



CPT/Inf (2006) 5

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

from 22 February to 3 March 2005

The Government of the Slovak Republic has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2006) 6.

Strasbourg, 2 February 2006

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Copy of the letter transmitting the CPT's report

Strasbourg, 29 July 2005

Dear Ms Novotná,

In pursuance of Article 10, paragraph 1, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment, I enclose herewith the report to the Government of the Slovak Republic drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) following its visit to Slovakia from 22 February to 3 March 2005. The report was adopted by the CPT at its 57th meeting, held from 4 to 8 July 2005.

I would like to draw your attention in particular to paragraph 137 of the report, in which the CPT requests the Slovak authorities to provide **within six months** a response on the action taken upon its report. The CPT would ask, in the event of the response being forwarded in the Slovak language, that it be accompanied by an English or French translation. It would also be most helpful if the authorities of the Slovak Republic could provide a copy of the response 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.

Yours sincerely,

Silvia CASALE
President of the European Committee for the
prevention of torture and inhuman
or degrading treatment or punishment

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I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of 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 carried out a visit to the Slovak Republic from 22 February to 3 March 2005. The visit formed part of the CPT's programme of periodic visits for 2005.

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

- Mario FELICE (Head of delegation)
- Marija DEFINIS-GOJANOVIĆ
- Zbigniew HOLDA
- Ingrid LYCKE ELLINGSEN
- Mauro PALMA.

They were supported by the following members of the CPT's Secretariat:

- Edo KORLJAN
- Bojana URUMOVA

and assisted by

- James MacKEITH, Consultant Forensic Psychiatrist, London, United Kingdom (expert)
- František KOLEČANI (interpreter)
- Zuzana KOVAČOVÁ (interpreter)
- Judita VAN DE WATERING KRAMER (interpreter)
- Vladimír OLEXA (interpreter)
- Jaroslava PERLAKIOVÁ (interpreter)
- Marta TERENOVÁ (interpreter).

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Regional Police Directorate, Bratislava
- Dubravka District Police Directorate, Bratislava
- Dubravka Sub-district Police Department, Bratislava
- Stare Mesto-Východ District Police Directorate, Bratislava
- Regional Police Directorate, Košice
- District Police Directorate, Trebišov
- Sub-District Police Department, Trebišov

Prisons

- Bratislava Prison
- Ilava Prison
- Košice Prison

Psychiatric establishments

- Sokolovce Psychiatric Healthcare Centre
- Veľké Zálužie Psychiatric Hospital

Social Services Homes

- Veľký Biel home for disabled women.

C. Consultations held by the delegation

4. In the course of the visit, the delegation held consultations with Daniel LIPŠIČ, Deputy Prime Minister and Minister of Justice, Vladimír PALKO, Minister of the Interior, as well as senior officials from the Ministries of Justice, the Interior, Health Care, Education, and Labour, Social Affairs, and the Family. It also met Milan KARABÍN, President of the Supreme Court, Pavel KANDRÁČ, Human Rights Ombudsman, and representatives of the Prosecutor-General's office.

A list of the national authorities and non-governmental organisations met by the delegation is set out in Appendix II to this report.

D. Cooperation between the CPT and the Slovak authorities

5. The degree of cooperation received by the CPT's delegation from the Slovak authorities at central level was very good. The CPT wishes to express its appreciation to its liaison officers for their efficient assistance.

6. At local level, the delegation met with a very good reception at most places visited.

However, it became evident that information on the CPT's mandate and appropriate instructions as to the facilities which should be provided to the visiting delegation had not been transmitted systematically throughout local units of the Ministry of the Interior. In particular, in some of the police establishments visited in eastern Slovakia, even certain senior officials remarked that they were not aware of the possibility of a visit by the CPT's delegation. Further, some of the delegation's interlocutors in Trebišov were not forthcoming in terms of providing the documents requested, which encumbered the delegation's task by causing significant delays.

Following the visit, the Ministry of the Interior provided certain written comments concerning the delegation's end-of-visit statement,¹ including as regards the above-mentioned issue. The relevant comment indicated that "members of the CPT are not mentioned" in Section 65 of the Code of Criminal Procedure, which lists the persons authorised to examine a criminal file or to make notes from it. According to the Ministry of the Interior, the officials in Trebišov were willing to comply with the delegation's requests "despite" the absence of any mention of the Committee in the relevant provision.

7. The implication of the comment by the Ministry of the Interior is that delegations of the Committee may only have access to criminal files at the discretion of local law enforcement officials. This is not a tenable position. The CPT wishes to recall that by virtue of Article 8(2)(d) of the Convention, a Party must provide the Committee with information available to it "which is necessary for the Committee to carry out its task". Such information may well include that contained in criminal files. The fact that Section 65 of the Code of Criminal Procedure does not, at present, refer to members of the CPT does not alter the obligations of the Slovak authorities in this regard. Article 27 of the Vienna Convention on the Law of Treaties makes clear that "A party may not invoke the provisions of its internal law as justification for its failure to perform a treaty".

Having regard to the above remarks, **the CPT recommends that efforts be made with a view to ensuring that all relevant authorities, including those working at local level, receive detailed information on the Committee's mandate and their obligations vis-à-vis visiting delegations. The provisions of Section 65 of the Code of Criminal Procedure should also be reviewed, in the light of the obligations flowing from the Convention establishing the CPT.**

¹ Cf. "Information concerning the facilities of the Ministry of the Interior of the Slovak Republic which have been visited by the CPT's delegation" (document enclosed with a letter dated 16 May 2005 by Ms Adriana NOVOTNÁ, Principal Adviser at the Ministry of Justice, to the Secretariat of the CPT).

8. The principle of cooperation set out in the Convention is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in the light of the Committee's key recommendations. In this regard, the CPT is concerned by the fact that it has been obliged to reiterate many of its previous recommendations concerning police and prison issues.

E. Immediate observations under Article 8, paragraph 5, of the Convention

9. At the meeting which took place at the end of the visit on 3 March 2005, the delegation made two immediate observations under Article 8, paragraph 5, of the Convention.

The first immediate observation was made in respect of long-term prisoners at Ilava Prison, who were being held in a highly restrictive solitary confinement regime for years on end. The delegation requested the Slovak authorities to carry out an individual risk assessment in respect of all long-term prisoners held at Ilava Prison and to adjust the security measures applied to them accordingly, as well as to take urgent steps to increase possibilities for human contact (via group association activities, increased interaction with staff of different categories, etc.) for such prisoners.

The second immediate observation concerned the cage-bed at Sokolovce Psychiatric Healthcare Centre. The delegation requested that an immediate end be put to its use (and to the use of such beds in other psychiatric establishments throughout the country).

10. The observations were confirmed in a letter dated 18 March 2005 addressed by the Executive Secretary of the CPT to the Slovak Ministry of Justice. The Slovak authorities were requested to provide, within three months, an account of the measures taken in response to the first immediate observation and, within one month, an account of the measures taken in response to the second.

By letters of 24 March, 15 April, 16 May and 1 June 2005, the Slovak authorities informed the CPT of measures taken in response to these immediate observations, and to other issues raised by the delegation at the end-of-visit talks. This information has been taken into account in the relevant sections of the present report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

11. The CPT's delegation carried out follow-up visits to four police establishments in Bratislava and Košice (the Regional Police Directorates in each city, as well as Dubravka and Stare Mesto-Východ District Police Directorates in Bratislava). It also visited three police establishments for the first time: the District Directorate and Sub-District Police Department in Trebišov, and the Dubravka Sub-District Police Department in Bratislava.

12. A criminal suspect detained by the police (and who is not released beforehand) must be brought before a judge within 48 hours of his apprehension, on the basis of a motion filed by the relevant prosecutor. The judge must question the detained person and, within 48 hours after receiving the prosecutor's motion (or 72 hours for particularly serious offences), decide on the release or remand in custody of the person concerned.

Persons detained by the police on the basis of an arrest warrant already issued by a judge must be brought before the relevant court without delay, and not later than within 24 hours. In such cases, the judge once again has 48 hours (or 72 hours as regards particularly serious offences) to notify the accused person of his decision.

13. In recent years, certain orders have been issued by the Ministry of the Interior, bringing developments of interest to the CPT to the formal framework for police custody,² including a Code of Ethics.³ It may also be noted that a new Criminal Code and Code of Criminal Procedure were under discussion⁴ at the time of the visit; it was envisaged that the new laws would enter into force in January 2006.

The CPT would like to receive up-to-date information regarding the above-mentioned legislative developments.

² Relevant documents issued during the period since the last visit concern training of police officers (Order No. 43/2001 dated 30 July 2001, replaced by Order No. 15/2005 issued on 9 February 2005 by the President of the Police Force), conditions of detention (Regulation No. 41 of the Minister of the Interior issued on 17 July 2003, and Order No. 193/2003 issued in March 2003 by the President of the Police Force); manner of criminal proceedings (Regulation No. 61 of the Minister of the Interior issued on 10 December 2003); and activities of the uniformed police service (Order No. 17 of the President of the Police Force issued on 18 December 2003). Further, on 7 August 2003, the Head of the Regional Directorate of the Police Corps in Bratislava issued instructions for officers responsible for custody and escort.

³ The Code of Ethics was promulgated by Decree of the Minister of the Interior on 1 February 2002.

⁴ The Deputy Director of the Criminal Department of the Office of the Prosecutor-General, which took part in the development of the new legislation, informed the delegation that the main elements of the existing legal framework for police custody of particular interest to the CPT (e.g., detention time-limits and safeguards against ill-treatment) would not be altered by the future Code of Criminal Procedure.

2. Ill-treatment

14. The amount of information indicative of ill-treatment of persons deprived of their liberty by law enforcement agencies - including by officers from special operations units wearing balaclavas - remains significant. Most of the allegations of ill-treatment received during the February-March 2005 visit related to the time of arrest; however, there were also some allegations relating to the subsequent period of police custody, including the time of police questioning. The types of ill-treatment alleged consisted mostly of slaps, punches and kicks, or blows with hard objects such as batons; further, certain persons claimed that they had been struck with pistol-butts, flashlights, or plastic bottles filled with water. In a notable proportion of the cases which came to the attention of the delegation, the alleged victims of ill-treatment were Roma.

In a number of cases, medical records revealed that upon their admission to prison, the persons concerned had displayed injuries consistent with their allegations of ill-treatment. The following cases are two examples where the delegation gathered supporting medical evidence, consistent with the persons' accounts of ill-treatment.

15. In one case, a prisoner alleged that, at the time of his apprehension (in late 2004), he was punched in the face and struck on the back with a flashlight by police officers in Košice after he had obeyed a police order to stand with his hands pressed against a wall; he also alleged that he was beaten during his transport to the police station and thereafter. His medical file at Košice Prison recorded that on examination four days later, he displayed "a haematoma above the left scapula the size of the whole shoulder blade and haematoma under the lower right eyelid." An account of the incident was also included in the "Extraordinary events register" in Košice Prison.

Another case involved a person who was allegedly ill-treated in the police station of Petržalka-North (Bratislava), where he was held prior to his admission to Bratislava Prison in mid-2004. His prison medical file recorded that, on examination on the day of the alleged beating, he displayed a "red and swollen nose", as well as "small bruises on arms and a 10 x 3 cm welt on his back". The files at the Control and Inspection Service of the Police in Bratislava recorded that, at the time of his admission to prison, the person concerned displayed a broken nose.

16. The information gathered during the CPT's February-March 2005 visit demonstrates that there is no room for complacency. It is essential that the Slovak authorities strengthen their efforts to overcome the problem of ill-treatment by law enforcement officials. Through training and by example, law enforcement officials must be instructed that it is unprofessional - as well as unsafe from a career-path standpoint - to work and associate with colleagues who have resort to ill-treatment, whereas it is considered as correct and professionally rewarding to belong to a team which refrains from such acts.

The CPT recommends that senior police officers regularly instruct their subordinates that: ill-treatment will not be tolerated; all information regarding possible ill-treatment will be investigated; and perpetrators of ill-treatment will be subject to severe sanctions.

17. In the interests of the prevention of ill-treatment, a very high priority should be given to professional training for police officers of all ranks and categories, and an aptitude for interpersonal communication should constitute a major factor in their recruitment.

During the February-March 2005 visit, the Ministry of the Interior provided up-to-date information on the action taken upon the CPT's report on its visit in 2000.⁵ The information included an account of the orders issued by the President of the Police Service relating to professional training and selection of police officers. According to the order currently in force (issued on 9 February 2005), police officers must undergo specialised testing every other year, in which they are required to demonstrate knowledge of legal provisions which regulate the appropriate use of weapons and means of coercion, as well as the circumstances in which the use of force is warranted.

The CPT recommends that the Slovak authorities continue to give a high priority to police training, including as regards practical skills for handling high-risk situations, such as the apprehension and interrogation of suspects.

18. As regards, more particularly, the alleged use of excessive force at the time of apprehension,⁶ the CPT fully recognises that the arrest of a criminal suspect is often a hazardous task, in particular if the person concerned resists apprehension and/or is someone whom the police have good reason to believe represents an immediate danger. The circumstances of an apprehension may be such that injuries are sustained by the person concerned (and by police officers) without this being the result of an intention to inflict ill-treatment. However, no more force than is reasonably necessary should be used when effecting an apprehension. Furthermore, once apprehended persons have been brought under control, there can be no justification for their being struck by police officers. **The CPT recommends that police officers be reminded of these precepts.**

19. The delegation found that it was still common - as was the case in 2000⁷ - for detained persons to be handcuffed for extended periods to fixtures in a corridor or office (such as radiators or metal rings attached to walls); moreover, certain persons alleged that their hands had been attached for hours to a metal ring behind their backs, in positions in which it was impossible to sit without great discomfort. Not only did the delegation itself observe such metal rings in police establishments around the country - e.g. at Dubravka District Police Directorate in Bratislava and the Sub-District Police Department in Trebišov - but a senior police officer from the former establishment indicated that the rings were "essential", arguing that there were no other means in the premises to prevent contact between co-defendants. Concerning this matter, the comments furnished by the Ministry of the Interior⁸ - to the effect that the handcuffing of persons to fixtures for extended periods is "a general statement of the Committee, proven in no specific case" - are anything but convincing. While it may be necessary for a criminal suspect in police custody to be handcuffed at certain stages of the procedure, **handcuffs should not be used as a substitute for secure holding facilities.**

⁵ Cf. document "Update Information on the implementation of the measures given in the Response by the Government of the Slovak Republic to the Report on the visit to Slovakia carried out by the CPT in October 2000".

⁶ Cf. also paragraph 29 below.

⁷ Cf. paragraph 26 of CPT/Inf (2001) 29.

⁸ Cf. "Information concerning the facilities of the Ministry of the Interior of the Slovak Republic which have been visited by the CPT's delegation" (document enclosed with a letter dated 16 May 2005 by Ms Adriana NOVOTNÁ, Principal Adviser at the Ministry of Justice, to the Secretariat of the CPT).

The CPT calls upon the Slovak authorities to take immediate steps to ensure that persons detained by the police are accommodated in adequate facilities from the very outset of their custody, and that all metal rings such as those described above are removed from police establishments throughout the Slovak Republic.

3. Combating impunity

20. 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 relevant information regarding possible ill-treatment which comes to their attention, whether or not that information takes the form of a formal complaint; failing to do so will contribute to creating a climate of impunity. In this connection, judges, prosecutors and investigators are in a particularly crucial position. Vigilance and a pro-active stance adopted by the management of prisons can also make a vital contribution to combating impunity.

