



CPT/Inf (99) 2

**Report to the Turkish Government
on the visit to Turkey
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 5 to 17 October 1997

The Turkish Government has authorised the publication of this visit report and of its interim report in response. The response of the Turkish Government is set out in document CPT/Inf (99) 3.

Strasbourg, 23 February 1999

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Copy of the letter transmitting the CPT's report

Strasbourg, 23 July 1998

Dear Director,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I have the honour to enclose herewith the report to the Government of Turkey drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Turkey from 5 to 17 October 1997. The report was adopted by the CPT at its 36th meeting, held from 29 June to 3 July 1998.

I would draw your attention in particular to paragraph 263 of the report, in which the CPT requests the Turkish authorities to provide an interim and a follow-up report on action taken upon its report. The CPT would be grateful if it were possible, in the event of the reports forwarded being in Turkish, for them to be accompanied by an English or French translation. It would also be most helpful if the Turkish authorities could provide a copy of the reports in a computer-readable form.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Finally, I would be grateful if you could acknowledge receipt of this letter.

Yours faithfully,

Ivan ZAKINE
President of the European Committee for
the Prevention of Torture and Inhuman or
Degrading Treatment or Punishment

Mrs Dicle KOPUZ
Director of the Department of Human Rights
Ministry for Foreign Affairs
TR -ANKARA

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In accordance with Article 7 of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment (hereinafter referred to as "the Convention"), a delegation of the CPT visited Turkey from 5 to 17 October 1997.

The visit - which was carried out within the framework of the CPT's programme of periodic visits for 1997 - was the Committee's second periodic visit to Turkey.

2. The visit was carried out by the following members of the CPT:

- Ivan ZAKINE (Head of the Delegation)
- Ingrid LYCKE ELLINGSEN
- Arnold OEHRYS (from 4 to 11 October)
- Gisela PERREN-KLINGLER (from 9 to 11 October)
- Florin STĂNESCU
- Leopoldo TORRES BOURSAULT (from 12 to 17 October).

They were assisted by:

- John GUNN, Professor of Forensic Psychiatry, The Maudsley Institute of Psychiatry, London (expert) (from 6 to 8 October)
- James McMANUS, Scottish Prisons Complaints Commissioner, Edinburgh (expert)
- Claude NICOLAY, First Advocate General at the Supreme Court of Justice, Luxembourg (expert)
- Jean-Pierre RESTELLINI, medical doctor, Specialist in Forensic Medicine and Internal Medicine, Geneva (expert)
- Zeynep BEKDIK (interpreter)
- Bulent BOYSAN (interpreter) (from 8 to 15 October)
- Ömer BOZKÜRT (interpreter) (from 5 to 12 October)
- Belgin DÖLAY (interpreter)
- Verda KIVRAK (interpreter) (from 6 to 8 October)
- Canan TOLLU (interpreter) (from 13 to 17 October)
- Serra YILMAZ (interpreter),

and were accompanied by the following members of the CPT's Secretariat:

- Trevor STEVENS, Secretary of the CPT
- Petya NESTOROVA.

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Adana Police Headquarters
- Istanbul:
 - Police Headquarters
 - Beyoğlu District Central Police Station
 - Küçükçekmece District Central Police Station
- Izmir Police Headquarters
- Mersin Police Headquarters
- Samsun Police Headquarters
- Ünye Police Headquarters

Prisons and reformatories

- Izmir (Buca) Closed Prison
- Izmir Reformatory for Juveniles
- Mersin E-Type Prison
- Ünye Closed Prison

Psychiatric establishments

- Bakırköy Mental and Psychological Health Hospital, Istanbul
- Samsun Regional Psychiatric Hospital

- Psychiatric Observation Unit of the Institute of Forensic Medicine, Istanbul

Other health establishments

- Prison wards in the general State Hospitals at Izmir, Mersin and Samsun

4. In the course of its visits to Turkey during the period 1990 to 1996, the CPT paid considerable attention to the treatment of persons deprived of their liberty by the law enforcement agencies (police and gendarmerie). The October 1997 visit to Turkey provided an opportunity to assess progress made in the practical implementation of recently-adopted measures designed to combat torture and ill-treatment by law enforcement officials.

However, it was also decided that in the course of this second periodic visit to Turkey, increased attention should be given to matters concerning prisons and juvenile reformatories, and that the situation within certain psychiatric establishments should be explored in some depth.

C. Consultations held by the delegation

5. In addition to meeting local officials at the establishments visited, the delegation held talks with the competent national authorities and with representatives of several non-governmental organisations active in the areas of concern to the CPT.

A list of the national authorities and non-governmental organisations consulted during the visit is set out in Appendix II to this report.

D. Co-operation encountered during the visit

6. The CPT greatly appreciates the time devoted to talks with its delegation at the beginning of the visit by the Minister for Justice, Mr Oltan SUNGURLU, the Minister for the Interior, Mr Murat BAŞESGİOĞLU, the Minister for Foreign Affairs, Mr İsmail CEM, the Undersecretary at the Ministry of Health, Mr Sedat ÜNAL, and the General Director of Security, Mr Necati BİLİCAN. Further, the Committee is pleased that before its departure from Turkey, the delegation had the opportunity to meet the State Minister for Human Rights, Mr Hikmet Sumi TURK.

These discussions, as well as the talks with senior officials from the Ministries of Justice, the Interior, Foreign Affairs and Health at the end of the visit, were marked by a willingness to maintain and develop further the dialogue between the Turkish Government and the CPT.

7. The co-operation received by the CPT's delegation from the management and staff at the establishments visited was on the whole very good. The delegation enjoyed rapid access to the establishments visited, including those which had not been notified in advance of the Committee's intention to carry out a visit.

It should be noted, however, that on two occasions the CPT's delegation received inaccurate information concerning the use of certain detention facilities. Staff present affirmed that the detention facilities concerned - on the ground and upper floors of Izmir (Buca) Prison and in the Law and Order Department at Samsun Police Headquarters - had not been used for some time; however, the delegation found clear evidence of recent occupation. Attempts to misinform a CPT delegation about the use being made of a particular detention facility run contrary to the principle of co-operation set out in Article 3 of the Convention.

E. Action taken upon immediate observations under Article 8, paragraph 5, of the Convention

8. At the end of its visit to Turkey, the CPT's delegation invoked Article 8, paragraph 5, of the Convention and made an immediate observation in respect of the deplorable conditions found in the detention facility of the Foreigners' Department at Istanbul Police Headquarters. It requested the Turkish authorities to review as a matter of urgency the situation, with the aim of remedying the deficiencies observed.

The above-mentioned immediate observation was subsequently confirmed in a letter of 24 October 1997 from the Acting President of the CPT, requesting the Turkish authorities to submit within three months an account of action taken in response to that observation.

9. By letters of 22 January, 3 and 27 February, 23 June and 1 July 1998, the Turkish authorities informed the CPT of the measures taken in response to the immediate observation. Those measures will be considered in detail later in the report; however, the CPT wishes already to emphasise the constructive spirit in which the Turkish authorities took note of and reacted to the above-mentioned observation.

F. Other measures taken by the Turkish authorities after the visit

10. On 17 October 1997, the CPT's delegation presented its first impressions to senior officials of the Ministries of Justice, the Interior, Foreign Affairs and Health.

By letter of 12 February 1998, the Turkish authorities informed the CPT of measures which had been taken to address the issues raised by the delegation. Those measures will be referred to in the body of this report. However, reference should already be made at this stage to the Circular on respect for human rights and prevention of torture and ill-treatment signed by the Prime Minister on 3 December 1997; this is a most important and encouraging development.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Law enforcement agencies

1. Preliminary remarks

11. The existence and extent of the problem of torture and other forms of ill-treatment of criminal suspects by law enforcement officials - and more particularly by police officers - has been established beyond all doubt in the course of previous CPT visits to Turkey during the period 1990 to 1996. Further, in recent times, senior political figures have openly recognised the realities of the situation.

Consequently, in the course of the October 1997 periodic visit, the CPT's delegation focused its attention on verifying whether recently-adopted measures to combat torture and ill-treatment were being properly implemented rather than on gathering additional evidence of the use of such methods.

12. Nevertheless, it must be observed that during the visit, a considerable number of allegations were once again heard of torture and ill-treatment by law enforcement officials, those allegations emanating from both ordinary criminal offenders and persons detained in respect of offences falling under the jurisdiction of the State Security Courts. In certain cases, in particular at Izmir, medical members of the delegation observed marks or conditions consistent with allegations of recent ill-treatment by the police. Further, the delegation had access to reports recently drawn up by forensic doctors, in particular in Istanbul, which contained findings consistent with torture and ill-treatment.

Reference should also be made to information gathered at the Fatih (Istanbul) Chief Public Prosecutor's Office. Between April 1995¹ and the time of the delegation's visit (early October 1997), the Office had brought 70 cases before the criminal courts under Articles 243 (torture) and 245 (ill-treatment) of the Penal Code; a further 65 such cases were awaiting a decision of referral to the courts or dismissal. This provides a clear indication of the scale of the problem of ill-treatment in the particular police services in Istanbul concerned, but also of the determination of the Fatih Chief Public Prosecutor's Office to address that problem.

13. In their replies of June 1997 and March 1998 to the report on the CPT's visit in September 1996, and in the wake of the Committee's most recent visit in October 1997, the Turkish authorities have provided a wealth of information on measures taken to come to grips with the problem of torture and ill-treatment by law enforcement officials. Those measures will be commented upon in the following section, in the light *inter alia* of the facts found during the October 1997 visit.

In both of the above-mentioned replies, the Turkish authorities also make the following statement: "The struggle against torture and ill-treatment and the process of educating society about this issue are a matter of material resources, training and time. Objective indications show that Turkey is moving in the right direction". The CPT can concur with that statement, but must add that reaching the desired goal will require a sustained effort by all parties concerned.

¹ From which time the Fatih Chief Public Prosecutor's Office assumed responsibility for examining cases of suspected ill-treatment concerning certain Departments at the Istanbul Police Headquarters, and in particular the Anti-Terror and Narcotics Departments.

2. Action to combat torture and ill-treatment

a. the Prime Minister's Circular of 3 December 1997

14. On 3 December 1997, the Prime Minister of Turkey issued a Circular entitled "respect for human rights: prevention of torture and ill-treatment", which was transmitted to all law enforcement agencies. The existence of this Circular was made known to the general public via a press conference organised on 4 December 1997 by the State Minister for Human Rights.

The Circular places the need to prevent torture and ill-treatment in its legal, philosophical and political context and then sets out numerous detailed measures covering a whole range of safeguards against torture and ill-treatment, measures which "shall be implemented without fail and their implementation ... monitored by the authorities responsible". Just as the CPT said about a similar (albeit less developed) Circular, adopted by the then Prime Minister on 13 February 1995, if the Circular of 3 December 1997 is given full effect in practice, it will represent a turning point for human rights in Turkey. It is hoped that the existence of the Higher Coordinating Council for Human Rights, which is chaired by the State Minister for Human Rights and brings together representatives of all the relevant Ministries as well as from the Prime Minister's Office, will ensure that the momentum generated by this new Circular is maintained.

The CPT would like to receive the Turkish authorities' observations on their success to date in ensuring the implementation of the different measures set out in the Circular.

15. The Circular of 3 December 1997 stresses that the provisions of the Code of Criminal Procedure concerning custody periods and contacts with lawyers and relatives must be complied with. In this connection, the delegation which carried out the October 1997 visit examined whether the Law of 3 March 1997 amending the Code of Criminal Procedure was being fully implemented. This Law reduced significantly the maximum periods of police custody for offences falling under the jurisdiction of the State Security Courts (and also made a corresponding change to the maximum period for collective crimes of an ordinary nature) and extended the safeguards of access to a lawyer and the *habeas corpus* remedy to persons suspected of such offences.

- b. maximum police custody periods in respect of offences falling under the jurisdiction of the State Security Courts ("State Security Court offences")

16. The information gathered by the delegation indicated that the new maximum police custody periods in respect of State Security Court offences² were being complied with in the parts of Turkey which it visited. However, the delegation received reports that police officers on occasion apprehended not only the person suspected of a crime but also members of his family, with a view to enabling the longer periods of custody applicable to collective offences to be used. Similarly, it was alleged that the police might release a suspect and then reapprehend him very shortly afterwards, thereby enabling a new period of custody to begin. **The CPT would like to receive the comments of the Turkish authorities on this subject.**

- c. safeguards for persons suspected of State Security Court offences

17. Concerning access to a lawyer for persons apprehended by the law enforcement agencies on suspicion of having committed an offence falling under the jurisdiction of the State Security Courts, the interpretation to be given to the Law of 3 March 1997 had apparently given rise to some controversy. However, by the time of the October 1997 visit, there was broad agreement among the delegation's different interlocutors (public prosecutors, police officers, lawyers, non-governmental organisations) that the right of access to a lawyer applied as from the moment when a judge accepted a request to extend police custody beyond four days³. This interpretation was subsequently confirmed in Circulars issued by the Minister of Justice on 24 and 31 December 1997.

Nevertheless, the information gathered during the October 1997 visit showed that this new right of access to a lawyer was as yet underused. The delegation did not meet a single detained person who had experience of the right's application, and the Head of the Anti-Terror Department at Istanbul Police Headquarters indicated that no one in the custody of his department had ever sought to make use of it. Representatives of the Izmir Bar Association informed the delegation that so far they had had experience of the right's application in only a handful of cases. No doubt this situation will improve as knowledge of the new Law spreads throughout the relevant circles. However, **it is also essential that persons detained on suspicion of offences falling under the jurisdiction of the State Security Courts be expressly informed of their right of access to a lawyer** (see also paragraph 28).

² individual offences: 48 hours (formerly 96 hours in regions where a state of emergency is in force); collective offences (3 or more persons): 7 days (formerly 15) or, in regions where a state of emergency is in force, 10 days (formerly 30). The initial period of police custody is 4 days, extendable by 3 days upon the request of the public prosecutor and decision of a judge and, in regions where a state of emergency is in force, extendable by a further 3 days under the same conditions.

³ This implies that persons suspected of individual offences falling under the jurisdiction of the State Security Courts (who can be held in police custody for a non-extendable period of 48 hours) will not have a right of access to a lawyer whilst detained by the police.

18. As regards the precise content of the right of access to a lawyer for persons suspected of State Security Court offences, it covers the right - after the first four days of police custody - to meet the lawyer at any time without power of attorney being sought and in confidential surroundings.

However, the content of the right of access to a lawyer remains less well developed than in the case of ordinary criminal suspects; in particular, it would appear that persons suspected of State Security Court offences are not entitled to have the lawyer present when they make a statement to the police, and that the procedure allowing for the appointment of a lawyer by the Bar Association is not applicable to them. These lacunae could weaken significantly the effectiveness of the right of access to a lawyer. Consequently, **the CPT recommends that the relevant provisions of Articles 135, 136 and 138 of the Code of Criminal Procedure be rendered applicable to offences falling under the jurisdiction of the State Security Courts.**

19. As the Turkish authorities are already aware, the CPT also has serious misgivings about the fact that under the March 1997 Law, persons suspected of offences falling under the jurisdiction of the State Security Courts are still denied the right of access to a lawyer for four days. The CPT wishes to stress once again that the possibility for persons taken into police custody to have access to a lawyer as from the outset of their deprivation of liberty is a fundamental safeguard against ill-treatment. The existence of that possibility will have a dissuasive effect upon those minded to ill-treat detained persons; moreover, a lawyer is well placed to take appropriate action if ill-treatment actually occurs. The CPT recognises that in order to protect the interests of justice, it may exceptionally be necessary to delay for a certain period access by detained persons to a particular lawyer of their choice. However, this should not result in the right of access to a lawyer being totally denied during the period in question. In such cases, access to another independent lawyer who can be trusted not to jeopardise the legitimate interests of the police investigation should be arranged.

Consequently, **the CPT must reiterate its recommendation that all persons deprived of their liberty by the law enforcement agencies - irrespective of the offence of which they are suspected - be granted, as from the outset of their custody, the right of access to an independent lawyer.**

20. The implementation of this last-mentioned recommendation will require legislative measures. In the meantime, provisional action could be taken to meet the CPT's concerns. Although persons suspected of offences falling under the jurisdiction of the State Security Courts do not enjoy a right of access to a lawyer for the first four days of police custody, it remains open to the competent public prosecutor to authorise access to a lawyer during that period. **The CPT requests that public prosecutors be encouraged to give favourable consideration to requests that such persons be authorised access to a lawyer during the first four days of their custody.**

21. As regards the provisions of the March 1997 Law concerning the extension of the *habeas corpus* remedy, the CPT understands that they also had given rise to some questions of interpretation. However, the previously-mentioned Circular of 24 December 1997 signed by the Minister of Justice makes it clear that by virtue of that Law, the *habeas corpus* remedy now applies as well to offences falling under the jurisdiction of the State Security Courts, including if committed in regions where a state of emergency is in force.

22. The Turkish authorities stated in their interim reply to the report on the September 1996 visit that as a consequence of this extension of the *habeas corpus* remedy, the right to have one's next of kin informed of one's situation was now enjoyed by persons detained on suspicion of offences falling under the jurisdiction of the State Security Courts. The CPT fully agrees that this is certainly a logical inference to be drawn from the extension of the *habeas corpus* remedy to such persons, the more so as the latter - being deprived of a right of access to a lawyer for four days - would themselves have difficulty in invoking that safeguard before a judge. However, as far as the CPT can ascertain, neither the March 1997 Law nor the Circular of 24 December 1997 expressly provide that detained persons suspected of State Security Court offences do henceforth have the right to notify their next of kin of their situation. Further, the delegation's discussions with police officers in the course of the October 1997 visit revealed that many of them had not yet drawn the logical inference referred to above.

Consequently, **the CPT recommends that the law enforcement agencies be given clear instructions to the effect that persons detained on suspicion of having committed offences falling under the jurisdiction of the State Security Courts have the right immediately to notify their next of kin of their situation. Further, the modalities for ensuring the effective application in practice of that right should be spelt out.**

d. safeguards for ordinary criminal suspects

23. Turning to the position of ordinary criminal suspects, their legal position was significantly improved by the December 1992 Law amending the Code of Criminal Procedure. That Law clarified the existence of certain fundamental safeguards against ill-treatment, such as the right to have a relative notified of one's custody and the right of access to a lawyer, regulated in detail the mechanics of the interrogation process, introduced the *habeas corpus* remedy and shortened the maximum periods of police custody.

24. However, as regards the right of access to a lawyer, the information gathered in the course of the October 1997 visit confirmed the impression already gained during earlier visits that this right was not being properly applied in practice and that, in particular, access to a lawyer was usually allowed only at a relatively late stage of the period of police custody. The delegation's discussions with numerous detained persons and lawyers revealed that in many cases, the lawyer would only be allowed to meet the detained person when the police had reached the stage of taking a formal statement from the person concerned. Everyone (including police officers) recognised that the taking of the formal statement would be preceded by "preliminary discussions" between police officers and the suspect, and all the indications are that it is precisely during such discussions that ill-treatment can occur.

25. In their interim reply to the report on the September 1996 visit, the Turkish authorities advanced that the right of criminal suspects to have a lawyer present when a statement is taken had clearly been misinterpreted by the CPT to mean that criminal suspects do not have the right of access to a lawyer during the preliminary investigations prior to the taking of the statement. On the contrary, the CPT has always recognised that it is crystal clear from the Code, and in particular Article 136, that a criminal suspect's right of access to a lawyer is applicable at all stages of the police custody period. The facts found by CPT delegations in the course of several visits indicate that it is rather the police who are misinterpreting the Code in the manner indicated in the Turkish authorities' interim reply.

The CPT recommends that the law enforcement agencies be reminded that, by virtue of Article 136 of the Code of Criminal Procedure, the right of access to a lawyer applies as from the outset of - and throughout - the period of police custody.

Further, in the light of information gathered during the October 1997 visit, **the CPT recommends that appropriate steps be taken to ensure that law enforcement officials do not seek to dissuade detained persons from exercising their right of access to a lawyer.**

e. information on rights

26. It is axiomatic that rights for persons deprived of their liberty will be of little value if the persons concerned are unaware of their existence. Consequently, it is imperative that persons taken into police custody are expressly informed, without delay and in a language which they understand, of all their rights.

The CPT made clear in the report on its September 1996 visit that it was impressed by the information sheet setting out the rights of ordinary criminal suspects which had been drawn up by the Turkish authorities. The Committee stressed that the sheet should be given systematically to detained persons at the outset of their custody. In fact, this latter requirement had already been spelt out in an instruction issued on 29 January 1996 by the Directorate General of Security. However, the information gathered in the course of the October 1997 visit revealed that compliance with that requirement was the exception rather than the rule.

27. Persons detained in certain, but not all, sections of the Law and Order Department at Istanbul Police Headquarters had been put in possession of the information sheet. However, in all other relevant police establishments visited, police officers stated that the sheet was not given to persons taken into custody but simply read out to them. The fact that the sheet was often found only after a lengthy search in administrative files did not reassure the delegation that even this latter assertion was accurate. It should be added that the majority of the persons in police custody at the time of the delegation's visits indicated that they had received no information about their rights.

Consequently, the CPT was pleased to note that the very first specific measure set out in the Prime Minister's Circular of 3 December 1997 reads as follows:

"persons who are taken into custody shall be informed of the rights granted to them by law; it is mandatory that they be given a copy of the information sheet which has been drawn up for that purpose at the commencement of their detention;"

The CPT recommends that the authorities responsible for monitoring the implementation of the Prime Minister's Circular pay particular attention to compliance with this fundamental requirement.

28. In its report on the September 1996 visit, the CPT recommended that a similar information sheet be drawn up for persons suspected of offences falling under the jurisdiction of the State Security Courts. This had not yet been done at the time of the October 1997 visit; however, according to information subsequently provided by the Turkish authorities, work on preparing the sheet was close to completion. **The CPT would like to receive a copy of that information sheet. Naturally, the recommendation made in the previous paragraph also applies to the information sheet to be given to detained persons suspected of State Security Court offences.**

f. judicial control of the extension of police custody

29. The police custody of persons suspected of collective crimes (whether or not falling under the jurisdiction of the State Security Courts) can be extended beyond 4 days to 7 days (and subsequently to 10 days in the case of State Security Court Offences committed in regions where a state of emergency is in force). The CPT has repeatedly emphasised (most recently in the report on the September 1996 visit) that in the interests of the prevention of ill-treatment, it is essential that a detained person in respect of whom an extension of police custody is requested be systematically brought before the judge who examines the request.

At the time of the October 1997 visit, this was still not happening. The judge took his decision on the basis of the file, in the absence of the detainee. Nevertheless, the delegation was informed that consideration was being given to the CPT's proposal on this subject. Subsequently, in their follow-up reply of March 1998 to the report on the September 1996 visit, the Turkish authorities informed the CPT that it had been decided that a forensic medical report would be forwarded to the judge called upon to consider a request for the extension of police custody beyond 4 days. However, no mention was made of the detained person being physically brought before the judge.

30. The decision to forward a forensic medical report to the judge is an interesting development. However, it is not a satisfactory substitute for bringing the detained person physically before the judge. As the CPT has pointed out in the past, certain methods of torture commonly used do not leave physical marks, or will not if carried out expertly. Consequently, a forensic medical report which records no objective physical findings of ill-treatment is not a guarantee that ill-treatment has not occurred. Certainly, a forensic medical report will assist the judge; the above-mentioned decision should therefore in any event be maintained. However, such a report cannot replace a face-to-face encounter in which the judge will be able to assess for himself the physical and psychological state of the person concerned, and hear what he has to say.

Consequently, the CPT must reiterate its recommendation that a detained person in respect of whom an extension of police custody is sought be systematically brought before the judge who examines the request.

g. forensic examination of persons in police custody

31. In the course of the October 1997 visit, particular attention was paid once again to the work of doctors who examine persons taken into police custody. As the CPT has commented before, the present system of routine examinations of such persons by a doctor can be a significant safeguard against ill-treatment, provided the doctors concerned enjoy formal and de facto independence, have a mandate which is sufficiently broad in scope and have been provided with specialised training.

32. The information gathered during the visit indicated that all persons suspected of offences falling under the jurisdiction of the State Security Courts were being examined at the end of their police custody by a doctor designated to perform forensic tasks; the same applied to most (though not all) ordinary criminal suspects. Medical examinations at the outset of police custody were far less common, and when carried out were normally performed in a local public hospital rather than an accredited forensic service.

The CPT has in the past sought clarification of the rules concerning the frequency of medical examinations of persons in police custody. However, the Committee notes that the Prime Minister's Circular of 3 December 1997 has now made it clear that persons taken into police custody are to be examined both at the beginning and at the end of the custody period. The CPT welcomes this approach.

33. In this context, **the CPT wishes to reiterate the recommendation made in the report on its 1994 visit, that persons held for lengthy periods by the law enforcement agencies be examined on a regular basis (at least every 48 hours) by a forensic doctor.** As the Committee pointed out at the time, such a procedure is followed in comparable situations in certain other countries and has proven an effective means of combatting both ill-treatment and unfounded allegations of ill-treatment.

In their response, the Turkish authorities drew attention to the potential difficulties in bringing persons held in police custody to a doctor every 48 hours. The CPT fully understands those difficulties. However, if for one reason or another it were to be impractical to transfer a detained person to a forensic service, there would be no objection to the examination by the forensic doctor taking place on police premises, provided certain basic requirements were met (in particular, the material environment should be such as to allow a thorough examination to be made and law enforcement officials should not be present at the examination).

34. A series of circulars have been issued in recent years on the subject of the content of forensic certificates drawn up following the examination of persons detained by the law enforcement agencies and the conditions under which such examinations are to take place. Those circulars are in line with the recommendations made by the CPT in this area. However, the information gathered during the October 1997 visit revealed that the practical application of those circulars remains uneven.

