



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

CPT/Inf (2009) 23

**Preliminary observations made by the delegation
of the European Committee for the Prevention
of Torture and Inhuman or Degrading Treatment
or Punishment (CPT) which visited Sweden**

from 9 to 18 June 2009

The Swedish Government has authorised the publication of these preliminary observations.

Strasbourg, 23 July 2009

**Statement made by Mr Pétur HAUKSSON,
Second Vice-President of the European Committee for the Prevention of Torture and
Inhuman or Degrading Treatment or Punishment (CPT) and Head of the delegation,
at the meeting with senior Swedish officials in Stockholm
on 18 June 2009, at the end of the CPT's 4th periodic visit to Sweden**

Dear Ambassador, Ladies and Gentlemen,

Our delegation has now completed the CPT's 4th periodic visit to Sweden. In keeping with the Committee's standard practice, I will present to you today the delegation's preliminary observations; it is planned to transmit the full visit report to the Swedish Government in November.

Co-operation

At the outset, I would like to thank you for the generally excellent level of co-operation we received both from the national authorities and from staff at the establishments visited. In most cases, the delegation enjoyed immediate access to the places visited (including ones not notified in advance) and was able to speak in private with persons deprived of their liberty, in compliance with the provisions of the Convention. Further, we had access to all the necessary documentation. I would like to thank all the officials who took steps to assist our visit.

I should add, however, that at certain police establishments (e.g. City Norrmalm Police Department in Stockholm and the Police detention facility in Mölndal, Västra Götaland), police officers appeared to be unaware of the importance of granting the CPT's delegation immediate access to the facilities, which resulted in some delays.

More generally, I would like to stress that the principle of co-operation between State Parties and the CPT 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 recommendations. In this respect, despite certain improvements made since the previous CPT visit in 2003, the findings from this visit indicate that the action taken in respect of a number of long-standing recommendations of the CPT still fails to meet the Committee's concerns (in particular, in the areas of legal safeguards against ill-treatment of persons in police custody, the imposition of restrictions on remand prisoners, the isolation of certain categories of sentenced prisoners, and the holding of immigration detainees in prisons). I will speak about these matters in more detail later.

Police establishments

The overwhelming majority of the persons met by the CPT's delegation who were, or had recently been, detained by the police, indicated that they had been correctly treated. Nevertheless, the delegation heard a few isolated allegations of physical ill-treatment by police officers. For example, two persons alleged that, in the context of their apprehension, they had been thrown onto the ground and handcuffed, after which police officers had proceeded to punch and kick them. Another person alleged that a police officer had thumped his head against the cell floor, as a result of which one of his front teeth had been damaged (the person concerned had apparently lodged a complaint).

In this context, the delegation has taken note of developments since the 2003 visit in the area of investigating complaints against the police and will elaborate on this issue in the full visit report.

Turning to conditions of detention in the police establishments visited, the delegation's findings are similar to those made during the CPT's previous visits to Sweden, namely that conditions of detention are generally of a high standard (taking into account that police custody does not exceed 96 hours).

As regards formal safeguards against the ill-treatment of persons detained by the police, new legal provisions have entered into force in 2008, introducing *inter alia* an obligation for police officers to inform family members of the fact of a person's apprehension. However, it appeared during the visit that the right of notification of custody is often delayed "in the interests of the investigation" until a person has been remanded in custody by a court. In this connection, the delegation considers that there should be clear guidelines as regards possible delays in notification of custody; such delays should be exceptional rather than commonplace.

Further, despite amendments to the Code of Judicial Procedure concerning the right of access to a lawyer, the delegation noted that in practice, access to a lawyer continues in most cases to be granted only at the beginning of the first formal interview by the investigator.

Access to health care for persons in police custody continues to be left to the discretion of the police. This is reflected in the wording of the information form on rights. There is also a lack of awareness of the need to consider health care issues that might bear not only on the detainees' health, but also on the investigative process, in particular the medical fitness to undertake interviews, to be arrested or to be detained for a period. In the CPT's view, access to a doctor should be unfettered. Doctors should be encouraged to advise on the appropriateness of the investigative process in the context of the state of the detainee's health.