21. The CPT's delegation pursued the issue of accountability during the February-March 2005 visit, by examining information related to alleged ill-treatment in the context of large-scale police operations in Trebišov and Čaklov (eastern Slovakia) in February 2004, involving officers from special operations units.⁹ According to information received by the CPT, a number of persons were alleged to have been subjected to ill-treatment by police officers in the context of those raids and/or during subsequent detention by the police. Further, it was indicated that the body of Mr Radoslav PUKÝ, who was allegedly being pursued by the police in the context of the operation in Trebišov, was found in a canal several days later.

The Slovak authorities confirmed that the police had launched an operation in Trebišov on 23 February 2004, in the context of which 69 persons were apprehended, including some 25 minors. On the following day, a police operation commenced in Čaklov, as a result of which 23 people were criminally charged, and a motion was filed with the relevant prosecutor requesting that 12 of them be taken into custody. The authorities made reference to two complaints of police abuse of authority in connection with the February 2004 event in Trebišov (no such observation was made concerning the events in Čaklov); the first concerned unlawful restriction of liberty, and the second concerned ill-treatment (a fractured hand displayed by a person upon his admission to Košice Remand Prison on 25 February 2004, allegedly caused by police officers at the time of his apprehension on 23 February 2004). Both complaints were dismissed by the Police Force Inspection Service; in the second case, the Police Force inspection service found that there was a lack of grounds for initiating prosecution, apparently due to the complainant having stated different facts in the police protocol during his examination as a witness on 24 February 2004.

The Slovak authorities also provided information related to the case of Mr PUKÝ, indicating that the autopsy had determined that "the direct cause of death [...] was classical suffocation by drowning" and that "no injuries caused by mechanical violence that would indicate involvement of another person were found"; the authorities concluded that "it is obvious that this act does not constitute a crime".

⁹ This issue was raised by the CPT with the Slovak authorities following the events concerned (cf. letters dated 7 April and 11 May 2004 addressed by the President of the CPT to the Slovak authorities and responses dated 7 and 25 May 2004 by the Director General of the International and European Law Department of the Slovak Ministry of Justice).

During the visit, the delegation sought to assess whether an effective investigation had been carried out into the death of Mr PUKÝ and the alleged ill-treatment by law enforcement officials of J.H. (*), the person who displayed a fractured hand upon his admission to Košice Remand Prison on 25 February 2004. In order to make its assessment, the delegation interviewed the Trebišov Public Prosecutor and officers from the Trebišov District Police Directorate and Sub-District Police Department; it also examined relevant files.

22. A first investigation into the "bodily harm" (Section 224(1) of the Criminal Code) of the deceased *Radoslav PUKÝ* was initiated by the Trebišov Public Prosecutor on 7 March 2004, the date his body was found in a canal near the settlement where the police operation had been carried out some ten days earlier. A report on the autopsy - which was performed on 8 March 2004 by the Institute of Forensic Medicine in Košice - was delivered on 30 March 2004; as already indicated,¹⁰ it determined that the cause of death was suffocation by drowning, and that the probable date of death was 24 February 2004. On 7 March 2004, several witnesses - all of whom had last seen Mr PUKÝ alive when he was fleeing the settlement on 24 February 2004 - were interviewed, including his brother; the latter stated that the victim had told him on that occasion that "he received a considerable beating" by the police, and was "pressing his left forearm and his left side". The investigation was terminated on 26 April 2004 because the "acts do not constitute a criminal offence, and no signs of injuries due to physical violence suggesting the action of another person were found on his body".

Upon reviewing the case file and finding that the termination of the investigation was "premature and not justified", the Prosecutor-General requested on 8 June 2004 that the case be reopened. In particular, the Prosecutor-General observed that the autopsy report concerning the death of Mr PUKÝ was not "conclusive" as to the time of death, and recommended that a new expert opinion be requested. Further, he directed the Trebišov Public Prosecutor to identify and interview other witnesses from the group of persons who had been pursued and detained in the context of the Trebišov operation. He also pointed out that the allegation of ill-treatment by the police, as reported by the brother of the deceased, had not been investigated, and asked to be kept informed of that investigation.

In the second expert opinion prepared by the Institute of Forensic Medicine in Martin, it was once again concluded that the cause of death was suffocation by drowning; however, rather than on 24 February 2004, it was concluded that the probable date of death was between 1 and 4 March 2004, i.e. five to eight days after Mr PUKÝ had last been seen alive. No attempt to examine the discrepancy as to the probable date of death between the first and second expert opinions was evident in the documents examined by the delegation. As to the action taken to investigate the alleged ill-treatment of Mr PUKÝ, it was rather perfunctory. The investigators merely verified that his name did not appear in the documentation at the Trebišov District Police Directorate pertaining to the persons apprehended in the context of the police operation of 24 February 2004; however, they did not interview any of the officers participating in that operation. The second criminal prosecution was dismissed on 22 October 2004, and an appeal against this decision was pending at the time of the visit.

The CPT would like to be informed of the outcome of the appeal against the decision to dismiss the criminal proceedings in the case of Mr Radoslav PUKÝ.

¹⁰ Cf. paragraph 21 above.

(*) Only the initials of this person are given (cf. Article 11, paragraph 3, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment)

23. The delegation examined the police, prosecutorial, and prison files related to the apprehension and custody of J.H., who was aged seventeen at the time of the February 2004 events.¹¹ It may be noted that the files in Trebišov Sub-District Police Department recorded that, in the context of the large-scale police operation in question, law enforcement officials used "grips, holds, blows, self-defence kicks and handcuffing" while bringing 36 persons - including J.H. - into custody, and that "no injuries were visible on those persons".

According to the police file, J.H.'s personal liberty was restricted at 8.35 p.m. on 23 February 2004 in Trebišov. He was apparently taken to the local civil hospital on 24 February 2004 at some point before 10.15 a.m., when he was placed in a police cell in the Trebišov District Police Directorate. The medical report from the hospital recorded, inter alia, the following: "Yesterday, after police intervention following the looting, he allegedly received a blow to the left hand. He feels pain; back of left hand is swollen; little finger mobility reduced, palp. crepitus." Based on the X-ray, the diagnosis was "Fr. metacarpi V. 1. sin. subcapitalis"; the doctor prescribed a plaster splint and painkillers as therapy and certified that J.H. was fit to be placed in a preliminary detention cell. The form "Protocol on handing over a person to be placed in a police cell" also recorded that he displayed a fractured hand, and stated: "I was beaten and my hand hurts". From the file, it was evident that the police took no concrete steps to investigate this allegation of ill-treatment.

No reference to the alleged ill-treatment was made either in the criminal charges (signed by the Public Prosecutor in Trebišov) brought against J.H., or in the court decision to remand him in custody dated 25 February 2004, despite the fact that the judicial and prosecutorial authorities were aware of his allegations and the corroborating medical evidence (the documents concerned forming part of his apprehension and detention file). From a careful examination of all relevant documents, it would also appear that J.H. was never physically brought before the judge concerned prior to being taken to Košice Remand Prison, in clear violation of the Code of Criminal Procedure.

24. To sum up, the case of J.H. highlights inaction by police, prosecutorial and judicial authorities in the face of allegations and medical evidence indicative of possible ill-treatment, as well as other deficiencies, including: the apparent failure to provide the person concerned - who was a minor - with access to his legal guardian, as well as to a lawyer, during his presence on police premises; no record as to his whereabouts between 8.35 p.m. on 23 February and 10.15 a.m. on 24 February 2004; and the failure to give him the opportunity to directly inform the judge concerned about the manner in which he had been treated.

¹¹ J.H. was apprehended together with eight other persons, three of whom were minors (aged nine, thirteen and fifteen).

25. The Slovak authorities have indicated that police investigators (or other police officers) request medical examinations when they become aware of information indicative of ill-treatment;¹² however, they have not provided an account of the practice followed by prosecutors and judges in this regard. Therefore, **the CPT reiterates its recommendation that, whenever the competent authorities (i.e. investigator, prosecutor or judge) receive a complaint of ill-treatment by the police, they immediately request a forensic medical examination of the person concerned and take the necessary steps to ensure that the allegations are properly investigated. This approach should be followed irrespective of whether the person concerned bears visible injuries. Even in the absence of an express allegation of ill-treatment, a forensic medical examination should be requested whenever there are other grounds to believe that a person could have been the victim of ill-treatment.**

It is also important that no barriers be placed between persons who allege ill-treatment and doctors who can provide forensic reports recognised by the prosecutorial and judicial authorities. **The CPT recommends that the Slovak authorities take the necessary measures to enable persons who allege ill-treatment, or their lawyer or doctor, to themselves request a forensic medical examination.**

26. A well-designed and properly functioning system of internal accountability procedures is a key element in combating impunity.

In the report on its visit in 2000, the CPT recommended that the procedures applied by the Control and Inspection Service of the Police vis-à-vis allegations of ill-treatment be reviewed, and that persons making such allegations be interviewed by the investigating authority. The Slovak authorities responded that the activities of the Control and Inspection Service of the Police are supervised by prosecutorial authorities.¹³ However, it remains the case that the Control and Inspection Service only rarely interviews the persons alleging ill-treatment; rather, it relies on allegations and other information recorded by prison officers and health care staff upon the persons' admission to a remand prison.¹⁴

¹² Cf. document "Update Information on the implementation of the measures given in the Response by the Government of the Slovak Republic to the Report on the visit to Slovakia carried out by the CPT in October 2000".

¹³ *Ibid.*

¹⁴ In this regard, it is positive that prisons were forwarding information indicative of possible ill-treatment to the Control and Inspection Service of the Police. Nevertheless, certain problems were observed in the recording of information related to injuries (cf. in this regard paragraph 59 below).

27. During the visit, the National Control and Inspection Service of the Police indicated that, in 2004, there were a total of 204 files nation-wide related to alleged ill-treatment.¹⁵ Of those, only nine had led to criminal or disciplinary/administrative proceedings.¹⁶ Of the 73 complaints of ill-treatment received by the Bratislava Regional Department¹⁷ of the Control and Inspection Service during that year, only three had led to criminal or disciplinary proceedings.¹⁸ As far as the CPT is concerned, rather than being an indicator of the absence of ill-treatment, the above statistics would suggest that the existing systems of redress are not functioning properly.

The delegation reviewed the action taken by the Bratislava Regional Department of the Control and Inspection Service in respect of cases of alleged ill-treatment processed in 2004. Given that the Department was allowed 30 days to carry out the necessary verifications, it can be concluded that the investigations were required to comply with the criteria of *promptness* and *expeditiousness*. However, it was clear from the files analysed by the delegation that investigators were not taking all reasonable steps to secure evidence. In the vast majority of cases, the Control and Inspection Service did not interview the alleged victim, nor did they identify or interview important eyewitnesses (e.g. police officers on duty, other detainees). Instead, the Service relied solely on earlier statements made by alleged victims during the initial personal search carried out by prison officers - in the presence of escorting police officers - upon their admission to a remand prison.¹⁹ The only document included in most of the files examined at the Bratislava Regional Department was a report by the officer who was the subject of the allegations (or the officer's superior). Further, it transpired that a number of investigations - where there was medical evidence compatible with the initial allegations of ill-treatment - were discontinued on the grounds that the person concerned had withdrawn his complaint. The CPT has misgivings about such a practice; ill-treatment by law enforcement officials is an important issue of public order, and the withdrawal of a complaint should not necessarily lead to an investigation being halted. In the CPT's view, such an investigation should be continued *ex officio* and should *inter alia* strive to elucidate the reasons for a withdrawal of a complaint. On the basis of all the information obtained by its delegation, the CPT is not convinced that the present approach of the Control and Inspection Service meets the criteria of *independence* and *thoroughness*.

28. The CPT recommends that the relevant authorities review the existing arrangements, in the light of the remarks made in paragraphs 26 and 27, and that they ensure that the precepts set out in the Committee's 14th General Report (CPT/Inf (2004) 28) are systematically applied in the context of all official investigations (criminal or disciplinary) in cases involving allegations of ill-treatment.

¹⁵ Of those, 93 had been raised by the Corps of Prison and Court Guard based on examinations of newly-arrived prisoners; 28 originated in prosecutorial files; 27 were complaints made directly by the alleged victims; and 56 came from other sources (mostly defence lawyers).

¹⁶ Of the 204 cases related to alleged ill-treatment processed in 2004 nationwide, it was decided that the use of force was lawful in 158 cases; 27 cases were dismissed following an evaluation of the evidence; 9 cases were still pending; one was time-barred; criminal proceedings had been initiated in four cases (in two of which indictments had been issued); in one case, an indictment had been issued by the military prosecutor; and four cases had led to disciplinary or administrative proceedings.

¹⁷ The Control and Inspection Service of the Police has three Regional Departments, in Bratislava, Banská Bystrica, and Košice.

¹⁸ 64 of the complaints were dismissed on the grounds that the force used was lawful; five were dismissed by prosecutorial authorities following an evaluation of the evidence; one case was still pending; criminal proceedings had been initiated in two cases; and one case had led to disciplinary proceedings.

¹⁹ Cf. in this regard paragraph 59 below.

The CPT also recommends that relevant prosecutors always be immediately notified, in writing, of information relating to possible cases of police ill-treatment which comes to light during internal accountability procedures. The information transmitted should include, inter alia, all relevant statements made by the person concerned and all related medical findings.

29. The CPT has also made it clear that it has strong misgivings regarding the practice of law enforcement officials wearing masks or balaclavas when performing arrests; this risks hampering the identification of potential suspects if and when allegations of ill-treatment arise. It is difficult to sustain the assertion by the Slovak authorities²⁰ that balaclavas are only used during actions involving dangerous offenders or persons suspected of committing exceptionally serious crimes (such as organised crime); in fact, large detachments of masked officers from special units participated in the February 2004 operations in Trebišov and Čaklov, even though most of the persons apprehended in the context of those operations were only charged with property offences and/or causing a public disturbance.

The CPT recommends that the Slovak authorities review the practice of police officers wearing balaclavas in the course of their duties, in the light of the above remarks.

4. Safeguards against the ill-treatment of persons deprived of their liberty

30. The CPT is pleased to note that, following the recommendation made in the report on its visit in 2000,²¹ the Police Act was amended to provide that detained persons shall be given the right to both notify a close person of their detention *and* to have access to a lawyer.²²

Despite the above-mentioned positive development regarding the legal framework, the situation prevailing in practice has hardly improved. As had been the case at the time of the 2000 visit, the CPT's delegation found that in a significant number of cases the rights of notification of custody and of access to a lawyer were often not fully effective in practice. The CPT is particularly concerned that the above-mentioned rights were not always respected as regards minors (i.e., persons under 18). In a number of cases, the delegation was able to verify that juveniles were questioned by police officers in the absence of their parents/legal guardians, lawyers, or social workers; in one such case, the registers at the Regional Police Directorate in Bratislava confirmed that a 16-year-old girl had been held in police custody for at least four days, as well as being interrogated for a full day.

²⁰ Cf. document "Update Information on the implementation of the measures given in the Response by the Government of the Slovak Republic to the Report on the visit to Slovakia carried out by the CPT in October 2000" and "Information concerning the facilities of the Ministry of the Interior of the Slovak Republic which have been visited by the CPT's delegation" (the latter document was enclosed with a letter dated 16 May 2005 by Ms Adriana NOVOTNÁ, Principal Adviser at the Ministry of Justice, to the Secretariat of the CPT).

²¹ Cf. paragraphs 31 and 32 of CPT/Inf (2001) 29.