35. As regards more particularly the standard forensic medical form set out in the Ministry of Health Circular of 25 January 1995, the delegation was encouraged to find some examples of its use. However, in many forensic services visited, in particular those under the direct responsibility of the Institute of Forensic Medicine (e.g. the forensic services attached to the Ankara and Izmir Law Courts and the Istanbul State Security Court), the form was not used. The forensic doctor recorded his objective findings on a piece of paper devoid of any headings; allegations made by the detained person were not recorded and no conclusions were drawn save as regards a possible incapacity for work.

The CPT has stressed on several occasions that in the interests of the prevention of ill-treatment (and in particular in order to facilitate effective action by public prosecutors) it is essential that the certificate drawn up after the forensic examination of a person detained by the law enforcement agencies contain an account of relevant statements by the detainee, an account of objective medical findings based on a thorough examination, and the doctor's conclusions in the light of those two elements. The standard forensic medical form set out in the Ministry of Health Circular of 25 January 1995 (as amended by a Circular of 13 April 1995) is designed to ensure that such information is recorded. The CPT is therefore pleased to note that the Prime Minister's Circular of 3 December 1997 expressly stipulates that forensic reports issued in respect of persons in police custody must comply with that form.

36. **The CPT trusts that generalised use of the standard forensic medical form will also put an end to the collective forensic examination of groups of detained persons.** Some evidence of this undesirable practice was found in the course of the October 1997 visit. As is expressly noted in the standard form, every detained person should be examined on his own.

37. In the course of the October 1997 visit the delegation was informed that it was intended to make improvements to the standard forensic medical form, and this was confirmed in the follow-up reply to the report on the September 1996 visit. **The CPT would like to receive in due course a copy of the revised form.**

In the light of the information gathered during the October 1997 visit, the CPT considers that when revising the form, the opportunity should be taken to clarify the precise nature of the information to be recorded under certain of the form's headings. **As regards the heading "complaints", the doctor should record any allegations of ill-treatment made. Further, as regards the heading "conclusions", it should be made clear that the doctor is not being asked to state whether or not the person examined has been ill-treated. As many doctors have rightly pointed out, this is the task of the judicial authorities. However, in order to assist public prosecutors and courts properly to assess the information set out in the medical form, the doctor should indicate the degree of consistency between any allegations made and the objective medical findings.**

38. The Ministry of Health Circular of 13 July 1995 provides for forensic examinations to be carried out in the absence of law enforcement officials. The information gathered during the October 1997 visit suggests that the Circular has on the whole enabled doctors to keep law enforcement officials outside the examination room. However, some allegations of the presence of such officials during forensic examinations were still heard. Further, at the forensic service attached to the Izmir Law Courts, the delegation itself witnessed a forensic examination of a detained person which was carried out in the presence of the police officers who had brought him to the service.

The Prime Minister's Circular of 3 December 1997 makes clear that when forensic reports are drawn up, "the members of the police force shall leave the doctor and the detained person alone". However, reference is made in the Circular to possible exceptions having regard to security considerations. **In this connection, the CPT wishes to stress once again that forensic examinations should always be conducted out of the hearing of law enforcement officials. Further, they should be conducted out of the sight of such officials, unless the doctor concerned requests otherwise in a particular case.**

39. During the October 1997 visit, the delegation noted that the practice in certain forensic services was for doctors to hand an open copy of the forensic report to the police officers accompanying the detained person. Such an approach has obvious disadvantages.

Consequently, the CPT welcomes the stipulation in the Prime Minister's Circular that the Ministry of Health Circular of 5 December 1995 (which provides for forensic reports to be forwarded in sealed envelopes to the relevant public prosecution department and the head of the police department concerned) must be complied with.

40. Naturally, the CPT has also noted with considerable interest the information provided in the March 1998 reply to the September 1996 visit report, concerning specialised training for general practitioners called upon to perform forensic tasks. The Committee is particularly pleased by the close cooperation in this area between the Ministry of Health, the Turkish Medical Association and the Association of Turkish Forensic Doctors.

The CPT would welcome further information on the development of the forensic training courses throughout Turkey and on the publication of teaching materials.

h. control and supervision of the law enforcement agencies

41. The need for effective control and supervision of the activities of law enforcement agencies has been stressed by the CPT on numerous occasions. Regular inspections - including of an unannounced nature - by the competent administrative authorities constitute an important part of such control and supervision.

In this connection, the June 1997 and March 1998 replies to the report on the September 1996 visit provide a considerable amount of information on unannounced inspections carried out after that visit. The CPT has noted with interest both the findings made during those inspections and the measures subsequently taken. Further, the Committee welcomes the emphasis placed in the Prime Minister's Circular of 3 December 1997 on frequent inspections of police and gendarmerie establishments by prefectorial authorities and senior police and gendarmerie officers, as well as the decision - referred to in the March 1998 reply - to increase the frequency of "special inspections". The stipulation in the Prime Minister's Circular of 26 February 1998 that public prosecutors should also assume responsibility for the inspection of police detention facilities is another interesting development.

The CPT would appreciate receiving further examples of concrete action taken as a result of such inspections.

42. Reference should be made in this context to the long-standing project to establish a corps of judicial police, attached to and under the direct control of public prosecution offices. Some commentators believe that such a reinforcement of the authority and power of public prosecutors vis-a-vis police officers carrying out criminal investigations would help to ensure an investigation process that respects human rights. The delegation's discussions with public prosecutors at the Istanbul State Security Court can be seen as lending support to that view.

The public prosecutors were clearly concerned by the number of persons brought before them who alleged that they had been ill-treated by the police, the more so as the reports drawn up by the forensic medical service attached to the State Security Court quite often gave credence to those allegations. However, they were apparently not in a position to intervene directly and ensure that the police officers concerned mended their ways. What they could do - and did frequently - was to forward the file to the competent public prosecutor's office for investigation and, if appropriate, the filing of a public prosecution (cf. also paragraph 12).

The CPT understands that a draft law on the establishment of a judicial police corps is still under discussion; **the Committee would like to receive further information on this subject.**

43. Notwithstanding the absence to date of a corps of judicial police, measures to reinforce the influence of public prosecutors vis-a-vis the criminal investigation work of the police were introduced by the Prime Minister's Circular of 26 February 1998. In addition to the inspection of police detention facilities by public prosecutors (cf. paragraph 41), the Circular inter alia provides for Chief Public Prosecutor's Offices to be consulted when assessment reports are drawn up concerning police officers performing criminal investigations, for public prosecutors to be equipped with facilities enabling them to follow police and gendarmerie radio transmissions, and for units to be set up in each Chief Public Prosecutor's Office "with a view to ensuring permanent liaison and contact with the police authorities and the prompt transmission of instructions".

The CPT welcomes these measures **and would like to be informed as to whether they have now been fully implemented.**

i. legal proceedings in respect of ill-treatment

44. It is axiomatic that one of the most effective means of preventing ill-treatment by law enforcement officials lies in the diligent examination by the competent authorities of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty. This will have a very strong dissuasive effect.

Even in the absence of an express complaint, action should be taken if there are other indications (e.g. lesions recorded in a forensic medical report; a person's general appearance) that ill treatment might have occurred. This was the approach being followed by public prosecutors attached to the Istanbul State Security Court and in the Fatih Chief Public Prosecutor's Office. Further, the CPT notes that in his Circular of 24 December 1997, the Minister of Justice recalls that by virtue of Article 153 (1) of the Code of Criminal Procedure, public prosecutors are obliged to investigate immediately any reported crime or any circumstances suggesting that an offence has been committed.

45. In this context, the CPT is grateful to the Turkish authorities for the detailed information provided in their March 1998 reply on the subject of investigations carried out in respect of the facts found by the Committee's delegation during the September 1996 visit.

The CPT notes that as a result of those investigations, criminal proceedings have been brought against a number of police officers under Articles 243 and 245 of the Penal Code. **The Committee would appreciate being informed in due course of the outcome of those proceedings.**

46. More generally, the CPT has taken due note of the information provided on the number of cases under Articles 243 and 245 of the Penal Code during the first eight months of 1997, and the number of convictions and acquittals.

In order to enable the CPT to make an informed assessment of the situation, the Committee would like to receive such information in respect of the whole years 1996 and 1997 as well as the first half of 1998, as far as possible broken down on a province by province basis.

The CPT has also examined the judgment set out in Appendix 4 to the March 1998 reply, by virtue of which two police officers were given definite (i.e. unsuspended) prison sentences under Article 243 and excluded from public office for life. Further, the Committee is aware that comparable sentences have also been imposed in certain other recent judgments concerning cases of ill-treatment by the police. In this connection, **the Committee would be grateful if the information on convictions provided in response to the above request for information could include full details of the sentences imposed.**

47. The State Minister for Human Rights informed the delegation that a draft law to amend Articles 243 and 245 of the Penal Code, and more particularly to increase the penalties which can be imposed under those provisions, was currently under consideration. **The CPT would like to receive further information on this subject.**

48. The State Minister also informed the delegation that a revision of the Proceedings Against Civil Servants Act was envisaged, and this was subsequently confirmed in the Prime Minister's Circular of 26 February 1998.

By virtue of the above-mentioned Act, the prosecution of law enforcement officials accused of ill-treatment is in certain cases subject to an authorization from an administrative board. The CPT has previously expressed the view that it is now time to vest in public prosecutors the sole discretion to instigate proceedings in such cases. Consequently, the Committee welcomes the plans to amend the Act; **it would also like to receive further information on this subject.**

j. training of law enforcement officials

49. Although extremely important, the various legal and technical measures examined in the above paragraphs will alone not be sufficient to eradicate torture and other forms of ill treatment. The best possible safeguard against ill treatment is for law enforcement officials themselves to unambiguously reject resort to such methods. Appropriate professional training, incorporating the principles of human rights, is therefore an essential component of any strategy for preventing ill-treatment. This training must take place at all levels of the law enforcement agencies and be on a permanent footing. At the end-of-visit talks in October 1997, the CPT's delegation stressed that a massive investment in this area was indispensable.

50. The CPT has noted with interest the information on human rights education for law enforcement officials set out in the June 1997 and March 1998 replies of the Turkish authorities, in response to a recommendation on this subject made in the report on the September 1996 visit. The Committee is particularly pleased that it is planned to ensure that these education activities cover not only heads of department but also personnel whose duties bring them into direct contact with the public. The announcement made on 3 December 1997 concerning the release of additional funds for training activities is also most welcome.

51. As regards the envisaged cooperation with the Council of Europe in the framework of the programme "Police and Human Rights 1997-2000", the Turkish authorities informed the CPT by letter of 12 February 1998 (c.f. paragraph 10) that consultations on this subject were at an advanced stage.

Instead of distinct courses on human rights issues, the above-mentioned programme seeks to integrate human rights concepts into practical professional training for handling high-risk situations, such as the apprehension and interrogation of suspects. The CPT believes this approach could prove very effective and **consequently hopes that the above-mentioned consultations will soon be successfully completed.**

52. On the subject of interrogations, the Prime Minister's Circular of 3 December 1997 stipulates that "experienced specialist members of personnel who have attended interrogation training courses shall be appointed to carry out interrogation procedures". This is, in principle, another positive development. **The CPT would like the information to be provided on the implementation of this measure (cf. paragraph 14) to include a detailed description of the interrogation training courses.**

53. Reference should also be made in this context to the need to make use of advanced methods of crime investigation, thereby reducing reliance on information and confessions obtained via interrogations for the purpose of securing convictions. This issue was raised by the CPT as long ago as 1991.

The CPT's delegation was informed that the Higher Coordinating Council for Human Rights had set in motion studies on the modernisation of the law enforcement agencies, and reference is made in the previously-mentioned reply of March 1998 to the development of criminalistics laboratories. **The Committee would like to receive additional information on developments in this area.**

- k. general human rights awareness

54. In addition to specific training activities for target groups such as law enforcement officials, prison staff and the medical and legal professions, human rights awareness programmes should be directed towards the general public.

The CPT has noted the information provided in the Turkish authorities' March 1998 reply concerning human rights education in secondary schools and the broadcasting of programmes on human rights, on the occasion of the 50th anniversary of the Universal Declaration of Human Rights. Under the impulsion of the Higher Coordinating Council for Human Rights, several other measures designed to promote a human rights ethos throughout Turkish society are also being considered. In this context, **the CPT wonders whether a comprehensive "Human Rights Education Project "aimed at the general public, of the kind envisaged some years ago, might not be drawn up.**

3. Conditions of detention

- a. Foreigners' Department at Istanbul Police Headquarters

55. The Foreigners' Department's detention facility was located on the ground floor of Building B at the new premises of Istanbul Police Headquarters. It consisted of four cage-like enclosures - two for men and two for women - within a large room, the enclosures varying in size from 20 to 28m². At the time of the visit, the detention facility was accommodating 137 persons deprived of their liberty under the aliens legislation, including a handful of asylum-seekers.

In most cases, the length of stay at the Headquarters was in the order of several days to one week. However, much longer periods of detention were not uncommon; a number of the persons being detained at the time of the delegation's visit had already been held at the Headquarters for lengthy periods, some of them for months.

56. As is apparent from the information provided in paragraph 55, the detention facility was grossly overcrowded at the time of the visit. In three of the enclosures there was only some 1m² of space per detainee; as regards the fourth enclosure, measuring 28m², it had been crammed with 57 detainees. Further, detainees were not provided with suitable means for sleeping (and in particular were not offered mattresses), ventilation and artificial lighting were inadequate, there was poor access to natural light, and sanitary facilities were insufficient for the numbers being held. These serious failings as regards material conditions were compounded by a total lack of regime activities; detainees were not even allowed to take outdoor exercise.

In addition, the provision of food to the detainees was compromised by budgetary difficulties. Those with money could buy food; those without money had to rely on the generosity of others. Similarly, the provision of toiletries was a matter for detainees, the authorities providing nothing in the way of soap, towels, etc.

As for medical care, detainees could be referred to the polyclinic at the Police Headquarters. However, the delegations' discussions with both medical staff at the polyclinic and police officers at the Foreigners' Department suggested that the polyclinic's staff did not assume a proactive role as regards the health-care of persons held by the Foreigners' Department. There was no medical screening of new arrivals (though persons detained by the vice squad would be taken to hospital for tests e.g. HIV, syphilis) and visits by health-care staff to the detention facility were clearly a rare occurrence. These are serious lacunae given the number of detainees involved and the length of time for which some persons might stay in the facility.

57. It should be stressed that the delegation did not gather any evidence of the physical ill treatment of persons being detained by the Foreigners' Department. On the contrary, several detainees indicated that they had been treated reasonably well by the police officers assigned to the detention facility. In fact, the delegation was impressed by the efforts made by those police officers to do what they could to alleviate the situation; particular reference should be made to the "children's" room, which was situated outside the room containing the four enclosures and had been redecorated and fitted out at the staff's expense. However, no amount of goodwill could make up for the fact that the detention facility's staff had not been provided with the resources necessary to carry out their task in a satisfactory manner.

58. As already indicated (cf. paragraph 8), at the end of the October 1997 visit, the CPT's delegation made an immediate observation under Article 8, paragraph 5, of the Convention in respect of the conditions of detention observed in the Foreigners' Department at Istanbul Police Headquarters.

In their replies of 22 January and 3 and 27 February 1998, the Turkish authorities informed the CPT of measures taken to improve the situation. In particular, new ventilation and artificial lighting systems had been installed, a new shower facility built, and the premises slightly enlarged. No reference was made in those letters to the provision of mattresses to the detainees at night, and it was expressly stated that outdoor exercise was still not provided (detainees merely being granted access from time to time to the corridor adjacent to the enclosures). However, the CPT was subsequently informed, by letters of 23 June and 1 July 1998, that funds had now been requested for the provision of mattresses and that a suitable area for outdoor exercise was being sought. In the same letters, information was provided on steps being taken to overcome the difficulties in relation to the provision of food.

59. In their letters of 27 February and 23 June 1998, the Turkish authorities recognised that the Foreigners' Department's detention facility still had inadequacies and deficiencies, despite the above-mentioned improvements. Indeed, the premises in question are by their very nature manifestly unsuited for extended periods of detention.

Consequently, the CPT was most pleased to learn that the Ministry of the Interior had made proposals to construct separate premises for persons detained by the Foreigners' Department and, pending the construction of those premises, to find more spacious detention facilities for the Department.

60. **The CPT recommends that the Turkish authorities take fully into account the remarks made in paragraph 29 of the Committee's 7th General Report (CPT/Inf (97) 10) when implementing the proposal to construct separate premises for persons detained by the Foreigners' Department;** that paragraph spells out the requirements to be met as regards material conditions, regime activities and staffing arrangements in centres for persons deprived of their liberty under aliens legislation.

Further, the CPT requests the Turkish authorities to provide updated information on both the construction of the new premises and the assignment of more spacious detention facilities in the meantime. As regards more particularly the latter point, the CPT wishes to be informed of the number of persons currently being detained by the Foreigners' Department and the number and size of the holding areas being used to accommodate them.

The CPT would also like to receive confirmation that:

- **persons detained by the Foreigners' Department are now being provided with mattresses at night and offered at least one hour of outdoor exercise per day;**
- **the Foreigners' Department now has the necessary budgetary means to enable detainees without resources to be provided free of charge with food, medication and toiletries;**

and to be informed as to whether:

- **all detainees are medically screened on their arrival at the Foreigners' Department;**
- **the Foreigners' Department's detention facility is visited on a regular basis by health-care staff.**

61. Persons detained under aliens legislation should - in the same way as other categories of persons deprived of their liberty - be entitled, as from the outset of their detention, to inform a person of their choice of their situation and to have access to a lawyer and a doctor. Further, they should be expressly informed, without delay and in a language they understand, of all their rights and of the procedure applicable to them. In addition, such persons should be entitled to maintain contact with the outside world during their detention, and in particular to have access to a telephone and to receive visits from relatives and representatives of relevant organisations.

At the time of the delegation's visit, persons detained at the Foreigners' Department at Istanbul Police Headquarters had access to a pay-phone, and the CPT has noted that additional pay-phones were subsequently installed. Consequently, detainees could contact relatives, lawyers and consular representatives. However, no written information was provided to persons detained, and many detainees alleged that they had been left unaware of their legal situation (according to the above-mentioned letters of 23 June and 1 July 1998, measures have now been taken to resolve this problem). Further, it was far from clear whether detainees were allowed to receive visits from relatives and lawyers, and access to the detention facility for representatives of relevant organisations was at best uncertain.

The CPT recommends that steps be taken to ensure that all persons detained under aliens legislation:

- **can receive visits from relatives, lawyers and representatives of relevant organisations;**
- **are systematically provided with a document explaining the procedure applicable to them and setting out their rights. This document should be available in the languages most commonly spoken by those concerned and, if necessary, recourse should be had to the services of an interpreter.**

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62. The CPT also wishes to take this opportunity to reiterate a point already made in the report on the October 1994 visit to Turkey (cf. CPT (95) 11, paragraph 98), that it would be in violation of both national and international legal obligations for a person to be returned to a country where there are substantial grounds for believing that he would run a real risk of being subjected to torture or ill-treatment.

63. In their response to the report on the October 1994 visit, the Turkish authorities provided information on their policy in this field. In particular, they commented that although Turkey has no legal obligation to grant refugee status to persons from countries outside Europe (on account of a geographical reservation to the 1951 Geneva Convention relating to the status of refugees), such persons may be allowed to stay in Turkey with the status of "provisional asylum seekers" until they leave for a third country. The task of finding a resettlement country in such cases was dealt with by the UNHCR.

Nevertheless, the CPT has received reports to the effect that non-european asylum seekers have on occasion been returned by the Turkish authorities to countries where they ran a risk of ill-treatment, and this despite interventions by the UNHCR. **The CPT would like to receive the comments of the Turkish authorities on those reports.**

64. Further, in view of the potential gravity of the interests at stake, the CPT considers that a decision involving the removal of any person from a State's territory - regardless of whether that person has requested asylum - should be appealable before another body of an independent nature prior to its implementation. **The Committee would like to be informed whether such an appeal with suspensive effect is available in all cases.**

b. other police establishments

65. The need to improve conditions of detention in police and gendarmerie establishments has been a recurring theme in the CPT's dialogue with the Turkish authorities over the last nine years. The Turkish authorities provided further information on steps being taken in this area in their June 1997 reply to the report on the CPT's September 1996 visit. The CPT has noted with interest that it is planned to bring all security and holding cells in Turkey up to the required standard (i.e. as laid down in Rule 6 of the Custody and Interrogation Instructions of 7 September 1995) within the next three to four years. The emphasis placed in the Prime Minister's Circular of 3 December 1997 on the issue of material conditions of detention is also most welcome.

The information gathered by the CPT's delegation in the course of the October 1997 visit confirms that progress continues to be made; in particular, the excessively small, dark and unventilated cells so frequently observed during the Committee's first visits to Turkey are gradually disappearing. However, the task is still far from being completed.

66. At Adana Police Headquarters, the delegation found that the improvements to material conditions of detention in the Anti-Terror Department (to which reference had already been made in the report on the September 1996 visit) had been maintained and efforts made to remedy the remaining shortcomings. In particular, all the cells were equipped with mattresses and ventilation in the cells had been improved. In addition, the detention facilities of the Headquarters' Law and Order Department had benefitted from an extensive refurbishment (though persons detained overnight were still not being provided with mattresses).

67. The detention facilities of the Anti-Terror Department at Istanbul Police Headquarters had been moved to the ground floor and offered somewhat better material conditions than in the past. Cells of 7 to 8.5m² were equipped with beds and mattresses and apparently were designed for occupancy by one to two persons. Nevertheless, cell lighting still left a lot to be desired and the adequacy of cell ventilation should be verified.

Cells in the Narcotics Department's detention facilities had been equipped with mattresses. However, in all other respects they remained unchanged as compared to the situation observed in September 1996; in particular, the cells were poorly lit and had mediocre ventilation. Further, although the detention facilities were totally empty at the time of the delegation's visit, the CPT remains to be convinced that the problem of severe overcrowding observed during previous visits has been overcome.

The Law and Order Department was still located at the old Police Headquarters' premises in the Gayrettepe district. Despite some modest improvements, conditions of detention remained unacceptable in certain sections. For example, persons in the custody of the Homicide and Organised Crime Sections were being held in very small (2m²) cells which had poor lighting and were inadequately equipped (narrow wooden bench, no mattress); this situation is all the more of concern given that it was quite common for persons to be detained by those sections for several days. As for conditions in the multi-occupancy cell for men in the Pickpocketing Section, they were deplorable in all respects.

Conditions of detention in the Beyoğlu and Küçükçekmece District Central Police Stations (Istanbul) were also far from satisfactory. In both establishments, the delegation met persons being held overnight who were obliged to sleep on the floor without a mattress.

68. Conditions of detention in the new premises of the Izmir Police Headquarters were on the whole acceptable. Most of the cells were of a reasonable size (ranging from 8 to 13m²) and were adequately lit and ventilated. Further, the detention facilities, including the sanitary annexes, were clean and in a satisfactory state of repair. However, sleeping arrangements were unsatisfactory; cell equipment consisted merely of wooden benches and no mattresses were provided to persons held in custody overnight. Reference should also be made to five smaller cells (5m²) in the Anti-Terror Department, which were completely bare, dark and poorly ventilated. According to information provided to the delegation, those cells were soon to be enlarged and refurbished; the CPT trusts that this has now been done.

The delegation also revisited the former premises of the Police Headquarters. The CPT is pleased to note that the twelve very small cells on the building's ninth floor have been demolished. However, the basement detention facility was still being used by the Foreigners' Department, and the delegation observed that - as had been the case at the time of the previous visit in May 1996 - persons held there overnight were not provided with a mattress.

69. Conditions of detention in the Law and Order Department at Mersin Police Headquarters were very poor. Cell lighting and ventilation were inadequate. Further, the cells were devoid of any fittings; consequently, persons detained overnight slept on the floor and were not even provided with blankets. At the time of the delegation's visit, these basic failings were compounded by gross overcrowding; a cell measuring 7m² was accommodating five persons, and a cell of 9m², seven persons. The latter persons were detained under the aliens legislation and had already spent two weeks under the above-mentioned conditions.

Conditions in the Anti-Terror Department's detention facility were slightly better. In particular, the cells were equipped with a bench and several of them had a small window. However, artificial lighting in all of the cells was inadequate and, once again, mattresses were not provided to persons detained overnight. It should also be noted that the detention facility was empty at the time of the visit, which made a striking contrast with the overcrowded conditions in the nearby detention facility of the Law and Order Department.

70. At Samsun Police Headquarters, persons detained overnight were in principle accommodated in the establishment's basement-level detention facility. This consisted of three bar-fronted multioccupancy cells equipped with benches. The cells were dark and ventilation appeared to be inadequate. Further, mattresses were not provided.

In addition, a number of cells were found in the Law and Order Department (cf. also paragraph 7). Some of these cells were very small (1.5m²), and all of them were dark, poorly ventilated and devoid of any equipment save the occasional bench.

71. As regards Ünye Police Headquarters, conditions of detention were acceptable. The Headquarters' detention facility consisted of two cells (measuring respectively 6.5 and 8.5m²), each equipped with a bed, mattress and blankets. Cell lighting and ventilation were adequate.

72. In the light of the information gathered during the October 1997 visit, reference should also be made once again to the issue of the provision of food to persons detained by the police. In almost all of the police establishments visited, it remained the case that detained persons without resources had to rely on the generosity of individual police officers or other detainees for obtaining food. The only exception was the Anti-Terror Department at Mersin Prison Headquarters, which apparently had a special budget for the provision of food to detained persons in its charge.

