806)		19		
Average N of Hours per person (among total 806)			41	
Per Type of Session Per person: Doctors' Case managers Consultations, Specialists Consultations, Lawyers Intervention, Psychotherapy Individual, Group, Family, Art Therapy sessions, Laser Therapy sessions, MDT Meetings, Nurse Services, Social Support, Hot Line services etc.				6

Year 2011

<i>Work of centre's Specialist and Consultants</i>	<i>Place of Work</i>	<i>Number of visits and consultations (Sessions)</i>	<i>N of Hours (Including Session Time + Expertise and Working Hours on Documentation (Medical Cards, Reports etc)</i>	<i>Number of Patients/Clients N =595, among them direct beneficiaries 413</i>
Total Numbers n = 23	RCT/EMPATHY Office, prison institutions, Monitoring missions, Art Studio	13604	33168	5829
Average N of Sessions Per person (Among total 595)		23		
Average N of Hours per person (among total 806)			56	
Per Type of Session Per person: Doctors' Case managers Consultations, Specialists Consultations, Lawyers Intervention, Psychotherapy Individual, Group, Family, Art Therapy sessions, Laser Therapy sessions, Hot Line services, MDT Meetings, Nurse				10

Services, Social Support etc.				
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- **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.**

All listed above data demonstrates following significant outcomes for target groups and final beneficiaries: Comprehensive based on individual approach multi – faced services were provided for target groups; target groups increased their knowledge and capacity regarding issue of torture and ways of rehabilitation.

VII. Outputs on Country and Regional, International Level:

- Number of Professionals Trained on Istanbul Protocol, Torture Outcomes and rehabilitation: From Georgia, including Abkhazia, also including of professionals from ethnic minorities, Azerbaijan and Armenia – n = 150, among them n = 106 health professionals and n = 44 legal experts. On all these persons the pre – evaluation and post training evaluation questionnaires are filled.
- Networking between Professional Organizations based in Georgia, Armenia and Azerbaijan were established and future plans were elaborated.
- Networking with professionals from the military conflict region of Abkhazia was also established.
- Two syllabuses for Residency Programme in psychiatry and for students of medical faculty psychiatry programme are elaborated and implemented in the curricula of the Tbilisi State medical University psychiatry Programme.
- The research programme was conducted during each year and presentations were made on several international and national conferences and forums, among them at the European Conference on Traumatic Stress, on 32 Congress of International Society of Law and Mental Health, on European Rehabilitation Centre's Network meetings etc.
- Whole system of rehabilitation of torture victims in Georgia: Offices and programmes are operational and is in place: (1) Day Care outpatient type Rehabilitation Centre (Rented and equipped office in the Central area of the City in Tbilisi), with several departments: Administrative; Rehabilitation; “Hot Line” and Duty Doctors position , 24 hours, and Mobile Group, Monitoring and Crisis Intervention Department; Forensic Medicine; Legal and Social Department; Training – Research, Library Regional Centre; Prevention and PR Department; (2) Art Studio (rented and equipped office); (3) Rehabilitation Centre in Women Colony (is free of charge; not – rented based in the Women prison/colony in Tbilisi); (4) Similar Centre in Juvenile Colony; (5) Crisis Intervention Centre in Juvenile Pre – Trial Prison (free of charge, not – rented); (6) Crisis Intervention Centre in Military Conflict Zone in Abkhazia (Gali Region) is free of charge, not rented, based in the outpatient type clinic; (7) Crisis Intervention and Monitoring Programme based in the Youth House in Gori (nearest military conflict region in South Osetia);
- 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) As well as standards and guidelines of intervention is also developed; 4) Experience was shared to the other Caucasian Countries representatives during the South Caucasian Regional Seminar. 5) Was presented at the Meeting of European Network of Rehabilitation Centres held in Copenhagen in May, 2010; Was presented to the Health and legal professionals and human rights defenders at the 26 June Conference _ on International Day in Support of Victims of Torture, was presented at the UN meeting with organizations working on IDP women’s issue. 6) Was published on the web page that was updated in 2010, also was distributed among other Rehabilitation Centres and Human Right protecting organizations by the support of the Partner organization PRI South Caucasian Office and IRCT