²² Cf. Section 19 of the Police Act.

In their written comments²³ provided concerning the delegation's end-of-visit observations on safeguards, the Ministry of the Interior indicated that "the conclusion of the Committee is of a general and unspecific nature". Such a reply can only cast doubt on the willingness of the Slovak authorities to ensure the effectiveness in practice of the legal provisions on fundamental safeguards against ill-treatment by law enforcement officials.

31. As regards more particularly access to a lawyer, the CPT wishes to emphasise once again that, in its experience, it is during the period immediately following the deprivation of liberty that the risk of intimidation and ill-treatment is greatest. Consequently, the possibility for persons taken into police custody to have such access during this period is a fundamental safeguard against ill-treatment. The existence of that possibility will have a dissuasive effect upon those minded to ill-treat persons in their custody; further, a lawyer is well placed to take appropriate action if ill-treatment actually occurs. No doubt, the presence of a lawyer at the stage of initial police questioning will not always be welcomed by the police officers concerned. However, properly-trained police officers will be able to cope with the application of this fundamental safeguard.

The right of access to a lawyer must include the right to talk to him in private. The person concerned should also, in principle, be entitled to have a lawyer present during any interrogation conducted by the police. However, this should not prevent the police from questioning a detained person on urgent matters, even in the absence of a lawyer (who may not be immediately available), nor rule out the replacement of a lawyer who impedes the proper conduct of an interrogation.

32. The CPT calls upon the Slovak authorities to take immediate steps to ensure that the rights of notification of custody and of access to a lawyer become fully effective in practice, as from the very outset of police custody.

Appropriate steps should also be taken to ensure the effectiveness of the legal aid system throughout the procedure, including at the initial stage of police custody. The CPT suggests that the Bar Association be consulted in this context.

33. As regards the right of access to a doctor, the Slovak authorities have indicated that the results of medical examinations of detained persons are recorded and kept in the detainee's file, which is "accessible" to the person concerned and the person's lawyer.²⁴ In the light of the information gathered by its delegation, **the CPT recommends that it be ensured that, whenever injuries indicative of ill-treatment are recorded following a medical examination of a detained person, the record is brought to the attention of the relevant public prosecutor.**

²³ Cf. "Information concerning the facilities of the Ministry of the Interior of the Slovak Republic which have been visited by the CPT's delegation" (document enclosed with a letter dated 16 May 2005 by Ms Adriana NOVOTNÁ, Principal Adviser at the Ministry of Justice, to the Secretariat of the CPT).

²⁴ Cf. document "Update Information on the implementation of the measures given in the Response by the Government of the Slovak Republic to the Report on the visit to Slovakia carried out by the CPT in October 2000".

34. The delegation observed that, in certain establishments, leaflets containing information on rights were provided in a variety of languages. However, a number of persons who had recently been detained by the police claimed that they had not been informed of their rights; further efforts should be made to ensure that all persons who are obliged to remain with the police - and not only criminal suspects - receive this information as from the very outset of custody. **The CPT reiterates its recommendation concerning the provision of written information on their rights to all persons deprived of their liberty by the police, at the very outset of their deprivation of liberty** (cf. paragraph 36 of CPT/Inf (2001) 29).

5. Conditions of detention

35. As had been the case during previous visits, most police cells which were intended for overnight placement met the basic criteria for conditions of detention. The only shortcomings observed were that artificial lighting was kept on 24 hours a day at the Regional Police Directorate in Bratislava, and ventilation was poor at the Regional Police Directorate in Košice.

Temporary holding cells (such as the one in Dubravka Sub-District Police Department in Bratislava) were also generally suitable for short periods of detention (i.e. not more than a few hours). However, certain of them were situated in full view of the public (Regional Police Directorate and Stare Mesto-Východ District Police Directorate in Bratislava); this is unacceptable. As regards the holding areas/waiting rooms in the Sub-District Police Department in Trebišov, they were devoid of any furniture.

The CPT recommends that appropriate steps be taken to rectify the above-mentioned shortcomings.

36. Once again, many complaints were heard about the provision of food to detainees. The CPT has noted in this respect that amendments to the Police Act entered into force on 1 May 2005, stipulating that meals be arranged "at the due time in compliance with the principle of a healthy diet taking into account the age, health and religion" of the person concerned. **The CPT would like to receive confirmation that all persons detained by the police in the Slovak Republic are currently receiving food at appropriate times, including at least one full meal every day.**

B. Prisons

1. Preliminary remarks

37. The Slovak prison population has risen by 36% in recent years, from 7000 in the year 2000 to 9500 in 2005.²⁵ During that period, 740 new places were added to the prison estate, and it was envisaged to continue this process in the course of the next five years; further, the number of prison officers had been increased by 500, resulting in a ratio of prison officers to prisoners of 1:2.

At the time of the visit, the capacity of prison establishments was strained; the overall occupancy rate was 102%, the primary burden falling on remand prisons.²⁶ Moreover, official capacities were still being calculated on the basis of only 3.5 m² of cell or dormitory space per prisoner.

38. The delegation visited Ilava Prison, focussing on wing 5, the section for prisoners classified under sub-group D4 (serving "extraordinary" sentences, i.e. long²⁷ or life sentences), and returned to the remand sections of Bratislava and Košice Prisons for a follow-up visit.

Ilava Prison is located on the grounds of a castle dating from the 15th/16th century in the town of the same name, some 140 kilometres north-east of Bratislava; the castle was transformed into a prison in 1855 and renovated in 1992. On 27 February 2005, 37 inmates (all adult men) were held in wing 5; of them, 29 were being accommodated in single cells.

Bratislava and Košice Prisons, which are located next to the Court Houses in their respective cities, have two of the largest remand sections in the Slovak Republic. For an official capacity of 510, the remand section at Bratislava Prison was holding 407 persons on 22 February 2005, including 43 female prisoners; a total of seven minors (i.e. persons under 18) were being held on remand at the establishment. As for Košice Prison, its remand section has an official capacity of 415. On 24 February 2005, it was accommodating 389 remand prisoners, including 10 women and 27 minors (one of them a girl).

39. Although Bratislava and Košice Prisons were not operating at their full official capacity, overcrowding remained a problem, in particular at Bratislava Prison, where even the existing inadequate standard of 3.5 m² of living space per prisoner was not being met.

²⁵ In February 2005, the incarceration rate was 168 per 100,000 of the national population.

²⁶ The occupancy rate of sentenced prisoner accommodation was more favourable (89%).

²⁷ Long sentences are defined as those over 15 years.

The CPT would like to underline that it is unlikely that providing additional accommodation will, in itself, provide a lasting solution to the problem of overcrowding. Addressing this problem calls for a coherent strategy covering both admission to and release from prison to ensure that imprisonment really is the measure of last resort. This implies, in the first place, an emphasis on non-custodial measures in the period before the imposition of a sentence and, in the second place, the adoption of measures which facilitate the reintegration into free society of persons who have been deprived of their liberty.

The CPT recommends that the Slovak authorities vigorously pursue the adoption and implementation of a coherent strategy designed to combat prison overcrowding and, in doing so, be guided by the Recommendations of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation (R(99)22), on improving the implementation of the European Rules on community sanctions and measures (Rec(2000)22) and on conditional release (parole) (Rec(2003)22).

Further, the CPT recommends that the standard concerning living space per prisoner in multi-occupancy cells be raised to at least 4 m²; official capacities should be recalculated accordingly.

2. Ill-treatment

40. Most prisoners indicated that they were treated correctly by prison staff. The delegation was also pleased to note that the practice of using masked prison officers to carry out cell searches²⁸ had been eliminated.

The records examined at Bratislava Prison revealed that a serious incident had occurred in June 2004, when an inmate - who had already been subdued and handcuffed - had sustained a fractured rib from being kicked by a prison officer in the area of the chest. Following an internal investigation, the prison officer concerned was charged with abuse of power and bodily harm,²⁹ and remanded in custody. Further, the management of Ilava Prison informed the delegation of a recent case (15 February 2005) of the slapping of an inmate, which was being investigated internally and would be reported to the Corps of Prison and Court Guard and the supervising prosecutor. **The CPT would like to be kept informed of the outcome of the above-mentioned proceedings and inquiries, as well as of any measures taken in response.**

In addition, the delegation received some allegations of verbal abuse by prison staff of different categories, mainly aimed at female prisoners.

²⁸ Cf. paragraph 51 of CPT/Inf (2001) 29.

²⁹ The charges were brought under Sections 158(1) and 221(1) of the Criminal Code.

41. **The CPT recommends that prison staff of all categories be reminded that:**

- **all forms of ill-treatment of prisoners, including slapping and verbal abuse, are not acceptable and will be punished accordingly;**
- **if, on occasion, prison officers have to use force to control violent and/or recalcitrant prisoners, the force used should be no more than is strictly necessary and, once prisoners have been brought under control, there can be no justification for striking them.**

In order to gain an up-to-date nationwide picture, the CPT would like to receive the following information for the period from 1 January 2004 to the present time:

- **the number of complaints lodged of ill-treatment by staff in establishments under the authority of the Ministry of Justice and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;**
- **an account of the outcome of any such proceedings and of disciplinary/criminal sanctions imposed on the grounds of ill-treatment by staff.**

42. In the prison sections visited, the delegation observed that interaction between staff and inmates was limited, and officers still carried batons in full view of inmates. In this connection, the CPT has repeatedly emphasised that building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation. As well as rendering the work of prison staff more rewarding, this will have the additional benefit of enhancing control and security in a prison.

The CPT recommends that:

- **the Slovak authorities continue to give a high priority to the development of prison staff training, both initial and ongoing. In the course of the training, considerable emphasis should be placed on the acquisition of interpersonal communication skills;**
- **prison officers do not carry batons in full view of inmates.**

3. Conditions of detention

a. material conditions

43. As regards material conditions, there has been virtually no change to the sections revisited in Bratislava and Košice Prisons.³⁰ It should however be noted that, since the CPT's last visit, certain prisoners at Košice were permitted to have a television set in their cells,³¹ and that a call bell system had been installed at the establishment.

As already mentioned (paragraph 39 above), overcrowding was widespread in both establishments. By way of example, in certain 9 m² cells, there were four occupants, despite the fact that the CPT has repeatedly made clear that cells of such size should never hold more than two inmates and that, ideally, they should be used to accommodate only one inmate.³² Further, certain larger (16 m²) cells were being used to accommodate five people; such an occupancy rate is again too high. It was of particular concern that, due to the strain on the prison capacity, minors (persons under 18) were often placed in the same cells as adults.

Partitioning of toilets in many multi-occupancy cells in both establishments remained limited to a waist-level wall. As for the sanitary annexes in the women's cells at Bratislava Prison, their design actually impeded the maintenance of proper personal hygiene, given that the shower heads were placed directly above the minimally partitioned (floor-type) lavatories.

The delegation also noted with concern that the windows on one of the facades of Košice Prison were still covered with metal slats, despite assurances - made during the visit in October 2000 - that the slats would be removed shortly.³³

44. As for Ilava Prison, each of the cells in the unit for prisoners classified under sub-group D4 (located on the first floor of wing 5) measured some 7.5 m². The cells were single-occupancy, except for a four-person "suite" which consisted of two double-occupancy cells (also 7.5 m²) with a third cell between them serving as an association area; two additional "suites" - for two persons each - had been set up according to the same principle.

The single-occupancy cells had iron-bar "gates" placed inside the solid metal doors which led to the corridor, in addition to the floor-to-ceiling bars which stood in front of the outside wall and window in all cells; this imparted a cage-like impression to the interior. Otherwise, the conditions of detention were acceptable, having regard to the furnishings (bed, toilet, washbasin, hot water boiler, small table, stool, cupboard, and television set), state of repair and hygiene, artificial lighting and access to natural light (however, some inmates complained of inadequate ventilation).

³⁰ The basic fabric of both establishments has already been described in previous reports (cf. paragraphs 75 to 79 and 85 of CPT/Inf (97) 2 and paragraphs 57 and 62 of CPT/Inf (2001) 29).

³¹ Cf. footnote 38 below.

³² Cf. paragraph 85 of CPT/Inf (97) 2 and paragraph 62 of CPT/Inf (2001) 29.

³³ Cf. paragraph 57 of CPT/Inf (2001) 29.

In contrast, the conditions in some of the ground-level isolation cells in wing 5 were appalling (in particular, cell No. 19); they had malfunctioning sanitary facilities (and a strong smell of sewage) and missing windowpanes. During the visit, the delegation pointed out that such cells should immediately be withdrawn from use until the above-mentioned deficiencies are fully remedied; by letter of 29 March 2005, the Slovak authorities informed the Committee that the Governor of Ilava Prison had been "instructed to formulate a locality programme" with a view to reconstructing "the entire disciplinary punishment section" and that cell No. 19 had been withdrawn from service as of 4 March 2005; however, it was not specified whether the other isolation cells which were deficient had also been taken out of use. **The CPT would like to receive confirmation that the other ground-level isolation cells in wing 5 (in addition to cell No. 19) at Ilava Prison are not being used, pending the necessary improvements.**

The CPT would also like to receive detailed information on the progress made as regards reconstruction of the disciplinary/punishment section at Ilava Prison referred to in the Slovak authorities' letter of 29 March 2005.

45. As regards the overcrowding observed in Bratislava and Košice Prisons, the CPT has already made general recommendations on this subject (cf. paragraph 39 above).

Further, **the CPT calls upon the Slovak authorities to implement, without further delay, its recommendations concerning the partitioning of toilets in multi-occupancy cells. Resolute action should also be taken to remedy the other shortcomings set out in paragraphs 43 and 44 above; in this connection, immediate measures should be taken to ensure that minors are held separately from adults.**

b. regime

46. A fundamental problem as regards remand prisoners in the Slovak Republic is the total lack of out-of-cell activities offered to such inmates.

At the time of the visit, remand prisoners were being held for 23 hours a day in their cells in a state of enforced idleness; their only source of distraction was reading books from the prison library and listening to the radio and, in a limited number of cases, watching television.³⁴ No work was offered to such prisoners,³⁵ and possibilities for sports activities were few and far between, if available at all. By way of example, occasional access to the gym at Bratislava Prison was granted only to that small number of remand prisoners who had a frequently-changed supply of their own clothing (rather than prison-issue garments); as for inmates held on remand at Košice Prison, they were offered only 15 minutes of table tennis every other week. The deleterious effects of such a restricted regime were exacerbated by the lengthy periods of time for which persons could be held in remand prisons.³⁶ Even minors continued to be deprived of anything remotely resembling a regime of activities, despite the fact that the CPT recommended some ten years ago - in the report on its 1995 visit to the Slovak Republic³⁷ - that juvenile prisoners should be offered a full programme of educational, recreational, and other purposeful activities, including physical education. Such a failure to implement a key recommendation which has been repeatedly addressed to the Slovak authorities by the Committee is a very serious matter.

The CPT calls upon the Slovak authorities to take steps, as a matter of priority, to devise and implement a comprehensive regime of out-of-cell activities (including group association activities) for remand prisoners. The aim should be to ensure that all prisoners are allowed to spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature (group association activities; work, preferably with vocational value; education; sport). The legislative framework governing remand imprisonment should be revised accordingly. Moreover, the necessary steps should be taken, as a matter of urgency, to ensure that juveniles held on remand are provided with a full programme of educational activities, including physical education.

³⁴ This was a possibility only at Košice Prison, open to those inmates who could afford to pay for a television set and related fees (e.g. electricity). At the time of the visit, there were television sets in some 30 cells; in other words, less than a third of the total number of remand prisoners at that establishment could watch television in their cells.