Rule 6 of the previously-mentioned Custody and Interrogation Instructions stipulates that persons in custody must be supplied with food. As was pointed out in the report on the September 1996 visit (cf. CPT (96) 69, paragraph 20), this implies that appropriate budgetary provision should be made to cover the food requirements of detained persons who have no resources to pay for food.

Further, the CPT regrets to note that persons held for extended periods in police custody are still not being offered outdoor exercise. The Committee would draw attention once again to the comments and recommendations on this subject made in the report on the October 1994 visit (cf. CPT (95) 11, paragraph 84).

73. The CPT recommends that the Turkish authorities vigorously pursue the implementation of Rule 6 of the Custody and Interrogation Instructions throughout Turkey, and in this connection take due account of the remarks set out in paragraphs 66 to 72. Further, it is recommended that Rule 6 be amended so as to make clear that persons held overnight in custody are to be provided with a mattress, and that persons held for extended periods should as far as possible be offered outdoor exercise on a daily basis.

Moreover, in order to ensure compliance with paragraph 1 of Rule 6 (space per person), **the CPT recommends that all police establishments be instructed to make contingency arrangements as regards overspill accommodation .**

Having regard more particularly to the facts found at Mersin Police Headquarters, **the CPT wishes to underline that the period of time spent by immigration detainees in ordinary police detention facilities should be kept to the absolute minimum. In those cases where it is deemed necessary to deprive persons of their liberty for an extended period under aliens legislation, they should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime appropriate to their legal situation and staffed by suitably-qualified personnel (cf. also paragraph 96 of the report on the October 1994 visit (CPT (95) 11), and paragraph 29 of the CPT's 7th General Report (CPT/Inf (97) 10)).**

74. Finally, reference should be made to the design and equipment of interrogation facilities, an issue which has been raised by the CPT on more than one occasion in the past.

The delegation which carried out the October 1997 visit observed that several of the establishments visited still possessed interrogation rooms of a highly intimidating nature. Such rooms were found, for example, in the Law and Order Department (Homicide Section) at Istanbul Police Headquarters, the Law and Order Department at Mersin Police Headquarters, the Anti-Terror Department at Samsun Police Headquarters, and even in the new premises of the Izmir Police Headquarters (Anti-Terror Department). Facilities of this kind have no place in a modern police service, and the same can be said of the small, black and sound-proofed "identification room" adjacent to the sanitary facilities for detained persons in the Narcotics Department at Istanbul Police Headquarters.

The CPT recommends that the Turkish authorities pursue their efforts to have facilities of the kind described above withdrawn from service.

75. The new interrogation rooms belonging to the Anti-Terror Department at Istanbul Police Headquarters, located close to the Department's detention facilities (cf. paragraph 67), offered a far more suitable environment in which to question a suspect. **The CPT would like to receive confirmation that all questioning of persons detained by the Anti-Terror Department is now carried out in those rooms, and that all of those interrogations are sound and video recorded (cf. point 1 j of the Prime Minister's Circular of 3 December 1997).**

B. Prisons and reformatories

1. Preliminary remarks

76. In the course of the second periodic visit to Turkey, the CPT's delegation examined conditions in Izmir (Buca) Closed Prison, Mersin E-Type Prison and Ünye Closed Prison. None of these establishments had previously been visited by a CPT delegation. The delegation also paid a visit to the Izmir Reformatory for Juveniles, this being the first occasion on which conditions in such an institution in Turkey had been examined by the CPT.

77. The facts found in the above-mentioned establishments will be set out in detail in the following sections of this report. However, the CPT wishes at the outset to highlight a serious problem observed in both the Izmir and Mersin Prisons, namely the absence of organised activities for the great majority of prisoners. This issue has been addressed repeatedly in CPT visit reports, but at the time of the visit, scarcely any progress had been made in practice towards a solution.

The CPT has noted the terms of the Circular on conditions in prisons issued by the Minister of Justice on 3 November 1997; it greatly welcomes the emphasis placed on developing constructive activities for both remand and sentenced prisoners. Further, the Law of 6 August 1997 on the creation of workshops in prisons and the Agreement signed on 15 November 1997 between the Ministry of Justice and the State Ministry for Sport, with a view to improving sports activities for prisoners, are interesting developments.

In the absence of a positive regime, there will be little prospect of the social rehabilitation of prisoners. Consequently, **the CPT recommends that the Turkish authorities vigorously pursue their efforts to develop purposeful activities (work, preferably with vocational value; education; sport; etc.) for all categories of prisoners.**

78. It must be added that the CPT has serious misgivings as regards the current policy of having juveniles (i.e. 11 to 18 year olds) who are remanded in custody placed in adult prisons. Admittedly, the juveniles detained at Izmir (Buca), Mersin and Ünye Prisons were being held quite separately from adult inmates. However, the fact remains that they were subject to a regime which was totally unadapted to their needs. Although a lack of purposeful activity is detrimental for any prisoner, it is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation.

The Circular of 3 November 1997 does expressly address the issue of improvements to activities for juveniles held on remand in adult prisons. **However, the CPT considers that it would be far preferable for all juvenile prisoners, whether on remand or convicted, to be held in detention centres specifically designed for persons of this age, offering regimes tailored to their needs and staffed by persons trained in dealing with the young.**

79. The CPT would also like to raise the issue of the range of measures available to judges in Turkey when dealing with juvenile offenders. From the information gathered by the delegation, it would appear that in practice the choice is essentially between a fine and a decision of deprivation of liberty (with or without suspension of the sentence).

The CPT would like to receive the views of the Turkish authorities on whether it would not be desirable to have greater recourse to other types of measures.

80. Following the October 1997 visit, the national authorities informed the CPT of progress made in implementing their plans to convert some of the large dormitories commonly found in Turkish prisons into smaller living units (for four to six prisoners). As the CPT made clear in the report on its visit to Turkey in August 1996, in principle the Committee has no objections to such a development. Large-capacity dormitories are for various reasons not a satisfactory means of accommodating inmates.

However, **the CPT wishes to stress once again that it is imperative for moves towards smaller living units for prisoners in Turkey to be accompanied by measures to ensure that prisoners spend a reasonable part of the day engaged in purposeful activities outside their living unit.** Indeed, the effects of the current almost total absence of any organised programme of activities for prisoners would be felt even more keenly in smaller living units. In the absence of a significant improvement in activities for prisoners, the introduction of smaller living units will almost certainly cause more problems than it solves.

81. In the course of its discussions with the Director General of the Prison Administration, the delegation was informed of plans to build two new prisons for "dangerous" prisoners.

In every country there will be a certain number of so-called "dangerous" prisoners (a notion which covers a variety of individuals) in respect of whom special conditions of custody are required. This group of prisoners will (or at least should, if the classification system is operating satisfactorily) represent a very small proportion of the overall prison population. However, it is a group which is of particular concern to the CPT, in view of the fact that the need to take exceptional measures concerning such prisoners brings with it a greater risk of inhuman treatment than is the case with the average prisoner.

The CPT would like to receive further information on the Turkish authorities' plans in this area: the type(s) of prisoners to be held in the above-mentioned two new prisons; envisaged locations and capacities of the establishments; envisaged material conditions of detention and programmes of activities; etc.

82. **Finally, the CPT wishes to underline the importance of ensuring that the provisions of the previously-mentioned Circular of 3 November 1997 are given practical effect.** The Circular addresses the great majority of the shortcomings to be found at the present time; were the Circular's requirements to be met in full, this would transform the situation within the Turkish penitentiary system.

2. Ill-treatment

83. The CPT's delegation heard few allegations of ill-treatment of inmates by prison staff in the three prisons visited. Some allegations of physical ill-treatment of inmates by prison officers were heard at Izmir (Buca) Prison. They related in particular to incidents in which troublesome prisoners had apparently been taken to the establishment's central bathroom and beaten by a group of prison officers. Certain prisoners at that establishment also complained about rough treatment, such as occasional slaps and truncheon blows.

In the light of the information gathered by the delegation, **the CPT recommends that the Director of Izmir (Buca) Prison deliver to his staff the clear message that both physical ill-treatment and verbal abuse of inmates are not acceptable and will be dealt with severely.**

84. As regards the Izmir Reformatory for Juveniles, there were indications that there had been a tendency on the part of certain staff members to physically ill treat inmates. However, it would appear that effective measures have now been taken to stamp out such methods (cf. also paragraph 121).

85. Unfortunately, instances of ill-treatment of prisoners by staff will occur from time to time in any prison system. However, when allegations are made, it is essential for them to be thoroughly investigated and, if appropriate, adequate sanctions imposed.

In order to obtain a nationwide view of the current situation concerning the treatment of prisoners, the CPT **would like to receive the following information for 1997 in respect of all prisons and reformatories in Turkey:**

- **the number of complaints of ill-treatment lodged against prison/reformatory staff;**
- **an account of disciplinary and/or criminal sanctions imposed following complaints of ill-treatment by prison/reformatory staff.**

Further, in the course of February 1998, the CPT received reports of the severe ill-treatment of prisoners by staff at the Bakirköy Prison for Women and Juveniles. The prison was visited by the Human Rights Committee of the Turkish Grand National Assembly in the course of that month, and the CPT understands that criminal proceedings have subsequently been brought against several members of the prison's staff. **The CPT would like to receive the observations of the Turkish authorities on this matter.**

86. Although the delegation heard few allegations of ill-treatment by prison staff, a considerable number of prisoners interviewed affirmed that they had been roughly treated by members of the Gendarmerie in the course of transfers. This problem has already been highlighted in previous visit reports, and was the subject of a specific recommendation in the report on the 1994 visit (cf. CPT (95) 11, paragraph 102). The CPT notes in this connection that paragraph 7 of the Circular of 3 November 1997 provides as follows: "In co-ordination with the Provincial Gendarmerie Headquarters, measures shall be taken to prevent prisoners being subjected to mistreatment or insulting behaviour both within the prison and during transfers outside the institution."⁴ **The CPT would like to receive concrete examples of the measures taken in application of this provision.**

87. Reference should also be made to the methods employed by the Gendarmerie when called upon to deal with prison disturbances, a question which has been raised with the Turkish authorities on many occasions, most recently in the CPT's report on its September 1996 visit. The CPT was pleased to note in the Turkish authorities' reply of June 1997 that efforts continued to be made to apply modern intervention methods, and that it had been made clear to the competent authorities that steps must be taken to avoid loss of life. The CPT is grateful to the Turkish authorities for subsequently having forwarded to the Committee the precise instructions on this subject issued by the General Command of the Gendarmerie in November 1996. The overriding objective of those instructions is clearly to reduce loss of life and injuries to a minimum.

The intervention of outside security forces in a prison always entails significant risks. Consequently, the best approach is to avoid if at all possible that such interventions take place. In this connection, the CPT has noted that in the course of some recent incidents in prisons, the Turkish authorities have been very reluctant to call upon the Gendarmerie to intervene, preferring instead to seek by all means a peaceful solution. **The CPT trusts that this will remain the favoured approach.**

Of course, from time to time an intervention by the Gendarmerie to deal with a prison disturbance will prove unavoidable. **The CPT recommends that in such cases, the intervention take place in the presence of an authority which is fully independent of both the Gendarmerie and the prison and charged with observing and subsequently reporting upon the carrying out of the intervention.** The presence of such an authority will both have a dissuasive effect on anyone minded to ill treat prisoners and enable unfounded allegations of ill-treatment to be refuted in a convincing manner.

88. Finally, the CPT has noted that in the previously-mentioned Circular issued on 26 February 1998, the Prime Minister inter alia requested that the following action be taken: "work to prepare amendments to legislation so that the external protection of prisons by the Gendarmerie is considered to be a judicial rather than a public order duty".

If the CPT understands correctly, this would mean that the prosecution of members of the Gendarmerie in respect of offences committed in the course of the external protection of prisons would no longer be subject to an authorisation from an administrative board. **The Committee would like to receive confirmation that this is indeed the case and, in the affirmative, to be informed whether the notion of the "external protection of prisons" shall cover all aspects of the work of members of the Gendarmerie in relation to prisoners (perimeter security, interventions inside a prison, escort of prisoners to and from a place outside the prison, etc.).**

⁴ Similarly, the previously-mentioned Circular of the Prime Minister dated 3 December 1997 stipulates that "detainees and convicts shall not be subjected to ill-treatment or humiliating treatment either in prisons or in the course of intervention and transfer".

3. Izmir (Buca) Prison

a. introduction

89. Izmir (Buca) Prison is located in a residential suburb of the city. The establishment has been in service since 1960, and presently has an official capacity of 2,484. Although having the status of a pre-trial prison, it also accommodates a significant number of convicted prisoners. On the first day of the delegation's visit (8 October 1997), the establishment was holding 1,385 inmates: 1,006 in pre-trial detention and 379 convicted. The prison population included 43 women, 90 juveniles and 13 foreign nationals.

90. The prison is a rectangular-shaped two-storey building. Prisoner accommodation is in the main provided in two wings located along the longer sides of the building, each comprising 15 identically-sized units. The units in one of the wings were used for prisoners in pre-trial detention or convicted for ordinary criminal offences, while the other wing was reserved for prisoners imprisoned in respect of offences under the Law to Fight Terrorism. A typical accommodation unit consisted of a dormitory on the first floor (some 80 m²) and a similarly-sized refectory on the ground floor, leading to an outdoor exercise yard.

A third wing running through the centre of the building comprised various common facilities (bathroom, cinema, sports hall, library, mosque), as well as three larger units, accommodating respectively new arrivals, minors aged between 11 and 14, and working prisoners.

b. conditions of detention

i. material conditions

91. Notwithstanding adequate lighting and ventilation, material conditions in the wing accommodating "common law" prisoners were mediocre. The majority of the accommodation units in that wing were overcrowded: nine of them held between 70 and 80 prisoners. The dormitories contained bunk beds on three levels, frequently crammed so closely together that there was hardly any space to pass between them (at places, the distance between beds was 60-70 cm). Further, there were no lockers, and prisoners' clothes were stored in boxes or hung between the beds. This spartan environment was somewhat attenuated by the presence of an occasional TV set, procured by the prisoners themselves. As for the downstairs refectory, it was equipped with tables, chairs/benches, cupboards (each one being shared by 4-5 persons) and hobs on which prisoners could make tea/coffee and prepare simple meals. The furniture was old and dilapidated in all the accommodation units, though it should be added that some units had a distinctly cleaner and more orderly appearance.

Each unit had a sanitary annexe comprising two WCs, two sinks and one shower. The annexes were for the most part in an adequate state of cleanliness. However, some of the equipment was in need of repair (e.g. broken taps). Further, such a small sanitary annexe is manifestly insufficient for 70-80 prisoners. The delegation was informed that inmates had access to the prison's central bathroom once a week.

92. Material conditions were distinctly better in the wing reserved for persons imprisoned in respect of offences under the Law to Fight Terrorism, due principally to the absence of overcrowding. The accommodation units in that wing were holding between 10 and 25 prisoners.

93. The fact that half of the accommodation units in the wing reserved for persons imprisoned in respect of offences under the Law to Fight Terrorism were empty (the result of a gradual drop in the number of such prisoners, following a government decision to stop sending new prisoners of this category to Izmir (Buca) Prison) rendered the overcrowded conditions of detention of common law prisoners all the more objectionable.

The prison management argued that security considerations prevented them from transferring common law prisoners to the other wing. However, the delegation's observations suggested that that objection could be overcome via relatively straightforward modifications to the wing's configuration.

94. Several of the establishment's units (e.g. unit No 15 accommodating foreigners and civil servants, unit 3 holding persons imprisoned for sexual offences) had been converted into small front-grilled cells measuring 7.7 m². At the time of the visit, these cells were accommodating one or two prisoners; however, they were equipped to accommodate up to three prisoners. Each cell contained a bunk bed on two or three levels, a locker and a semi-partitioned sanitary annexe comprising a washbasin and a WC; the latter were almost invariably in a very bad state of repair.

Although of an adequate size for one person, a 7.7 m² cell represents cramped accommodation for two and offers totally inadequate living space for three. The fact that the in-cell sanitary facility was only partially partitioned also renders the above-mentioned cells unsuitable for occupancy by more than one person.

95. Newly-arrived prisoners were held for five to six days in a large dormitory located in the central wing. The dormitory had beds for 81 prisoners, and was holding 64 at the time of the visit. Given the size of the dormitory, one did not have the impression of overcrowding. Nevertheless, the conditions of detention for these prisoners were far from satisfactory. The dormitory contained little equipment apart from the beds (i.e. a few tables and benches) and, unlike prisoners in the other units, new arrivals did not have access to a refectory. Further, the sanitary facilities were totally inadequate for up to 81 prisoners: two usable WCs (the other two being blocked), one urinal, one washbasin, no shower. It should also be noted that newly-arrived prisoners were deprived of outdoor exercise throughout their stay in the dormitory; such a situation is unacceptable.

96. The delegation heard numerous complaints about a lack of basic personal hygiene products. Further, prisoners alleged that they had not received bed linen from the prison and had to make their own arrangements for washing sheets and personal clothes.

In contrast, few complaints were heard as regards food, and the delegation received a favourable impression of the prison's kitchen. It was reasonably equipped and prepared meals according to a varied weekly menu.

97. In the light of the delegation's observations at Izmir (Buca) Prison, **the CPT recommends that:**

- **the occupancy rates in the units used to accommodate "common law" prisoners be reduced, by exploiting all of the available prisoner accommodation in the establishment;**
- **the establishment's 7.7 m² cells never be used to hold more than two prisoners and serious efforts be made to reduce the occupancy rate of these cells to one prisoner;**
- **steps be taken to improve the state of repair of the sanitary facilities in the prisoner accommodation units;**
- **the supply of clean bedding and personal hygiene products be guaranteed;**
- **efforts be made to equip the dormitories with lockers in sufficient number for the prisoners held;**
- **steps be taken to improve conditions of detention as a whole for newly-arrived prisoners, having regard to the comments made in paragraph 95; above all, immediate action is required to ensure that such prisoners are offered at least one hour of outdoor exercise per day.**

98. It should be added that the delegation discovered a number of cells in the basement of the prison. Some of the cells were very small and had low ceilings, and all of them offered poor conditions of detention. The prison staff stated that these detention facilities had not been used for many years. However, the delegation received allegations to the contrary from prisoners. **The CPT recommends that all the cells in the basement of Izmir Prison be rendered unusable as detention facilities (e.g. removal of the cells' doors).**

ii. activities for prisoners

99. The above-mentioned deficiencies in the material conditions were compounded by a total lack of organised activities for almost all prisoners. Admittedly, prisoners did have ready access to adequately-sized (albeit totally bare) exercise yards for several hours every day (each yard being used in turn by two neighbouring units). However, pacing up and down a courtyard is no substitute for a proper programme of activities.

At the time of the visit, only 17 sentenced prisoners had paid work (6 in the prison's bakery, 8 serving tea/coffee, 2 in the sewing workshop and 1 in a maintenance workshop). A further 70 prisoners performed various unpaid tasks (cleaning, helping in the kitchen, distribution of food, library work) for several hours a day.

There were no sports activities for any of the prisoners, and educational activities were limited to a few classes offered to the youngest of the juveniles. The prison did have a spacious gymnasium and a 400-seat cinema hall; however, neither of these valuable assets had been exploited for years.

On a more positive note, the prison's library appeared to be popular with prisoners and was functioning well, despite a shortage of money to renew the existing stock of some 5,000 books. Prisoners could also purchase newspapers delivered daily to the prison.

100. To sum up, the vast majority of prisoners (95%) were not offered any form of organised activity - be it work, education or sport - and were basically left to their own devices. As regards more particularly juvenile prisoners, they were not provided with a programme of activities suitable for their age.

The CPT recommends that the Turkish authorities vigorously pursue efforts to develop the activity programmes at Izmir (Buca) Prison. The aim should be to ensure that all prisoners, including those on remand, are able to spend a reasonable part of the day (8 hours or more) engaged in purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association). In this connection, the bringing back into service of the prison's gymnasium should be seen as a priority.

As regards more particularly juvenile prisoners, they should be offered a full programme of educational, recreational and other purposeful activities; physical education should constitute an important part of that programme (cf. also paragraph 78).

4. Mersin E-type Prison

a. introduction

101. Mersin E-type Prison is situated some 5 km along the highway connecting the cities of Mersin and Adana. It occupies a three-storey building constructed in 1982 and composed of five parallel blocks linked by a central corridor. Prisoner accommodation is in the main located in blocks C, D and E; block A contains the administrative offices, and block B the medical services, recreational facilities and accommodation for women, juveniles and working prisoners. In the past, Mersin Prison was used as a pre-trial establishment for some 350-400 prisoners. However, two years prior to the CPT's visit, the prison started accommodating sentenced prisoners as well, and its official capacity was fixed at 600.

On the first day of the CPT's visit, the prison population stood at 631 inmates, of whom 413 were on remand and 218 sentenced. The great majority of the prisoners were adult males; however, there were also 33 women and 38 juveniles.

102. At the time of the visit, prisoner accommodation was provided in 21 units. The majority of them had an identical design: a refectory (36 m²) on the ground floor, leading to a good-sized exercise yard, and a dormitory (55 m²) on the first floor. Further, there were several larger accommodation units on the second floor of blocks B, D and E (100-120 m²).

b. conditions of detention

i. *material conditions*

103. The dormitories in the two-level units contained bunk beds, a few lockers and an occasional TV set; in some of them the number of beds was so high (e.g. 21 bunk beds) that they occupied most of the available floor space. Actual occupancy levels at the time of the visit were acceptable in some units; however, overcrowding was observed in many other units. As in Izmir, the overcrowding would have been relieved if better use had been made of all available prisoner accommodation; indeed, several of the dormitories on the second floor of the building were empty.

104. Lighting and ventilation were in general of a satisfactory standard (though the latter was often prejudiced by the level of overcrowding). However, prisoners in one of the dormitories in the female unit complained about the lack of ventilation, and the delegation observed that, unlike other dormitories, this particular dormitory was not provided with a ceiling fan. As regards heating, the delegation heard complaints that the accommodation units received only one hour of heating per day in the winter and as a consequence could become very cold.

The two-level units had sanitary annexes on each level, containing two washbasins, two WCs and a shower. With the notable exception of Unit No 1, the sanitary facilities' state of cleanliness and repair was deplorable. Once a week, inmates had access to the prison's central bathroom, which was also found to be in a poor state of repair (e.g. 3 out of 12 water taps were not functioning). As for female prisoners, they could make daily use of a separate bathroom located in their unit.

105. Juveniles were accommodated in two units. Conditions of detention in Unit No 1, which had recently been refurbished, were very good: the dormitory was fitted with new wooden furniture (10 beds, shelves and a few desks), the floors were covered with white tiles, and the refectory was equipped with new tables and chairs, a TV, a refrigerator and a stove. The material environment in the second unit offered a stark contrast; the unit was overcrowded and its equipment was spartan and in a poor state of repair; further, unlike in Unit No 1, there was no access to hot water. However, the CPT's delegation understood that there were also plans for the refurbishment of this unit.

106. The women's unit in block B comprised two dormitories and a good-sized cell (accommodating one long-term prisoner) on the first floor, and a refectory on the ground floor. The first dormitory measured 35 m² and accommodated 9 women and one child; this represents an acceptable occupancy level. By contrast, the second dormitory was overcrowded: it measured 55 m² and was being used for 24 women and 4 children.

No special provision whatsoever had been made for the children, who were up to 3 years of age and shared their mothers' beds at night.

107. Newly-arrived prisoners were accommodated in one of the larger accommodation units on the second floor of block E. Their material conditions of detention do not call for any particular comment. However, as in Izmir (Buca) Prison, they were deprived of outdoor exercise throughout their stay in the unit, which could last up to one week.

108. Many prisoners complained that the food was monotonous and of poor quality. These claims were substantiated by the delegation's own findings. The prison's kitchen was meagrely equipped (e.g. no hot water for washing dishes, no thermometer in the cool room), which clearly limited the kitchen staff's possibility to control food hygiene. Further, discussions with the person in charge of the kitchen revealed that no account was being taken of standard nutritional requirements, either in quantity or quality, when preparing the menu.

109. Prisoners interviewed by the delegation complained about the lack of personal hygiene products, and in particular of soap. An examination of the registers of hygiene products supplied at the prison revealed that soap had not been distributed since July (i.e. some three months previously). Further, the delegation observed that the stocks in the prison storeroom did not comprise any personal hygiene items.

It was also clear from the delegation's observations that laundering arrangements left a great deal to be desired. The prison laundry catered only for the bed linen of juveniles, new arrivals and those staying in the infirmary; the rest of the prisoners had to make their own washing arrangements, using the limited means at their disposal. As for the prison laundry, it was modestly equipped (e.g. one tumble-drier which was out of order) and had not received washing powder in the two weeks preceding the CPT's visit.

The delegation also heard numerous complaints about the persistent presence of rats and cockroaches. However, prison staff informed the delegation that the public sanitary service performed periodic disinfestation of the prison 2-3 times a year.

110. In the light of the above, **the CPT recommends that:**

- **serious efforts be made to reduce the occupancy rates of dormitories by exploiting all the available prisoner accommodation in the establishment;**
- **steps be taken to improve the general state of repair of the sanitary facilities and the prison's central bathroom, and to ensure that all dormitories have adequate ventilation;**
- **measures be taken to provide the prison kitchen with all the necessary equipment and a regular supply of hot water, and to ensure that the food served to prisoners is prepared in accordance with the appropriate sanitary and dietary requirements (if necessary, using the assistance of a dietary specialist);**
- **the supply of clean bedding and personal hygiene products be guaranteed. In this connection, the upgrading of the prison laundry should be accorded a high priority;**
- **measures be taken to create a separate and appropriately equipped facility for women with children. Preferably, they should be placed in conditions providing them with the equivalent of a creche and the support of staff specialised in post-natal care and nursery nursing;**
- **steps be taken immediately to ensure that newly-arrived prisoners are offered at least one hour of outdoor exercise per day.**

Further, **the CPT would like to receive the comments of the Turkish authorities on the complaints heard about heating in the winter, and the persistent presence of rats and cockroaches.**

ii. activities for prisoners

111. Prisoners were allowed generous out-of-cell time: from morning until sunset, they could circulate freely around their units and in the exercise yards. However, as at Izmir (Buca) Prison, there was a flagrant lack of organised activities. In particular, at the time of the visit, none of the prisoners had paid employment, and a mere 42 inmates performed various unremunerated jobs (30 in the kitchen, the laundry, serving tea or cleaning; 10 in the prison's carpentry workshop; 2 in the sewing workshop).