- Other outputs, listed, but not limited: Training manuals on Georgian and Russian, Special Publications: Istanbul Protocol, Hand Book for professional, Annual Reports were published, all news and publications were published at web page of the organization: www.empathy.ge
- TV actions, Art work of the victims of torture. All project documentation, including training and research materials also were published at www.epmathy.ge or collected at the RCT/EMPATHY.
- Analysis of collected data, case studies, analysis of practice and legislation on issue of torture and ill – treatment were made during the project and with recommendations were presented to the State officials and International organizations.
- Finally, the project and submitted recommendations encouraged MoJ to put in the new Anti – Torture Plan of Actions of Georgia 2011 – 2013 the issue of implementation of the Istanbul Protocol, Necessity of rehabilitation services for victims of torture, as well as necessity of revision of the legal regulations on torture in Georgia.
- Two cases of the RCT/EMPATHY submitted to the National Courts and European Court of Human Rights encouraged Georgian Government to make adequate steps for reform of Health in Prison, especially mental health in prison, also reform of Juvenile Justice, especially procedures of investigation during the crime conducted by the Juvenile. As well as project and activities of the RCT/EMPATHY encouraged MoJ to elaborate internal guideline for investigation of cases of torture.
- In one case by using the Expert’s Report of the RCT/EMPATHY the perpetrators from penal system of Georgia were persecuted and published that is only case of legal persecution in penal system of Georgia during three years.
- The NPM Georgia was strengthened by the RCT/EMPATHY experts involved in activities in penal system and in orphans’ houses of Georgia.
- ***Negative Developments:***
Three Rehabilitation units of the RCT/EMPATHY that were operating during 10 years were closed in Juvenile and Women’s facilities of the Penal System of Georgia, also the monitoring possibilities in penal system of Georgia was strictly limited that reflected negatively on whole situation in penal System of Georgia, especially on health in prison. After the rejecting the project of the RCT/EMPATHY in Women Colony number of death women – prisoners were increased. It should be significantly stated, mostly vulnerable categories of prisoners: Juveniles, Women and

persons with mental disability, have no access to the protection mechanisms and to the medical rehabilitation services. It also should be stated that pressure toward to the Independent Medical Experts and limitation of access to independent doctors were observed on Country level in years 2009 – 2011 that also negatively reflected on situation of health in prison.

VIII. Results on all levels: Micro, Mezzo and Macro levels: achieved in terms of assistance to victims and other prevention activities:

- **Mezzo levels:** 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;
- **Mezzo level:** All documentation and evaluation system is developed, including several medical files, forms, data base system – “Access” etc on Georgian, Russian and English languages;
- **Mezzo level:** 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 covers 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.
- **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.
- **Macro level:** (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 programme for post – graduated course for residents of psychiatry was elaborated together with experts involved from GPS (experts from TSMU Department of psychiatry) and was submitted to the MoH of Georgia. This programme includes Syllabus on Outcomes of Torture, Standards of Expertise and Documentation and Rehabilitation. This course in 2011 was accepted officially in the Residency Programme in Psychiatry in Country curricula.