³⁵ The General Director of the Corps of Prison and Court Guard informed the delegation that the total number of remand prisoners who were working was negligible (i.e. in single figures).

³⁶ The maximum period which may be spent in a remand prison (including pre-trial and judicial proceedings) is three years and, for particularly serious crimes, four years.

³⁷ Cf. paragraph 85 of CPT/Inf (97) 2.

47. Long-term prisoners at Ilava Prison were being held in a highly restrictive solitary confinement regime for years on end.³⁸ Most of them (i.e. 29 out of 37) were not allowed to associate with any other prisoner, their interaction with staff was minimal, and direct contact with visitors was prohibited on the rare occasions when visits took place;³⁹ further, whenever a prisoner was taken outside his cell, for whatever reason and regardless of how short the distance to be traversed (e.g., to the shower area, which, depending on the cell, could be a mere step or two away), he was handcuffed behind his back^{40, 41} Work (stitching shoes) was offered - inside the cell - only sporadically to half of the long-term prisoners at Ilava, and their other in-cell activities were also limited. Such a situation is totally unacceptable; the combined impact of the impoverished regime, the lack of human contact and the systematic handcuffing could fairly be described as amounting to inhuman and degrading treatment.

As already mentioned (cf. paragraph 9 above), at the end-of-visit talks on 3 March 2005, the delegation made an immediate observation concerning long-term prisoners held at Ilava Prison. It requested the Slovak authorities to carry out an individual risk assessment in respect of all such prisoners and to adjust the security measures applied to them accordingly, as well as to take urgent steps to increase possibilities for human contact (via group association activities, increased interaction with staff of different categories, etc.).

48. In response to the above-mentioned immediate observation,⁴² the Slovak authorities provided information on the evolution of the policy on treatment of long-term prisoners, as well as an account of the specific measures taken following the CPT's visit in 2005; these two points shall be taken up in turn.

49. In terms of *policy development*, the Advisory Body to the Director of Ilava Prison had held several meetings on the foregoing subject in recent years, and formulated findings and recommendations to be reflected in the new legislation on imprisonment.⁴³

³⁸ The rules governing the treatment of such prisoners may be found in Sections 15, 16 and 20 of the Law on the Enforcement of Custodial Sentences.

³⁹ Cf. in this regard paragraphs 61-62 below.

⁴⁰ Cf. Section 15 (5) of the Law on the Enforcement of Custodial Sentences.

⁴¹ Cf. also paragraph 58 below.

⁴² Cf. document provided by the General Director of Corps of Prison and Court Guard, entitled "Information about measures taken in response to the immediate observation of the delegation of the CPT made in statement presented at the meeting held in Bratislava on 3 March 2005" (Ref. GR ZVJS 15-02/11 Ko-2005), dated 31 May 2005.

⁴³ The General Director of the Corps of Prison and Court Guard indicated that new laws and regulations on imprisonment (remand and sentenced) were envisaged.

According to the information provided, new legislation "will introduce the possibility of alleviating restrictions imposed on prisoners serving life sentences"; it "envisages the creation of a pre-release section for [long-term prisoners, where they] will undergo intensive preparation for independent life [...] and [...] will be engaged [...] in activities designed to help their successful social reintegration." The new legal framework is expected to enable the "differentiated enforcement of extraordinary custodial sentences" and "more intensive individual treatment programmes", as well as "activities that will minimise negative effects of the enforcement of life sentences, especially among the subgroup of inmates who are open to being influenced." More specifically, it is foreseen to create two regimes for long-term prisoners: a lighter regime, where prisoners have access to purposeful "interactive activities and mutual communication"; and a stricter regime comprising "primarily individual activities" and constant application of "necessary security measures", for those who are classified as "strongly disturbed, aggressive and [...] dangerous," or who "breach prescribed rules and discipline."

The envisaged legislative changes are promising for inmates and staff alike; for one, they appear to address some of the concerns of the management of Ilava Prison, who considered that there was an urgent need to differentiate further within the category of prisoners serving extraordinary sentences, as well as to establish pre-release programmes. **The CPT would like to receive up-to-date information regarding the above-mentioned legislative developments.**

50. As for *specific measures taken following the visit*, a designated team of specialists completed an individual risk assessment of long-term prisoners at Ilava on 20 April 2005; a second stage of this project was envisaged for 2006. As a result of the initial assessment, the prison rules were revised (with effect from 1 May 2005) with respect to handcuffing and to the treatment of prisoners "who accept enforcement of their custodial sentence".⁴⁴ The revised rules now provide that handcuffing may be applied "when security reasons so require", and that the above-mentioned category of prisoners will benefit from re-adapted security measures, as well as an expanded range of "interactive activities, especially in the area of cultural and educational work, counselling, and application of social psychology training procedures".

The CPT would like to receive detailed information on the results of the first (and, in due course, the second) stage of the risk assessment of long-term prisoners, and the measures taken in response. Further, it would like to receive clarification as to the actual impact in practice of the revised rules concerning handcuffing.

51. Certain general precepts should be borne in mind with respect to long-term imprisonment, which can have a number of desocialising effects upon inmates. In addition to becoming institutionalised, long-term prisoners may experience a range of psychological problems (including loss of self-esteem and impairment of social skills) and have a tendency to become increasingly detached from society, to which many of them will eventually return. In the view of the CPT, the regimes which are offered to prisoners serving long sentences should seek to compensate for these effects in a positive and proactive way.

⁴⁴ According to an analysis carried out by the Slovak authorities in 1999, prisoners who "accept the enforcement of their imprisonment sentence" are receptive to rehabilitation/reintegration programmes; the typical profile is that of an offender sentenced for the first time, usually for "exceptionally serious intentional criminal offences [committed] under the influence of narcotics, in affective states, or under the influence of strong and uncontrollable emotions".

The prisoners concerned should have access to a wide range of purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association). Moreover, they should be able to exercise a degree of choice over the manner in which their time is spent, thus fostering a sense of autonomy and personal responsibility. Additional steps should be taken to lend meaning to their period of imprisonment; in particular, the provision of individualised custody plans and appropriate psycho-social support are important elements in assisting such prisoners to come to terms with their period of incarceration and, when the time comes, to prepare for release. The provision of a developed regime to long-term prisoners can foster constructive staff/inmate relations, hence reinforcing the security within the prison.

52. It is clear that the regime applied to long-term prisoners at Ilava Prison at the time of the visit fell far short of the above criteria, and went beyond that which is necessary to manage the small number of prisoners who are likely to present a threat to security or control, as distinct from the majority who will be suitable for inclusion in a normal, developed programme of regime activities. The prisoners concerned were subject to a regime of solitary confinement - or, at best, small-group isolation - for many years. This, combined with the quasi-total absence of a programme of activities (such as work or education) for many inmates, can easily lead to personal degeneration of the prisoners concerned. Several of the prisoners met by the delegation claimed that they were seriously affected by the lack of human contacts with other inmates and staff, and described an atrophy of their social skills and self-confidence. Interviews suggested that certain of them experienced untreated depressive illnesses.⁴⁵ Moreover, the confined environment may have contributed to the development of certain somatic difficulties (e.g., vision problems).

The current practice of denying long-term prisoners the possibility of associating with prisoners from other cells is totally unjustifiable. In this connection, the CPT wishes to stress that long-term prisoners are not necessarily more dangerous than other prisoners. Many such prisoners have an interest in a stable and conflict-free environment. Therefore, the approach to the management of long-term prisoners (as indeed to all prisoners) should always proceed from an individual risk/needs assessment - made by staff specially trained to carry out such an assessment - to allow decisions concerning security, including degree of contact with others, to be made on a case-by-case basis. If, on the basis of such an assessment, it is decided that a particular long-term prisoner needs to be held under a strict security regime, that measure should last no longer than is justified by the risk he presents.

53. The CPT recommends that the Slovak authorities redouble their efforts to revise the regime applicable to long-term prisoners, taking the remarks made in paragraphs 51 and 52 above into account, as well as the principles contained in Recommendation R (2003) 23 of the Committee of Ministers of the Council of Europe on the management of life-sentenced and other long-term prisoners.

⁴⁵ Cf. in this regard paragraph 60 below.

54. The facilities used for outdoor exercise, which was the only regular out-of-cell activity offered to inmates accommodated in the prison sections visited, tended to be small and/or of an oppressive design, particularly at Bratislava and Ilava Prisons (in the latter establishment, certain exercise yards measured as little as 11.5 m²).

The CPT recommends that outdoor exercise facilities are made sufficiently large to enable prisoners to exert themselves physically.

4. Health-care services

55. At Bratislava Prison (total number of prisoners at the time of the visit: 506), the health-care staff included a Head doctor, three other doctors (two of whom worked part-time), a dentist, eleven nurses and a psychologist. A psychiatrist attended the prison twice a week; regular visits were also carried out by other specialists (a gynaecologist, a lung specialist, a neurologist, a dermatologist, and a radiologist).

As for Košice Prison (total number of prisoners at the time of the visit: 715), the health care team consisted of a Head Doctor (who was a dentist), two other doctors (general practitioners), a psychiatrist, a psychologist, and five nurses. A separate psychiatric department for the treatment of sentenced sex offenders* was staffed by a psychiatrist, two clinical psychologists, a psychotherapist, and three nurses (one of whom was a "social" nurse).

The health-care services at Ilava Prison (a total of some 500 prisoners at the time of the visit) - which included the only substance-abuse treatment unit⁴⁶ in the Slovak prison system - was led by a psychiatrist, who supervised a team comprising a doctor, a dentist, a clinical psychologist, a psychotherapist, three medical nurses, and a social nurse.

56. As compared with 2000, the situation described above represents a welcome reinforcement of the provision of psychological services at Bratislava Prison and psychiatric/psychological services at Košice Prison, as well as an increase in the number of nurses at Bratislava Prison. However, the number of nurses continues to be insufficient at Košice Prison, and a similar state of affairs existed at Ilava Prison. The fact that health-care staff were responsible for attending to prison staff as well as inmates also placed undue strain on the existing resources. Further, at all the prisons visited, the presence of health-care staff remained limited to normal business hours on weekdays.

The CPT recommends that the number of nursing staff at Ilava and Košice Prisons be increased. In addition, the CPT reiterates its recommendation that immediate steps be taken to ensure that someone qualified to provide first aid (preferably a nurse) is always present at the prisons visited, including at night. It also recommends that steps be taken to ensure, at the very least, nursing cover on Saturdays and Sundays, for a minimum of eight hours each day; it would be preferable for a doctor also to be present at weekends.

⁴⁶ The delegation did not visit this unit.

57. More generally, the CPT has certain reservations about the practice of prison doctors treating both prisoners and prison staff. The resources allocated to the medical care of prisoners are often limited and the sharing of doctors' working time could be to the detriment of the quality of the care provided. If exceptionally required by the particular circumstances of an establishment, a dual responsibility should be accompanied by very specific safeguards guaranteeing an even-handed approach. For example, it should be stipulated beforehand what percentage of the doctors' time is to be devoted to staff. **The CPT invites the Slovak authorities to review the current practice of prison doctors treating both prisoners and prison staff, in the light of the above remarks.**

58. Health-care facilities were of an acceptable standard in Bratislava and Košice Prisons.⁴⁷ As for prisoners serving long or life sentences at Ilava Prison, medical examinations/consultations took place directly in wing 5, in a special cell furnished with a bed, a small cupboard with essential equipment, and a table and chair for the doctor. The walls in the above-mentioned cell were fitted with metal rings, similar to those found in a number of police establishments; these were used systematically for handcuffing inmates during medical examinations.

At its end-of-visit talks, the delegation indicated that the practice of handcuffing a prisoner during a medical examination was unacceptable and should be discontinued immediately. **The CPT would like to receive confirmation that handcuffs are no longer used during medical examinations of prisoners, and that the metal rings have been removed from the room concerned.**

59. Medical screening of newly-arrived prisoners was systematically taking place at the establishments visited. Prisoners were asked to comment as to the origin of any injuries observed in the context of the medical examination, as well as during the prior strip-search performed by prison officers. However, there were certain inconsistencies found in the files; in a number of those examined by the delegation, even if the initial search revealed that there were visible injuries, the relevant medical record contained the stamp "no signs of violence," sometimes even despite the fact that the medical record itself contained information on injuries indicative of ill-treatment. This warrants a reiteration of the precepts to be observed in this area.

The CPT recommends that the record drawn up after a medical examination of a prisoner, whether newly-arrived or not, contain:

- (i) a full account of statements made by the prisoner concerned which are relevant to the medical examination, including any allegations of ill-treatment made by him;**
- (ii) a full account of objective medical findings based on a thorough examination;**
- (iii) the doctor's conclusions in the light of (i) and (ii).**

The full record should be made available to the prisoner and his/her lawyer.

⁴⁷ Cf. paragraph 109 of CPT/Inf (97) 2 for a description of the facilities at Bratislava Prison, as well as paragraph 70 of CPT/Inf (2001) 29 for a description of those at Košice.

60. The delegation found that there was an urgent need to develop a preventive/pro-active role for the health-care teams in the prisons visited; in this regard, it should be recalled that the situation in a closed environment such as a prison will also have implications for health in the outside community. Prisoners were still required to pay for certain medical services and medical consultations remained cursory. Further, at Ilava Prison, long-term prisoners could go for years without being seen by a doctor. Given the conditions in which medical examinations of such prisoners were conducted - in the presence of guards and with the inmate handcuffed, i.e. in contravention of the principles of medical confidentiality and to the detriment of the doctor-patient relationship - it is hardly surprising that many of them avoided seeking medical assistance.

The CPT recommends that all medical examinations of prisoners be conducted out of the hearing and - unless the doctor concerned requests otherwise in a particular case - out of the sight of prison officers.

More generally, **the Committee recommends that prison health-care services be encouraged to assume a more active role and, if necessary, advocate appropriate measures with a view to promoting the health of prisoners; in this regard, it should be verified that all prisoners, regardless of their resources, are guaranteed the provision of medical care (including medication) required by their state of health.**

5. Other issues

a. contact with the outside world

61. The situation as regards the visiting entitlements for remand prisoners had not changed in the last ten years.⁴⁸ It remained the case that adults were entitled to a mere 30-minute visit per month, while minors were entitled to two such visits per month. The conditions under which visits took place continued to be closed (in booths with a screen separating inmates from their visitors). This was exactly the situation which prevailed during the first visit of the CPT to the Slovak Republic in 1995.

The CPT calls upon the Slovak authorities to revise the relevant legal provisions in order to increase substantially the visit entitlement for remand prisoners. The objective should be to offer the equivalent of a visit every week, of at least 30 minutes duration. Further, the Committee invites the Slovak authorities to introduce more open arrangements for visits to remand prisoners.

62. The visit entitlement for long-term prisoners at Ilava Prison was extremely limited. By law, such prisoners were entitled one two-hour-long visit once every six months. The situation in practice was even less favourable, with visits actually being limited to one hour every six months. In addition, visits were taking place in a room with a layout (i.e. with glass partition) which did not facilitate maintaining normal human contact.

⁴⁸ Cf. paragraphs 127 to 129 of CPT/Inf (97) 2 and 79 to 81 of CPT/Inf (2001) 29.

The negative effects of institutionalisation upon prisoners serving long sentences will be less pronounced, and they will be better equipped for release, if they are able effectively to maintain contact with the outside world. Further, as regards the conditions under which the visits take place, the individual risk/needs assessment of this category of prisoners should also allow decisions concerning the granting of open visits to such prisoners to be made on an individual basis.