The prison possessed a well-functioning library. The establishment also had a large hall for film projections and other social activities; regrettably, this facility had a distinctly unused appearance. The shortage of teachers (two for the whole prison) prevented the organisation of educational activities for adult prisoners.

112. In the case of the female prisoners, the absence of organised activities was total. Apart from watching television and reading books/newspapers, the women had no form of occupation. In order to pass the time, some of them were making artificial flowers in the dormitories. No literacy classes were offered, despite the presence of illiterate women.

113. As for juvenile prisoners (some of whom were illiterate), they received daily visits from the teachers, but did not benefit from any structured schooling. They spent the bulk of the day running around the exercise yard (however, there was not even a ball), playing board games, watching television, reading books and newspapers. On their own initiative, some boys engaged in handicrafts.

114. **The CPT recommends that:**

- **serious efforts be made to increase and diversify the activities offered to prisoners at Mersin E-type Prison. Above all, the number of workplaces should be increased, and literacy courses organised for illiterate prisoners;**
- **juvenile prisoners be offered a full programme of educational, recreational and other purposeful activities. Physical education should constitute an important part of the programme (cf. also paragraph 78).**

5. Ünye Closed Prison

a. introduction

115. Ünye Closed Prison is located on the outskirts of the town of Ünye, which is situated some 90 kilometres to the east of Samsun. With an official capacity of 350, the establishment was accommodating 218 prisoners on the day of the CPT's visit. The prison catered primarily for sentenced prisoners, who could be transferred to the establishment from different parts of Turkey. At the time of the visit, they numbered 173 (162 male and 11 female). The remaining 45 prisoners were being held on remand.

The establishment consisted of a two-storey building which provided dormitory accommodation of the kind commonly found in Turkish prisons.

b. conditions of detention

116. The delegation only spent a relatively short time in the Ünye Prison, and consequently did not examine conditions of detention in depth. However, from the point of view of both material conditions and activities, they appeared to be somewhat better than those observed in the Izmir-Buca and Mersin Prisons. The delegation's main concern was about the situation in the establishment's isolation/disciplinary unit, a matter which will be referred to later in the report (cf. paragraphs 145 and 161).

117. Lighting and ventilation in the prisoners' accommodation units were of a satisfactory standard and there was no overcrowding at the time of the visit. The units were on the whole adequately equipped - bunk beds, lockers, tables/chairs, TV sets, etc. - and reasonably clean. Particular reference should be made to the womens' ward, which was very pleasantly decorated and kept in a spotless condition by the inmates.

It is also noteworthy that material conditions in the dormitory for newly-arrived prisoners were also acceptable and that - unlike in the Izmir and Mersin Prisons - prisoners placed in that dormitory could take outdoor exercise.

Conditions in the prison's central kitchen were not satisfactory; in particular, the dish washing facilities left a great deal to be desired. However, the delegation was told that there were plans to renovate the kitchen; **the CPT trusts that those plans will be implemented shortly.**

118. The delegation was informed that more than one half of the inmates had some form of work, primarily in handicraft workshops or general services (kitchen, library, etc). However, the establishment did not give the impression of being a hive of activity; From the delegation's own observations and the comments of prisoners, it appeared that the majority of inmates spent most of their time idling around the exercise yards, playing cards and watching television. As far as the delegation could ascertain, there was no positive regime in place which might encourage prisoners to address their offending behaviour.

The CPT invites the Turkish authorities to develop further organised activities for inmates at Ünye Prison.

119. It should be added that although prisoner-staff relations have been limited in most Turkish prisons visited by CPT delegations, they appeared particularly impoverished at Ünye. Staff entered the accommodation units three times a day for the roll check. For the rest of the time, prisoners were basically left to their own devices. Such a situation is not sound.

The Prison Governor admitted that prisoner-staff relations were very limited; however, he felt closer contacts would not be advisable until such time as the staff were better trained.

The CPT invites the Turkish authorities to take appropriate steps to enhance prisoner-staff relations at Ünye Prison.

6. Izmir Reformatory for Juveniles

a. introduction

120. Izmir Reformatory for Juveniles is an establishment for the serving of sentences by young persons aged from 12 to 18 years (although in exceptional cases the stay at the Reformatory may be prolonged until the age of 21 at the request of the young person concerned). With a capacity of 168, on the first day of the visit the establishment was holding 153 juveniles (143 boys and 10 girls), the youngest of whom was 14 years old.

The Reformatory occupies a relatively modern and spacious one-storey building composed of a number of wings and inner courtyards. Perimeter security is discreet; the building is surrounded by a low fence and there are no perimeter guards.

121. At the time of the visit, the institution was going through a period of change. A new Public Prosecutor, who had been appointed some two weeks prior to the CPT's visit, informed the CPT's delegation of various projects to improve the establishment's material conditions and activities offered to juveniles. The delegation's own impressions - formed through interviews with inmates and staff - were that some degree of amelioration had already occurred. In particular, staff's behaviour towards inmates - which, according to some of the young persons interviewed by the delegation, had in the past involved instances of physical assault by prison officers - appeared to have undergone a change for the better since the arrival of the new Public Prosecutor.

It is also noteworthy that in the previously-mentioned letter of 12 February 1998, the Turkish authorities stressed that staff at the Reformatory "have been made aware of the need for an understanding attitude to the children". The same letter sets out a number of measures taken to improve the general material environment and offer more varied activities to inmates. They will be considered later in this section of the report.

b. the disciplinary unit

122. The most severe sanction which could be imposed on juveniles at the establishment was placement on their own in a disciplinary cell for up to 15 days. Consultation of the disciplinary sanctions register revealed that there had been 27 placements in the disciplinary cells between 1 January and 10 October 1997, and that in approximately 80% of the cases the sanction of isolation had been imposed for the maximum period authorised.

123. The procedure relating to the imposition of disciplinary sanctions - which was the same as that applying within prisons - appeared to be on the whole satisfactory (cf. paragraph 162).

By contrast, the material conditions and the regime in the Reformatory's disciplinary unit were very unsatisfactory. The unit's four cells were small (less than 5 m²), inadequately equipped (no table, chair or call system) and dirty. Further, the cells' access to natural light was obstructed by metal plates covering the windows, and the artificial lighting was left constantly on.

Inmates were deprived of outdoor exercise throughout their placement in the disciplinary cells and were not allowed reading material. Such a deprivation of physical exercise and intellectual stimulation for a period of up to 15 days is not acceptable for any detained person, and is particularly harmful for young people. Furthermore, throughout their period of disciplinary isolation, inmates were not allowed to take showers or change their clothes. Some of the inmates interviewed by the delegation alleged that they had spent 15 days in isolation without ever leaving the disciplinary cell.

124. The CPT's delegation made it clear at the end-of-visit talks that the situation observed in the disciplinary unit was not acceptable. In their subsequent letter of 12 February 1998, the Turkish authorities indicated that glass windows had been installed in the disciplinary cells (thereby allowing access to natural light) and that the practice of round-the-clock artificial lighting had ceased. Further, inmates placed in disciplinary cells were now offered outdoor exercise for an hour and a half every day, and allowed to have regular baths and changes of clothes.

125. The CPT has noted the measures taken by the Turkish authorities to improve the material conditions and the regime in the disciplinary unit. However, **the CPT recommends:**

- **that reading matter be made available to juveniles placed in a disciplinary cell;**
- **that the disciplinary cells be equipped with a table and chair, if necessary fixed to the floor, and fitted with a call system.**

It should be added that a cell of less than 5 m² is scarcely suitable to serve as a prisoner's accommodation for a period of up to two weeks. **The CPT recommends that the Turkish authorities explore the possibility of enlarging the disciplinary cells at the Izmir Reformatory, or, if this is not feasible, of finding alternative detention facilities.**

126. Finally, it should be noted that although the establishment kept a disciplinary sanctions register, the disciplinary unit did not possess a register of its own, recording the placement of persons in the unit. **The CPT recommends that such a register be established, setting out full details on persons held in the unit: date and time of entering and leaving the unit; grounds for the detention and destination on departure; cell occupied, etc.**

c. conditions of detention

i. *material conditions*

127. Material conditions in the establishment were of a reasonably good standard. Juveniles were accommodated in six dormitories (one of which was reserved for the girls) which had large windows and were well-lit and ventilated. Further, the dormitories were clean and in a good state of repair. However, even though the dormitories were only used for sleeping purposes, the living space could hardly be described as generous (e.g. 28 inmates in a dormitory of 76 m²). The dormitories were equipped with bunk beds and each inmate had a locker in the corridor outside the dormitory. However, the dormitories were devoid of any other equipment; they had an anonymous and austere appearance.

Inmates had ready access to sanitary facilities located near the dormitories and a bathroom in the establishment's basement, all of which were found to be adequately equipped and clean.

The rest of the facilities - classrooms, workshops, common room, refectory - were spacious and well-maintained.

128. In the above-mentioned letter of 12 February 1998, the Committee was informed of measures taken to improve material conditions at the establishment. In particular, the entire building had been repainted, the garden put in order, and a separate bathroom installed for the youngest inmates.

The CPT invites the Turkish authorities also to ensure that all living and sleeping areas for the juveniles are equipped and decorated in such a way as to create a more individualised and stimulating atmosphere. Further, it would be desirable to reduce somewhat the occupancy rates in the dormitories.

ii. *activities*

129. As already indicated (cf. paragraphs 100 and 114), juvenile prisoners should be offered a full programme of educational, recreational and other purposeful activities. Physical education should constitute an important part of that programme.

130. According to information provided to the delegation in the course of the visit, 40 inmates were receiving some form of education or vocational training. The establishment operated a primary school, which at the time of the visit was attended by 14 inmates. A further 13 inmates went to outside educational establishments (primary, secondary and vocational training schools, preparatory courses for university). In addition, 13 inmates were following high school or university courses by correspondence. The establishment also offered sewing courses to all the girls.

All inmates were engaged in some form of work activity provided in the establishment's various workshops (carpentry, metal work, electrical, painting, sewing, printing), the kitchen, the vegetable garden or on general maintenance duties. The delegation was told that inmates could choose the type of work they wished to engage in and received payment for their work as well as a certificate.

Efforts were also made to engage inmates in various recreational and sports activities. For that purpose, the establishment had a theatre hall, a common room where inmates could watch TV, and a well-equipped library. As for sports, the establishment possessed outdoor football and basketball pitches which could be used on a daily basis. However, it should be noted that the girls did not have access to these latter facilities. The establishment also possessed a swimming pool. This excellent facility was not being used at the time of the visit, following a drowning accident; however, the Public Prosecutor informed the delegation of her intention to bring it back into service.

131. According to the information subsequently provided by the Turkish authorities in the previously-mentioned letter of 12 February 1998, "a serious training programme has been initiated ... 28 children have been admitted to the apprentice training centre, another group have been placed on textile, ready-to-wear, technology, computer, electronic typing and accounting courses, and yet another group are learning tailoring/dressmaking in the institution's workshops." Further, "the accent has been placed on quiz competitions, drama and library activities".

132. The CPT welcomes the efforts being made to develop activities for juveniles at the Izmir Reformatory. However, **it would like to receive further information concerning the provision of general education (as distinct from vocational training) to the inmates, in particular the younger among them.** At the time of the visit, teaching staff numbers appeared to be rather low for the provision of education to some 150 juveniles, and there was a marked lack of specialised teachers (mathematics, languages, etc.). Moreover, the delegation was informed that the Ministry of Justice intended to close down the Reformatory's primary school.

Further, **the CPT recommends that steps be taken to further develop sports activities for all juveniles (including the girls). In this connection, the Committee would like to receive confirmation that the swimming pool has been re-opened. Ideally, the establishment should also be provided with an indoor sports facility.**

7. Health-care services

a. introduction

133. In previous visit reports, the CPT has made a number of recommendations in the area of the provision of health-care to prisoners in Turkey. The CPT has taken due note of the action taken in response to those recommendations, set out in the replies of the Turkish authorities. Nevertheless, the Committee's findings in the course of the 1997 periodic visit indicate that there remains considerable room for improvement in the area of health-care in prisons, in particular in respect of staff resources, medical screening on admission, medical documentation and confidentiality, and the availability of medication.

The CPT was pleased to note that the previously-mentioned Ministry of Justice Circular of 3 November 1997 addresses some of the key concerns of the CPT in this area.

134. Before setting out the findings of its delegation during the 1997 visit, the CPT would like to raise the more general issue of the involvement of the Ministry of Health in prison health care. At present, the provision of health care in Turkish prisons falls under the responsibility of the Ministry of Justice. A similar situation is found in many other countries in Europe. However, the view is increasingly being held that the role of Health Ministries should be strengthened in such matters as the evaluation of hygiene, the assessment of the appropriateness of health care and the organisation of health services in prison. This view is clearly reflected in Committee of Ministers' Recommendation R (98) 7 to member States, adopted on 8 April 1998.⁵ Further, in the course of discussions with senior officials of the Turkish Ministry of Health, the delegation noted an interest on the part of those officials in developing the Health Ministry's involvement in prison health-care issues.

The CPT is convinced that a greater participation of Health Ministries in this area will help to ensure optimum health care for prisoners, as well as implementation of the general principle of the equivalence of health care in prison with that in the outside community. Consequently, **the CPT would like to receive the views of the Turkish authorities as regards the possibility of giving increased responsibility to the Ministry of Health in the field of the provision of health care in Turkish prisons, including as regards the appointment and the supervision of the work of health-care staff.**

135. Whatever institutional arrangements are made for the provision of health care in prisons, it is essential that prison doctors' clinical decisions should be governed only by medical criteria and the quality and effectiveness of their work assessed and monitored by a qualified medical authority. In this connection, the CPT has noted that the Director's Manual issued by the Ministry of Justice in 1997 (which defines inter alia the duties, powers and responsibilities of prison doctors) states that "prison doctors perform their duties freely in the field of medical services". However, the Manual also states that it is the prison director's duty "to supervise whether prison doctors perform the duties defined by the Ministry of Justice."

The CPT recommends that the task of assessing and monitoring the quality and effectiveness of the work of prison doctors be assigned to a qualified medical authority.

⁵ Recommendation No R (98) 7 of the Committee of Ministers to member States concerning the ethical and organisational aspects of health care in prison.

b. staff resources

136. The staff resources of the health-care services of the establishments visited varied from one establishment to another, but in none could they be considered as sufficient. In the course of interviews with inmates - in particular at the Izmir and Mersin Prisons - the CPT's delegation heard many complaints about delays in gaining access to a doctor and the quality of the health-care service.

137. The medical staff at Izmir (Buca) Prison comprised 3 full-time doctors. Two of them were Ministry of Justice employees and had been working at the prison for about a year; the third doctor had been assigned to Izmir (Buca) Prison by the Ministry of Health during a recent period of hunger strikes and continued to be employed on short-term contracts. Other full-time health-care staff included a dentist, a psychologist and a feldsher. There were no qualified nurses working in the prison; the health-care staff was assisted by a prison officer acting as an auxiliary nurse and a prisoner, neither of whom had health-care qualifications.

Such a health-care team is barely sufficient to cope in a satisfactory manner with the health-care demands of 1,400 prisoners, in particular in a remand prison such as Izmir (Buca) which has a fairly rapid turnover of prisoners. However, the responsibilities of the health-care team were not limited to the prisoners; it also had to provide health care to the prison staff and their families. According to the establishment's doctors, the number of their potential patients was some 4,000 persons; of the recorded 12,500 consultations between 1 January and the end of September 1997, more than two-thirds were for staff members and their families. It is clear that the existing medical and nursing resources at Izmir Prison are not sufficient to cope with such a workload. Further, given the range of duties he was expected to perform, it was impossible for the establishment's psychologist to provide psychological care of a satisfactory standard for all of the establishment's prisoners. The insufficient amount of attention given by health-care staff to the mental hygiene of the almost 100 juveniles held in the establishment - many of whom were indulging in self-mutilation - was particularly striking.

The situation described above was exacerbated by the fact that the three full-time doctors were relatively young and inexperienced, and that no member of the health-care team had been designated as the head of the service. It should be emphasised in this respect that the effective operation of a prison health-care service presupposes that all members of the health-care staff are able to meet regularly and to form a working team under the authority of a senior doctor in charge of the service.

138. At the time of the visit, there was no full-time doctor at Mersin E-type Prison. The health-care team comprised one part-time doctor (replacing the permanently posted doctor who, at the time of the visit, was away on a 14-month military service), a dentist (employed on a 80% contract) and a "nurse" who, although with considerable experience in prisons, had no formal nursing qualifications. There was a post for a psychologist; however, the incumbent was on maternity leave at the time of the visit. As at Izmir, the health-care team provided care to both the 630 prisoners and to prison staff and their families.

It is totally unrealistic to expect one doctor attending a prison for a mere 3 hours a day (excluding weekends) to provide an acceptable level of health care for such a number of persons. Under the circumstances, it is hardly surprising that certain short cuts had been developed. For example, the doctor admitted that newly-arrived prisoners were not systematically medically examined; prison officers decided which prisoners needed to be referred to the health-care service (cf. paragraph 147).

139. At Ünye Closed Prison, the health-care service was staffed by a doctor and an (auxiliary) nurse without nursing qualifications. They were assisted by a prison officer who did not have health-care training. The doctor attended the prison between 8 am and 5 pm twice a week, from 8 to 12 am on the other three week days. The establishment also had, in principle, a psychologist; however, she was on maternity leave at the time of the visit.

The presence of the doctor for 3.5 days per week could be considered as sufficient in view of the rather limited number of prisoners being held at the Ünye Prison at the time of the visit (i.e. slightly over 200). However, as in the other prisons visited, the prison doctor was also called upon to provide care to prison staff and their families. Further, once again, the absence of qualified nursing staff at the Ünye Prison is a source of concern to the CPT.

140. Health-care at Izmir Reformatory for Juveniles was provided by a full-time doctor and a dentist. There were also posts for a psychologist and a nurse. The former post had apparently been recently filled, but the incumbent had not yet taken up his/her duties; as for the latter post, it was vacant at the time of the visit. The doctor was assisted by one of the inmates, a 17-year old boy who had received some basic health-care training.

141. To sum up, the health-care services in all of the establishments visited were inadequately resourced, having regard to the number of patients for which they had responsibility. This had negative repercussions not only as regards the quality of treatment provided, but also as regards medical examinations on admission and the compliance with the health-care services' more general obligations to monitor sanitary conditions, control the quality of food and implement vaccination programmes.

Difficulties of this nature have been observed by the CPT's delegations for many years, and in fact were highlighted in the report on its very first visit to Turkey in September 1990 (cf. CPT (90) 11, paragraphs 158-175). The previously-mentioned Circular of 3 November 1997 itself recognises the need for improvements in this area. In order for there to be a substantial improvement in the quality of health care in Turkish prisons - and for the provisions of the above-mentioned Circular to be fully respected in practice - it is essential for the issue of prison health-care staff resources to be addressed in an effective manner. **The CPT recommends that the Ministries of Justice and Health carry out a full-scale review of health-care staff resources in Turkish prisons, with the aim of bringing them to a level at which they can fulfil in a satisfactory manner the responsibilities placed upon them. In the context of this review, particular attention should be given to specialised training for prison doctors in respect of the tasks they are called upon to perform and to the appointment of qualified nursing staff in prison health care services.**

142. As regards more particularly the establishments visited by the CPT in the course of the 1997 visit, **the CPT recommends that steps be taken immediately:**

- **to appoint an experienced doctor as head of the health-care service at Izmir (Buca) Prison and to reinforce the provision of psychological care at that establishment, in particular vis-à-vis the juvenile population;**
- **to ensure attendance by general practitioners amounting to the equivalent of at least one full-time doctor at Mersin Prison;**
- **to fill the vacant nurse's post at the Izmir Reformatory for Juveniles.**

The CPT would also like to receive confirmation that the newly-appointed psychologist at the Izmir Reformatory for Juveniles has now taken up his/her duties.

143. In all establishments visited, members of the health-care service were not present at night and weekends. The CPT has stressed in previous reports that someone qualified to provide first aid must always be present on prison premises at night and weekends. In their reply to the CPT's report on the ad hoc visit to Turkey in August 1996, the Turkish authorities pointed out that this requirement was met. **The CPT would like to receive details of the first aid training provided to prison officers.**

c. specialist care

144. At Izmir (Buca) Prison, a psychiatrist and an ophthalmologist visited the establishment twice a week. Further, in all of the establishments visited, prisoners who were in need of specialist care could in principle be referred to an outside hospital by the prison doctor for examination and/or treatment.

As the CPT has indicated in previous reports, prisoners identified as being in need of examination/care in an outside hospital should be taken there with the promptness and in a manner required by their state of health. This point is also stressed in the previously-mentioned Circular of 3 November 1997. In this context, **it should be noted that a number of inmates at Mersin Prison complained about considerable delays in transfers to a hospital, due to difficulties in arranging a gendarmerie escort.**

145. As regards more particularly mentally-ill prisoners, the CPT has stressed in previous reports that such prisoners should be kept in a psychiatric facility which is adequately equipped and possesses appropriately trained staff. In this connection, the CPT was concerned to learn that at Ünye Closed Prison, prisoners identified as being in need of psychiatric care in a hospital facility could be held in the prison's isolation/disciplinary unit pending their transfer to a hospital or on their return to prison after treatment. The conditions in that unit were totally unsuitable for such prisoners (cf. also paragraph 161). **The CPT recommends that appropriate steps be taken to remedy this situation.**

146. More generally, the CPT wishes to point out that all prisons accommodate a certain number of prisoners who, while not requiring admission to a psychiatric hospital, could benefit from ambulatory psychiatric care. As already indicated, a psychiatrist did visit Izmir (Buca) Prison twice a week. **Regular visits by a psychiatrist to the Mersin and Ünye Prisons, and by a psychiatrist specialised in adolescent development to the Izmir Reformatory for Juveniles, would also be advisable.**

d. medical screening on admission

147. All newly-arrived prisoners should be seen without delay by a member of the establishment's health-care service. This fundamental requirement is recalled in the previously-mentioned Circular of 3 November 1997.

The delegation was satisfied that this requirement was being met at the Izmir Reformatory for Juveniles. However, it was certainly not being met in the Mersin Prison (cf. paragraph 138) and the information gathered at the Izmir (Buca) and Ünye Prisons suggested that many prisoners were not examined by a member of the prisons' health-care services upon their arrival.

148. The importance of medical screening of new arrivals - especially at establishments which represent points of entry into the prison system - cannot be over-emphasised. Such screening is indispensable, in particular in the interests of preventing the spread of transmissible diseases, of suicide prevention and of the timely recording of injuries.

Every newly-arrived prisoner should be properly interviewed and physically examined by a medical doctor as soon as possible after his admission; save for in exceptional circumstances, that interview/examination should be carried out on the day of admission, especially insofar as remand establishments are concerned. Such medical screening on admission could also be performed by a fully qualified nurse reporting to a doctor.

In addition, any signs of injuries observed on admission should be fully recorded, together with any relevant statements by the prisoner and the doctor's conclusions. The same approach should be followed whenever the prisoner is medically examined following a violent episode in the prison. Further, if so requested by the prisoner, the doctor should provide him with a certificate describing the injuries.

The CPT recommends that the Turkish authorities take appropriate steps to ensure that the practice in Turkish prisons is brought into accordance with the above-mentioned points.

e. medical files and confidentiality

149. The CPT remains seriously concerned about the quality of medical documentation in Turkish prisons, a subject on which it has made recommendations in previous visit reports (most recently, after the visits in October 1994 and August 1996).

150. In the course of the October 1997 visit, the CPT's delegation noted once again that nothing worthy of being called a personal medical file existed at any of the establishments visited. "Medical sheets", containing information relating to the examination or treatment of prisoners, were inserted in the inmate's general prison file. No attempt was made to introduce some form of classification (e.g. chronological) of the medical sheets; consequently, it was not possible to follow a prisoner's medical history. Further, as the prisoners' general files were kept in the prison's administration office, the medical sheets could be consulted by non-medical staff.

A general register of medical examinations was kept by health-care staff; however, this register did not record medical examinations on arrival nor all consultations during imprisonment. Further, the register contained only very brief observations about the medical examination and treatment of the patients concerned.

A system of personalised medical cards for prisoners had been set up at Ünye Closed Prison. However, it only covered prisoners who had specific health problems and had been seen by the doctor. At the time of the visit, there were 46 such cards in the doctor's office (while the total prison population stood at 216).

151. The CPT considers that a personal medical file should be compiled for each prisoner; it welcomes the fact that the previously-mentioned Circular of 3 November 1997 makes specific provision for the opening of such files for both remand and sentenced prisoners. It is also important that medical confidentiality should be observed in prisons in the same way as in the community at large; keeping prisoners' medical files should be the health-care staff's responsibility.