- **Results on macro level:** national and international: 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, as well as for juvenile justice were elaborated and submitted to the Public Defender of Georgia and Ministry of Correction and Legal Assistance of Georgia, also to other State officials and published in Annual Reports of the RCT/EMPATHY; 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. Policy level: The RCT/EMPATHY during the years actively conducted several advocacy campaigns, submitted legal analysis and recommendations that supported in criminalization of articles on Torture and ill - treatment, incorporation of Istanbul Protocol implementation, necessity of rehabilitation in Anti - Torture Plan of Georgia. International level: On about 6 international professional forums and conferences were presented results and lessons learned on the project activities, all these activities and developed system could be re – duplicated in NIS or Eastern Countries.
- **Micro level:** 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.
- **Micro Level:** 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 in years 2009 - 2011 were n = 1528; In year 2011 Direct beneficiaries were n = 413, total applied to the person n = 595; In year 2010 Direct n = 542 of 806, In 2009 Direct n = 573 of tn = 871, among them in 65 cases the legal aid were provided as well; in 109 cases mono art therapy was implemented in art studio, also in years 2009 – 2010 In Women Colony Rehabilitation Centre and in Juvenile Colony Rehabilitation Centre, about 643 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 1528 clients received adequate assistance. In most of cases the improvement of health and social conditions, also in legal cases significant progress were resulted too. In year 2009 total number of health professionals trained in Istanbul Protocol and other relevant guidelines on torture were n = 17 persons and 4 legal experts, in 2010 the South Caucasian Regional Training was held, were trained about 33 health experts and 18 legal experts Armenia and Azerbaijan, also from Georgia, including the representatives from military conflict zone of Abkhazia and representatives of ethnic minorities. In year 2011 total number of health professionals 56, among them from the military conflict zone of Abkhazia were 5 persons and legal experts n = 22. Total number trained health experts (doctors, psychologists, social workers) during 3 years: n = 106 and legal experts: n = 44 p. T n = 150 trained professionals.

IX. Final Conclusions and Recommendations:

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 811 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 gynaecology (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 116 of 413 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

Conclusion on Prison System of Georgia

- According to the collected data (Table N1), about 543 - 43 % of 1528 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.
- 229 persons – prisoners (42 %) of total n = 543 were with experience of physical torture and ill treatment
- 507 of 543, about 93 % with experience of inadequate medical care or needed rehabilitation as well 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 does that create 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 staffs of the prison have 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 Neighbourhood 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 labour, 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 behavioural 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.

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;

Honouring 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 unfavourable 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 unfavourable 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 defence 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.

ANNEX 1: Examples of Case Stories 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 Neighbourhood Policy, namely provisions related to safeguarding of human rights and requirements related to juvenile justice.

Case No2

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.

Finally, the Court Advised Government of Georgia to recognize violation of Article 3 and 13 of the European Convention of Human Rights and pay compensation to the client. The Government of Georgia is agreed to the Court's preliminary friendly agreement, but the RCT/EMPATHY

requested additional reforms on issue of psychiatry in Penal System of Georgia and changes in relevant legal regulations, on this stage communication is ongoing.

Case Study (3): Juvenile Offender with Disability – Victim of Torture, intervention in this case was provided in the framework of the IRCT FEAT project.

Case was presented at the Conference: Forensic Evidences in the Fight against Torture, American University Washington College of Law, February 15 – 16, 2012

Introduction:

General Context: Georgia is the post soviet Country that restored independence in 1991. The whole population living in Georgia is amount 4, 5 million. Georgia is low - middle income Country with developing economy and reforms of democratization. However the War Conflicts and political tension situation between Russian Federation and Georgia since 1992 – 1993, August 2008 etc, creates horrible problems for independency and democratization of Georgia.

International Obligations: Georgia acceded to the UN Convention against Torture ...on 22 September 1994 but, unfortunately, the relevant changes have not fully been made in the national legislation, bearing heavily on the efforts to fight torture. In 1999 Georgia became the member state of the Council of Europe and accepted all relevant documents and Conventions, among them European Convention on Human Rights and Fundamental Freedoms – Article 3: Prohibition of Torture (Rome, 4 November 1950); European Convention on Prevention of Torture and Inhumane, Degrading Treatment or Punishment (Turin, 18.10.1961); In year 2005 Georgia ratified the Optional Protocol to the UN Convention against Torture that enter into force in June 22, 2006.

National Obligations: In December 2005 the special articles 144 ‘, 144 ‘’, and 144’’’ were incorporated regarding torture and inhuman treatment, with definition of torture in the Criminal Code of Georgia; The prohibition of torture is included in the Article 17 (Chapter 2) of the Constitution of Georgia; In year 2011 the new Anti – Torture Plan of Actions of Georgia was elaborated and ordered. Since December 2009 the NPM is formed in the Framework of the Public Defender’s Office and the Optional Protocol is implemented in Georgia.