The CPT recommends that the visit entitlement of long-term prisoners be significantly increased; as an immediate measure, they should be permitted at least one visit per month. Further, the Committee invites the Slovak authorities to explore the possibility of having more open arrangements for visits to this category of prisoner.

63. It was envisaged that new legislation on imprisonment would introduce the possibility for prisoners (both remand and sentenced) to have telephone contacts. This is a positive development; **the CPT would like to be informed, in due course, on the new rules in this area.**

b. discipline and means of coercion

64. The CPT has already commented on the issues of discipline and means of coercion in the reports on its previous visits to the Slovak Republic.⁴⁹ The findings of the delegation which carried out the February-March 2005 visit give rise to certain additional remarks, apart from the comments on the disciplinary cells at Ilava already set out above (cf. paragraph 44 above).

At Ilava Prison, the delegation found that a particular prisoner had been held in a disciplinary punishment cell for a period (allegedly, 50 days) which was more than double the legal limit for such confinement for sentenced prisoners (i.e., 20 days). The CPT is pleased to note that when the matter was raised with the establishment's director, the situation was swiftly remedied.

65. Under Slovak law, juveniles held on remand may be placed in solitary confinement for up to 10 days. In this regard, the CPT wishes to stress that such a measure can compromise the physical and mental integrity of such persons. Consequently, resort to solitary confinement of persons under 18 must be regarded as highly exceptional. If juveniles are held separately from others, this should be for the shortest possible period of time and, in all cases, they should be guaranteed appropriate human contact, granted access to reading material and offered at least one hour of outdoor exercise every day. **The CPT recommends that current practice be reviewed to ensure that it is in conformity with the foregoing remarks; the same precepts should be reflected in the new legislation on imprisonment.**

⁴⁹ Cf. paragraphs 131 to 138 of CPT/Inf (97) 2 and 78 and 82 to 85 of CPT/Inf (2001) 29.

66. The CPT has already indicated in the report on its visit in 2000 that certain of the legally-permitted means of coercion (explosive stun devices, electric shock devices, striking with and making use of firearms) should never be used inside a prison, and the use of others (tear gas, dogs) could only be justified within detention facilities under very exceptional circumstances.⁵⁰ The legislation in this field which entered into force subsequently (Law on the Corps of Prison and Court Guard Act 4/2001) retains the possibility to use those means of coercion; moreover, it provides that a guard may use an "action detonator" against prisoners in a closed space (cf. Section 40 of the above-mentioned law). Even though the delegation's findings point to the conclusion that the above-mentioned means of coercion have been applied only in exceptional circumstances,⁵¹ the very fact that certain of them are authorised by law remains of concern.

The CPT recommends that the rules concerning means of restraint be revised, taking into account the above remarks.

⁵⁰ Cf. paragraph 78 of CPT/Inf (2001) 29.

⁵¹ According to the records at Bratislava Prison, there had not been a single instance of the use of an explosive stun device in recent times; further, tear gas had last been used at that establishment in 2003.

C. Social services homes

1. Preliminary remarks

67. Since the CPT's visit in 2000, overall responsibility for the functioning of social services homes has been vested with the regional authorities, which own and, since 1 January 2005, have been in charge of funding for such homes.⁵²

68. The CPT's delegation revisited one social services home, namely the Vel'ký Biel Home for disabled women; this establishment was found to display major deficiencies during the Committee's visit in 2000.⁵³

The official capacity of the home had risen to 142 residents (as compared to 130 during the 2000 visit). Some 130 places were being used to accommodate those on longer stays and 12 were intended for shorter stays (2-6 months). At the time of the visit, the establishment was accommodating 148 female residents (cf. paragraph 77). The residents were suffering from a wide range of mental and physical disabilities and mental disorders. Some 79 of them were incontinent.

The delegation's visit focussed on Unit I, which was accommodating 47 elderly residents, most of whom had impaired mobility and required increased attention.

69. During the 2005 visit, the delegation was informed about plans to close down the Vel'ký Biel Home and to transfer its residents to other facilities. This information was confirmed by letter of 29 April 2005 to the Committee from the Ministry of Labour, Social Affairs and the Family. More particularly, it was indicated that between September and October 2005, a certain number of residents would be transferred to Plavecké Podhradie Social Service Home and the Senec Nursing Service Facility. Further, between December 2005 and January 2006, the remaining residents would be transferred to the Báhoň Social Service Home on completion of its construction.

It was also indicated in this letter that the residents' interests were central to decisions taken concerning their transfer. In this respect, it should be placed on record that the CPT's delegation was impressed by the careful planning of the establishment's management and staff as regards meeting the future needs of residents after closure of the home.

The CPT welcomes these developments. **It would like to receive confirmation of the transfer date of all of Vel'ký Biel's residents to the new facilities, together with precise information concerning the capacity of those facilities, the number of residents in each facility, residents' living conditions, the various categories of staff employed and their number, and treatments and activities proposed. The CPT also wishes to receive confirmation of the date of closure of the Vel'ký Biel Home.**

⁵² In 2003, the Council of Europe Development Bank approved and began to finance a 4.9 million euro project of construction and rehabilitation of buildings in 25 centres providing social services for vulnerable population groups in the Slovak Republic.

⁵³ Cf. paragraphs 89-91, 93-104 and 106, CPT/Inf (2001) 29.

70. The CPT kept these developments in mind while assessing the situation at the Vel'ký Biel Home and in respect of action proposed, which will be limited to what the Committee deems necessary during the period in which the establishment continues to be operational.

2. Ill-treatment

71. The CPT's delegation received no allegations of ill-treatment of residents by staff at the establishment.

The delegation was impressed by the caring attitude of staff towards residents; interaction between staff and residents appeared to be relaxed and affectionate. In addition, the CPT welcomes the positive developments concerning residents' living conditions, which were severely criticised in its report on the previous visit (cf. paragraph 92 of the report on the 2000 visit), and in respect of means of restraint. These important changes have contributed to providing a safe and decent environment for both residents and staff, as well as a significant improvement in the quality of life and care offered to residents.

3. Residents' living conditions and treatment

72. As already mentioned above, living conditions have significantly improved. The whole of Unit 1 had been renovated: residents' dormitories and living areas had been decorated, were more personalised, clean, well heated, lit and ventilated. Moreover, two suitably equipped and decorated activity rooms had been created.

73. As for treatment, the CPT is pleased to note that, contrary to the situation observed in 2000 (cf. paragraph 95, CPT/Inf (2001) 29), its delegation did not observe any signs of over-medication. Moreover, residents' medication was reviewed on a regular basis by the psychiatrist.

Efforts have been made to offer a wider range of activities to residents throughout the day, such as occupational therapy, reading, television and walks in the surrounding park. This was due in particular to the increased number of staff employed at the home, in response to the CPT's recommendation,⁵⁴ which allowed them to give increased attention to residents in need of such care.

74. To sum up, the CPT is pleased to note the positive developments which have taken place at the Vel'ký Biel Home. **It trusts that all those involved (management, staff, regional and national authorities) will continue their efforts to provide residents with adequate living conditions and proper care and treatment.**

⁵⁴ A particularly welcome development was the increase in the number of nurses (44 in 2005 compared to 36 at the time of the 2000 visit).

4. Seclusion and other means of restraint

75. According to the information provided by staff of the Vel'ký Biel Home, seclusion is no longer used to manage agitated and/or violent patients. Residents whose mental condition so requires can be transferred to the nearby Pezinok Psychiatric Hospital.

76. Moreover, following an amendment of the 1998 Act on Social Assistance,⁵⁵ the use of net-beds in social care homes is prohibited. Residents at risk of falling from their beds have been provided with modern beds with movable cot sides.

The CPT welcomes the current state of affairs.

5. Safeguards

77. The procedure for admission to a social service home was described in paragraph 86 of the report on the 2000 visit. The 1998 Act on Social Assistance provides for the possibility of admitting persons with physical disabilities, mental disorders and/or behavioural disorders to such establishments. As far as adults are concerned, they may, in principle, themselves apply for placement in a home; for those declared incompetent by a court, a court-appointed guardian may initiate the placement procedure.

However, the social officer of the Vel'ký Biel Home had been appointed the guardian for 40 residents. In the CPT's opinion, such a situation might lead to a conflict of interests. **The CPT would like to receive the comments of the Slovak authorities on this issue.**

78. At the time of the 2005 visit, some 87 residents no longer had legal capacity as a result of being declared incompetent by a court. The Director of the establishment informed the delegation that she had asked the courts to restore legal capacity to 11 of the residents, but to no avail, as the courts apparently adopted a cautious approach. **The CPT would like to receive further information concerning the rationale for such an approach.**

79. More positively, information was provided orally by staff to residents either on admission or later during their stay, concerning the establishment's routine, as well as their rights. In addition, the establishment had an explanatory brochure setting out the information concerned. The current house rules and information to residents at Vel'ký Biel contained a comprehensive and exemplary list of the rights and duties of residents, as well as general information on the functioning of the establishment. **The CPT recommends that similar brochures be introduced in social care homes throughout Slovakia.**

⁵⁵ Article 18a, in force as of 1 January 2004.

80. Since the CPT's last visit (cf. paragraph 111 of the report on the 2000 visit), the Ministry of Labour, Social Affairs and Family has undertaken increased responsibility for the supervision of social services homes, with a view in particular to verifying that "fundamental human rights and freedoms" of persons in social service establishments are observed.⁵⁶ However, the delegation was informed that such supervision has never been carried out at the Vel'ký Biel Home. It was also said that the establishment had not been visited by a prosecutor, despite the Government's resolution of 10 January 2001 providing for a more active role for the Prosecutor General in the supervision of such establishments.

The CPT recommends that the Vel'ký Biel Home for disabled women (as well as other social services homes in Slovakia) be regularly inspected, as provided for by the legislation in force.

81. The CPT's delegation was informed that a draft new law on social services homes had apparently already been submitted to Parliament. **The CPT would like to be informed of any progress made in this respect and to receive a copy of the new Law in due course.**

⁵⁶ Articles 66a and 69b of the Act on Social Assistance.

D. Psychiatric establishments

1. Preliminary remarks

82. The CPT's delegation visited Veľké Zálužie Psychiatric Hospital and Sokolovce Psychiatric Healthcare Centre, both of which are under the authority of the Ministry of Health. This was the first time the CPT had examined the situation in this type of establishment in Slovakia.

83. Veľké Zálužie Psychiatric Hospital is the largest state-run psychiatric establishment in Slovakia, located some 70 kilometres east of Bratislava in a village of the same name. This estate of the Hungarian nobility was expropriated and converted into a psychiatric establishment in 1957 (only the two pavilions constructed in the 1980s are purpose-built). The establishment is spread out over a large and well-kept park. With an official capacity of 410 patients, it was accommodating 355 patients (both male and female, all older than 16 years of age) on the first day of the visit.⁵⁷ The hospital usually accommodates only short-stay patients: the average stay of acute patients is 8 days, and of chronic patients 40 days. It has four wards, one male (Ward 2), one female (Ward 3) and two mixed (Wards 1 and 4). Wards 2 and 3 are located in the old building. Each ward could accommodate 106 patients, apart from the female one (92). At the time of the visit, nine patients were being detained by the court under so-called "protective treatment" (cf. paragraph 111 below) and two were involuntary civil patients. During the visit, 81 patients were being accommodated in the closed sections of the establishment.

84. Sokolovce Psychiatric Healthcare Centre is located in a small village, some 90 kilometres east of Bratislava. The Centre is housed in an old mansion, listed as a cultural heritage site, which was expropriated after the Second World War. From 1956 to 1978, it served as a hospital for psychiatric patients and patients with tuberculosis; in 1978, it became a purely psychiatric establishment, caring primarily for chronic patients. With an official capacity of 110 patients, it was accommodating 74 adult patients (52 men and 22 women) on the first day of the visit.⁵⁸ Five patients were being detained under the protective treatment provisions (cf. paragraph 111 below) and one was the subject of an involuntary civil placement. 20 patients were being accommodated in Ward 1 (open ward), and 54 patients in Ward 2 (closed ward for patients suffering from various chronic psychiatric disorders and learning disabilities). Their average stay was 45 days, and, at the most, three months.

The establishment faces significant problems as regards accommodating patients for longer periods, as the Health Insurance Agency apparently refuses to pay for extended treatments, considering them to be cases that are the responsibility of the social care system. **The CPT would like to receive clarification regarding the implementation of this policy, and in particular which categories of patients (voluntary or involuntary) are concerned by it.**

⁵⁷ Some 2,685 patients were admitted in 2004.

⁵⁸ Approximately 500 patients were admitted during 2004.

2. Ill-treatment

85. At the outset, it should be clearly stated that the CPT's delegation did not receive any allegations of deliberate physical ill-treatment of patients by staff at Veľké Zálužie Psychiatric Hospital and Sokolovce Psychiatric Healthcare Centre. On the contrary, it was evident that staff had a caring and affectionate attitude towards patients and the overall atmosphere appeared to be quite relaxed.

86. However, the CPT was very concerned to learn about a serious incident which occurred the day before the delegation commenced its visit to Veľké Zálužie, on the male closed Ward (Ward 2). A 65-year old patient was apparently assaulted by a legally incompetent learning-disabled patient placed on the same ward and had to be promptly transferred to a neuro-surgical department of the neighbouring Nitra General Hospital, where he fell into a state of deep unconsciousness. The incident had been observed by the nurse on the video system and was properly recorded in the patient's medical file. The patient had had brain surgery in January 2005 at Nitra General Hospital and, on his discharge from that hospital on 21 February 2005 and admission to Veľké Zálužie Psychiatric Hospital the same day, he was described as being able to walk only when supported. Nevertheless, he was still placed in the closed male unit, with the most demanding patients.

At the end of the visit, the CPT's delegation requested to receive in due course information on the outcome of the above-mentioned incident and the measures taken to prevent similar occurrences; it also requested a detailed account of the injuries sustained by staff and patients at Veľké Zálužie Psychiatric Hospital during 2003 and 2004.

87. In their response of 16 May 2005, the Slovak Ministry of Health stated that "after a thorough reassessment of how the situation arose, we do not consider it to have been an incident between two patients; rather, it was the case that both patients entered the dining room at the same time and had a collision by the doors. One of them made space by nudging the other, who, lacking stability in the legs largely due to an organic alteration of their somatic status, lost balance and fell" By the same letter, the authorities indicated that "there were no recorded cases of patient injuring another" and that "there were no work injuries reported among the staff" during 2003 and 2004.

No information was provided about the current health status of the 65-year-old patient or about measures taken to prevent similar incidents occurring in the future. **The CPT reiterates its request for such information.**

88. The CPT has serious misgivings about the approach taken by the Slovak authorities in this case. The information at its delegation's disposal clearly indicates that a frail patient had been placed in the closed male unit together with the most demanding patients, one of whom subsequently assaulted him.

The CPT wishes to remind the authorities that their duty of care to patients includes responsibility for protecting them from other patients who might cause them harm. This means, in particular, that staff must be alert to patients' behaviour and be both determined and properly trained to intervene when necessary. It is essential that an adequate staff presence be ensured at all times, including at night and at weekends (cf. paragraphs 96 and 97 below). Further, appropriate arrangements should be made for particularly vulnerable patients; for example, care should be taken not to place them or leave them alone with other patients who are identified as likely to behave in an aggressive manner. This obligation exists even if there had been no cases of inter-patient violence in the past.