The delegation also has concerns about the situation of juveniles in police custody, who apparently may be questioned without the presence of their parents or social welfare representatives (e.g. juveniles brought into the police station at Stockholm Central Train Station).

The delegation welcomes the introduction of a form setting out the rights of persons detained by the police, which is available in a variety of languages. However, the form in question is not systematically given to persons brought into police stations.

To sum up, the findings from the visit indicate that further action is required in order to bring the law and practice in the area of formal safeguards fully into line with the CPT's standards.

Prisons

The delegation heard no allegations of ill-treatment in recent years of prisoners by staff in the prisons visited. Most inmates interviewed by the delegation considered that they were being treated correctly by prison officers. Further, according to the official records, inter-prisoner violence has been on the decrease, and the delegation did not gain the impression that it was a serious problem at the establishments visited (save for Unit C at Hall Prison).

Conditions of detention at Hall and Kumla prisons were generally of a good standard and the range of activities (work, education, sports, leisure) offered to the majority of inmates was satisfactory. The delegation was particularly impressed by the material environment in the National Assessment Unit and the regime in the "treatment unit" and the unit for prisoners serving life and long-term sentences at Kumla Prison.

However, the delegation is concerned by the situation of prisoners held in isolation for prolonged periods (e.g. over a year in some cases) on account of their troublesome behaviour. The regime offered to such inmates at Hall and Kumla Prisons was extremely impoverished (out-of-cell time being limited to one hour of outdoor exercise per day, which was taken alone). Health-care staff at the prisons visited expressed concerns about the deleterious mental health consequences of prolonged isolation on the prisoners concerned. Although placements in isolation were reviewed frequently, it was not clear to what extent the prisoner concerned was involved in the process and could challenge the decision on its merits. The delegation considers that urgent measures should be taken to review the situation of prisoners held in isolation.

Hall and Kumla Prisons currently have units for prisoners considered to represent a particularly high security risk (holding respectively 3 and 5 inmates). These prisoners will reportedly be moved in the course of 2009 to new high-security buildings which have been constructed at the two establishments in question. The delegation noted that these buildings (each with 24 places) would provide material conditions of a high standard and was told that there would be enhanced possibilities for inmates to engage in collective activities and increased interaction with staff. However, many prisoners expressed anxiety and frustration about increased security requirements and, in particular, about the possibility that their own security rating may be increased once more secure places become available. It is part of normal experience that when new prison places become available, they tend, very soon, to be fully occupied, particularly if, as in this case, their construction has necessitated significant public expenditure. Senior officials at the prisons visited were themselves not clear as to how the additional places would be used. The delegation would like to stress at this stage that a move towards a more intensive security provision in prisons – unless it is justified on the basis of an objective, case-by-case assessment – can render the complex task of safely managing prisons more rather than less difficult, and could be corrosive rather than protective of human rights.

Turning to the issue of restrictions applied to remand prisoners, the delegation noted that despite the quasi-systematic imposition of such restrictions from the moment of admission to a remand prison until the judgement by the court of first instance, efforts were being made at Gothenburg Remand Prison to partially or totally lift restrictions after a period of two to three months. This appeared to be due to the joint work of the establishment's management and health-care staff who regularly alerted the authorities on the adverse consequences of prolonged isolation on prisoners. That said, a substantial proportion of remand prisoners at Gothenburg had restrictions, some being subjected to long periods of isolation (from 6 to 18 months). The management informed the delegation of a target of 7 hours of association per week for inmates under restrictions. While commending these efforts, on-site observations and interviews carried out by the delegation suggest that this target was far from being met and, in any case, appears to be rather low to counter the effects of isolation. The delegation gathered direct evidence – supported by the observations of health-care staff – of the damaging effects of isolation due to restrictions imposed on inmates. Significant periods of isolation induce disorientation in time, memory disturbance, and deterioration in communication skills, to name but three serious effects. Further, symptoms of anxiety disorder are commonly seen, post-traumatic stress disorder and depression develop, and there is agitation, self harm and a risk of suicide. The fact that juveniles as young as 15 are being subjected to restrictions akin to isolation is of particular concern to us.