Consequently, **the CPT recommends that a personal and confidential medical file be opened for each prisoner, containing diagnostic information as well as an ongoing record of the prisoner's state of health and of his treatment, including any special examinations he has undergone. In the event of transfer, the file should be forwarded to the doctors in the receiving establishment.**

152. In the light of information gathered in the course of the October 1997 visit, the CPT also **recommends that all medical examinations (whether on arrival or at a later stage) be conducted out of the hearing and - unless the doctor concerned requests otherwise in a particular case - out of the sight of prison officers.**

- f. access to a doctor and medication

153. The CPT also remains concerned about the system of handling prisoners' requests to consult a doctor, a matter raised already in the context of the report on the August 1996 visit.

The delegation which carried out the October 1997 visit noted that such requests had to take the form of a written note containing a description of the person's medical complaints, which was not put in an envelope and was transmitted via the prison officers. Consequently, medical confidentiality was not guaranteed.

Further, it remained the case that, except in cases of emergency, requests to consult the doctor still had to be approved by the prison director. In their reply to the report on the August 1996 visit, the Turkish authorities commented that the purpose of this procedure was "to prevent prisoners from deliberately keeping the doctor occupied without good reason and thus reducing real patients' chances of seeing the doctor and receiving treatment". While fully understanding the need to make the best possible use of the limited health-care resources available, the CPT wishes to stress once again that it is not for non-medical staff to screen requests to see a doctor. A prison's health-care service must itself develop a method to deal efficiently with unjustified requests to see a doctor.

Consequently, **the CPT must reiterate its recommendation that prisoners' requests to consult a doctor be transmitted directly to the prison's health-care service and in a manner that guarantees medical confidentiality.**

154. As regards the issue of access to medication, this was raised by the CPT in its reports on the October 1994 and August 1996 visits. In their replies, the Turkish authorities stressed that there were no difficulties in this area. However, in the course of the October 1997 visit, the delegation once again heard many complaints from prisoners that they could not obtain the medication they had been prescribed. **The CPT recommends that the Turkish authorities verify that all prisoners are guaranteed the provision of the medication required by their state of health; this implies that the funds allocated to prisons should be sufficient to enable medication to be provided free-of-charge to prisoners who do not have the necessary resources to pay for it themselves.**

- g. prison wards in general State Hospitals

155. The CPT's delegation visited the secure facilities for prisoners in the general State Hospitals at Izmir, Mersin and Samsun. On the whole, the conditions under which sick prisoners were being accommodated and treated were of an acceptable standard. However, the delegation observed that some prisoners had spent considerable periods of time in the prison ward at the Izmir Hospital (in one case, two and a half months), but had very few sources of distraction at their disposal. **The CPT invites the Turkish authorities to provide appropriate activities/ means of recreation to sick prisoners held for prolonged periods of time in State Hospitals (e.g. physical exercise, unless medically inappropriate; access to books and newspapers; radio/TV).**

8. Other issues related to the CPT's mandate

a. contact with the outside world

156. The CPT has stressed in previous visit reports the importance which it attaches to prisoners being able to maintain reasonably good contact with the outside world, and in particular has made various recommendations designed to improve the visiting arrangements in Turkish prisons.

One of the issues raised by the CPT in its report on the August 1996 visit concerned the possibility for persons remanded in custody or convicted in respect of offences under the Law to Fight Terrorism, to receive open visits from members of their family. In their reply, the Turkish authorities indicated that, although according to the Law this category of prisoners were not entitled to open visits, in practice they were allowed one open visit a month from their spouses and children.

The delegation which carried out the October 1997 visit was informed at Izmir (Buca) Prison that prisoners held for terrorist offences had been given the opportunity to have open visits with their children up to the age of 10; however, such prisoners were not allowed open visits with their spouses. In this connection, the CPT has also noted that the 1997 "Guidelines for convicted and remand prisoners" stipulate that prisoners being held for terrorist offences may see their 0-10 year old children once a month in open visits; however, no reference is made to open visits from spouses.

The CPT would like to receive clarification of the current position relating to the open visit entitlement of prisoners remanded in custody or sentenced for offences under the Law to Fight Terrorism.

157. The visiting facilities at the three establishments visited in October 1997 displayed a number of deficiencies of the kind criticised in the past by the CPT in respect of other Turkish prisons.

The closed visiting facilities at the Izmir, Mersin and Ünye Prisons comprised a number of small booths, the prisoners and their visitors being separated by a glass or thick wire-mesh partition. The delegation observed that the closed visiting facilities could become very noisy and overcrowded, and that prisoners and their visitors had difficulties hearing each other (and at Ünye Closed Prison of seeing each other). Moreover, there were no seating arrangements in any of the prisons' closed visiting facilities.

The facilities for open visits were more congenial. However, such visits only occurred once a month (as compared to once a week for closed visits).

158. The previously-mentioned Ministry of Justice Circular of 3 November 1997 addresses the issue of prisoners' visits and, in particular, provides that "... waiting areas for visitors and areas where prisoners meet their visitors that fail to satisfy needs shall be demolished and expanded." In this connection, **the Committee recommends that the provision of seats to both prisoners and visitors be considered a priority.**

As regards the general issue of closed versus open visits, the CPT has taken due note of the arguments in favour of the existing booth-type visiting facilities invoked in the Turkish authorities' reply to the report on the August 1996 visit. Nevertheless, **the CPT wishes once again to invite the Turkish authorities to move towards more open visiting arrangements.** The existing booth-type facilities are by their very nature not conducive to the maintenance of prisoners' relations with their families. The use of such facilities should be made the exception rather than the rule.

159. Finally, the different disciplinary sanctions which can be imposed on prisoners currently include withdrawal of the rights to visits and correspondence, in both cases for up to three months. The CPT considers that to withdraw these rights for such a length of time would limit unduly a prisoner's contact with the outside world. **The CPT therefore invites the Turkish authorities to revise the rules on this subject.**

b. discipline

160. In the course of the end-of-visit talks, the CPT's delegation expressed its concern about certain aspects of the situation in the disciplinary units of the prisons visited. In particular, as had been the case in other prisons visited by the CPT in the past, prisoners subjected to the disciplinary sanction of cellular confinement were not allowed to take outdoor exercise.

In their replies to previous CPT recommendations on this point, the Turkish authorities have stated that it is not possible to allow prisoners placed in disciplinary cells to have access to outdoor exercise, because of the provisions of Turkish legislation and the material structure of the cells. However, a solution to this problem appears to be in sight. The Circular of 3 November 1997 provides that "in all penal institutions, the disciplinary cells located in the basement level shall be demolished and replaced by a sufficient number of disciplinary rooms of 9-10 m² at the ground level, featuring a 100 x 75 cm window, a shower and toilet and an exercise yard at least as wide as the room itself. Prisoners held in disciplinary rooms which cannot be equipped with exercise yards because of the physical circumstances of the institution shall be taken out to exercise for at least an hour and a half separately from the other prisoners".

The CPT would like to receive information on progress made in implementing the above-mentioned provisions of the Circular of 3 November 1997. Pending the changes to the physical structure of prisons' disciplinary units, the CPT recommends that the Turkish authorities strive to ensure that all prisoners subjected to the disciplinary sanction of cellular confinement are offered outdoor exercise on a daily basis.

161. As regards material conditions in the disciplinary cells at the prisons visited, the CPT's delegation observed a number of deficiencies.

The disciplinary unit at Izmir (Buca) Prison comprised 20 cells on two levels; at the time of the visit, only the cells on the first floor were in use. The cells were of an adequate size for individual occupancy (7.7 m²); however, the delegation noted that they were equipped with a bunk bed on three levels. The cells benefited from access to natural light, were well-ventilated and were fitted with a semi-partitioned sanitary annexe. However, the cell equipment was almost invariably in a poor state of repair. Further, as well as being deprived of outdoor exercise (cf. paragraph 160), prisoners had no access to a shower throughout their stay of up to 15 days in the disciplinary unit.

The disciplinary unit at Mersin Prison was located on both sides of the central corridor in Block C and consisted of a number of cells on four floors. The cells were of an adequate size for individual occupancy (7 m²) and were equipped with a bed, a WC and a sink. Further, prisoners could go periodically to the prison's bathroom. However, access to natural light in the cells was very poor, and artificial lighting was quite inadequate; consequently, prisoners were held under conditions of near darkness. Moreover, the in-cell sanitary facilities were in a poor state of repair. It should also be noted that on each floor of the disciplinary unit, there was a very small (3.2 m²), bare, dark and unventilated cell; however, these cells were not in use at the time of the visit.

At Ünye Closed Prison, there were six disciplinary/observation cells which were of a reasonable size (10 m²) and equipped with a bed and semi-partitioned sanitary annexe. However, the cells had no access to natural light and artificial lighting was poor in four of them. Further, ventilation was unsatisfactory in all of the cells.

The CPT recommends that the above-mentioned material deficiencies in the disciplinary units of the Izmir, Mersin and Ünye Prisons be remedied. Further, it recommends that all disciplinary cells be equipped with a table and chair, if necessary fixed to the floor.

The CPT would add that the disciplinary cells at Izmir (Buca) Prison are not suitable for accommodating more than one prisoner, and that the 3.2 m² cells in the disciplinary unit at Mersin Prison are unfit for use as detainee accommodation.

162. The procedure relating to the imposition of disciplinary sanctions is on the whole satisfactory. Decisions are taken by the prison's disciplinary board, which is chaired by the establishment's Director and comprises several senior members of staff. The procedure involves the collection of evidence and a hearing of the prisoner concerned and any witnesses. The decision of the board is provided in writing. Provision is also made for a right of appeal to the competent Public Prosecutor against the board's decision, within a period of 24 hours. Prison staff told the delegation that prisoners were informed orally of their right to appeal; however, this right was not expressly indicated in the board's decision, and the delegation met prisoners who affirmed that they were not aware of their right to appeal.

The CPT recommends that prisoners be informed in writing of their right to appeal against disciplinary sanctions imposed on them.

163. Finally, in the light of the information gathered by its delegation, **the CPT recommends that a specific register be established in every disciplinary unit, setting out full details on persons held in the unit: date and time of entering and leaving the unit; grounds for the detention and destination on departure; cell occupied, etc.**

c. complaints and inspection procedures

164. Effective complaints and inspection procedures are basic safeguards against ill-treatment in prisons. Prisoners should have avenues of complaint open to them, both within and outside the prison system, and be entitled to confidential access to an appropriate authority.

The CPT attaches particular importance to regular visits to all prison establishments by an independent body (for example, a visiting committee or a judge with responsibility for carrying out inspections) with authority to receive - and, if necessary, take action on - prisoners' complaints and to visit the premises.

165. In the report on its August 1996 visit, the CPT welcomed the Turkish authorities' decision to introduce locked complaint boxes designed to allow prisoners to communicate directly and on a confidential basis (i.e. via letters in sealed envelopes) with the Ministry of Justice. In the course of the October 1997 visit, the CPT's delegation observed that such boxes had been placed in the establishments visited. The delegation was told that the keys to the complaint boxes were held by the responsible Public Prosecutor, who emptied the boxes on a periodical basis and transmitted the complaints to the Ministry of Justice.

Nevertheless, many prisoners indicated to the delegation that they had little faith in the complaints system. Apparently, prisoners did not have regular access to the complaint boxes. Moreover, prisoners interviewed by the delegation believed that letters containing complaints were not forwarded by the prison administration, and feared that complaints could result in some form of punishment of the prisoner concerned.

166. In their reply to the CPT's report on the August 1996 visit, the Turkish authorities indicated that "so far the complaints system has not yielded the result sought", and that consideration was being given to having the complaints opened by the local chief Public Prosecutors' offices, which would take the appropriate action.

Whilst in no way wishing to underestimate the role to be played by the authorities at local level (public prosecutor's office, prison governor, etc.) in resolving prisoners' complaints, the CPT considers it very important that prisoners retain the option to communicate on a confidential basis with an appropriate authority outside the local context.

Rather than disbanding the present system, attempts might be made to strengthen prisoners' faith in the effectiveness of that system. **The CPT would like to receive the views of the Turkish authorities on this question.**

167. As regards inspection procedures, in addition to the Public Prosecutor posted at each establishment, the delegation was informed that the prisons were visited on a weekly basis by the local chief Public Prosecutor and received inspections from the Ministry of Justice every two years. In this context, **the CPT wishes to stress the importance of visiting bodies not limiting their contacts to persons who have expressly requested to meet them; they should take the initiative by visiting the prison's detention areas and entering into contact with inmates.**

168. Reference should also be made in this context to the powers of the Human Rights Committee of the Turkish Grand National Assembly to carry out on-the-spot investigations. The CPT understands that the Committee has visited a number of Turkish prisons in recent times.

The CPT would like to receive further information on the activities of the Human Rights Committee in relation to prisons, as well as copies of relevant reports drawn up by that Committee.

d. information for prisoners

169. The delegation was informed by staff that on their arrival at the prison, prisoners were informed orally of the establishment's internal regulations by the officer on duty. However, discussions with inmates suggested that, on arrival, prisoners received very little or no information. The task of informing newly-arrived inmates about prison rules, the regime and their rights appeared to be left largely to other inmates already acquainted with the situation. In this connection, the delegation observed that a copy of the internal regulations had been posted in only a few dormitories.

170. The CPT has noted with interest that in 1997, the Ministry of Justice drew up an information brochure entitled "Guidelines for Convicted and Remand Prisoners" which contains comprehensive information on the general rules to be followed by prisoners, prisoners' rights, duties and rewards, disciplinary sanctions and procedure, etc. This is a most welcome development. **The CPT recommends that steps be taken to ensure that the information brochure is supplied to all prisoners on their arrival at a prison establishment. Further, the translation of the information brochure into a range of languages should be given a high priority.**

C. Psychiatric hospitals

1. Preliminary remarks

171. The CPT's delegation carried out visits to Bakırköy Mental and Psychological Health Hospital in Istanbul and Samsun Regional Psychiatric Hospital. The visit to the Bakırköy Hospital was of a follow-up character, it having already received a visit by a CPT delegation in 1992.

172. Bakırköy Mental and Psychological Health Hospital in Istanbul was described in paragraphs 85 and 86 of the report on the 1992 visit (CPT (93) 49). The establishment's capacity had fallen somewhat since 1992, and at the time of the 1997 visit stood at approximately 1,800 beds. In addition to general psychiatric services, the hospital continued to perform a range of forensic psychiatric functions grouped within the Judicial Psychiatry Service. The number of beds reserved for forensic purposes had remained unchanged (320). The delegation concentrated its attention on the Judicial Psychiatry Service, which had constituted the focus of the 1992 visit.

173. Samsun Regional Psychiatric Hospital is located in extensive grounds in the centre of Samsun. Constructed in the 1890s as a state general hospital, in 1971 it was converted into a regional psychiatric hospital and currently serves 18 provinces. At the time of the delegation's visit, the hospital had a total of 300 beds, 275 of which were occupied. A new 100-bed unit was in the process of construction and was scheduled to enter into service in 1998.

The hospital comprised a number of closed, semi-open and open wards. In addition, there was a quite distinct "prison ward", accommodating prisoners in need of in-patient psychiatric care. The hospital also catered for persons sent for forensic psychiatric assessment; however, there was no distinct facility for this category of patients.

174. The delegation was struck by the fact that in both hospitals visited, there were very few qualified psychiatric nurses⁶ among the nursing staff. Further, there was a clear shortage of personnel qualified to conduct social therapy activities; more particularly, there appeared to be a total absence of qualified occupational therapists. Inevitably, this had a negative effect on the quality and range of therapeutic activities offered to patients.

The development of specialised psychiatric nursing training would make a considerable impact upon standards of care in psychiatric hospitals in Turkey. In particular, it would lead to the emergence of a therapeutic milieu less centred on drug-based and physical treatments. Similarly, a greater emphasis on occupational therapy would significantly enhance the rehabilitative process.

Consequently, **the CPT recommends that the Turkish authorities take appropriate steps:**

- **to promote specialised psychiatric nursing training;**
- **to develop the profession of occupational therapists.**

⁶ The term "nurses" is used to refer to both female and male nursing staff.

175. Another area of general concern to the CPT is that of legal safeguards relating to involuntary hospitalisation decisions. Despite discussions with medical staff, the delegation was not able to obtain a clear picture of the procedures applied in the case of **civil** commitment to a psychiatric hospital. **The CPT would like to receive a full account of those procedures, and in particular detailed information on the medical opinions required for involuntary hospitalisation, the role of the courts in the decision to hospitalise involuntarily, patients' rights of appeal against their involuntary hospitalisation, and procedures for the review at regular intervals of whether involuntary hospitalisation remains necessary.**

In this connection the delegation was informed that at present there is no specific mental health law, but that a Bill on this subject has been drawn up. **The CPT would appreciate further information on this question.**

The CPT is familiar with the powers of the **criminal** courts to order that persons be sent for forensic psychiatric assessment with a view of determining their criminal responsibility, and to order the hospitalisation of persons found to be criminally irresponsible. However, as regards the latter category of persons, **the CPT would like to receive a full account of the procedures pertaining to their possible subsequent discharge from hospital (automatic review procedures; rights of appeal; medical opinions required prior to discharge; applicable time-limits, etc.) as well as any available statistics on the discharge of such persons from hospital.**

2. Ill-treatment

176. The CPT's delegation heard no allegations, and gathered no other evidence, of deliberate ill-treatment of patients by staff employed at the two psychiatric hospitals visited in Turkey.

It should be emphasised that the general atmosphere in the two psychiatric hospitals was relaxed and staff-patient relations seemed on the whole to be good. Moreover, the CPT wishes to place on record the devotion to patient care observed among the overwhelming majority of the hospitals' staff, which was all the more remarkable given the often low staffing levels.

177. Nevertheless, the delegation found that in certain wards, patients were accommodated in overcrowded conditions, had few if any activities at their disposal, were obliged to wear pyjamas or other forms of institutionalised clothing throughout the day, and did not have satisfactory access to bathing and toilet facilities. The cumulative effect of such conditions is profoundly anti-therapeutic and could be considered as amounting to inhuman and degrading treatment. This observation is particularly relevant to Ward 13 at the Bakırköy Hospital and to the prison ward and the closed ward for acute male patients at the Samsun Hospital.

The CPT shall pursue this matter further later in the report. However, it should already be noted that the patients of Ward 13 at the Bakırköy Hospital have now been transferred to a more appropriate facility (cf. paragraph 187).

3. Electroconvulsive therapy (ECT)

178. The CPT is seriously concerned by the current procedures for the administration of ECT observed in the Bakırköy and Samsun Hospitals, and in particular by the frequent recourse to this treatment in its unmodified form (i.e without anaesthetic and muscle relaxants). Admittedly, ECT is a well-established and scientifically valid form of treatment. However, the application of unmodified ECT can no longer be considered as acceptable in modern psychiatric practice. Apart from the risk of fractures or other untoward medical consequences, the process as such is degrading for both the staff and patients concerned.

Certain doctors met by the delegation suggested that modified ECT might not be as effective as the treatment in its unmodified form. The CPT is unaware of any scientific evidence to support this view.

In the light of the above remarks, **the CPT recommends that the practice of unmodified ECT (i.e without anaesthetic and muscle relaxants) be discontinued in the Bakırköy and Samsun Hospitals as well as in any other psychiatric establishment in Turkey where this method is currently employed.**

179. The two hospitals did not possess specific facilities for the purpose of administering ECT. The treatment was given in the ward concerned, usually in the patient's room. In this connection, the delegation noted that in the prison ward at the Samsun Hospital, ECT was administered in full view of the other patients. Further, it was clear that in other closed wards of that hospital, patients waiting to be given ECT would have sight of patients who had just been given that treatment. Such a state of affairs is totally unacceptable.

The delegation drew attention to this issue in the final talks. Subsequently, in the previously mentioned letter of 12 February 1998, the Turkish authorities informed the CPT that a separate room has been set aside for the application of ECT at Samsun Regional Psychiatric Hospital and steps taken to ensure that such therapy is given there. In addition, similar measures are said to have been taken at Adana, Manisa and Elazığ Mental Hospitals.

The CPT welcomes these measures **and would like to receive confirmation that, as a result, the principle of performing ECT in specifically-designated rooms - out of the view of other patients - is now followed in all psychiatric hospitals in Turkey.** More particularly, **the CPT would like to receive confirmation that patients in the prison ward at Samsun Regional Psychiatric Hospital who are to be given ECT are transferred to the room assigned at that hospital for the administration of such treatment.**

180. At the Bakırköy Hospital, the Director acquainted the delegation with a proposal to create a fully-fledged ECT centre within the establishment where all such therapy would be given. The CPT considers that a centralisation and standardisation of ECT procedures would be a most welcome development. Such a centre should ideally be equipped with full resuscitation equipment and have modern anaesthetic equipment, an up-to-date ECT machine which effectively measures and controls the dose of electricity, and a recovery room in which patients would stay before returning to their wards. **The CPT invites the Turkish authorities to give priority to such developments.**

181. At both the Bakırköy and Samsun Hospitals, the use of ECT was recorded in the patient's medical file. However, the administration of this treatment was not systematically recorded at the ward level; some wards possessed an ECT book, whereas others did not (the latter situation being more frequent at Samsun Hospital).

The proper recording and monitoring of potentially hazardous treatments such as ECT is an important safeguard against patient abuse. It is only in this way that undesirable practices can be clearly identified by hospital management and discussed with the staff, who may possibly be out of step because of misunderstandings, etc. Consequently, **the CPT recommends that a specific register be established on each ward for the purpose of recording the use of ECT. The entry should specify who authorised the treatment, what were the indications for the treatment, when each treatment was given, with what doses of electricity and drugs, and what was the outcome of each treatment. Such records should be made in duplicate and a copy kept in a central register.**

182. Finally, the information gathered by the CPT's delegation suggested that ECT was being used in a rather extensive manner (as regards the Judicial Psychiatry Service of Bakırköy Hospital, possibly up to 20% of patients were receiving ECT). Medical staff indicated that this could be explained in particular by the shortage of alternative treatment facilities. **The CPT would like to receive the comments of the Turkish authorities on this issue.**

4. Follow-up visit to Bakırköy Mental and Psychological Health Hospital

183. The organisation of the Judicial Psychiatry Service and the functions performed by the wards comprising it have already been described in detail in the report on the 1992 visit (cf. CPT (93) 49, paragraphs 88 and 89). With the exception of the transfer of the rehabilitation service from Ward 22 (undergoing refurbishment at the time of the visit) to Ward 34, very few tangible changes had occurred since the first visit. As in 1992, material conditions and treatment programmes varied significantly between the wards, the situation in Ward 13 remaining the major source of concern to the CPT.

a. Ward 13

184. Ward 13 accommodated some 120 chronically ill persons who had committed serious offences but had been found to be criminally irresponsible.

Conditions in Ward 13 were the subject of serious criticism in the report drawn up after the 1992 visit. It was observed that the ward was "manifestly ill-equipped to care properly for the number and types of patients held there. Material conditions were very poor and there were no meaningful activities for the patients." Consequently, the CPT recommended that steps be taken to remedy this situation. In their reply, the Turkish authorities stated that "... work [had] started on plans for a 400-bed unit in the hospital garden. When the funds for the purpose are released, the project will be set in train ... Ward 13, the only unit where material conditions are inadequate, will be closed and the patients transferred to the new building".

185. The CPT's delegation which carried out the follow-up visit to Bakırköy Hospital was extremely concerned to note that the long-intended transfer of Ward 13 to a new building had not yet taken place and that conditions in the ward remained totally unacceptable. The ward continued to be grossly overcrowded and, more generally, its material environment remained just as inadequate for the accommodation of patients as recorded in the report on the 1992 visit. Further, the treatment provided to the ward's patients still consisted almost exclusively of pharmacotherapy. As regards staffing levels, they were even worse than those observed in 1992. The ward was staffed by only one psychiatrist, one general practitioner, two nurses and six orderlies; this is manifestly insufficient to provide effective care to 120 chronically ill psychiatric patients.

186. Medical staff at the hospital recognised that the situation in Ward 13 was untenable and informed the delegation that the ward would soon be closed and the patients transferred to Ward 22 as soon as the refurbishment of the latter had been completed.

The delegation paid a visit to Ward 22, which was unoccupied and in the throes of reconstruction. The inside of the building had been converted into rooms measuring 30 m², apparently intended to accommodate three patients each. The rooms had very good access to natural light and ventilation; however, no call system had yet been installed. There were also some larger rooms (60 m²) which staff understood were earmarked for recreation. The delegation's overall impression was that the refurbished building would provide distinctly better facilities than Ward 13. Nevertheless, the delegation had certain reservations about the future sanitary arrangements: in particular, the overall number of WCs, sinks and showers seemed to be insufficient for the intended patient population.

187. During the end-of-visit talks, the delegation stressed that the transfer of patients to Ward 22 should be effected without further delay. By their letter of 12 February 1998, the Turkish authorities informed the CPT of the completion of the refurbishment and entry into service of Ward 22 on 18 January 1998. The CPT greatly welcomes this development.

The Committee would like to receive full details of the patients' living conditions and treatment in the new facility: occupancy levels in the patients' rooms; policy as regards patients' clothing; access to recreation rooms and outdoor exercise facilities; sanitary facilities; therapeutic and other rehabilitative activities offered to patients; staffing levels. The CPT would also like to receive confirmation that Ward 13 is no longer used as patient accommodation.

- b. patients' living conditions and treatment in other parts of the Judicial Psychiatric Service

188. The CPT commented after the 1992 visit on the absence of personal possessions and the general lack of intimacy in the patients' rooms, and expressed the view that this represented an impediment to the creation of a therapeutic environment. The delegation which carried out the 1997 visit registered no discernible improvements in this respect. Although patients in Wards 33, 34 and 40 did have access to some lockers, it appeared that very few personal possessions were allowed on the wards. More generally, there remained considerable scope for improving the material environment at little cost, such as by adding pictures and flowers in the wards and allowing patients to keep small personal possessions (e.g. photographs, books, etc.).