RCT/EMPATHY, Georgia

The RCT/EMPATHY is first torture victims’ rehabilitation centre in Caucasian Region that was established in 1996 and provides wide range of services. Following services are offered to the victims of torture and members of their families: medical and psycho – social rehabilitation with art therapy and legal assistance, as well as Centre provides with forensic evaluation according to the Istanbul Protocol.

Aim of the programme was to select torture case from the vulnerable categories of the clients of the RCT/EMPATHY and to observe reflection of forensic evidences on the legal proceedings.

Methods: Case study method was used. For complex forensic medical and mental/psychological examination according to the Istanbul Protocol guidelines the annexes III and IV were used (5). The diagnostic was provided according to the International Classification of Diseases, 10th revision (ICD – 10) (14). According to the Lawyers’ request the MDT examination was provided by the RCT/EMPATHY and IRCT Experts. Following Doctor/Experts were participated on this examination: Dr. Psychiatrists, Neurologists, Ortopedist, psychologists, and also forensic experts. Following clinical psychological tests were

used: Harvard Trauma Questionnaire (9), PTSD (Watson et al) (12), Beck Depression Inventory (1), Hamilton Depression Rating Scale (6), MMPI (11), Shikhan Anxiety Scale, Wechsler Intelligence Test, Rorschach Projective Test etc. (8). Also para clinical investigations, among them MRI and E.E.G, 24 hours monitoring EEG were provided. At the first stage of intervention the Informed Consent was received from the Juvenile, also from his mother on all medical and legal procedures and advocacy campaigns. Restrictions: During acute trauma period when the Alternative Forensic Evaluation was provided was not given permission to make photo documentation of injuries. During Final Investigation in the Chronic Period such permission was given by the Prison Authorities. Finally, the individual plan of treatment and rehabilitation was elaborated and follow – up monitoring was implemented.

Results: The Case MM was Identified in the framework of the IRCT Project – Use of Forensic Evidences in the Fight against Torture”, this project is funded by the European Union.

M.M. Juvenile, 17 years old, during the arrest was 16 years old, permanent living address is located in east Georgia town Telavi. For nowadays he is imprisoned in the Juvenile Colony of Ministry of Correction and Legal Assistance of Georgia. Also should be mentioned he is from the Family with Lover Poverty Police and with disability with mental retardation that characteristics he had before arrest as well.

Pre - Torture Medical History

On the basis of available medical records and anamnesis, the juvenile before case of torture had following somatic problems:

At the age of 7 he was diagnosed with scoliosis of II degree. As a result of combined trauma, that he received at the age of 11 (electric burn and numerous fractures) he was assigned the status of a child with disability and was diagnosed with the following (at the age of 12): retardation of mental development; post-period of open fracture of a thigh; contracture of right knee; dis - functionality of III degree; shortening of the limb by 3.5 cm; post period of fracture of right shoulder and left forearm; post period of electric burn of right palm and lower part of the limb of II-III degree; sharp dysfunction of the palm. Dysfunction of II degree of the wrist; at the age of 14 the patient had first episode of losing consciousness.

Previous Psycho – Social Anamnesis

MM is juvenile with disability with mental retardation and also physical defect that was caused by combine electric trauma that happened in 2005, when he was 11 years old. According to report obtained from his secondary school his intellectual possibilities and behavior were disturbed after this event. As a result he became delinquent juvenile with conflict with law. First time he was arrested in 2009 and sentenced about 5 year conditional sentence according to the plea bargain procedure. Not with standing of his mental disability condition and social environment, nether his health status and nor his social conditions were investigated in this stage that was violation of Articles 641 of Criminal Procedural Code of Georgia (Acting Code in this Period).

History of Arrest

He was arrested on 6 April 2010 accused of breaking into a grocery store to steal cigarettes, alcohol and some cash money. Also in his criminal case are stated 2 facts of theft in abandoned private house with purpose of stealing of some iron sings from the garage and in second episode stealing of some clothes from the house itself.

According to his criminal case that was committed by adolescents the real income from soled iron things totally were less than 100 GEL (less than 50 USD) Also according to his testimony

dates that he gave on the Forensic Psychiatry Expertise he committed just shop robbery and also robbery of the abandoned house's garage, and only iron things were taken by him. It should be mentioned also according to the criminal case his share from the Glossary Store was amount 1, 25 GEL.