The exercise yards at Gothenburg, Gävle and Kronoberg Remand Prisons were of an oppressive design (already criticised in previous CPT visit reports). The delegation understands that new remand facilities will be constructed in Gothenburg and Gävle and, in this context, urges the Swedish authorities to rethink the design of exercise yards in all newly built (or reconstructed) remand prisons. As far as possible, exercise facilities should be located at ground level and be sufficiently large as to allow prisoners to exert themselves physically (as opposed to pacing around an enclosed space).

The staff presence at night at Hall, Kumla and Gothenburg Prisons was very low. This resulted in failure to provide access to toilets at night, affected the provision of assistance to prisoners and could easily constitute a risk to staff and prisoners. The delegation was informed that two deaths of inmates had occurred at night, one at Hall and one at Kumla Prison; the risk of such occurrences is obviously reduced when there is adequate staff presence and an effective call system. The delegation considers that the Swedish authorities should take steps to improve staffing levels at night at the establishments in question.

Turning to prisoners' contact with the outside world, the delegation was submerged in complaints about access to the telephone, apparently linked to the IP phone system and various conditions put on prisoners before being given authorisation to make phone calls. The delegation urges the Swedish authorities to ensure that prisoners (especially those whose families live abroad) do not lose contact with their relatives.

As regards the provision of health care, at Hall and Kumla Prisons, inmates complained that there were commonly delays to see a doctor. The doctor was only present one day a week on site (although we were told the doctors were available for emergency telephone consultation with nursing staff during working hours). Further, inmates indicated that on occasion prison officers asked for clinical reasons before allowing appointment request forms to be forwarded. Submission in writing for a request to see a doctor was slow and there was no system to keep necessary clinical information confidential.

At Gothenburg Remand Prison, the delegation noted that the health-care provision had considerably improved in comparison with 2003. A doctor, two psychologists and several nurses were present five days a week, and the prison was regularly visited by a psychiatrist. A multidisciplinary meeting involving the management, health-care service and correctional service was also regularly convened with a view, among other things, to assess the situation of remand prisoners with restrictions.

Migration Board Detention Centres

The delegation did not hear any allegations of ill-treatment of detained foreign nationals by staff of the Migration Board detention centres in Märsta and Gävle. On the contrary, many detainees interviewed spoke positively about the staff, and the delegation observed that staff-detainee relations were generally relaxed. It should be added that the staff were sufficient in number, had different cultural backgrounds and possessed a range of language skills.

Material conditions at the two centres visited were of a very high standard. Further, detained foreign nationals enjoyed a considerable degree of freedom within the centres, had access to a range of activities and had satisfactory possibilities for contact with the outside world.

Nevertheless, the delegation noted with concern that persons deprived of their liberty under aliens legislation continued to be sometimes held in prisons (on occasion for lengthy periods of time). The CPT has already recommended in the past that an end be put to this practice. We understand that a report on greater synergy between the three services concerned (Migration Board, Police Board, and Prison and Probation Service) is being prepared, and would like to be informed of its outcome.

As regards health-care provision, access to doctors was controlled by non-medical and nursing staff. Whilst it may be appropriate for nurses to take the lead in health care management and therefore deal with the majority of the clinical problems, this additional authority brings with it the responsibility to be easily accessible. Further, we saw evidence that medical records were made freely available to non-medical staff; this is entirely unacceptable. Other means to solve a perceived problem regarding emergency care must be found.

Psychiatric establishments

The delegation received no allegations of ill-treatment of patients by staff at the Department for Forensic Psychiatric Assessment in Huddinge and the Departments for compulsory care and persons in need of in-patient care at the Psychiatric Clinic Sydväst in Huddinge. Quite on the contrary, it observed a relaxed atmosphere and positive staff-patient relations.