As regards more particularly Ward 33 (acute male observation ward), the delegation observed various signs of deterioration around the building, e.g. the showers on the first floor were not functioning and consequently all patients had to make use of the two showers on the ground floor; the observation room on the first floor had a broken window and was dirty.

189. As had been the case in 1992, the treatment provided to the vast majority of patients consisted essentially of pharmacotherapy (though no indications were found of overmedication). Psycho-social rehabilitative therapeutic activities (such as occupational, group and individual therapy) were clearly underdeveloped, which was hardly surprising given the absence of qualified staff capable of conducting such activities.

As a rule, an open-door policy was followed; patients could move freely around their ward during the day and had access to outdoor facilities during authorised hours. The delegation was also told that nurses in Ward 40 organised morning discussions with the patients twice a week. Further, several newspapers were distributed on the wards (though no books were available). Nevertheless, the delegation observed that patients tended to live in a state of idleness, watching television in the common rooms being the principal source of distraction. The CPT is particularly concerned by the situation of patients accommodated on the first floor of Ward 33 (which was functioning as a closed unit for the observation of new arrivals and the treatment of patients considered as dangerous); they were subject to a very restrictive regime and were not even offered outdoor exercise.

190. The activities programme offered to patients in Ward 34 provided a welcome contrast to the situation observed elsewhere in the Judicial Psychiatry Service. Efforts were being made to create a varied therapeutic environment, by involving patients in group therapy, individual psychotherapy, work therapy, music therapy and psychodrama. Further, some 20-30 patients were attending on a daily basis the workshops located in a building referred to as Ward 16, where they were engaged in making cardboard files, artificial flowers and various decorations.

It should be added, nevertheless, that the potential of Ward 16 was not being fully exploited. The building was sufficiently large to offer activities to more patients than those who came from Ward 34. Further, the workshop premises were dilapidated and dirty.

191. In the light of the above remarks, **the CPT recommends that:**

- **greater efforts be made to improve material conditions in the wards of the Judicial Psychiatry Service in such a way as to provide a varied therapeutic environment for patients (e.g. personal possessions, lockers, bedside tables, visual stimulation, etc.);**
- **steps be taken to improve the state of repair of Wards 16 and 33;**
- **immediate steps be taken to ensure that patients held on the 1st floor of Ward 33 are offered outdoor exercise on a daily basis;**
- **a high priority be accorded to the development of a broader range of activities (physical, psychological, social and occupational) for patients, in particular for those who remain in the Judicial Psychiatry Service for an extended period. In this connection, efforts should be made more fully to exploit the workshop facilities in Ward 16.**

192. The Arrest Unit, which was run jointly by the Ministries of Justice and Health and received various categories of patients⁷, calls for some specific remarks. The delegation which carried out the 1992 visit observed that "most of the Arrest Unit was at that time in a very dilapidated state, ... which, in combination with the rather rudimentary nature of the facilities, provided a gloomy living environment for the patients accommodated there". Consequently, the CPT recommended that the implementation of plans to renovate the Unit be given a high priority.

Some positive changes had taken place since the 1992 visit: the Unit had been re-painted and new beds and mattresses provided. However, the patient accommodation continued to offer a restricted living space: two persons in bar-fronted rooms measuring some 8 m². More generally, the overwhelming presence of bars, armed guards and a watchtower overlooking the outdoor exercise area gave rise to oppressive physical surroundings. The Unit had a distinctly penitentiary feel, which made it difficult for staff to create a therapeutic environment.

193. No changes were observed in the regime applied to patients in the Arrest Unit. They were out of their cells most of the day, but the women in particular had very little area in which to move. Both men and women were allowed separately into the inner courtyard for two hours in the morning and two in the afternoon. The regime comprised daily community meetings and discussions with a psychologist. However, no provision was made for occupational therapy, sports or games.

194. The CPT recommends that the existing facilities and operating procedures of the Arrest Unit be thoroughly reviewed, with the aim of better reflecting its therapeutic functions. If necessary, consideration should be given to locating the Unit in more appropriate premises.

c. staff

195. It is self-evident that effective care of psychiatric patients calls for the provision of a sufficiently large staff holding the requisite qualifications (cf. also paragraph 174). The Director of the Bakırköy Hospital identified the shortage of staff as the main difficulty confronting the establishment.⁸ In this connection, the delegation was surprised to learn that there were some 450 vacant posts for nurses. Obviously, such a situation can only jeopardise the provision of an appropriate range of therapeutic activities for patients.

It should also be noted that according to the information supplied to the delegation, the staff-patient ratio in the Judicial Psychiatry Service was substantially lower than that in the rest of the hospital. Although approximately 20% of all patients were accommodated in the Judicial Psychiatry Service, it had only 13% of the psychiatrists and 5% of the nurses working in the hospital.

⁷ i.e. persons arrested by the police and hospitalised on the basis of a medical decision; persons placed on remand and hospitalised by court decision; remand and sentenced prisoners referred for treatment by a prison doctor.

⁸ The delegation was informed that the hospital as a whole employed some 100 psychiatrists, 600 nurses and 500 orderlies.

196. **The CPT recommends that the Turkish authorities take the necessary measures to fill the vacant nursing posts at Bakırköy Mental and Psychological Health Hospital.**

The CPT would also like to receive the comments of the Turkish authorities on the apparently unfavourable treatment of the Judicial Psychiatry Service as regards staffing levels.

5. Samsun Regional Psychiatric Hospital

197. Patients' living conditions and treatment varied from ward to ward. They were good and even very good in the open wards, but left a lot to be desired in the closed wards. The conditions prevailing in the closed ward for acute male patients were particularly poor.

Further, the highly unsatisfactory situation found by the CPT's delegation in the hospital's "prison ward" is of great concern to the Committee. One aspect of that situation - the administration of ECT in full view of other patients - has already been dealt with (cf. paragraph 179). However, the ward also displayed major defects in the areas of living conditions and treatment programmes, which shall be addressed in a separate section of this report.

a. patients' living conditions and treatment

198. The **closed ward for acute male patients**, located in the main hospital building, catered mostly for patients admitted for compulsory treatment (stays of up to a year) or psychiatric observation (stays of 3 weeks). It had a formal capacity of 54 beds; however, on the day of the visit 68 patients were in residence, and up to 75 patients had been held there in the past. The delegation observed that patients were being held in overcrowded conditions, and that some were compelled to share beds or sleep on mattresses placed on the floor.

Accommodation was provided in two similarly sized rooms (80 m²). One of them contained 35 beds, while the other had been divided into two parts: a 16-bed dormitory and an area used for meals and association, and equipped with tables, benches, chairs and a TV set. The rooms had adequate natural light, but the artificial lighting and ventilation left something to be desired. Further, the sanitary facilities (3 asian-type toilets and 3 showers) were insufficient for the patient population. It should also be noted that there was no call bell system.

The ward also contained a small 3-bed room used for acute emergency admissions. It had no direct access to natural light and the artificial lighting, which was controlled from the staff office, did not appear to be working.

199. The **closed ward for women**, also located in the main hospital building, had a capacity of 45 beds, of which 38 were occupied at the time of the visit. Material conditions were somewhat better than those observed in the closed male ward; in particular, there was no overcrowding. Patients were accommodated in two large dormitories (82 m² and 115 m²) and a 2-bed room (12 m²); lighting and ventilation were of a satisfactory standard. One of the dormitories had been partitioned with the help of cupboards, in an attempt to create some privacy; the second contained only beds and a table, the cupboards having been removed in order to be repaired. As in the male ward, the sanitary arrangements were not adequate: in particular, there was only one wash-basin and one shower. The ward also comprised a dining/association room equipped with tables, benches and a TV set.

200. The delegation visited a **second closed ward for men** in one of the smaller hospital buildings, where patients were also involuntarily admitted, but were considered to be in a less acute state than those placed in the main building. It had a capacity of 41 beds, all of which were occupied at the time of the visit. Accommodation was provided in several dormitories (32 m² for 6-10 patients) and two 2-bed rooms. Once again, the sanitary facilities could hardly be described as generous.

201. The treatment given to patients in the above-mentioned closed wards was limited essentially to pharmacotherapy (though, as at the Bakirköy Hospital, no evidence was found of overmedication). Consequently, patients spent the day in unattractive (cf. also paragraph 206) and often overcrowded dormitories, in an environment deprived of any privacy, with no organised activities to occupy their time. The delegation was particularly concerned to observe that not all patients were allowed to take outdoor exercise on a daily basis.

202. **The CPT recommends that steps be taken:**

- **to improve patients' living conditions in the hospital's closed wards, having regard to the remarks made in paragraphs 198 to 200. As regards more particularly the closed ward for acute male patients, immediate action must be taken to ensure that all patients have their own bed;**
- **to ensure that outdoor exercise is offered on a daily basis to all patients in the hospital's closed wards;**
- **to develop a variety of psycho-social rehabilitative therapeutic activities for patients in the hospital's closed wards. Occupational therapy should form an important part of the rehabilitation process.**

203. The delegation was also struck by the fact that patients in the closed wards continuously wore pyjamas or nightgowns. A variety of explanations were offered by staff, such as hygiene considerations, lack of suitable personal clothes and insufficient storage space for patients' clothing. The delegation was also told that if a patient's family provided suitable ordinary clothes, the patient would be allowed to use them; however, there was no evidence of that happening.

The practice of continuously dressing patients in pyjamas/nightgowns is not conducive to strengthening personal identity and self esteem; individualisation of clothing should form part of the therapeutic process. **The CPT recommends that steps be taken to ensure that an individualised approach is followed as regards patients' clothing.**

204. The main hospital building also comprised a **semi-open ward for chronically ill male patients** which, with 45 patients at the time of the visit, was operating close to its capacity of 47. There were two large dormitories (115 m² and 70 m²), which provided adequate space for the respective patient populations. Access to natural light, artificial lighting and ventilation were of a good standard. In addition to beds, the dormitories were equipped with some cupboards, though not enough for all patients. As for the sanitary facilities, they were clean and had been recently tiled.

As regards the regime applied to patients in the semi-open ward, they could move around the ward during the day and had access to the outdoor facilities during authorised hours. However, as in the closed wards, there was a marked absence of therapeutic activities such as occupational, group and individual therapy.

In this connection, **the CPT wishes to reiterate the recommendation already made in paragraph 202 concerning the need to develop a variety of psycho-social rehabilitative therapeutic activities for patients.**

205. A room adjacent to the semi-open ward was accommodating two young male patients, aged 12 and 21, who were profoundly mentally retarded. They had spent respectively 5 and 12 years at the hospital, repeated attempts to transfer them to another institution having failed. The room was of an adequate size for double occupancy (12 m²) and received sufficient natural light and ventilation; however, it had an austere and impersonal appearance. The two patients required constant nursing care, and one nurse had been allocated to cater for their needs. However, they were subject to an impoverished regime, occasional walks in the ward's courtyard constituting the only activity available to them.

The CPT recommends that immediate steps be taken to find more appropriate accommodation for the two patients in question.

206. The material environment in all the closed wards and the semi-open ward was austere. The dormitories offered inadequate privacy and walls tended to be bare. Further, there were few if any lockers in which patients could store their personal possessions, and indeed they did not seem to be allowed to keep many possessions with them. In this connection, it should be stressed that a failure to provide patients with lockable space for their belongings can impinge upon their sense of security and autonomy.

The CPT recommends that greater efforts be made to improve material conditions in the closed and semi-open wards of the Samsun Hospital in such a way as to provide a varied therapeutic environment. Patients should inter alia be provided with lockable space in which to keep their personal belongings.

207. The delegation also visited one of the hospital's **open wards** and formed an overall positive impression of material conditions there. The ward had facilities and equipment of a standard comparable to that seen in most modern psychiatric hospitals and offered a relaxed and pleasant environment. Patients were accommodated in rooms with two, three or four beds, and during the day had unlimited access to a common room fitted with a TV set as well as to a spacious terrace with tables, chairs and plants.

The ward also possessed a room where patients could engage in various kinds of occupational therapy (e.g. knitting, painting) and were assisted by a nurse who had received special training for that purpose.

208. The **open ward for alcohol and drug addicts** was another very good facility. It comprised a 3-bed intensive care unit located in a newly constructed building and, in a different building, a 22-bed dormitory unit. Persons brought into the hospital in a state of alcoholic delirium or coma spent up to 7 days in the intensive care unit, and were subsequently transferred to the dormitory unit for further treatment. The co-operation and assistance of the patients' families were sought in helping them through the first few days of withdrawal and in developing relapse prevention programmes.

b. the prison ward

209. The prison ward was located in a one-storey building surrounded by a fence. The ward received sentenced prisoners referred for treatment by a prison doctor, and was under the joint responsibility of the Ministries of Justice and Health. Consultation of the ward's register revealed that lengths of stay varied from a few days to several months; among the seven persons accommodated at the time of the delegation's visit, the longest stay was six weeks. The premises were guarded by two members of the gendarmerie, one positioned outside the entrance and the other in an area facing the patients' rooms.

210. Living conditions in the ward were not good. Patients were accommodated 24 hours a day, seven days a week, in two rooms, the smaller measuring 16 m² and containing 3 beds, the larger 22 m² with 5 beds; the only other furniture consisted of a table and one chair in the first room, and a table and a locker in the second. The rooms had small windows situated close to the ceiling which let in only a meagre amount of natural light. Ventilation was also poor.

Each room was fitted with a small sanitary annexe comprising a WC and a sink with cold water. There were no shower facilities, which meant that patients had to make use of the showers in the nearby closed male ward. However, this could only happen when a gendarmerie escort was provided, and nursing staff indicated that it was not uncommon for patients from the prison ward to miss the time designated for using the showers due to the unavailability of an escort. One patient alleged that he had not been offered a shower for more than two weeks.

211. The regime applied to patients in the prison ward could scarcely have been more impoverished. Patients spent all the time locked up in their rooms. There was not even the possibility to take outdoor exercise (ostensibly as a repercussion of an escape from the ward some six months prior to the visit). There was no access to radio or television and all but one of the patients were bereft of any other sources of distraction. The patient who constituted the exception had a variety of personal possessions and reading matter at his disposal; the delegation could only make conjectures about the reasons for his privileged situation.

212. As for the patients' treatment, this consisted exclusively of pharmacotherapy and ECT, provided by a doctor and nurse coming from time to time from another ward. There was no on-going supervision of the patients by nursing staff; they were left to the surveillance of the members of the gendarmerie.

In this connection, the delegation was astonished to learn that it was only following the appointment of a new Gendarmerie commander that health-care staff were allowed to enter the patients' rooms in order to distribute medicines and provide treatment (apparently, in the past that could only be done through the bars forming the upper part of the doors to the patients' rooms).

213. The situation described above is totally incompatible with the prison ward's function as a health-care facility. Both the competent public prosecutor and the Director of the Hospital informed the delegation that they were thoroughly dissatisfied with the present arrangements and had sought changes. However, co-operation between the Ministries of Justice and Health on this subject was apparently not as good as one might have hoped.

214. **The CPT recommends that immediate steps be taken to ensure that patients in the prison ward are offered outdoor exercise on a daily basis and are guaranteed regular access (at least once a week) to a shower facility.** As regards more particularly outdoor exercise, the problems raised by the admittedly poor perimeter security could be easily overcome by reinforcing the gendarmerie presence during outdoor exercise periods.

Further, **the CPT recommends that the relevant orders be issued in order to ensure that health-care staff have unrestricted access to the patients' rooms at all times, day and night.**

215. Of course, the recommendations made in paragraph 214 only represent stop-gap measures, pending the necessary fundamental changes to living conditions and treatment for patients referred to the prison ward. It should be underscored in this regard that it is highly unlikely that the shortcomings in the prison ward could be effectively resolved within the confines of the present building; the latter simply does not have the potential for offering a suitable therapeutic environment for psychiatric patients. Consequently, **the CPT recommends that the Turkish authorities examine as a matter of priority the possibility of finding more appropriate premises for the prison ward.**

c. staff

216. The hospital's medical team comprised 16 full-time doctors; however, only 4 of them were psychiatrists. **Consequently, the psychiatrist/patient ratio was rather low.**

As regards other staff qualified to provide psycho-therapeutic activities, it consisted of 3 clinical psychologists. There were no occupational therapists or social workers at the hospital.

There were 125 posts for nurses; however, only 98 of the posts were filled, and the number of nursing staff was apparently going to decrease further as 10 nurses were about to be transferred to other hospitals. It should also be noted that although the majority of the nurses had received two years' training, only five of them had benefitted from some specialised training in psychiatric care.

The hospital's nursing staff was assisted by 45 orderlies without any medical training.

217. The CPT has already made general recommendations concerning the need to promote specialised psychiatric nursing training and to develop the profession of occupational therapists (cf. paragraph 174). As regards more particularly Samsun Regional Psychiatric Hospital, it should be noted that the figure of 125 nursing posts is scarcely generous for meeting the needs of a hospital called upon to cater for up to 300 psychiatric patients. Certainly, there should be no question of requiring the establishment's nursing service to operate below that figure. **Consequently, the CPT recommends that the Turkish authorities take the necessary steps to fill the vacant nursing posts at the Samsun Hospital.**

6. Seclusion and other means of physical restraint

218. In any psychiatric facility, the restraint of patients will on occasion be necessary. However, this is a subject of particular concern to the CPT, given the potential for abuse and ill-treatment.

219. The CPT's delegation was informed that seclusion was not practised at Bakırköy Mental and Psychological Health Hospital and that the establishment did not possess any isolation rooms. Patients displaying disturbed or aggressive behaviour would be restrained on a doctor's orders with the help of strait-jackets, bodybelts, or by strapping the patient to his bed. Such measures were said to be applied for up to 12 hours. Any resort to measures of restraint was recorded in the patient's file; however, there was no special register for recording such events.

220. Similarly, seclusion was not practised at Samsun Regional Psychiatric Hospital. As for the immobilisation of patients, it was said to be used only as a last resort (preference being given to the administration of sedatives) and exclusively on the order of a doctor. In such cases, patients would be immobilised to their beds with the help of sheets; straps and strait-jackets were not used. Again, such events were recorded in the patient's file and the nurses' book, but not in a special register.

221. The CPT welcomes the approach followed at the Bakırköy and Samsun Hospitals to refrain from the seclusion of patients. Indeed, there is a clear trend in modern psychiatric practice in favour of avoiding the seclusion of violent or otherwise unmanageable patients.

As regards other means of physical restraint, **the CPT recommends that a detailed policy on their use be drawn up, covering in particular: the types of cases in which they may be used; their duration and the need for regular reviews; the existence of appropriate human contact; the need for staff to be especially attentive. Such a policy should make clear that initial attempts to restrain aggressive behaviour should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Instruments of restraint should only be used as a last resort.**

Further, **the CPT recommends that health-care staff in psychiatric establishments receive training in both non-physical and manual control techniques vis-à-vis agitated or violent patients.** The possession of such skills will give staff a greater freedom of choice among various levels of response when confronted by difficult situations. As a result, the risk of injuries to patients or staff will be reduced.

222. Finally, **the CPT recommends that every instance of the resort to means of restraint be recorded in a specific register established for this purpose. The entry should include the times at which the measure began and ended, who ordered the measure, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff.** This will greatly facilitate both the management of such incidents and the insight into the extent of their occurrence.

7. Safeguards for psychiatric patients

223. Mentally ill and mentally retarded persons are particularly vulnerable, and hence should benefit from safeguards in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. One such form of safeguards - legal safeguards relating to involuntary hospitalisation decisions - have already been addressed earlier in the report (cf. paragraph 175). Others should deal with such matters as informed consent to treatment, complaints procedures and external supervision of psychiatric establishments.

224. Patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. Every competent patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances. Of course, consent to treatment can only be qualified as free and informed if it is based on full and accurate information about the patient's condition and the treatment which is proposed.

The information gathered by the CPT's delegation suggests that the legal provisions - and current practice - concerning patients' informed consent to psychiatric treatment, and the information to be provided to patients following treatment, are underdeveloped in Turkey. A form signed by the patient or his/her relatives upon admission - whereby they give their general consent to treatment - entitles the medical staff to apply any form of treatment considered necessary, including ECT.

The CPT recommends that all patients be provided systematically with relevant information about their condition and the treatment which it is proposed to prescribe for them. Relevant information should also be provided to patients following treatment (results, etc.).

225. Neither of the psychiatric hospitals visited possessed a clearly defined internal arrangement for the reception of complaints. The CPT considers that specific arrangements enabling patients to lodge complaints with a clearly designated body, and to have confidential access to a competent authority, are essential. **It accordingly recommends that the Turkish authorities take the requisite measures, which should include the provision of information to patients on the possibility of making a complaint.**

More generally, the CPT recommends that an introductory brochure setting out the hospital routine and patients' rights be drawn up and issued to each patient on admission, as well as to their families. Any patients unable to understand this brochure should receive appropriate assistance.

The information gathered by the CPT's delegation also indicates that external supervision of the psychiatric establishments visited is at best sporadic. In the CPT's opinion, psychiatric establishments should be visited on a regular basis by an independent outside body, responsible for the inspection of patients' care and authorised, in particular, to talk privately with patients, receive any complaints they might have and make any necessary recommendations. It would be advisable for such a body to publish an annual report on its activities, in order to ensure greater openness and stimulate public debate on psychiatric institutions. **The CPT recommends the Turkish authorities to consider the possibility of establishing such a system of visits.**

226. Finally, it must be stressed that staff in the psychiatric establishments visited have to fulfil a difficult task. External stimulation and support are necessary to ensure that staff of such institutions do not become too isolated, a point emphasised by many members of staff at the Bakirköy and Samsun Hospitals. In this connection, it would be highly desirable to offer educational, research and secondment opportunities to staff. Similarly, the presence of independent persons and bodies (e.g. students and researchers) in psychiatric institutions should be encouraged. **The CPT invites the Turkish authorities to take appropriate measures in this area.**

D. Observation Unit of the Institute of Forensic Medicine (Istanbul)

1. Preliminary remarks

227. The Observation Unit of the Institute of Forensic Medicine in Istanbul is located close to Bakırköy Mental and Psychological Health Hospital, in a complex surrounded by a secure perimeter. Being a part of the Institute of Forensic Medicine, the Unit operates under the ultimate authority of the Ministry of Justice.

The Unit's normal capacity is 52 beds; however, at the time of the visit, this capacity had been temporarily reduced, due to renovation work. When visited by the delegation, the Unit was accommodating 24 patients, including 2 women.

The Unit's function is to perform forensic psychiatric assessment of persons referred to it by a public prosecutor or judge, with a view to determining their criminal responsibility. Such persons are committed to the Unit for an initial period of 21 days, renewable once for a further 21 days. Staff stressed that it was not the Unit's function to act as a hospital; consequently, persons referred to the Unit did not receive psychiatric treatment.

228. Persons can also be referred to ordinary psychiatric hospitals for the purpose of forensic psychiatric assessment. In this connection, the CPT's delegation was unable to obtain a clear explanation as to the criteria applied when deciding to commit a person to the Forensic Institute's Observation Unit rather than to an ordinary psychiatric hospital. **The CPT would like to receive clarification of this point.**

2. The observation environment

a. living conditions

229. Persons referred to the Observation Unit for forensic psychiatric assessment were accommodated in adequately-sized rooms (e.g. one person in a room of 11 m², three in a room of 16 m²) which had good access to natural light and satisfactory artificial lighting and ventilation. Further, all rooms had sanitary annexes (comprising an asian-style toilet and a washbasin), which were found to be clean. However, the rooms were bare and impersonal; beds constituted the only item of furniture and patients were not allowed any personal possessions. It should also be noted that there were no call bells in the patients' rooms.

230. Throughout their stay in the Unit, patients were dressed in white hospital pyjamas. The CPT considers it unacceptable to oblige persons who are not confined to bed to wear pyjamas for as long as six weeks. Such a practice could well be felt as degrading by the persons concerned; further, the negative effect on those persons' self-esteem could well hinder - rather than facilitate - the making of an accurate psychiatric assessment.

b. regime

231. As already indicated, no psychiatric treatment was given in the Unit. Any psychotropic medication received by patients before their admission was either reduced or stopped altogether during the period of forensic psychiatric assessment. Further, no therapeutic activities were offered.

As for the daily regime in the Observation Unit, it could only be described as impoverished. The patients' inactivity was very striking. The only form of recreation consisted of strolling along the Unit's corridors for 2-3 hours a day; no provision had been made for outdoor exercise. Further, there was no association room and no television or radio. The delegation was told that it was possible to purchase newspapers in the Unit, though no books were allowed.

It should also be noted that during their stay at the Observation Unit, patients were not allowed any visits from their relatives or lawyers. According to staff, this approach was being followed in order to prevent the introduction of drugs into the Unit. As regards the sending and receiving of correspondence, staff asserted that this was allowed, though all letters were subject to censorship; however, patients did not seem to be aware that they had the possibility to send and receive letters.

c. staff

232. The delegation was informed that 3 doctors and 4 clinical psychologists worked in the Unit on a full-time basis. Further, a neurologist and 4 outside forensic specialists apparently visited the Unit twice a week. As regards other categories of staff, the Unit had 3 nurses (none of whom had received specialised psychiatric nursing training) and 15 guards who had no health-care qualifications.

The doctors and nurses worked from 8 am to 5 pm on week days, and one doctor was on call at other times in case of need. However, at night and at the weekends the only members of staff present in the Unit were the guards. Further, the inadequate number of health-care staff, and in particular of nurses, meant that daily contacts between qualified staff and persons undergoing assessment were more limited than one would wish to see in the process of psychiatric observation.

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233. The situation described above is of serious concern to the CPT. Persons referred to the Observation Unit were being denied certain of the basic safeguards which should be guaranteed to all persons deprived of their liberty (in particular, outdoor exercise and contact with the outside world). Further, it is inadmissible for persons identified as possibly mentally ill to be left at night and weekends in the care of staff who have no health-care qualifications.