History of Torture

He reports that during his time in detention in Telavi Regional Police Station, he was beaten by policemen with fists, rubber clubs and kicked; insulted verbally and was threatened with physical elimination and intimidated with guns; and deprived of food and water, also not his lawyer and not parents were not called and presented during Court Session.

Aim of Torture

The aim of torture was to obtain confession in committed crime, also in crime that was not committed by him: the purpose of getting him to confess to also having stolen a bicycle.

Acute Consequences

In conditions of physical and psychological pressure MM was feeling very poor. He fell down once as a result of beating and hit his head over an iron safe. He had headache, pain in his whole body, problems with movement, was intimidated, restless and had desire for self-mutilation on the grounds of anger and insult. In preliminary detention he had sleeping disorder and started having nightmares.

Medical Aid

Despite the fact, that immediately upon placement in Telavi preliminary detention facility M.M. stated, that he was not feeling well, he was not taken for medical examination and did not undergo check-up for the purpose of documentation of his injuries. M.M. did not make statement on beating and inhuman treatment to which he was subjected, as according to his words he was afraid and intimidated by the policemen.

First Instance Court Decision

According to decision of the judge of Telavi District Court, dated by November 9 of 2010 MM was sentenced to deprivation of liberty for the term of 10 years and 8 months. Despite the fact, that MM had the status of a disabled person and was diagnosed with mental retardation at the stage of investigation or court proceedings forensic psychiatric examination was not conducted.

Intervention of the RCT/EMPATHY

The Juvenile was found in Juvenile's Prison by the Psychologist of the Centre in 15 of April 2010. First medical investigation was provided immediately in 16 of April by the Neurologist, Traumatologist and by the doctor expert of the Public Defender. Several body injuries, among them on head area were found. In 23 of April the Alternative Forensic Medical Expertise was provided by the RCT/EMPATHY and Independent Forensic Centre "Vektori".

Alternative Forensic Medical Report

In the conclusion of the expert's examination is stated: "M. M. has injuries, caused by repeated use of hard blunt object. ...by their prescription they belong to the period, indicated by the patient (06.04.2010). Taking into consideration morphological character and locality of injuries we consider it admissible, that injuries were caused in conditions, described by MM, namely injuries were caused by fists, kicking and blunt object" (Independent Centre "Vektori")

Summary of Complex Forensic Report (Provided according to the Istanbul Protocol) (5)

Conclusions drawn in accordance with International Classification of Diseases (ICD-10 (14)):

Identified Physical diseases: Following Physical Disorders were identified during the examinations:

- Residual effect of burn of right palm, right thigh, causing disorder of the function of right wrist joint (**T 75.4 ICD _ 10**);
- Residual effect of dislocation of right shoulder and fracture of collarbone (**M 24.3 ICD _ 10**);
- Residual effect of fracture of forearm (**S 42.20; ICD _ 10**);
- Fracture of right thigh bone closed up and caused shortening of the limb and contracture of the right knee (**M 84.0 ICD _ 10**);
- Scoliosis – **M 41 (ICD – 10)**
- Disorders of physical development (inhibition of growth, retardation) **_R 62.8 (ICD – 10)**.

Conclusion on Listed Physical Problems

Above described injuries are caused by trauma, that patient received in 2005 (at the age of 11) as a result of current shock and falling down from the tree and are not related to the fact of beating and inhuman treatment, that the applicant was subjected to, which according to the application of the patient occurred in April 6 of 2010 in Telavi Department of the Ministry of Interior.

It is noteworthy, that scoliosis is also stated in initial somatic anamnesis, which is also not related to stated fact of beating and inhuman treatment; Reason for retardation of physical development may be constitutional, alimentary and stress factors, which is not related to the fact of beating, torture or inhuman treatment.

Torture Related Disorders (14)

Numerous bruising of the body, surface injuries T 00.8, ICD _10) – given injury is in direct correlation with fact of beating and inhuman treatment, stated by MM which occurred on April 6 of 2010 in Telavi District Department of the Ministry of Interior. Presently (**second stage of examination**) given traumas are not observed.