Patients' accommodation was of a very good standard, especially on the wards for persons sentenced to compulsory treatment, where efforts were being made to offer a congenial and personalised environment. That said, further efforts should be made to replace hospital nursing beds with normal beds, unless medical reasons dictate otherwise.

At the Department for forensic psychiatric assessment, medication appeared to be left at the minimum necessary and efforts were made to involve patients in various occupational activities. As regards the other departments visited, treatment relied exclusively on medication (sometimes with high dosages). Occupational and rehabilitative activities appeared to be non-existent. Patients only had access to TV, board games and table tennis. Taking into consideration that many of the patients in these departments were admitted repeatedly and/or for long stays, they should benefit from a range of rehabilitative and therapeutic activities. Needless to say, such a psycho-therapeutic input requires the recruitment of qualified staff in appropriate numbers.

Persons sentenced to compulsory treatment were not offered outdoor exercise during their initial admission period (two weeks); after that, outdoor exercise was granted on an individual daily assessment basis, for half an hour or an hour. This was due to the fact that the wards had no access to a secure outdoor facility.

Resort to means of restraint and seclusion did not appear to be excessive in the departments visited, and their use appeared to be properly documented and reported. However, in a few cases, the delegation noted that patients had been secluded and intermittently restrained for lengthy periods of time (3 to 16 days).

Fagareds Home for Young People

The delegation observed that the atmosphere at the establishment was relaxed, and residents spoke highly about the staff and in particular their personal case officers. However, the delegation heard two allegations concerning excessive use of force in the context of placement in segregation rooms. In addition, it appeared that the police was sometimes called to help handling particularly agitated young persons. If in exceptional circumstances the assistance of the police might be necessary, handling particularly agitated young persons should remain under the responsibility of treatment staff with appropriate qualifications.

In this connection, it appeared that despite the existence of a procedure for reporting incidents, the recording of such episodes left something to be desired. Incidents were often recorded in a cryptic style, lacking description of the circumstances. In two serious cases involving police interventions in the last year, the incidents reports could not even be found (some information on the incidents appeared only in the residents' individual files).

Material conditions were of a high standard and offered a personalised environment despite the specific secure arrangements in two of the five wards. Young persons were offered a wide range of educational, vocational and sports activities, and the emphasis placed on resocialisation should be commended.

Segregation did not appear to be excessive, and was usually used for a short period of time, not exceeding 24 hours (except for one case dating back to 2007, which had lasted four days, with short breaks after each 24-hour period).

The provision of health care did not seem to pose any particular problems. Young persons were seen by a doctor and a nurse shortly after their admission. A psychologist was present five days a week and a psychiatrist visited the institution once a week.

*
* *

This concludes our preliminary remarks, which as always are made in a constructive spirit. We look forward to continuing our work in good co-operation with the Swedish authorities. The responses of the Swedish authorities to these preliminary remarks will be taken fully into account when the report on the visit is drawn up.

Establishments visited during the CPT's 4th periodic visit to Sweden

Police establishments

- Gävle Police Department
- Police detention facility in Mölndal, Västra Götaland
- Örebro Police Department
- City Norrmalm Police Department, Stockholm
- Klara Police Station (T-Centralen), Stockholm
- Söderort Police Department (Hägersten), Stockholm
- Sollentuna Police Department, Stockholm

Prisons

- Gävle Remand Prison
- Gothenburg Remand Prison
- Hall Prison
- Kronoberg Remand Prison (immigration detainees)
- Kumla Prison

Migration Board establishments

- Migration Board detention centre, Gävle
- Migration Board detention centre, Märsta

Psychiatric establishments

- Department for Forensic Psychiatric Assessment, Huddinge (Stockholm)
- Psychiatric Clinic Sydväst, Huddinge (departments for compulsory care and persons in need of in-patient care)

Juvenile establishments

- Fagareds Home for Young Persons, Lindome.