The CPT recommends that the Slovak authorities develop and implement a strategy aimed at preventing inter-patient violence.

3. Patients' living conditions

89. The material conditions of patients' accommodation varied considerably in the four wards of *Veľké Zálužie Psychiatric Hospital*. That said, the delegation was impressed by the overall state of cleanliness and repair throughout the establishment.

All wards were subdivided into three sections; the first section, called the sanatorium, accommodated less demanding patients, the second was another open unit accommodating psychotic patients whose state of health had improved, and the third was the closed section, accommodating the most demanding patients. Patients placed in the first two sections had free access to the park and were allowed to visit the neighbouring village (after having notified the staff). Patients in the closed section could move outside the ward only if they were escorted by staff. The closed section was under constant video surveillance.

Although living space was in general rather limited, rooms were personalised, properly heated and enjoyed good access to natural light and artificial lighting. They were equipped with adequate bedding, bedside tables, chairs and shelves. The sanitary facilities were clean and well kept. The dining rooms and the association rooms for group therapy and leisure activities were spacious and well decorated.

However, even though the establishment was operating below its official capacity, the dormitories in Wards 2 and 3 were overcrowded, with a mere 3.5 m² of living space per patient (by way of example, 8 patients were placed into 29 m² rooms). The CPT's delegation was particularly concerned about the austere and bleak environment of the closed section in the male ward (Ward 2), where some patients spent the whole day confined within their small living/dining room (with 24 chairs in 25 m²) and the corridor.

Ward 3 (the female ward), located on the second floor of the main building of *Veľké Zálužie*, was accommodating 80 women, 17 of whom were in the two dormitories of the closed section. One of them, measuring 33 m², contained 9 beds, including 2 net-beds (cf. paragraphs 102-106). Access to natural light, and artificial lighting and ventilation, was just about acceptable. The other room, measuring 38 m², was accommodating 12 patients; their beds and bed tables were situated so close that patients had difficulty moving around. Ventilation and access to natural light also left something to be desired. It should also be noted that there was no alarm bell in those two dormitories, and at least two beds in each room were not visible via the CCTV system.

The CPT recommends that the Slovak authorities redecorate the closed section of Ward 2 at Veľké Zálužie and that the occupancy rates of this section and of the two dormitories in the closed section of Ward 3 be decreased. Further, the visual supervision of patients in Ward 3 should be improved.

90. Living space per patient at *Sokolovce's* closed section (Ward 2) was adequate (4 m²-6m² per patient, in rooms for 3-8 persons) and overall accommodation conditions were quite satisfactory. Rooms enjoyed good access to natural light and artificial lighting and the establishment (including bed linen and beds) was impeccably clean. However, it was experiencing considerable financial problems and its management struggled to provide adequate care for its residents, partly due to low staffing levels (cf. paragraph 97). Food and heating bills had been unpaid for months.

At the end-of-visit talks, the CPT's delegation requested that it be kept informed of the future of this establishment; the authorities have indicated that it might be withdrawn from service, a situation which was creating significant tension for both staff and patients at the time of the visit. In their letter of 16 May 2005, the authorities informed the CPT that "the Health Ministry of the Slovak Republic considered the closure of Sokolovce as a part of the ongoing reforms and transformation of the country's health sector, but the situation subsequently changed and ... Sokolovce was integrated into the transformation as a non-profit organisation". **The CPT would like to receive more detailed information on this subject.**

4. Treatment and care

91. The CPT's delegation formed the impression that patients at both establishments received the psycho-pharmacological medication required by their state of health, and found no indications of over-medication.

92. At Veľké Zálužie, patients were engaged in different therapies and activities such as group psychotherapy, occupational therapy with wood and metalwork, knitting, sewing, drawing, and cultural and recreational activities. The establishment had a large fitness room and gym, and a library. However, patients had no activities in the afternoon and at weekends, and there was an almost complete lack of activities for patients on the closed section of the male ward. **The CPT recommends that steps be taken to offer more purposeful activities at weekends and in the afternoon, and that particular attention be paid to developing activities for patients placed on the male closed ward.**

At Sokolovce, the CPT's delegation formed the opinion that some of the more demanding residents could well have been admitted to a better-resourced acute psychiatric hospital. The delegation noted with concern that activities such as art therapy, relaxation therapy and leather work were offered mainly to patients from the open ward. The range of activities offered to patients on closed Ward 2 was very limited (mainly due to the lack of staff), and only 5 to 10 patients participated in the activities available. **The CPT recommends that steps be taken to ensure that patients on Sokolovce's closed Ward 2 are offered an appropriate range of therapeutic activities.**

93. The conduct of satisfactory therapeutic programmes also largely depends on a policy of differentiating patients according to their pathology and state of development. Such a policy was not applied at Veľké Zálužie, where the distribution of patients to the wards was effected according to a territorial criterion. The delegation was informed that a project for introducing a policy for a better differentiation of patients according to their diagnosis has been rejected by the Ministry of Health for financial reasons. **The CPT would like to receive the comments of the Slovak authorities on this point.**

94. Contact with the outside world was adequate in both establishments. Patients could send and receive an unlimited number of uncensored letters. Further, apart from the patients on closed wards, patients were allowed to keep their mobile phones. Four card phones were available at Veľké Zálužie and one at Sokolovce. Patients could also receive visits every day from morning until evening. There was also regular bus transportation at Veľké Zálužie near the main hospital gate and patients were allowed to take weekend leave. The situation was similar at Sokolovce (visits were possible 3 days a week for 4 hours); the CPT welcomes this state of affairs.

5. Staff issues

95. Staff resources in psychiatric establishments should be adequate in terms of numbers, categories of staff (psychiatrists, general practitioners, nurses, psychologists, occupational therapists, social workers, etc.), their experience and training. Deficiencies in staff resources often seriously undermine attempts to offer adequate psychiatric treatment based on an individualised approach; further, they can lead to high-risk situations for patients, notwithstanding the good intentions and genuine efforts of the staff in service.

96. At Veľké Zálužie, the total number of staff was 235, including 16 psychiatrists. Further, the establishment benefited from regular visits by an internist and a local dentist. However, five psychiatrists' posts were vacant at the time of the visit; **the CPT recommends that the relevant authorities fill these posts as soon as possible.**

Only three psychiatrists (one of whom was an acting director and therefore mainly occupied by administrative and financial matters) were employed at Sokolovce. **The CPT recommends that the complement of psychiatrists be increased by two additional psychiatrists.**

97. The situation concerning nursing staff levels was critical at both establishments.

Although there were 108 nurses at Veľké Zálužie (50 of them qualified in psychiatry), there were only two nurses and a 'sanitary nurse' allocated to care for 28 male patients in the closed ward after 3 p.m. There were only 17 nurses in total at Sokolovce (five of them qualified in psychiatry)⁵⁹, and a mere three nurses cared for 54 patients around the clock in the establishment's closed section. Not surprisingly, on the closed section of Ward 2 (male ward) at Veľké Zálužie and on Ward 2 of Sokolovce, purposeful activities involving staff were limited to reading with the patients and watching television together (cf. paragraph 92).

⁵⁹ The establishment had 26 nurses only a few years ago.

In general, low staffing levels were preventing appropriate contact between the staff and patients. At Veľké Zálužie, staff relied heavily on CCTV systems to monitor patients in the closed sections; in the CPT's view, this can never entirely replace human contact for meaningful monitoring of patients. In addition, with more nursing staff present, it would be possible to have less frequent resort to means of restraint and to offer a better range of purposeful activities to patients, and prevention of inter-patient violence would be facilitated. **The CPT recommends that nursing staff levels be significantly increased at both establishments.**

98. As regards both establishments, the CPT's delegation was particularly concerned by the shortage of personnel qualified to conduct social therapy activities (in particular, occupational therapists). A greater emphasis on social therapy would have a considerable impact upon the quality of care. **The CPT recommends that the Slovak authorities take steps to recruit more such personnel.**

99. Low staffing levels also had a detrimental effect on the psychiatrists' training at Sokolovce; as there were so few psychiatrists, they could not replace colleagues away on training. A similar situation prevailed concerning nursing staff. In addition, the CPT's delegation was informed that the training costs had to be paid by the person concerned. **The CPT would like to receive comments from the authorities on the training opportunities offered to staff at psychiatric establishments throughout Slovakia.**

6. Means of restraint/seclusion

100. In any psychiatric establishment, the restraint of agitated and/or violent patients may on occasion be necessary. This is an area of particular concern to the CPT, given the potential for abuse and ill-treatment.

Certain means of restraint used at the psychiatric establishments visited, namely cage- and net-beds, are of considerable concern to the CPT.

101. The establishment at Sokolovce had one cage-bed (i.e. a bed surrounded by metal bars), which was being used for a female patient. At the end-of-visit talks with the Slovak authorities, the CPT's delegation invoked Article 8, paragraph 5, of the Convention, and requested that the Slovak authorities put an end to the use of the cage-bed at Sokolovce (and in other establishments of this kind throughout the country), and inform the Committee within one month of the measures taken in response to this immediate observation.

In their letter of 15 April 2005, the Ministry of Health informed the CPT that "the Slovak psychiatric health-care facilities do not use cage beds at all, the situation regarding the above mentioned patient was absolutely exceptional...Resulting from the comments of the CPT delegation to this bed, the cage bed had been demounted and deposited...". The CPT welcomes the action taken by the Slovak authorities in response to its immediate observation.

102. The use of *net-beds* remains widespread in Slovakia. The CPT's delegation was informed that there were 312 net-beds in psychiatric establishments throughout the country⁶⁰. *Net-beds* had recently been re-introduced at Veľké Zálužie, after a lapse of 25 years. The main justification for their re-appearance was apparently the admission of a learning disabled patient who strangled another patient in a social care home; they are also seen as a means of preventing assaults on staff. At Sokolovce, net-beds have been used for decades, mostly for psychotic and agitated patients.

At both establishments, net-beds were used in the closed sections. There were 8 net-beds for male and 5 for female patients at Sokolovce. Veľké Zálužie had at its disposal 3 net-beds. They were 0.75 metres wide, 1.9 metres long and 1.1 metre high.

103. At the end of the visit, the delegation received from the national authorities recently adopted guidelines on the use of net-beds in psychiatric establishments. However, a copy of these guidelines was not available at the establishments visited, and staff indicated that no training had ever been given on this issue. Further, the use of net-beds (and other means of restraint) was not centrally recorded. No statistics on their use were compiled and medical staff who were interviewed could not provide information as to which patient might have been restrained on a particular day unless they looked at all the individual patients' files. The delegation's on-the-spot observations indicated that those entries tended to be quite superficial (they often lacked details recording the periods of time spent in the bed, the name of the health-care staff who authorised its use, etc.). The delegation was therefore not in a position to obtain an accurate picture regarding the duration of - or circumstances surrounding - resort to net-beds.

104. The CPT had already expressed the view in the report on its 2000 visit (cf. paragraph 103, CPT/Inf (2001) 29) that net-beds are not an appropriate means of dealing with patients in a state of agitation, and recommended that they ceased to be used as a tool for managing such persons. If it proves necessary to separate such patients, they should be placed in suitably equipped rooms of an adequate size and benefit from adequate human contact.

The CPT's delegation expressed a similar position at the end of the 2005 visit.

105. In their letter of 16 May 2005, the Slovak authorities responded "the Ministry of Health ... has not changed its standpoint it issued during the previous visit of the CPT Committee, namely, that the use of net-beds in psychiatric wards is justified only where it is necessary to prevent a patient from inflicting self-harm or harm on other people in their vicinity. Where a doctor has a patient confined to a net bed, it is for no longer than is necessary and it is recorded in the patient's medical documentation". In the authorities' opinion, "the confinement of a patient to a net bed on the basis of substantiated indicators and in compliance with the respective instructions and criteria is more humane than other means of restraint used elsewhere."

⁶⁰ Net-beds are also used in other Slovak health-care facilities, such as departments of internal medicine, departments of geriatrics, neurology, neurosurgery, etc.

106. The CPT regrets the impasse which has been reached on this question. Resort to net-beds has been successfully phased out in several countries visited by the CPT and the Committee is convinced that the same is possible in psychiatric establishments in Slovakia. **The CPT recommends the Slovak authorities to commission comprehensive scientific research on the use currently made of net-beds in psychiatric establishments and on possible alternative methods of managing the patients concerned.**

For as long as net-beds remain in use, the CPT recommends that measures be taken to ensure that persons placed in such beds are not exposed to the view of other patients/residents and are subject to appropriate supervision by staff. Under no circumstances should net-beds be used as a means of economising on staff resources.

7. Safeguards

107. On account of their vulnerability, the mentally ill and mentally disabled warrant much attention in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. It follows that involuntary placement in a psychiatric establishment should always be surrounded by appropriate safeguards.

108. As already indicated (cf. paragraphs 83-84 above), the great majority of patients at Veľké Zálužie and Sokolovce had been admitted on a voluntary basis. Nevertheless, a considerable number of those voluntary patients had subsequently been placed in closed wards.

On admission at Veľké Zálužie, voluntary patients were requested to give their consent to treatment by signing a "medical consent form" which read as follows: (i) "I agree with the comprehensive treatment at the sanatorium and closed wards;...(iii) "I acknowledge the treatment programmes and the daily regime at the hospital; (iv) "I have been informed and instructed of my rights". According to the Director of the establishment, "the comprehensive treatment" might include the administration of medication, the provision of nursing care, psychotherapy, rehabilitative activities, placement in closed sections and even in net beds etc. Similarly, voluntary patients at Sokolovce were expected to sign a "declaration of voluntary admission", which included "all curative interventions the attending physician considers as appropriate".

109. Several patients, who had been admitted on a voluntary basis and then placed in closed wards, alleged that they had been prevented from leaving the hospital, despite having expressed their wish to do so. It was also alleged by certain voluntary patients that they had not been informed of the possibility to withdraw their initial consent to treatment. When these issues were raised with staff at both establishments visited, the delegation received vague and inconsistent replies.

110. The CPT's mandate in principle does not apply to voluntary patients. However, it is incumbent on the Committee to satisfy itself that "voluntary" patients in a given establishment have been - and continue to be - placed there with their consent. Consequently, **the CPT wishes to receive confirmation that voluntary patients admitted to the Veľké Zálužie and Sokolovce establishments are free to leave the closed sections (and indeed the hospital) if they so wish, and/or to withdraw the consent to treatment they have previously given.**

The CPT also wishes to underline that if it is considered that a given patient, who had been voluntarily admitted and who expresses a wish to leave a hospital, still requires in-patient care, then the involuntary civil placement procedure provided by the law should be fully applied.

111. The involuntary civil placement procedure, which involved judicial control, does not call for particular comments.

As already indicated (cf. paragraphs 83-84 above), the establishments in Veľké Zálužie and Sokolovce were accommodating several forensic patients (nine and five respectively) under the so-called protective treatment, provided for by Article 72 of the Penal Code. In both establishments these patients benefitted from exactly the same living conditions and treatment as the other patients.

The protective treatment is pronounced by the courts, may be imposed with or without the sentence, and might be of an indefinite duration. The court can, however, cancel the measure, once it ascertains that the need for such a treatment has ceased; the situation of such patients is reviewed once a year.