Caused – Effect Relations

Taking into consideration location of injuries and the morphological picture experts consider it possible, that these injuries were caused in circumstances, described by MM. namely, as a result of beating with fists, through kicking and use of other blunt objects.

C.N.S.

- **Chronic ischemic encephalopathy (verified, by genesis post-traumatic) (G 93.4); result of combined cerebral - cranial trauma resulting from physical factor (electro trauma) as well as other unverified impact (T 98.1).**
- *Focal partial symptomatic epilepsy. Combined partial fits with secondary generalization (G 40.2; ICD 10).*

Conclusion on C.N.S. Disorders

It is noteworthy, that above referred diagnosis are in correlation with poly - traumatic damage that the patient suffered at the age of 11 in 2005.

It is also noteworthy, that as a result of closed injury, inflicted on the patient on 06.04.2010, as well as emotional stress factors, which appeared due to detention and other emotional stresses, have triggered increase of frequency of fits, which provided for the need of additional diagnostics and treatment.

The facts of inhuman treatment caused manifestation of epileptic disease, i.e. aggravation of the state of the patient, which is with high probability related to the fact of beating and inhuman

treatment. It should also be noted, that previously in anamnesis patient had fit only once, and it occurred at the age of 14. The need for additional diagnostics and treatment appeared after the traumas, inflicted in 06.04.2010 and due to detention.

- ***cranial trauma with damage to soft tissue (S.00; ICD 10)***

We can state that given injury is in direct correlation with the fact of beating and inhuman treatment that according to patient occurred on April 6 of 2010 in Telavi police department. According to experts conclusion #08/c trauma is caused by repeated use of solid blunt object (bruising of body, caused by beating of 06.04.2010).

Mental/psychological disorders

- ***Mild mental retardation – F 70. (ICD – 10); organic personality disorder (pseudo-oligophrenie), with substantial deficiencies in development of mental functions and deterioration of behavior - F 07.0; (ICD – 10);***

Given diagnosis are finalized on the basis of materials of the pension scheme of MM and characteristics issued by No5 Public School of Telavi, which have been required by experts of the center Empathy after conducting of alternative forensic psychiatric and forensic medical examination (in accordance with requirements of Istanbul Protocol) on 24.09.2010. Given diagnosis are preconditioned by injuries of encephalon as a result of trauma that the patient suffered from at the age of 11. (2).

- ***Post-traumatic stress disorder - F 43.1; (ICD – 10)***

Given diagnosis is in cause and effect correlation with the fact of beating of MM which according to him occurred in April 6 of 2010 in Telavi police department. Although, favorable factor for this was disposition of the person and already previously occurred PTSD (as a result of trauma suffered at the age of 11) and cerebra-organic problems (with retardation of mental development). (3, 4, 13).

Disability and Degree of Damage

It should be noted, that diagnosis of symptomatic partial epilepsy, made during alternative complex examination, which is not related to the fact of beating of MM by police, still caused aggravation of his condition and manifestation of the disease is related to given psycho-physical trauma; also taking into consideration diagnosis on post traumatic stress disorder, treatment of which according to guidelines lasts around 4-8 weeks (i.e. over 21 days), level of graveness of injuries, caused to MM should be defined as less severe for health with signs of loss of capacity for relatively long time.

Treatment, Rehabilitation, Prognoses (7, 8, 10)

Recommendations: Taking into consideration international standards and diagnoses of the patient he needs multi-profile treatment and intensive course of rehabilitation with involvement of psychiatrist, neurologist, endocrinologist, psychologist, social worker and teacher. Patient needs special rehabilitation course in relevant rehabilitation facility and psycho-social correction and development program. Detention and staying in a social group is source of additional stress for the patient and may have negative impact on his psycho-social state. Patient needs safe and protected environment and individual program, which shall reduce his sense of inferiority and dis-adaptation, provided by his attempt to compensate it and shall promote to maximum development of his capacities and correction of behavior. Patient also needs continuation of pharmacy - therapy, including lengthy treatment with anticonvulsants.