It should be added that the observation environment in the Unit is not conducive to the accurate psychiatric assessment of persons referred to the facility. Such an assessment can only be properly conducted if there is a good level of interaction between skilled staff and the patients, and the latter are relatively stress-free; the existing living conditions, regime and staff resources in the Unit do not enable these requirements to be met. In this connection, it should inter alia be stressed that the provision of therapeutic activities to persons undergoing observation and the possibility for them to receive visits would not interfere with the assessment process; on the contrary, they could facilitate the gathering of valuable information for that purpose.

234. In their letter of 12 February 1998, the Turkish authorities indicated that the Head of the Observation Unit had been informed of the need to make improvements, and in particular to provide outdoor exercise to persons held in the Unit and to ensure the presence of qualified health-care staff at night and weekends. **The CPT would like to receive confirmation:**

- **that outdoor exercise is now being offered on a daily basis to all persons held in the Observation Unit;**
- **that health-care staff are present at night and during weekends.**

Further, **the CPT recommends that the Unit's observation environment be improved, having regard to the remarks in paragraphs 229 to 233. In particular:**

- **efforts should be made to provide a more congenial and personalised surrounding for patients, in particular by providing them with lockable space and allowing a reasonable number of personal belongings;**
- **patients should be allowed to wear their own clothes during the day or be provided with appropriate non-uniform garments;**
- **patients should have access to an appropriately equipped association room;**
- **efforts should be made to develop psycho-social therapeutic activities for persons held in the Observation Unit;**
- **patients should be given the opportunity to receive visits from their close relatives and lawyers;**
- **steps should be taken to duly inform patients that they can send and receive letters;**
- **the number of suitably qualified nurses employed by the Unit should be increased substantially.**

The CPT would add that one way of achieving the objective of improving the observation environment might be to have the Unit managed as a proper hospital facility. **The CPT would like to receive the comments of the Turkish authorities on this issue.**

3. Other issues

a. food

235. Patients' food was brought in once a day from a kitchen some 9 km away and reheated at the Unit before being served at midday and in the early evening. The delegation heard widespread complaints about the quality of the food, which was said to be very monotonous (i.e. the daily menu usually consisted of a watery soup, rice and beans). **The CPT recommends that the provision of food be reviewed, with the aim of ensuring that patients are given meals of a balanced nutritional value at proper meal times.**

b. safeguards for persons referred to the Observation Unit

236. In the same way as persons involuntarily placed in a psychiatric hospital for treatment, persons referred for forensic psychiatric assessment should benefit from a certain number of safeguards. The delegation's observations in the course of its visit to the Observation Unit of the Institute of Forensic Medicine in Istanbul indicated that there was considerable scope for improvement in this field.

237. Recommendations have already been made designed to improve the position of persons referred to the Unit as regards contact with the outside world, and more particularly to guarantee access to a lawyer (cf. paragraph 234).

Further, **the recommendations already made in respect of psychiatric hospitals as regards complaints procedures, the provision of information to patients and external supervision (cf. paragraph 225) should be read as applying *mutatis mutandis* to the Forensic Institute's Observation Unit.**

III. RECAPITULATION AND CONCLUSIONS

A. Law enforcement agencies

238. The existence and extent of the problem of torture and other forms of ill-treatment of criminal suspects by law enforcement officials - and more particularly by police officers - has been established beyond all doubt in the course of previous CPT visits to Turkey during the period 1990 to 1996. Further, in recent times, senior political figures have openly recognised the realities of the situation. Consequently, in the course of the October 1997 periodic visit, the CPT's delegation focused its attention on verifying whether recently-adopted measures to combat torture and ill-treatment are being properly implemented rather than on gathering additional evidence of the use of such methods.

Nevertheless, during the visit, a considerable number of allegations were once again heard of torture and ill-treatment by law enforcement officials. Those allegations emanated from both ordinary criminal offenders and persons detained in respect of offences falling under the jurisdiction of the State Security Courts. Further, medical evidence of recent ill-treatment by the police was obtained by the delegation.

239. Over the last twelve months, the Turkish authorities have provided the CPT with a wealth of information on measures taken to come to grips with the problem of torture and ill-treatment by law enforcement officials. In the present report, the Committee has commented upon those measures, in the light inter alia of the facts found during the October 1997 visit. The CPT can concur with the view advanced by the Turkish authorities that "Turkey is moving in the right direction"; however, reaching the desired goal will require a sustained effort by all parties concerned.

The Circular issued by the Prime Minister of Turkey on 3 December 1997, entitled "Respect for human rights: prevention of torture and ill-treatment", is a particularly encouraging development. The Circular sets out numerous measures covering a whole range of safeguards against torture and ill-treatment. The CPT considers that this Circular, if given full effect in practice, will represent a turning point for human rights in Turkey. The Committee has requested the Turkish authorities' observations on their success to date in ensuring the implementation of the different measures set out in the Circular.

240. The CPT has made detailed recommendations and comments on a considerable number of matters related to the prevention of torture and ill-treatment: the rights of persons in police custody to have access to a lawyer and to notify their next of kin of their situation; the information provided to persons in police custody as regards their rights; judicial control of the extension of police custody; medical examinations of persons in police custody; control and supervision of the law enforcement agencies; etc.

241. It should in particular be emphasised that the CPT retains serious misgivings about the fact that persons suspected of State Security Court offences are still denied the right of access to a lawyer during the first four days of police custody. The Committee has reiterated its recommendation that all persons deprived of their liberty by the law enforcement agencies - irrespective of the offence of which they are suspected - be granted, as from the outset of their custody, the right of access to an independent lawyer. The existence of that right will have a dissuasive effect upon those minded to ill-treat detained persons; moreover, a lawyer is well placed to take appropriate action if ill-treatment actually occurs.

Further, the information gathered in the course of the October 1997 visit confirmed the impression already gained during earlier visits, that the right of access to a lawyer enjoyed by ordinary criminal suspects is not being properly applied in practice. Although in law such suspects have a right of access to a lawyer as from the outset of their deprivation of liberty, in practice access to a lawyer is usually only allowed at a relatively late stage of the period of police custody. The CPT has made recommendations designed to remedy this situation and to ensure that law enforcement officials do not seek to dissuade detained persons from exercising their right of access to a lawyer.

242. The CPT has also stressed that persons taken into police custody must be expressly informed, without delay and in a language they understand, of all their rights. It was observed during the October 1997 visit that the existing information sheet setting out the rights of ordinary criminal suspects was not systematically given to such persons at the outset of their custody. Further, no information sheet for persons suspected of State Security Court offences was available; however, work on the preparation of such an information sheet is apparently close to completion. The very first specific measure set out in the Prime Minister's Circular of 3 December 1997 provides that persons taken into custody shall be informed of their rights and given a copy of the information sheet at the commencement of their detention. The CPT has recommended that the authorities responsible for monitoring the implementation of the Prime Minister's Circular pay particular attention to compliance with this fundamental requirement.

243. Of course, the best possible safeguard against ill-treatment is for law enforcement officials themselves to unambiguously reject resort to such methods. Appropriate professional training, incorporating the principles of human rights, is therefore an essential component of any strategy for preventing ill-treatment. This training must take place at all levels of the law enforcement agencies and be on a permanent footing. A massive investment in this area is indispensable.

244. The need to improve conditions of detention in police and gendarmerie establishments has been a recurring theme in the CPT's dialogue with the Turkish authorities over the last nine years. The information gathered by the Committee's delegation in the course of the October 1997 visit confirms that progress continues to be made in this area; however, the task is still far from being completed. The CPT has highlighted various shortcomings observed in police establishments visited in October 1997. More generally, the Committee has recommended that the Turkish authorities vigorously pursue the implementation of Rule 6 of the Custody and Interrogation Instructions throughout Turkey. Further, it has recommended that Rule 6 be amended so as to make clear that persons held overnight in custody are to be provided with a mattress, and that persons held for extended periods should as far as possible be offered outdoor exercise on a daily basis.

245. The deplorable conditions of detention found in the Foreigners' Department at Istanbul Police Headquarters were the subject of an immediate observation under Article 8, paragraph 5, of the Convention at the end of the visit. The Turkish authorities subsequently informed the CPT of a series of measures taken to improve the situation. The Committee was particularly pleased to learn that the Ministry of the Interior had made proposals to construct separate premises for persons detained by the Foreigners' Department and, pending the construction of those premises, to find more spacious detention facilities for the Department. The Committee has sought further information on progress made in implementing those proposals.

246. It should be added that several of the police establishments visited still possessed interrogation rooms of a highly intimidating nature. The CPT has stressed that facilities of this kind have no place in a modern police service, and has recommended that the Turkish authorities pursue their efforts to have them withdrawn from service.

B. Prisons and reformatories

247. The CPT's delegation heard few allegations of ill-treatment of inmates by **prison staff** in the prisons visited. Nevertheless, in the light of information gathered by the delegation, the CPT has recommended that the Director of Izmir (Buca) Prison deliver to his staff the clear message that both physical ill-treatment and verbal abuse of inmates are not acceptable and will be dealt with severely. There were indications that there had been a tendency on the part of certain staff members at the Izmir Reformatory for Juveniles to physically ill treat inmates. However, it would appear that effective measures have now been taken to stamp out such methods.

By contrast, a considerable number of prisoners interviewed affirmed that they had been roughly treated by members of the **Gendarmerie** in the course of transfers. In this connection, the CPT has asked for concrete examples of measures taken in application of the provision contained in the Circular on conditions in prisons issued by the Minister of Justice on 3 November 1997, according to which "measures shall be taken to prevent prisoners from being subjected to mistreatment or insulting behaviour both in the prison and during transfers outside the institution".

248. As regards the methods employed by the Gendarmerie when called-upon to deal with prison disturbances, the CPT has noted that efforts continue to be made to apply modern means of intervention and that instructions aimed at preventing loss of life and injuries have been issued. The Committee has also welcomed the preference shown in the course of some recent incidents of seeking by all means a peaceful solution rather than calling upon the Gendarmerie to intervene.

The CPT has recommended that when an intervention by the Gendarmerie to deal with a prison disturbance proves unavoidable, this intervention take place in the presence of an authority which is fully independent of both the Gendarmerie and the prison, and charged with observing and subsequently reporting upon the carrying out of the intervention. The presence of such an authority will both have a dissuasive effect on anyone minded to ill-treat prisoners and enable unfounded allegations of ill-treatment to be refuted in a convincing manner.

249. The CPT has made detailed recommendations concerning material conditions and activities for prisoners in **Izmir (Buca) Prison** and **Mersin E-type Prison**. The absence of organised activities for the great majority of prisoners in these two establishments was particularly striking. This is a nationwide problem; consequently the CPT greatly welcomes the emphasis placed in the previously-mentioned Circular of 3 November 1997 on developing constructive activities for both remand and sentenced prisoners.

Progress in this area is all the more important in view of the plans to convert some of the large dormitories commonly found in Turkish prisons into smaller living units (for four to six prisoners). In principle, the CPT has no objections to such a development; large-capacity dormitories are for various reasons not a satisfactory means of accommodating inmates. However, it is imperative for moves towards smaller living units to be accompanied by measures to ensure that prisoners spend a reasonable part of the day engaged in purposeful activities outside their living unit. Failing this, the introduction of smaller living units will almost certainly cause more problems than it solves.

250. The position of juvenile prisoners in the Izmir and Mersin Prisons is a subject of particular concern to the CPT; they were subject to a regime which was totally unadapted to their needs. Although a lack of purposeful activity is detrimental for any prisoner, it is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation. Consequently, the CPT has recommended that in both prisons, juvenile prisoners be offered a full programme of educational, recreational and other purposeful activities; physical education should constitute an important part of that programme.

More generally, the CPT has expressed serious misgivings as regards the current policy of having juveniles who are remanded in custody placed in adult prisons. It would be far preferable for all juvenile prisoners, whether on remand or convicted, to be held in detention centres specifically designed for persons of this age, offering regimes tailored to their needs and staffed by persons trained in dealing with the young.

251. Material conditions and activities for inmates at the **Izmir Reformatory for Juveniles** were on the whole of a reasonably good standard, and efforts were being made to improve them further. In this connection, the CPT has recommended that additional steps be taken to develop sports activities for all juveniles in the establishment (including the girls).

However, conditions in the Reformatory's disciplinary unit were very unsatisfactory. The unit's cells were small, inadequately equipped and dirty, and had no access to natural light. Further, throughout their period of disciplinary isolation of up to 15 days, inmates were deprived of outdoor exercise and reading material, and were not allowed to take showers or change their clothes. Measures were subsequently taken by the Turkish authorities to address the issues of access to natural light, outdoor exercise and bathing/changes of clothes. The CPT has recommended that reading matter also be made available to juveniles placed in a disciplinary cell, and that disciplinary cells be equipped with a table and chair.

252. There remains considerable room for progress in the area of health-care in prisons, in particular in respect of staff resources, medical screening on admission, medical documentation and confidentiality, and the availability of medication. The CPT has made recommendations on each of these subjects.

More generally, the CPT has stressed that a greater participation of Health Ministries in the area of health-care in prison will help to ensure optimum care for prisoners, as well as implementation of the general principle of the equivalence of health care in prison with that in the outside community. Consequently, the Committee has sought the views of the Turkish authorities as regards the possibility of giving increased responsibility to the Ministry of Health in the field of the provision of health care in Turkish prisons, including as regards the appointment and the supervision of the work of health-care staff.

253. The CPT has made a series of recommendations, comments and requests for information on various other issues related to the Committee's mandate (e.g. contact with the outside world; disciplinary regimes; complaints and inspection procedures; information to prisoners). The Committee is particularly interested to learn of progress made in implementing the provisions of the Circular of 3 November 1997 designed to resolve the long-standing problem of lack of outdoor exercise for prisoners subjected to the disciplinary sanction of cellular confinement.

C. Psychiatric hospitals

254. The CPT's delegation heard no allegations, and gathered no other evidence, of deliberate ill-treatment of patients by staff employed at the two psychiatric hospitals visited. The general atmosphere at Bakırköy Mental and Psychological Health Hospital and Samsun Regional Psychiatric Hospital was relaxed, and staff-patient relations seemed on the whole to be good. Moreover, the delegation was impressed by the devotion to patient care observed among the overwhelming majority of the hospitals' staff, which was all the more remarkable given the often low staffing levels. As regards the latter point, the CPT has recommended that the necessary measures be taken to fill vacant nursing posts at both hospitals visited.

Nevertheless, the delegation found that in certain wards (in particular Ward 13 at the Bakırköy Hospital, and the prison ward and closed ward for acute male patients at the Samsun Hospital), patients were accommodated in overcrowded conditions, had few if any activities at their disposal, were obliged to wear pyjamas or other forms of institutionalised clothing throughout the day, and did not have satisfactory access to bathing and toilet facilities. The cumulative effect of such conditions is profoundly anti-therapeutic and could be considered as amounting to inhuman and degrading treatment.

The CPT greatly welcomes the subsequent transfer of patients in Ward 13 at the Bakırköy Hospital to a new facility; the Committee has sought full details of the conditions in that facility.

255. The CPT has made recommendations designed to enhance patients' living conditions and treatment in other parts of the **Bakırköy Hospital's** Judicial Psychiatric Service. Concerning more particularly the Arrest Unit, the CPT has recommended that the existing facilities and operating procedures of the Unit be thoroughly reviewed with the aim of better reflecting its therapeutic functions.

As regards **Samsun Regional Psychiatric Hospital**, patients living conditions and treatment in the prison ward (which received sentenced prisoners referred for treatment by a prison doctor) were totally incompatible with its function as a health-care facility. The CPT has recommended that immediate steps be taken to ensure that patients in the prison ward are offered outdoor exercise on a daily basis and guaranteed regular access to a shower facility, and that health-care staff have unrestricted access to the patients' room at all times. Beyond these stop-gap measures, the Committee has recommended that the Turkish authorities seek other premises for the prison ward, capable of offering a suitable therapeutic environment for psychiatric patients.

The CPT has also made a number of recommendations with a view to improving patients' living conditions and treatment in the closed and semi-open wards at the Samsun Hospital, and especially in the closed ward for acute male patients. It should be added, however, that the Committee's delegation formed a positive impression of conditions in the hospital's open wards.

256. The CPT has expressed concern about current procedures for the administration of electroconvulsive therapy (ECT) at the Bakırköy and Samsun Hospitals, and in particular about the frequent recourse to this treatment in its unmodified form (i.e without anaesthetic and muscle relaxants). The application of unmodified ECT can no longer be considered as acceptable in modern psychiatric practice; in addition to the risk of fractures and other untoward medical consequences, the process as such is degrading for both the staff and patients concerned. Consequently, the CPT has recommended that the practice of unmodified ECT be discontinued. The Committee has also drawn attention to the need for specific facilities for the purpose of administering ECT, and for the proper recording of the use of this treatment.

257. Concerning staff issues, in both hospitals visited there were very few qualified psychiatric nurses among the nursing staff. Further, there was a clear shortage of personnel qualified to conduct social therapy activities, and more particularly of qualified occupational therapists. Inevitably, this had a negative effect on the quality and range of therapeutic activities offered to patients. The development of specialised psychiatric nursing training would make a considerable impact upon standards of care in psychiatric hospitals in Turkey. In particular, it would lead to the emergence of a therapeutic milieu less centred on drug-based and physical treatments. Similarly, a greater emphasis on occupational therapy would significantly enhance the rehabilitative process. Consequently, the CPT has recommended that the Turkish authorities take appropriate steps to promote specialised psychiatric nursing training and to develop the profession of occupational therapists.

258. The CPT has also recommended that health-care staff in psychiatric establishments receive training in both non-physical and manual control techniques vis-à-vis agitated or violent patients. The possession of such skills will give staff a greater freedom of choice among various levels of response when confronted by difficult situations. As a result, the risk of injuries to patients or staff will be reduced.

259. The CPT has also addressed various issues related to safeguards for psychiatric patients. In particular, the Committee has recommended that all patients be provided systematically with relevant information about their condition and the treatment which it is proposed to prescribe for them. Further, it has been proposed that the Turkish authorities consider the possibility of establishing a system of regular visits to psychiatric establishments by an independent outside body.

D. Observation Unit of the Institute of Forensic Medicine in Istanbul

260. The situation observed at the Observation Unit of the Institute of Forensic Medicine in Istanbul is of serious concern to the CPT. Persons referred to the Observation Unit were being denied certain of the basic safeguards which should be guaranteed to all persons deprived of their liberty (in particular, outdoor exercise and contact with the outside world); further, despite being identified as possibly mentally ill, they were left at night and weekends in the care of staff who had no health-care qualifications. In addition, the living conditions, regime and staff resources in the Unit were not conducive to the accurate psychiatric assessment of persons referred to the facility.

261. Following the delegation's visit, steps have apparently been taken to provide outdoor exercise and ensure the presence of health-care staff at night and weekends. The CPT has recommended a number of other measures designed to improve the Unit's observation environment. They relate in particular to the provision of a more congenial and personalised surrounding for patients, allowing patients to wear their own clothes during the day or providing them with appropriate non-uniform garments, developing psycho-social therapeutic activities, giving patients the opportunity to receive visits from their close relatives and lawyers, and increasing substantially the number of suitably qualified nurses employed by the Unit.

E. Action on the CPT's recommendations, comments and requests for information

262. The various recommendations, comments and requests for information formulated by the CPT are summarised in Appendix I.

263. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the CPT requests the Turkish authorities:

- i. to provide within six months an interim report giving details of how it is intended to implement the CPT's recommendations and, as the case may be, providing an account of action already taken (N.B.: the Committee has indicated the urgency of certain of the recommendations);
- ii. to provide within twelve months a follow-up report providing a full account of action taken to implement the CPT's recommendations.

The CPT trusts that it will also be possible for the Turkish authorities to provide in the above-mentioned interim report reactions to the comments formulated in this report which are summarised in Appendix I as well as replies to the requests for information made.

APPENDIX I

SUMMARY OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION

A. Law enforcement agencies

1. Action to combat torture and ill-treatment

recommendations

- the relevant provisions of Articles 135, 136 and 138 of the Code of Criminal Procedure to be rendered applicable to offences falling under the jurisdiction of the State Security Courts (paragraph 18);
- all persons deprived of their liberty by the law enforcement agencies - irrespective of the offence of which they are suspected - to be granted, as from the outset of their custody, the right of access to an independent lawyer (paragraph 19);
- the law enforcement agencies to be given clear instructions to the effect that persons detained on suspicion of having committed offences falling under the jurisdiction of the State Security Courts have the right immediately to notify their next of kin of their situation. Further, the modalities for ensuring the effective application in practice of that right to be spelt out (paragraph 22);
- the law enforcement agencies to be reminded that, by virtue of Article 136 of the Code of Criminal Procedure, the right of access to a lawyer enjoyed by ordinary criminal suspects applies as from the outset of - and throughout - the period of police custody (paragraph 25);
- appropriate steps to be taken to ensure that law enforcement officials do not seek to dissuade detained persons from exercising their right of access to a lawyer (paragraph 25);
- the authorities responsible for monitoring the implementation of the Prime Minister's Circular of 3 December 1997 to pay particular attention to compliance with the requirement that persons deprived of their liberty be given, at the commencement of their detention, a copy of the information sheet drawn up for the purpose of informing them of their rights (paragraphs 27 and 28);
- a detained person in respect of whom an extension of police custody is sought to be systematically brought before the judge who examines the request (paragraph 30);
- persons held for lengthy periods by the law enforcement agencies to be examined on a regular basis (at least every 48 hours) by a forensic doctor (paragraph 33).

comments

- it is essential that persons detained on suspicion of offences falling under the jurisdiction of the State Security Courts be expressly informed of their right of access to a lawyer (paragraph 17);
- public prosecutors to be encouraged to give favourable consideration to requests that persons suspected of offences falling under the jurisdiction of the State Security Courts be authorised access to a lawyer during the first four days of their custody (paragraph 20);
- the CPT trusts that generalised use of the standard forensic medical form will put an end to the collective forensic examination of groups of detained persons (paragraph 36);
- as regards the heading "complaints" in the standard forensic medical form, the doctor should record any allegations of ill-treatment made. Further, as regards the heading "conclusions", the doctor should indicate the degree of consistency between any allegations made and the objective medical findings (paragraph 37);
- forensic examinations should always be conducted out of the hearing of law enforcement officials. Further, they should be conducted out of the sight of law enforcement officials, unless the doctor concerned requests otherwise in a particular case (paragraph 38);
- the CPT hopes that consultations between the Turkish authorities and the Council of Europe on cooperation in the framework of the programme "Police and Human Rights 1997-2000" will soon be successfully completed (paragraph 51);
- the CPT wonders whether a comprehensive "Human Rights Education Project "aimed at the general public, of the kind envisaged some years ago, might not be drawn up (paragraph 54).

requests for information

- the Turkish authorities' observations on their success to date in ensuring the implementation of the different measures set out in the Prime Minister's Circular of 3 December 1998 (paragraph 14);
- the comments of the Turkish authorities on the allegations referred to in paragraph 16, concerning the application of the new maximum police custody periods in respect of State Security Court offences (paragraph 16);
- a copy of the information sheet drawn up for persons suspected of offences falling under the jurisdiction of the State Security Courts (paragraph 28);
- a copy of the revised standard forensic medical form (paragraph 37);
- further information on the development of the forensic training courses throughout Turkey and on the publication of teaching materials (paragraph 40);

- further examples of concrete action taken as a result of inspections of police and gendarmerie establishments by prefectorial authorities, senior police and gendarmerie officers, and public prosecutors (paragraph 41);
- further information concerning the draft law on the establishment of a judicial police corps (paragraph 42);
- whether the measures to reinforce the influence of public prosecutors vis-a-vis the criminal investigation work of the police, set out in the Prime Minister's Circular of 26 February 1998, have now been fully implemented (paragraph 43);
- the outcome of the criminal proceedings brought against police officers under Articles 243 and 245 of the Penal Code as a result of investigations carried out in respect of the facts found by the CPT's delegation during the September 1996 visit (paragraph 45);
- the number of cases under Articles 243 and 245 of the Penal Code in respect of the whole years 1996 and 1997 as well as the first half of 1998, and the number of convictions and acquittals, as far as possible broken down on a province by province basis. The information on convictions to include full details of the sentences imposed (paragraph 46);
- further information on the draft law to amend Articles 243 and 245 of the Penal Code (paragraph 47);
- further information on the envisaged revision of the Proceedings Against Civil Servants Act (paragraph 48);
- a detailed description of the interrogation training courses referred to in the Prime Minister's Circular of 3 December 1997 (paragraph 52);
- additional information on developments in the area of the modernisation of the law enforcement agencies (paragraph 53).