In addition to the annual review procedure, **the CPT would like to be informed whether a patient subject to protective treatment is himself able to request, at reasonable intervals, that the necessity for his placement be considered by a judicial authority.**

112. Despite the assurances of the Slovak authorities in their letter of 16 May 2005 concerning "the provision of information to patients about their rights and about the procedures for involuntary admission at both facilities", as well as of their statement that "patients ... are given information by health staff and familiarized with their patient rights; also during the course of hospitalization", the CPT's delegation received a number of complaints from patients in this respect at both establishments visited. Patients at Veľké Zálužie were only given the brochure on the general rights of patients, which did not address the specific rights of psychiatric patients.

The CPT recommends that a more reliable system for informing psychiatric patients of their rights be established, such as an introductory brochure setting out the establishment's routine and patients' rights. This brochure should be issued to each patient on admission to the hospital, as well as to their families. Any patient unable to understand the brochure should receive appropriate assistance.

113. The CPT also attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body (e.g. a judge or supervisory committee) which is responsible for the inspection of patients' care. This body should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations.

The CPT has taken note of the fact that district prosecutors visit the establishments at Veľké Zálužie and Sokolovce once every two months, while the regional prosecutors visit once every four months. However, the CPT's delegation was informed that visiting prosecutors focussed on the formal side of the hospitalisation of patients under protective treatment, and on issues of legal competence and guardianship. They never spoke to patients under protective treatment (or to any other patients) or heard any patients' complaints. Further, prosecutors were apparently not attentive to the use of means of restraint. **The CPT invites the Slovak authorities to consider a more active role for prosecutors in this respect.**

The CPT also notes that the National Programme of Mental Health of the Slovak Republic, adopted by the Government of the Slovak Republic in October 2004, suggests "the creation of a National Council of Mental Health that will monitor, coordinate and analyse the existing measures to protect the human rights of people with mental disorders and guide development and implementation of legislation. It will also monitor the use of coercive measures in cases of voluntary hospitalisation". This is a welcome development. **The CPT would like to receive further and better particulars on this body and its work.**

III. RECAPITULATION AND CONCLUSIONS

A. Police establishments

114. The amount of information indicative of ill-treatment of persons deprived of their liberty by law enforcement agencies remains significant. Most of the allegations of ill-treatment received during the 2005 visit related to the time of arrest; however, some of them concerned the subsequent period of police custody, including the time of police questioning. The types of ill-treatment alleged consisted mostly of slaps, punches and kicks, or blows with hard objects such as batons; further, certain persons claimed that they had been struck with pistol-butts, flashlights, or plastic bottles filled with water. In a notable proportion of the cases which came to the attention of the CPT's delegation, the alleged victims of ill-treatment were Roma.

In a number of cases, the delegation gathered medical evidence consistent with the persons' accounts of ill-treatment.

115. The information gathered clearly demonstrates that there is no room for complacency; the Slovak authorities must strengthen their efforts to overcome the problem of ill-treatment by law enforcement officials. The CPT has recommended that senior police officers regularly instruct police officers that ill-treatment will not be tolerated, that all information regarding possible ill-treatment will be investigated, and that perpetrators of such treatment will be subject to severe sanctions. Further, the Slovak authorities should continue to give a high priority to police training, including as regards practical skills for handling high-risk situations such as the apprehension and interrogation of suspects.

116. The CPT's delegation found that it was still common for detained persons to be handcuffed for extended periods to fixtures in a corridor or office (such as radiators or metal rings attached to walls); moreover, certain persons alleged that their hands had been attached for hours to a metal ring behind their backs, in positions in which it was impossible to sit without great discomfort. The delegation observed such rings in police establishments around the country. The CPT has called upon the Slovak authorities to take immediate steps to ensure that persons detained by the police are accommodated in adequate facilities from the very outset of their custody; handcuffs should not be used as a substitute for secure holding facilities.

117. 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 relevant information regarding possible ill-treatment which comes to their attention (whether or not that information takes the form of a formal complaint) and, where appropriate, the imposition of a suitable penalty. This will have a very strong dissuasive effect. Examination of the action taken in some specific cases revealed that existing arrangements and practice are not always satisfactory. The CPT has made detailed recommendations and requests for information on this subject.

118. As regards formal safeguards against ill-treatment, the CPT was pleased to note that the Police Act has been amended to provide that detained persons shall be given the right to both notify a close person of their detention and to have access to a lawyer. However, its delegation found that in a significant number of cases, those rights were often not fully effective in practice; the CPT is particularly concerned that the above-mentioned rights were not always respected as regards minors (i.e. persons under 18).

The CPT has called upon the Slovak authorities to take immediate steps to ensure that the rights of notification of custody and of access to a lawyer become fully effective in practice, as from the very outset of police custody. Appropriate steps should also be taken to ensure the effectiveness of the legal aid system throughout the procedure, including at the initial stage of police custody.

In the light of the information gathered during the visit, the CPT has also reiterated its recommendation that written information on rights be provided to all persons deprived of their liberty by the police, at the very outset of their deprivation of liberty.

119. As had been the case during previous visits, conditions of detention in most police cells were adequate. However, many complaints were heard about the provision of food. The CPT has sought confirmation that all persons detained by the police in the Slovak Republic are currently receiving food at appropriate times, including at least one full meal every day.

B. Prisons

120. Most prisoners indicated that they were treated correctly by prison staff. However, the delegation received some allegations of verbal abuse by prison staff of different categories, mainly aimed at female prisoners. The CPT has recommended that prison staff of all categories be reminded that all forms of ill-treatment of prisoners, including verbal abuse, are not acceptable and will be punished accordingly.

121. The Committee has also encouraged the Slovak authorities to continue to give a high priority to the development of prison staff training and, in this connection, to place considerable emphasis on the acquisition of interpersonal communication skills. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation.

122. Although Bratislava and Košice Prisons were not operating at their full capacity, overcrowding remained a problem, in particular at Bratislava Prison, where even the existing inadequate standard of 3.5m² of living space per prisoner was not being met. Moreover, the capacity of the prison estate as a whole was strained. The CPT has underlined that providing additional accommodation is unlikely, in itself, to provide a lasting solution to the problem of overcrowding. Instead, addressing this problem requires a coherent strategy covering both admission to and release from prison to ensure that imprisonment really is the measure of last resort. The Committee has recommended that the authorities vigorously pursue the implementation of such a strategy, in the light of the standards developed by the Council of Europe.

123. There has been almost no change to material conditions of detention in the sections revisited in Bratislava and Košice Prisons. In addition to overcrowding, various other shortcomings were observed. The CPT has called for resolute action to remedy these shortcomings; immediate measures should be taken to ensure that minors are held separately from adults..

Material conditions were on the whole acceptable for prisoners in wing 5 at Ilava Prison. However, conditions in some of the ground-level isolation cells in that wing were appalling; the CPT has requested confirmation that these cells are not being used, pending the necessary improvements.

124. The CPT is very concerned by the continuing lack of out-of-cell activities for remand prisoners; even minors were deprived of anything remotely resembling a regime of activities. The CPT has called upon the Slovak authorities to remedy this situation; the aim should be to ensure that remand prisoners are allowed to spend a reasonable part of the day outside their cells engaged in purposeful activities of a varied nature. Steps should be taken as a matter of urgency to provide educational activities to juveniles held on remand.

125. Long-term prisoners at Ilava Prison were being held in a highly restrictive solitary confinement regime for years on end. Most of them were not allowed to associate with any other prisoner, their interaction with staff was minimal, and direct contact with visitors was prohibited on the rare occasions when visits took place; further, whenever a prisoner was taken outside his cell, he was handcuffed behind his back. Such a situation is totally unacceptable; the combined impact of the impoverished regime, the lack of human contact and the systematic handcuffing could fairly be described as amounting to inhuman and degrading treatment.

Information subsequently provided by the Slovak authorities indicates that positive steps are being taken to address this problem. The CPT has sought further details concerning these developments and has highlighted certain general precepts which should be borne in mind with respect to long-term imprisonment.

126. In the field of health care, there has been a welcome reinforcement (as compared to the situation found in 2000) of the provision of psychological services at Bratislava Prison and of psychiatric/psychological services at Košice Prison, as well as an increase in the number of nurses at Bratislava Prison. However, the CPT has recommended that the number of nursing staff at Ilava and Košice Prisons be increased, and reiterated its recommendation that immediate steps be taken to ensure that someone qualified to provide first aid (preferably a nurse) is always present at the prisons visited, including at night. The CPT has also expressed certain reservations about the practice of prison doctors treating both prisoners and prison staff, and invited the Slovak authorities to review this practice.

Health-care facilities were of an acceptable standard in Bratislava and Košice Prisons. The same was, in principle, true of the room used for medical examinations/consultations in wing 5 of Ilava Prison; however, the CPT has sought confirmation that handcuffs are no longer used during medical examinations of prisoners, and that the metal rings observed in that room have been removed.

More generally, the Committee has recommended that prison health care services be encouraged to assume a more active role and, if necessary, advocate appropriate measures with a view to promoting the health of prisoners; in this regard, it should be verified that all prisoners, regardless of their resources, are guaranteed the provision of medical care (including medication) required by their state of health.

127. Among other issues addressed in the visit report, the CPT has, in particular, recommended that the visit entitlements of both remand and long-term prisoners be increased and has encouraged the Slovak authorities to introduce more open arrangements for visits. At the same time, the Committee has welcomed new legislation introducing the possibility for prisoners to have telephone contacts.

C. Social services homes

128. The CPT's delegation revisited one social services home, namely Vel'ký Biel Home for disabled women, which had been found to display major deficiencies during the Committee's visit in 2000.

The CPT received no allegations of ill-treatment of residents by staff at the Home. The delegation observed a caring attitude of staff towards residents; interaction between staff and residents appeared to be relaxed and affectionate. In addition, the CPT has welcomed the positive developments concerning living conditions (and in particular the renovated Unit 1), treatment and means of restraint (seclusion and net-beds no longer being used to manage agitated and/or violent patients).

129. During the 2005 visit, the CPT's delegation was informed about plans to close down the Vel'ký Biel Home and to transfer its residents to other facilities. The delegation was impressed by the careful planning of the establishment's management and staff as regards meeting the future needs of residents after closure of the home.

D. Psychiatric establishments

130. No allegations were received of deliberate physical ill-treatment of patients by staff at Veľké Zálužie Psychiatric Hospital and Sokolovce Psychiatric Healthcare Centre. On the contrary, it was evident that staff had a caring and affectionate attitude towards patients and the overall atmosphere appeared to be quite relaxed.

However, a serious incident had occurred the day before the delegation commenced its visit to Veľké Zálužie, on the male closed Ward (Ward 3). The information gathered by the CPT's delegation clearly indicates that a frail patient had been placed in the closed male unit together with the most demanding patients, one of whom had subsequently assaulted him. In this connection, the CPT has recommended that the Slovak authorities develop and implement a strategy aimed at preventing inter-patient violence.

131. As regards patients' living conditions, the CPT's delegation was impressed by the overall state of cleanliness and repair throughout Veľké Zálužie Psychiatric Hospital. Although living space was, in general, rather limited, rooms were personalised, properly heated and equipped, and enjoyed good access to natural light and artificial lighting. However, the environment in the closed section in the male ward (Ward 2) was austere and bleak. The CPT has recommended that the Slovak authorities redecorate that section; further, the occupancy rates of that section and of the two dormitories in the closed section of Ward 3 should be decreased.

Living space per patient at Sokolovce's closed section (Ward 2) was adequate (4 m² to 6m² per patient, in rooms for 3 to 8 persons) and overall accommodation conditions were quite satisfactory. However, the establishment was experiencing considerable financial problems and its management struggled to provide adequate care for its residents. The CPT has sought detailed information about the future of this establishment, which was the subject of uncertainty at the time of the visit.

132. Concerning treatment and care, the CPT's delegation formed the impression that patients at both establishments received the psycho-pharmacological medication required by their state of health, and found no indications of over-medication. The CPT has nonetheless recommended that steps be taken at Veľké Zálužie to offer more purposeful activities at weekends and in the afternoon, and that particular attention be paid to developing activities for patients placed on the male closed ward. Further, at Sokolovce the range of therapeutic activities offered to patients on closed Ward 2 was very limited (mainly due to the lack of staff); the CPT has recommended that steps be taken to remedy this situation.

133. The situation concerning nursing staff was critical at Veľké Zálužie and Sokolovce. Low staffing levels were preventing appropriate contact between the staff and patients. With more nursing staff present, it would be possible to have less frequent resort to means of restraint and to offer a better range of purposeful activities, and prevention of inter-patient violence would be facilitated. The CPT has recommended that nursing staff levels at both establishments be significantly increased.

The Committee has also emphasised the need to recruit more personnel qualified to conduct social therapy activities; this would have a considerable impact on the quality of care.

134. The use of net-beds remains widespread in Slovakia. The CPT had already expressed the view in the report on its 2000 visit that net-beds are not an appropriate means of dealing with patients in a state of agitation, and recommended that they ceased to be used as a tool for managing such persons. A similar position was expressed at the end of the 2005 visit. However, the Slovak Ministry of Health remains of the view that the use of net-beds is justified in certain circumstances.

The CPT regrets the impasse which has been reached on this question. Resort to net-beds has been successfully phased out in several countries visited by the CPT and the Committee is convinced that the same is possible in psychiatric establishments in Slovakia. The CPT has recommended that the Slovak authorities commission comprehensive scientific research on the use currently made of net-beds in psychiatric establishments and on possible alternative methods of managing the patients concerned. Further, for as long as net-beds remain in use, measures should be taken to ensure that persons placed in such beds are not exposed to the view of other patients/residents and are subject to appropriate supervision by staff. Under no circumstances should net-beds be used as a means of economising on staff resources.

135. It is axiomatic that involuntary placement in a psychiatric establishment should always be surrounded by appropriate safeguards. In this context, the CPT was concerned to learn that several patients, who had been admitted on a voluntary basis and then placed in closed wards, alleged that they had been prevented from leaving the hospital, despite having expressed their wish to do so. The Committee has underlined that if it is considered that a given patient, who had been voluntarily admitted and who expresses a wish to leave a hospital, still requires in-patient care, then the involuntary civil placement procedure provided by the law should be fully applied.

The CPT has also recommended that a more reliable system for informing psychiatric patients of their rights be established, such as an introductory brochure setting out the establishment's routine and patients' rights.

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

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

137. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Slovak authorities to provide **within six months** a response giving a full account of action taken to implement them.

The CPT trusts that it will also be possible for the Slovak authorities to provide in the above-mentioned response, reactions to the comments formulated in this report as well as replies to the requests for information made.

APPENDIX I

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

Cooperation between the CPT and the Slovak authorities

recommendations

- efforts to be made with a view to ensuring that all relevant authorities, including those working at local level, receive detailed information on the Committee's mandate and their obligations vis-à-vis visiting delegations. The provisions of Section 65 of the Code of Criminal Procedure should also be reviewed, in the light of the obligations flowing from the Convention establishing the CPT (paragraph 7).

Police establishments

Preliminary remarks

requests for information

- up-to-date information regarding the legislative developments mentioned in paragraph 13 (paragraph 13).

Ill-treatment

recommendations

- senior police officers to regularly instruct their subordinates that ill-treatment will not be tolerated, that all information regarding possible ill-treatment will be investigated and that perpetrators of ill-treatment will be subject to severe sanctions (paragraph 16);
- the Slovak authorities to continue to give a high priority to police training, including as regards practical skills for handling high-risk situations, such as the apprehension and interrogation of suspects (paragraph 17);
- police officers to be reminded that no more force than is reasonably necessary should be used when effecting an apprehension, and that once apprehended persons have been brought under control, there can be no justification for their being struck (paragraph 18);
- the Slovak authorities to take immediate steps to ensure that persons detained by the police are accommodated in adequate facilities from the very outset of their custody, and that all metal rings such as those described in paragraph 19 are removed from police establishments throughout the Slovak Republic (paragraph 19).

comments

- handcuffs should not be used as a substitute for proper holding facilities (paragraph 19).