Forensic in Patient Psychiatry/Psychology Expertise

According to the Court of Appeals Decision the State forensic examination with participation of the RCT/EMPATHY expert psychiatrist was conducted in May 2011. RCT/EMPATHY issued

separate report that was reported full irresponsibility; According to the State report Partial Irresponsibility was given. But Court Doesn't took it in consideration and again 10, 8 years imprisonment was sentenced.

Developments on Criminal Case

After the Court of Appeals Lawyer apply to the Supreme Court. Several PR actions and Advocacy Campaigns were made by the RCT/EMPATHY and IRCT. Several letters submitted to the Ministry of Justice of Georgia by the IRCT and RCT/EMPATHY, also the Case was presented at the US State Department Report on Human Rights in Georgia 2010, also in the Public Defender's Report and NPM report was stated above case; several TV and Radio Live interviews, meeting at Ministry of Justice were provided too.

As a result of these interventions in November 2011 the Juvenile Pardoned by the President of Georgia and his sentence was reduced by 8, 10 years; he will be released from prison in April 6, 2012.

Developments on Torture Case

Investigation was opened according to the Article 332, overuse of force. Lawyers' of the RCT/EMPATHY was requesting to re - qualify the investigation as violation of Article 144" (Torture); According to the "Gaps" in Georgian CPC victims has no right to familiar with materials of investigation . According to the Final answer received from the Chief Prosecutor's Office, after 2 years of investigation prosecutor's office didn't find any sufficient evidences for allegations of the fact of offence and "the perpetrator of the offence and as it becomes impossible to establish whether any physical injuries have been caused to MM there is no sufficient grounds to acknowledge him as the injured party at current stage of investigation" (Extract is taken from the **Isani-Samgori District Prosecutor's Office Decision**).

State Medical Forensic Report that became basis for investigation was held in 2010 April, only on documentation obtained from the Prison First Medical Examination Journal, where only 1 injury was mentioned; the victim juvenile was not evaluated ; Other medical documentation was not taken in Consideration ; This report was not given to the client and lawyer .

Last Developments on Torture Case

In 2012 February the RCT/EMPATHY applied to the European Court of Human Rights and the full application with annexes were submitted to the Court.

In this application stated violations of Article 3 and Article 13 of the European Convention of Human Rights, requested to use Article 41, also stated violation of Right on Rehabilitation according to the UN Convention Against Torture Article 14 and also requested from the Court to apply to the Georgian Government for providing reforms on Juvenile Justice, Torture Investigation and Rehabilitation field too.

Discussion: Following problems were identified during the Case observation:

- *Forensic evaluation is not provided in time and it is not obligatory in cases of torture*
- *Medical examination in Penal System is not relevant to the International Standards and much data are missing that creates problems for investigation*
- *Is not possible photo and audio documentation of Facts of Ill – Treatment or Torture*
- *State forensic reports are not provided according to IP*

- *Limited Rights of Victims exist on new CPC (Criminal Procedural Code of Georgia)*

Risks and Problems for “Doctors working at Risk Zones”

- In 2010 three Centres of the RCT/EMPATHY were closed in Penal System, aim was to stop the project.

Forensic Services Development

- Development of the forensic experts’ department is one of the key issue for the RCT/EMPATHY and as well as for whole Georgian society in the field of documentation and investigation of torture cases.

Conclusion: FEAT Project outcomes: Lessons Learned:

Case represents example of good practice of cooperation between experts from different Countries and different specialties that is mostly important for countries where the independency of forensic evaluation system is not sufficient and where rights of experts are at risk. For this development of partnership between international and national experts’ groups in direction of forensic medical and forensic psychiatry expertise is highly important for development of independent forensic evaluation services that will play important role in the fight against impunity. Also case represents good practice of medico - legal cooperation that significantly reflected on medical and legal outcomes of the case and presents innovative model of intervention provided by the torture victims’ rehabilitation centre that shows importance of integrated multi - faced intervention for eradication of impunity and fulfill rehabilitation of victims. Case also demonstrates how important is in time and comprehensive intervention inside penal system, especially for most vulnerable categories, such as juvenile with disability and mental problems.

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