2. Conditions of detention

recommendations

- the Turkish authorities to take fully into account the remarks made in paragraph 29 of the CPT's 7th General Report (CPT/Inf (97) 10) when implementing the proposal to construct separate premises for persons detained by the Foreigners' Department at Istanbul Police Headquarters (paragraph 60);
- steps to be taken to ensure that all persons detained under aliens legislation:
 - can receive visits from relatives, lawyers and representatives of relevant organisations,
 - are systematically provided with a document explaining the procedure applicable to them and setting out their rights. This document should be available in the languages most commonly spoken by those concerned and, if necessary, recourse should be had to the services of an interpreter (paragraph 61);

- the Turkish authorities to pursue vigorously the implementation of Rule 6 of the Custody and Interrogation Instructions throughout Turkey, and in this connection to take due account of the remarks set out in paragraphs 66 to 72 (paragraph 73);
- Rule 6 of the Custody and Interrogation Instructions to be amended so as to make clear that persons held overnight in custody are to be provided with a mattress, and that persons held for extended periods should as far as possible be offered outdoor exercise on a daily basis (paragraph 73);
- all police establishments to be instructed to make contingency arrangements as regards overspill accommodation (paragraph 73);
- the Turkish authorities to pursue their efforts to have interrogation facilities of the kind referred to in paragraph 74 withdrawn from service (paragraph 74).

comments

- the period of time spent by immigration detainees in ordinary police detention facilities should be kept to the absolute minimum. In those cases where it is deemed necessary to deprive persons of their liberty for an extended period under aliens legislation, they should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime appropriate to their legal situation and staffed by suitably-qualified personnel (paragraph 73).

requests for information

- updated information on the construction of new premises for persons detained by the Foreigners' Department at Istanbul Police Headquarters, and on the assignment of more spacious detention facilities in the meantime. As regards more particularly the latter point, information on the number of persons currently being detained by the Foreigners' Department and the number and size of the holding areas being used to accommodate them (paragraph 60);
- confirmation that persons detained by the Foreigners' Department are now being provided with mattresses at night and offered at least one hour of outdoor exercise per day (paragraph 60);
- confirmation that the Foreigners' Department now has the necessary budgetary means to enable detainees without resources to be provided free of charge with food, medication and toiletries (paragraph 60);
- whether all detainees are medically screened on their arrival at the Foreigners' Department (paragraph 60);
- whether the Foreigners' Department's detention facility is visited on a regular basis by health-care staff (paragraph 60);
- the comments of the Turkish authorities on reports to the effect that non-European asylum seekers have on occasion been returned by the Turkish authorities to countries where they ran a risk of ill-treatment, despite interventions by the UNHCR (paragraph 63);

- whether an appeal with suspensive effect before a body of an independent nature is available in all cases in which a decision is taken involving the removal of a person from Turkish territory (paragraph 64);
- confirmation that all questioning of persons detained by the Anti-Terror Department at Istanbul Police Headquarters is now carried out in the Department's new interrogation rooms, and that all of those interrogations are sound and video recorded (paragraph 75).

B. Prisons and reformatories

1. Preliminary remarks

recommendations

- the Turkish authorities to pursue vigorously their efforts to develop purposeful activities (work, preferably with vocational value; education; sport; etc.) for all categories of prisoners (paragraph 77).

comments

- it would be far preferable for all juvenile prisoners, whether on remand or convicted, to be held in detention centres specifically designed for persons of this age, offering regimes tailored to their needs and staffed by persons trained in dealing with the young (paragraph 78);
- it is imperative for moves towards smaller living units for prisoners in Turkey to be accompanied by measures to ensure that prisoners spend a reasonable part of the day engaged in purposeful activities outside their living unit (paragraph 80);
- the CPT wishes to underline the importance of ensuring that the provisions of the Circular on conditions in prisons issued by the Minister of Justice of 3 November 1997 are given practical effect (paragraph 82).

requests for information

- the views of the Turkish authorities on whether it would not be desirable for judges to have greater recourse to types of measures other than a fine or deprivation of liberty when dealing with juvenile offenders (paragraph 79);
- further information on the Turkish authorities' plans to build two new prisons for "dangerous" prisoners: the type(s) of prisoners to be held in these prisons; envisaged locations and capacities of the establishments; envisaged material conditions of detention and programmes of activities; etc. (paragraph 81).

2. Ill-treatment

recommendations

- the Director of Izmir (Buca) Prison to deliver to his staff the clear message that both physical ill-treatment and verbal abuse of inmates are not acceptable and will be dealt with severely (paragraph 83);
- in cases when an intervention by the Gendarmerie to deal with a prison disturbance proves unavoidable, this intervention to take place in the presence of an authority which is fully independent of both the Gendarmerie and the prison and charged with observing and subsequently reporting upon the carrying out of the intervention (paragraph 87).

comments

- the CPT trusts that in case of prison disturbances, seeking by all means a peaceful solution will remain the favoured approach (paragraph 87).

requests for information

- for 1997 in respect of all prisons and reformatories in Turkey:
 - the number of complaints of ill-treatment lodged against prison/reformatory staff,
 - an account of disciplinary and/or criminal sanctions imposed following complaints of ill-treatment by prison/reformatory staff (paragraph 85);
- the observations of the Turkish authorities on reports of the severe ill-treatment of prisoners by staff at the Bakirköy Prison for Women and Juveniles in February 1998, (paragraph 85);
- concrete examples of the measures taken in application of the provision contained in paragraph 7 of the Circular of 3 November 1997 concerning transfers of prisoners by members of the Gendarmerie (paragraph 86);
- confirmation that the legislative amendments referred to in the Prime Minister's Circular of 26 February 1998 would mean that the prosecution of members of the Gendarmerie in respect of offences committed in the course of the external protection of prisons would no longer be subject to an authorisation from an administrative board; in the affirmative, whether the notion of the "external protection of prisons" shall cover all aspects of the work of members of the Gendarmerie in relation to prisoners (perimeter security, interventions inside a prison, escort of prisoners to and from a place outside the prison, etc.) (paragraph 88).

3. Izmir (Buca) Prison

recommendations

- the occupancy rates in the units used to accommodate "common law" prisoners to be reduced, by exploiting all of the available prisoner accommodation in the establishment (paragraph 97);
- the establishment's 7.7 m² cells never to be used to hold more than two prisoners, and serious efforts to be made to reduce the occupancy rate of these cells to one prisoner (paragraph 97);
- steps to be taken to improve the state of repair of the sanitary facilities in the prisoner accommodation units (paragraph 97);
- the supply of clean bedding and personal hygiene products to be guaranteed (paragraph 97);
- efforts to be made to equip the dormitories with lockers in sufficient number for the prisoners held (paragraph 97);
- steps to be taken to improve conditions of detention as a whole for newly-arrived prisoners, having regard to the comments made in paragraph 95; above all, immediate action is required to ensure that such prisoners are offered at least one hour of outdoor exercise per day (paragraph 97);
- all the cells in the basement of Izmir Prison to be rendered unusable as detention facilities (e.g. removal of the cells' doors) (paragraph 98);
- the Turkish authorities to pursue vigorously efforts to develop the activity programmes at Izmir (Buca) Prison. The aim should be to ensure that all prisoners, including those on remand, are able to spend a reasonable part of the day (8 hours or more) engaged in purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association). In this connection, the bringing back into service of the prison's gymnasium should be seen as a priority. (paragraph 100);
- juvenile prisoners to be offered a full programme of educational, recreational and other purposeful activities; physical education should constitute an important part of that programme (paragraph 100).

4. Mersin E-type Prison

recommendations

- serious efforts to be made to reduce the occupancy rates of dormitories by exploiting all the available prisoner accommodation in the establishment (paragraph 110);
- steps to be taken to improve the general state of repair of the sanitary facilities and the prison's central bathroom, and to ensure that all dormitories have adequate ventilation (paragraph 110);

- measures to be taken to provide the prison kitchen with all the necessary equipment and a regular supply of hot water, and to ensure that the food served to prisoners is prepared in accordance with the appropriate sanitary and dietary requirements (if necessary, using the assistance of a dietary specialist) (paragraph 110);
- the supply of clean bedding and personal hygiene products to be guaranteed. In this connection, the upgrading of the prison laundry should be accorded a high priority (paragraph 110);
- measures to be taken to create a separate and appropriately equipped facility for women with children. Preferably, they should be placed in conditions providing them with the equivalent of a creche and the support of staff specialised in post-natal care and nursery nursing (paragraph 110);
- steps to be taken immediately to ensure that newly-arrived prisoners are offered at least one hour of outdoor exercise per day (paragraph 110);
- serious efforts to be made to increase and diversify the activities offered to prisoners at Mersin E-type Prison. Above all, the number of workplaces should be increased, and literacy courses organised for illiterate prisoners (paragraph 114);
- juvenile prisoners to be offered a full programme of educational, recreational and other purposeful activities. Physical education should constitute an important part of the programme (paragraph 114).

requests for information

- the comments of the Turkish authorities on the complaints heard about heating in the winter, and the persistent presence of rats and cockroaches (paragraph 110).

5. Ünye Closed Prison

comments

- the CPT trusts that plans to renovate the prison's central kitchen will be implemented shortly (paragraph 117);
- the Turkish authorities are invited to develop further organised activities for inmates at Ünye Prison (paragraph 118);
- the Turkish authorities are invited to take appropriate steps to enhance prisoner-staff relations at Ünye Prison (paragraph 119).

6. Izmir Reformatory for Juveniles

recommendations

- reading matter to be made available to juveniles placed in a disciplinary cell (paragraph 125);
- the disciplinary cells to be equipped with a table and chair, if necessary fixed to the floor, and fitted with a call system (paragraph 125);
- the Turkish authorities to explore the possibility of enlarging the disciplinary cells or, if this is not feasible, of finding alternative detention facilities (paragraph 125);
- a register recording the placement of persons in the disciplinary unit to be established, setting out full details on persons held in the unit: date and time of entering and leaving the unit; grounds for the detention and destination on departure; cell occupied, etc. (paragraph 126).
- steps to be taken to further develop sports activities for all juveniles (including the girls) (paragraph 132).

comments

- the Turkish authorities are invited to ensure that all living and sleeping areas for the juveniles are equipped and decorated in such a way as to create a more individualised and stimulating atmosphere (paragraph 128);
- it would be desirable to reduce somewhat the occupancy rates in the dormitories. (paragraph 128);
- ideally, the establishment should be provided with an indoor sports facility (paragraph 132).

requests for information

- further information concerning the provision of general education (as distinct from vocational training) to the inmates, in particular the younger among them (paragraph 132);
- confirmation that the swimming pool has been re-opened (paragraph 132).

7. Health-care services

recommendations

- the task of assessing and monitoring the quality and effectiveness of the work of prison doctors to be assigned to a qualified medical authority (paragraph 135);
- the Ministries of Justice and Health to carry out a full-scale review of health-care staff resources in Turkish prisons, with the aim of bringing them to a level at which they can fulfil in a satisfactory manner the responsibilities placed upon them. In the context of this review, particular attention should be given to specialised training for prison doctors in respect of the tasks they are called upon to perform and to the appointment of qualified nursing staff in prison health care services (paragraph 141);
- steps to be taken immediately:
 - to appoint an experienced doctor as head of the health-care service at Izmir (Buca) Prison and to reinforce the provision of psychological care at that establishment, in particular vis-à-vis the juvenile population,
 - to ensure attendance by general practitioners amounting to the equivalent of at least one full-time doctor at the Mersin Prison,
 - to fill the vacant nurse's post at the Izmir Reformatory for Juveniles (paragraph 142);
- prisoners identified as being in need of psychiatric care not to be held in the isolation/disciplinary unit at Ünye Closed Prison (paragraph 145);
- the Turkish authorities to take appropriate steps to ensure that the practice in Turkish prisons as regards medical screening on admission is brought into accordance with the points made in paragraph 148 (paragraph 148);
- a personal and confidential medical file to be opened for each prisoner, containing diagnostic information as well as an ongoing record of the prisoner's state of health and of his treatment, including any special examinations he has undergone. In the event of transfer, the file to be forwarded to the doctors in the receiving establishment (paragraph 151);
- all medical examinations (whether on arrival or at a later stage) to be conducted out of the hearing and - unless the doctor concerned requests otherwise in a particular case - out of the sight of prison officers (paragraph 152);
- prisoners' requests to consult a doctor to be transmitted directly to the prison's health-care service and in a manner that guarantees medical confidentiality (paragraph 153);
- the Turkish authorities to verify that all prisoners are guaranteed the provision of the medication required by their state of health; this implies that the funds allocated to prisons should be sufficient to enable medication to be provided free-of-charge to prisoners who do not have the necessary resources to pay for it themselves (paragraph 154).

comments

- a number of inmates at Mersin Prison complained about considerable delays in transfers to a hospital, due to difficulties in arranging a gendarmerie escort (paragraph 144);
- regular visits by a psychiatrist to the Mersin and Ünye Prisons, and by a psychiatrist specialised in adolescent development to the Izmir Reformatory for Juveniles, would be advisable (paragraph 146);
- the Turkish authorities are invited to provide appropriate activities/means of recreation to sick prisoners held for prolonged periods of time in State Hospitals (e.g. physical exercise, unless medically inappropriate; access to books and newspapers; radio/TV) (paragraph 155).

requests for information

- the views of the Turkish authorities as regards the possibility of giving increased responsibility to the Ministry of Health in the field of the provision of health care in Turkish prisons, including as regards the appointment and the supervision of the work of health-care staff (paragraph 134);
- confirmation that the newly-appointed psychologist at the Izmir Reformatory for Juveniles has now taken up his/her duties (paragraph 142);
- details of the first aid training provided to prison officers (paragraph 143).

8. Other issues related to the CPT's mandate

recommendations

- the provision of seats to both prisoners and visitors to be considered a priority (paragraph 158);
- pending the changes to the physical structure of prisons' disciplinary units, the Turkish authorities to strive to ensure that all prisoners subjected to the disciplinary sanction of cellular confinement are offered outdoor exercise on a daily basis (paragraph 160);
- the material deficiencies observed in the disciplinary units of the Izmir, Mersin and Ünye Prisons to be remedied (paragraph 161);
- all disciplinary cells to be equipped with a table and chair, if necessary fixed to the floor (paragraph 161);
- prisoners to be informed in writing of their right to appeal against disciplinary sanctions imposed on them (paragraph 162);

- a specific register to be established in every disciplinary unit, setting out full details on persons held in the unit: date and time of entering and leaving the unit; grounds for the detention and destination on departure; cell occupied, etc. (paragraph 163);
- steps to be taken to ensure that the information brochure "Guidelines for Convicted and Remand Prisoners" is supplied to all prisoners on their arrival at a prison establishment. Further, the translation of the information brochure into a range of languages should be given a high priority (paragraph 170).

comments

- the Turkish authorities are invited to move towards more open visiting arrangements (paragraph 158);
- the Turkish authorities are invited to revise the rules allowing for the withdrawal of the rights to visits and correspondence for up to three months (paragraph 159);
- the disciplinary cells at Izmir (Buca) Prison are not suitable for accommodating more than one prisoner, and the 3.2 m² cells in the disciplinary unit at Mersin Prison are unfit for use as detainee accommodation (paragraph 161);
- the CPT wishes to stress the importance of visiting bodies not limiting their contacts to persons who have expressly requested to meet them; they should take the initiative by visiting the prison's detention areas and entering into contact with inmates (paragraph 167).

requests for information

- clarification of the current position relating to the open visit entitlement of prisoners remanded in custody or sentenced for offences under the Law to Fight Terrorism (paragraph 156);
- progress made in implementing the provisions of the Circular of 3 November 1997 concerning conditions in disciplinary cells (paragraph 160);
- the views of the Turkish authorities on the future of the current complaints system (paragraph 166);
- further information on the activities of the Human Rights Committee of the Turkish Grand National Assembly in relation to prisons, as well as copies of relevant reports drawn up by that Committee (paragraph 168).

C. Psychiatric hospitals

1. Preliminary remarks

recommendations

- the Turkish authorities to take appropriate steps:
 - to promote specialised psychiatric nursing training;
 - to develop the profession of occupational therapists (paragraph 174).

requests for information

- a full account of the procedures applied in the case of civil commitment to a psychiatric hospital, and in particular detailed information on the medical opinions required for involuntary hospitalisation, the role of the courts in the decision to hospitalise involuntarily, patients' rights of appeal against their involuntary hospitalisation, and procedures for the review at regular intervals of whether involuntary hospitalisation remains necessary (paragraph 175);
- further information on the drawing up of specific mental health legislation (paragraph 175);
- a full account of the procedures pertaining to the possible subsequent discharge from hospital of persons hospitalised after having been found to be criminally irresponsible (automatic review procedures; rights of appeal; medical opinions required prior to discharge; applicable time-limits, etc.) as well as any available statistics on the discharge of such persons from hospital (paragraph 175);

2. Electroconvulsive therapy (ECT)

recommendations

- the practice of unmodified ECT (i.e without anaesthetic and muscle relaxants) to be discontinued in the Bakırköy and Samsun Hospitals as well as in any other psychiatric establishment in Turkey where this method is currently employed (paragraph 178);
- a specific register to be established on each ward for the purpose of recording the use of ECT. The entry should specify who authorised the treatment, what were the indications for the treatment, when each treatment was given, with what doses of electricity and drugs, and what was the outcome of each treatment. Such records should be made in duplicate and a copy kept in a central register (paragraph 181).

comments

- the Turkish authorities are invited to give priority to the centralisation and standardisation of ECT procedures (paragraph 180).

requests for information

- confirmation that the principle of performing ECT in specifically-designated rooms -out of the view of other patients - is now followed in all psychiatric hospitals in Turkey (paragraph 179);
- confirmation that patients in the prison ward at Samsun Regional Psychiatric Hospital who are to be given ECT are transferred to the room assigned at that hospital for the administration of such treatment (paragraph 179);
- the comments of the Turkish authorities on the extensive use made of ECT (paragraph 182).

3. Follow-up visit to Bakırköy Mental and Psychological Health Hospital

recommendations

- greater efforts to be made to improve material conditions in the wards of the Judicial Psychiatry Service in such a way as to provide a varied therapeutic environment for patients (e.g. personal possessions, lockers, bedside tables, visual stimulation, etc.) (paragraph 191);
- steps to be taken to improve the state of repair of Wards 16 and 33 (paragraph 191);
- immediate steps to be taken to ensure that patients held on the 1st floor of Ward 33 are offered outdoor exercise on a daily basis (paragraph 191);
- a high priority to be accorded to the development of a broader range of activities (physical, psychological, social and occupational) for patients, in particular for those who remain in the Judicial Psychiatry Service for an extended period. In this connection, efforts should be made more fully to exploit the workshop facilities in Ward 16 (paragraph 191);
- the existing facilities and operating procedures of the Arrest Unit to be thoroughly reviewed, with the aim of better reflecting its therapeutic functions. If necessary, consideration should be given to locating the Unit in more appropriate premises (paragraph 194);
- the Turkish authorities to take the necessary measures to fill the vacant nursing posts at the Bakırköy Hospital (paragraph 196).

requests for information

- full details of the patients' living conditions and treatment in the refurbished Ward 22: occupancy levels in the patients' rooms; policy as regards patients' clothing; access to recreation rooms and outdoor exercise facilities; sanitary facilities; therapeutic and other rehabilitative activities offered to patients; staffing levels (paragraph 187);
- confirmation that Ward 13 is no longer used as patient accommodation (paragraph 187);
- the comments of the Turkish authorities on the apparently unfavourable treatment of the Judicial Psychiatry Service as regards staffing levels (paragraph 196).

4. Samsun Regional Psychiatric Hospital

recommendations

- steps to be taken:
 - to improve patients' living conditions in the hospital's closed wards, having regard to the remarks made in paragraphs 198 to 200. As regards more particularly the closed ward for acute male patients, immediate action to be taken to ensure that all patients have their own bed;
 - to ensure that outdoor exercise is offered on a daily basis to all patients in the hospital's closed wards;
 - to develop a variety of psycho-social rehabilitative therapeutic activities for patients in the hospital's closed wards. Occupational therapy should form an important part of the rehabilitation process (paragraph 202);
- steps to be taken to ensure that an individualised approach is followed as regards patients' clothing (paragraph 203);
- to develop a variety of psycho-social rehabilitative therapeutic activities for patients in the semi-open ward for chronically ill male patients (paragraph 204);
- immediate steps to be taken to find more appropriate accommodation for the two young mentally retarded patients in the semi-open ward for chronically ill male patients (paragraph 205);
- greater efforts to be made to improve material conditions in the closed and semi-open wards of the Samsun Hospital in such a way as to provide a varied therapeutic environment. Patients should inter alia be provided with lockable space in which to keep their personal belongings (paragraph 206);
- immediate steps to be taken to ensure that patients in the prison ward are offered outdoor exercise on a daily basis and are guaranteed regular access (at least once a week) to a shower facility (paragraph 214);
- the relevant orders be issued in order to ensure that health-care staff have unrestricted access to the patients' rooms in the prison ward at all times, day and night (paragraph 214);
- the Turkish authorities to examine as a matter of priority the possibility of finding more appropriate premises for the prison ward (paragraph 215);
- the Turkish authorities to take the necessary steps to fill the vacant nursing posts at the Samsun Hospital (paragraph 217).

comments

- the psychiatrist/patient ratio was rather low (paragraph 216).

5. Seclusion and other means of physical restraint

recommendations

- a detailed policy on the use of means of physical restraint to be drawn up, covering in particular: the types of cases in which they may be used; their duration and the need for regular reviews; the existence of appropriate human contact; the need for staff to be especially attentive. Such a policy should make clear that initial attempts to restrain aggressive behaviour should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Instruments of restraint should only be used as a last resort (paragraph 221);
- health-care staff in psychiatric establishments to receive training in both non-physical and manual control techniques vis-à-vis agitated or violent patients (paragraph 221);
- every instance of the resort to means of restraint to be recorded in a specific register established for this purpose. The entry should include the times at which the measure began and ended, who ordered the measure, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff. This will greatly facilitate both the management of such incidents and the insight into the extent of their occurrence (paragraph 222).

6. Safeguards for psychiatric patients

recommendations

- all patients to be provided systematically with relevant information about their condition and the treatment which it is proposed to prescribe for them. Relevant information should also be provided to patients following treatment (results, etc.) (paragraph 224);
- the Turkish authorities to take the requisite measures to enable patients to lodge complaints with a clearly designated body and to have confidential access to a competent authority; the measures should include the provision of information to patients on the possibility of making a complaint (paragraph 225);
- an introductory brochure setting out the hospital routine and patients' rights to be drawn up and issued to each patient on admission, as well as to their families. Any patients unable to understand this brochure should receive appropriate assistance (paragraph 225);
- the Turkish authorities to consider the possibility of establishing a system of regular visits to psychiatric establishments by an independent outside body (paragraph 225).

comments

- the Turkish authorities are invited to take appropriate measures to provide external stimulation and support to staff working in psychiatric establishments (paragraph 226).

D. Observation Unit of the Institute of Forensic Medicine (Istanbul)

recommendations

- the Unit's observation environment to be improved, having regard to the remarks in paragraphs 229 to 233. In particular:
 - efforts should be made to provide a more congenial and personalised surrounding for patients, in particular by providing them with lockable space and allowing a reasonable number of personal belongings;
 - patients should be allowed to wear their own clothes during the day or be provided with appropriate non-uniform garments;
 - patients should have access to an appropriately equipped association room;
 - efforts should be made to develop psycho-social therapeutic activities for persons held in the Observation Unit;
 - patients should be given the opportunity to receive visits from their close relatives and lawyers;
 - steps should be taken to duly inform patients that they can send and receive letters;
 - the number of suitably qualified nurses employed by the Unit should be increased substantially (paragraph 234);
- the provision of food to be reviewed, with the aim of ensuring that patients are given meals of a balanced nutritional value at proper meal times (paragraph 235);
- the recommendations already made in respect of psychiatric hospitals as regards complaints procedures, the provision of information to patients and external supervision (cf. paragraph 225) to be read as applying *mutatis mutandis* to the Forensic Institute's Observation Unit (paragraph 237).

requests for information

- clarification as to the criteria applied when deciding to commit a person to the Forensic Institute's Observation Unit rather than to an ordinary psychiatric hospital (paragraph 228);
- confirmation that outdoor exercise is now being offered on a daily basis to all persons held in the Observation Unit (paragraph 234);
- confirmation that health-care staff are present at night and during weekends (paragraph 234);
- the comments of the Turkish authorities on the possibility of having the Observation Unit managed as a proper hospital facility (paragraph 234).

APPENDIX II

LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS

National authorities

Ministry of Justice

Mr Oltan SUNGURLU	Minister for Justice
Mr Yıldırım TÜRKMEN	Undersecretary
Mr Necati NURSAL	Head of Department
Mr Abdulkadir KAYA	Judge
Mr Hakan SÖZEN	Judge

Ministry of the Interior

Mr Murat BAŞESGİOĞLU	Minister for the Interior
Mr Cengiz AYDOĞDU	Head of Department
Mr Bülent DOĞAN	Deputy Head of Department
Mr Ahmet KAYA	Superintendent of the Police
Major Mehmet GÖÇMEN	General Command of the Gendarmerie
Mr Ismail ÖZDEMİR	Head of Department
Mr Metin AKSOY	Deputy Head of Department

General Directorate of Security:

Mr Necati BİLİCAN	General Director of Security
Lt.Col. Kemal ALATAŞ	Head of Department
Mr Ahmet DEMİRCİ	Head of Department
Mr Deniz YİĞİT	Foreign Relations Department

Ministry of Foreign Affairs

Mr İsmail CEM
Mrs Dicle KOPUZ
Mr Naci AKINCI
Mr Ahmet ÜLKER

Minister for Foreign Affairs
Head of the Department of Human Rights
Deputy Head of the Department of Human Rights
First Secretary

Ministry of Health

Prof. Dr Sedat ÜNAL
Prof. Dr Yıldız BATIRBAYGİL
Dr Niyazi ÇAKMAK
Dr Selçuk METİNER
Dr Selçuk CANDANSAYAR
Mr Bekir METİN
Dr Hasan ÇELİK
Mr Nafiz İLTER

Undersecretary
Deputy Undersecretary
Deputy Director General, Directorate of Primary Health Care
Head of Department, Directorate of Curative Services
Directorate of Primary Health Care
Head of the Department of External Relations
Deputy Head of the Department of External Relations
Director of International Relations, Department of External Relations
Deputy Head of Department
Department of External Relations

Mr Salih Zeki KOLCUOĞLU
Mrs İzgi GÜNGÖR

Non-governmental organisations

Association of Turkish Forensic Doctors
Izmir Bar Association
Mazlum-Der
Mersin Bar Association
Turkish Human Rights Association
Turkish Human Rights Foundation
Turkish Medical Association