Combating impunity

recommendations

- whenever the competent authorities (i.e. investigator, prosecutor or judge) receive a complaint of ill-treatment by the police, they should immediately request a forensic medical examination of the person concerned and take the necessary steps to ensure that the allegations are properly investigated. This approach should be followed irrespective of whether the person concerned bears visible injuries. Even in the absence of an express allegation of ill-treatment, a forensic medical examination should be requested whenever there are other grounds to believe that a person could have been the victim of ill-treatment (paragraph 25);
- the necessary measures to be taken to enable persons who allege ill-treatment, or their lawyer or doctor, to themselves request a forensic medical examination (paragraph 25);
- the relevant authorities to review the existing arrangements, in the light of the remarks made in paragraphs 26 and 27, and to ensure that the precepts set out in the Committee's 14th General Report are systematically applied in the context of all official investigations (criminal or disciplinary) in cases involving allegations of ill-treatment (paragraph 28);
- the relevant prosecutors always to be immediately notified, in writing, of information relating to possible cases of police ill-treatment which comes to light during internal accountability procedures. The information transmitted should include, inter alia, all relevant statements made by the person concerned and all related medical findings (paragraph 28);
- the Slovak authorities to review the practice of police officers wearing balaclavas in the course of their duties, in the light of the remarks made in paragraph 29 (paragraph 29).

requests for information

- the outcome of the appeal against the decision to dismiss criminal proceedings in the case of Radoslav PUKÝ (paragraph 22).

Safeguards against the ill-treatment of persons deprived of their liberty

recommendations

- the Slovak authorities to take immediate steps to ensure that the rights of notification of custody and of access to a lawyer become fully effective in practice, as from the very outset of police custody (paragraph 32);
- appropriate steps to be taken to ensure the effectiveness of the legal aid system throughout the procedure, including at the initial stage of police custody (paragraph 32);
- whenever injuries indicative of ill-treatment are recorded following a medical examination of a detained person, the record to be brought to the attention of the relevant public prosecutor (paragraph 33);

- written information on their rights to be provided to all persons deprived of their liberty by the police, at the very outset of their deprivation of liberty (paragraph 34).

comments

- it is suggested that the Bar Association be consulted in the context of ensuring the effectiveness of the legal aid system throughout the procedure, including at the initial stage of police custody (paragraph 32).

Conditions of detention

recommendations

- appropriate steps to be taken to rectify the shortcomings described in paragraph 35 (paragraph 35).

requests for information

- confirmation that all persons detained by the police in the Slovak Republic are currently receiving food at appropriate times, including at least one full meal every day (paragraph 36).

Prisons

Preliminary remarks

recommendations

- the Slovak authorities to vigorously pursue the adoption and implementation of a coherent strategy designed to combat prison overcrowding and, in doing so, be guided by the Recommendations of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation (R(99)22), on improving the implementation of the European Rules on community sanctions and measures (Rec(2000)22) and on conditional release (parole) (Rec(2003)22) (paragraph 39);
- the standard concerning living space per prisoner in multi-occupancy cells to be raised to at least 4 m²; official capacities should be recalculated accordingly (paragraph 39).

Ill-treatment

recommendations

- prison staff of all categories to be reminded that: all forms of ill-treatment of prisoners, including slapping and verbal abuse, are not acceptable and will be punished accordingly; if, on occasion, prison officers have to use force to control violent and/or recalcitrant prisoners, the force used should be no more than is strictly necessary and, once prisoners have been brought under control, there can be no justification for striking them (paragraph 41);

- the Slovak authorities to continue to give a high priority to the development of prison staff training, both initial and ongoing. In the course of training, considerable emphasis should be placed on the acquisition of interpersonal communication skills (paragraph 42);
- prison officers not to carry batons in full view of inmates (paragraph 42).

requests for information

- the outcome of the proceedings and inquiries mentioned in paragraph 40, as well as any measures taken in response (paragraph 40);
- for the period from 1 January 2004 to the present time: the number of complaints lodged of ill-treatment by staff in establishments under the authority of the Ministry of Justice and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints; an account of the outcome of any such proceedings and of disciplinary/criminal sanctions imposed on the grounds of ill-treatment by staff (paragraph 41).

Conditions of detention

recommendations

- the Slovak authorities to implement, without further delay, the CPT's recommendations concerning partitioning of toilets in multi-occupancy cells. Resolute action should also be taken to remedy the other shortcomings set out in paragraphs 43 and 44; in this connection, immediate measures should be taken to ensure that minors are kept separately from adults (paragraph 45);
- the Slovak authorities to take steps, as a matter of priority, to devise and implement a comprehensive regime of out-of-cell activities (including group association activities) for remand prisoners. The aim should be to ensure that all prisoners are allowed to spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature (group association activities; work, preferably with vocational value; education; sport). The legislative framework governing remand imprisonment should be revised accordingly (paragraph 46);
- the necessary steps to be taken, as a matter of urgency, to ensure that juveniles held on remand are provided a full programme of educational activities, including physical education (paragraph 46);
- the Slovak authorities to redouble their efforts to revise the regime applicable to long-term prisoners, taking the remarks made in paragraphs 51 and 52 into account, as well as the principles contained in Recommendation R (2003) 23 of the Committee of Ministers of the Council of Europe on the management of life-sentenced and other long-term prisoners (paragraph 53);
- outdoor exercise facilities to be made sufficiently large to enable prisoners to exert themselves physically (paragraph 54).

requests for information

- confirmation that the other ground-level isolation cells in wing 5 (in addition to cell No. 19) at Ilava Prison are not being used, pending the necessary improvements (paragraph 44);
- detailed information on the progress made as regards reconstruction of the disciplinary/punishment section at Ilava Prison referred to in the Slovak authorities' letter of 29 March 2005 (paragraph 44);
- up-to-date information regarding the legislative developments mentioned in paragraph 49 (paragraph 49);
- detailed information on the results of the first (and, in due course, the second) stage of the risk assessment of long-term prisoners, and the measures taken in response (paragraph 50);
- clarification as to the actual impact in practice of the revised rules concerning handcuffing (paragraph 50).

Health-care services

recommendations

- the number of nursing staff at Ilava and Košice Prisons to be increased (paragraph 56);
- immediate steps to be taken to ensure that someone qualified to provide first aid (preferably, a nurse) is always present at the prisons visited, including at night (paragraph 56);
- steps to be taken to ensure, at the very least, nursing cover on Saturdays and Sundays, for a minimum of eight hours each day; it would be preferable for a doctor also to be present on weekends (paragraph 56);
- the record drawn up after a medical examination of a prisoner, whether newly-arrived or not, to contain: i) a full account of statements made by the prisoner concerned which are relevant to the medical examination, including any allegations of ill-treatment made by him; ii) a full account of objective medical findings based on a thorough examination; iii) the doctor's conclusions in the light of (i) and (ii). The full record should be made available to the prisoner and his/her lawyer (paragraph 59);
- all medical examinations of prisoners 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 60);
- prison health care services to be encouraged to assume a more active role and, if necessary, to advocate appropriate measures with a view to promoting the health of prisoners; in this regard, it should be verified that all prisoners, regardless of their resources, are guaranteed the provision of medical care (including medication) required by their state of health (paragraph 60).

comments

- the Slovak authorities are invited to review the current practice of prison doctors treating both prisoners and prison staff, in the light of the remarks made in paragraph 57 (paragraph 57).

requests for information

- confirmation that handcuffs are no longer used during medical examinations of prisoners, and that the metal rings have been removed from the special cell in wing 5 of Ilava Prison (paragraph 58).

Other issues

recommendations

- the Slovak authorities to revise the relevant legal provisions in order to increase substantially the visit entitlement for remand prisoners. The objective should be to offer the equivalent of a visit every week, of at least 30 minutes duration (paragraph 61);
- the visit entitlement of long-term prisoners to be significantly increased; as an immediate measure, they should be permitted at least one visit per month (paragraph 62);
- current practice as regards holding juveniles in solitary confinement to be reviewed, to ensure that it is in conformity with the remarks made in paragraph 65; the same precepts should be reflected in the new legislation on imprisonment (paragraph 65);
- the rules concerning means of restraint to be revised, taking into account the remarks made in paragraph 66 (paragraph 66).

comments

- the Slovak authorities are invited to introduce more open arrangements for visits to remand prisoners (paragraph 61);
- the Slovak authorities are invited to explore the possibility of having more open arrangements for visits to long-term prisoners (paragraph 62).

requests for information

- information, in due course, on the new rules as regards telephone contact (paragraph 63).

Social services homes

Preliminary remarks

requests for information

- confirmation of the transfer date of all of the residents of Vel'ký Biel Home for disabled women to new facilities, together with precise information concerning the capacity of these facilities, the number of residents in each facility, residents' living conditions, the various categories of staff employed and their number, and treatments and activities proposed (paragraph 69);
- confirmation of the date of closure of the Vel'ký Biel Home (paragraph 69).

Residents' living conditions and treatment

comments

- the CPT trusts that all those involved (management, staff, regional and national authorities) will continue their efforts, with a view to providing residents at the Vel'ký Biel Home with adequate living conditions and proper care and treatment (paragraph 74).

Safeguards

recommendations

- brochures similar to the ones in use at Vel'ký Biel to be introduced in social care homes throughout Slovakia (paragraph 79);
- the Vel'ký Biel Home (as well as other social services homes in Slovakia) to be regularly inspected, as provided for by the legislation in force (paragraph 80).

requests for information

- comments of the Slovak authorities concerning the risk of a conflict of interests flowing from the appointment of the social officer of the Vel'ký Biel Home as the guardian for 40 residents (paragraph 77);
- further information concerning the rationale for the apparently cautious approach of the courts as regards restoring legal capacity to residents previously declared incompetent (paragraph 78);
- progress made in respect of the draft new Law on social services homes, and a copy of the new law in due course (paragraph 81).

Psychiatric establishments

Preliminary remarks

requests for information

- clarification from the Slovak authorities as regards refusal of the Health Insurance Agency to pay for extended treatments (paragraph 84).

Ill-treatment

recommendations

- the Slovak authorities to develop and implement a strategy aimed at preventing inter-patient violence (paragraph 88).

requests for information

- information on the current health status of the 65-year-old patient referred to in paragraphs 86 and 87, and on measures taken to prevent similar incidents occurring in the future (paragraph 87).

Patients' living conditions

recommendations

- the Slovak authorities to redecorate the closed section of Ward 2 at Vel'ké Zálužie, and to decrease the occupancy rates of this section and of the two dormitories in the closed section of Ward 3 (paragraph 89);
- the visual supervision of patients in Ward 3 to be improved (paragraph 89).

requests for information

- detailed information as regards the future of Sokolovce Psychiatric Healthcare Centre (paragraph 90).

Treatment and care

recommendations

- steps to be taken to offer more purposeful activities at Vel'ké Zálužie at weekends and in the afternoon, and particular attention to be paid to developing activities for patients placed on the male closed ward (paragraph 92);
- steps to be taken to ensure that patients on Sokolovce's closed Ward 2 are offered an appropriate range of therapeutic activities (paragraph 92).

requests for information

- the comments of the Slovak authorities on the issue of differentiation of patients raised in paragraph 93 (paragraph 93).

Staff issues

recommendations

- the relevant authorities to fill the five vacant psychiatrists' posts at Veľké Zálužie as soon as possible (paragraph 96);
- the complement of psychiatrists at Sokolovce to be increased by two additional psychiatrists (paragraph 96);
- nursing staff levels to be significantly increased at both Veľké Zálužie and Sokolovce (paragraph 97);
- the Slovak authorities to take steps to recruit more personnel qualified to conduct social therapy activities (paragraph 98).

requests for information

- comments on the training opportunities offered to staff at psychiatric establishments throughout Slovakia (paragraph 99).

Means of restraint/seclusion

recommendations

- the Slovak authorities to commission comprehensive scientific research on the use currently made of net-beds in psychiatric establishments and on possible alternative methods of managing the patients concerned (paragraph 106);
- for so long as net-beds remain in use, measures to be taken to ensure that persons placed in such beds are not exposed to the view of other patients/residents and are subject to appropriate supervision by staff (paragraph 106).

comments

- under no circumstances should net-beds be used as a means of economising on staff resources (paragraph 106).

Safeguards

recommendations

- a more reliable system for informing psychiatric patients of their rights to be established, such as an introductory brochure setting out the establishment's routine and patients' rights. This brochure should be issued to each patient on admission to the hospital, as well as to their families. Any patient unable to understand the brochure should receive appropriate assistance (paragraph 112).

comments

- if it is considered that a given patient, who had been voluntarily admitted and who expresses a wish to leave a hospital, still requires in-patient care, then the involuntary civil placement procedure provided by the law should be fully applied (paragraph 110);
- the Slovak authorities are invited to consider a more active role for prosecutors in relation to the inspection of patients' care (paragraph 113).

requests for information

- confirmation that voluntary patients admitted to the Veľké Zálužie and Sokolovce establishments are free to leave the closed sections (and indeed the hospital) if they so wish, and/or to withdraw the consent to treatment they have previously given (paragraph 110);
- whether a patient subject to protective treatment is able himself to request, at reasonable intervals, that the necessity for his placement be considered by a judicial authority (paragraph 111);
- further and better particulars about the National Council of Mental Health and its work (paragraph 113).

APPENDIX II

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

A. National Authorities

Ministry of Justice

Daniel LIPŠIC	Deputy Prime Minister and Minister of Justice
Ľubomíra ZLOCHOVÁ	Former State Secretary
Oto LOBODÁŠ	General Director of the Prison and Court Guard Corps
Peter BÁŇAS	General Director of the International and European Law Department
Branislav KADLEČÍK	Principal State Adviser (Liaison Officer to the CPT)
Adriana NOVOTNÁ	Principal Adviser (Liaison Officer to the CPT)

Ministry of the Interior

Vladimir PALKO	Minister of Interior
Anton KULICH	President of the Police Force
Jozef KRIŽALKOVIČ	Director of the Inspection and Control Service Office of the Police Force
Milan VRÁBEL	Liaison Officer to the CPT

Ministry of Health Care

Peter OTTINGER	State Secretary
Peter BRAYER	Head Physician of the Psychiatric Clinic Teaching Hospital Ružinov, Bratislava
Pavel ČERNÁK	Physician, Philippe Pinel Psychiatric Hospital, Pezinok
Nadežda STOWASSEROVÁ	Liaison Officer to the CPT

Ministry of Education

Ján MORONG	General Director of the Regional Education Department
Miroslav CHUDÝ	Head of the Special Education and Training Division
Mária TEKELOVÁ	Liaison Officer to the CPT

Ministry of Labour, Social Affairs, and the Family

Eudovít ŠAJGAL
Jozefína VLČKOVÁ

Director of State Supervision
Liaison Officer to the CPT

Other authorities

Milan KARABÍN

President of the Supreme Court

Pavel KANDRÁČ

Human Rights Ombudsman

Jozef ČENTÉŠ

Deputy Director of Criminal Department, Office of the
Prosecutor-General

B. Non-governmental organisations

Alliance of Organisations of Disabled People in Slovakia
Association for Aid to Persons with Mental Disabilities
League of Human Rights Advocates
Slovak Helsinki Committee for Human Rights