



## **Report**

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

**from 20 to 29 November 2018**

The Hungarian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2020) 9.

Strasbourg, 17 March 2020

**CONTENTS**

<b>Executive summary.....</b>	<b>4</b>
<b>I. INTRODUCTION .....</b>	<b>9</b>
<b>A. The visit, the report and follow-up.....</b>	<b>9</b>
<b>B. Consultations held by the delegation .....</b>	<b>10</b>
<b>C. Co-operation.....</b>	<b>10</b>
<b>D. Immediate observations pursuant to Article 8, paragraph 5, of the Convention.....</b>	<b>12</b>
<b>E. Interaction with the bodies set up under the Optional Protocol to the United Nations Convention against Torture (OPCAT).....</b>	<b>13</b>
<b>F. Publication of CPT reports on future visits and Government responses.....</b>	<b>14</b>
<b>II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED.....</b>	<b>15</b>
<b>A. Persons in police custody .....</b>	<b>15</b>
1. Preliminary remarks .....	15
2. Ill-treatment.....	16
3. Procedural safeguards against police ill-treatment and police interviewing.....	18
4. Centralised police holding facilities.....	21
<b>B. Juvenile prisoners .....</b>	<b>24</b>
1. Preliminary remarks .....	24
2. Ill-treatment.....	25
3. Conditions of detention .....	27
a. material conditions.....	27
b. regime .....	29
4. Health-care services .....	30
5. Other issues .....	33
a. prison staff .....	33
b. discipline and security segregation.....	34
c. contact with the outside world.....	37

<b>C. Adult male prisoners, including inmates serving (whole) life sentences or very long terms .....</b>	<b>38</b>
1. Preliminary remarks .....	38
2. Ill-treatment.....	39
3. Reducibility of sentences of (whole) life imprisonment .....	40
4. Budapest and Szeged special regime units for prisoners serving lengthy sentences (HSR Units).....	41
a. admission and review procedures .....	42
b. staff-inmate relations .....	42
c. material conditions.....	43
d. outdoor exercise.....	44
5. Conditions of detention of prisoners serving (whole) life sentences or very long terms in ordinary prisoner accommodation areas at Budapest Prison’s “Right Star” building ....	46
6. Health care .....	47
7. Other issues .....	50
a. means of restraint.....	50
b. solitary confinement and segregation .....	51
c. contact with the outside world.....	53
<b>D. Social care home residents .....</b>	<b>54</b>
1. Preliminary remarks .....	54
2. Ill-treatment.....	55
3. Living conditions .....	56
4. Staff and treatment .....	58
5. Means of restraint.....	62
6. Safeguards .....	62
a. placement and review procedures.....	62
b. safeguards during placement .....	64
<b>APPENDIX I: List of the establishments visited by the CPT’s delegation.....</b>	<b>66</b>
<b>APPENDIX II: List of the national authorities and other bodies, as well as organisations met by the CPT’s delegation .....</b>	<b>67</b>

## EXECUTIVE SUMMARY

During the 2018 visit, the delegation focused its attention on the situation of persons in police custody, juvenile prisoners, adult male prisoners serving (whole) life sentences or very long terms and persons placed in social care homes.

The co-operation received by the delegation throughout the visit was excellent. Moreover, a number of the CPT's previous recommendations had been taken into account, in particular as regards procedural safeguards against police ill-treatment and contact with the outside world for prisoners. The Hungarian authorities also appeared to have taken action to address the long-standing issue of prison overcrowding and its negative consequences for the daily life of prisoners. The Committee trusts that these efforts will be pursued actively in the coming months. At the same time, the CPT considers that vigilance is required as regards the manner in which persons in police custody and prisoners are treated and prisoners serving (whole) life sentences or very long terms are handled. The Committee also considers it important to pursue efforts to de-institutionalise social care home residents.

As regards immigration issues, the delegation found that nothing had been done since the CPT's 2017 ad hoc visit to put in place effective safeguards to prevent ill-treatment of persons returned by Hungarian police officers through the border fence towards Serbia. It was also clear from the information provided by the Hungarian authorities during the 2018 visit that there are still no legal remedies capable of offering such persons effective protection against their forced removal and/or refoulement, including chain refoulement.

The CPT's delegation had follow-up talks on this subject with senior officials, including as regards the inadequacy of the Government's response to the CPT's report on its 2017 visit. The report emphasises that the outright refusal of the Hungarian authorities to take action in the light of key recommendations made by the CPT may prompt the Committee to open a procedure under Article 10, paragraph 2, of the Convention.

### **Persons in police custody**

Most of the persons interviewed by the delegation who were or had recently been in police custody did not make any allegations of ill-treatment. However, the delegation did hear some accounts of resort to unnecessary or excessive force upon apprehension. A few claimed that they had been physically ill-treated shortly after arrival at a police station. It also heard several accounts of verbal abuse of a racist nature. The CPT makes a series of recommendations aimed at preventing all forms of police ill-treatment, including through messages of "zero tolerance" of ill-treatment to staff from the police management and practical training.

Steps have been taken to strengthen safeguards against police ill-treatment (notably the right of notification of custody and the right of access to a lawyer) through the adoption of new criminal procedure legislation and relevant police regulations. A lot has also been done to improve the documentation of the exercise of detained persons' rights. Nevertheless, more remains to be done to ensure the practical implementation of these rights as from the outset of police custody, including during the period when a detainee still has the formal status of an "apprehended" person.

In order to mitigate the risks of ill-treatment during police interviews, the CPT considers that interviewing officers should be less focused on confessional evidence. In this context, it should be made clear to police officers that the aim of police interviews must be to obtain accurate and

reliable information in order to seek the truth about matters under investigation and not to obtain a confession from a person already presumed, in the eyes of the interviewing officers, to be guilty. The development of an investigative interviewing approach, combined with a more effective right of access to a lawyer, including the right to speak in private to the lawyer prior to the first police interview and to have the lawyer present during police interviews, could assist in making progress in this area.

The conditions of detention in the police establishments visited were, on the whole, adequate for the duration of police custody (i.e. up to 72 hours). They are nevertheless not appropriate for the prolonged periods for which remand prisoners may be held in such facilities. The CPT therefore encourages the Hungarian authorities to pursue their efforts to avoid holding persons remanded in custody overnight in police holding facilities, the aim being to end any such practice.

The CPT recalls that some positive developments had been noted in the past as regards the systematic medical examination of detained persons upon admission to police holding facilities. However, it emerged during the 2018 visit that the examinations carried out by police health-care professionals were not always as thorough as they should be, a further examination in hospital was not always organised when necessary and the level of the medical care provided during and after examination in police holding facilities could be inadequate. Moreover, medical consultations were routinely carried out in the presence of police officers or within their earshot. The CPT reiterates a number of recommendations aimed at addressing these concerns.

The CPT also recommends that the Hungarian authorities consider introducing a system of designated custody officers to whom each and every apprehended person is immediately presented upon arrival at centralised police holding facilities.

Further, it recommends that relevant police instructions be reviewed in order to avoid any unnecessary exposure of detained persons to public view whilst being escorted under restraint from police holding facilities to other places (such as court buildings).

### **Juvenile prisoners**

During the visits to Tököl Juvenile Prison and the juvenile unit of Bács-Kiskun County Prison in Kecskemét (“the juvenile unit in Kecskemét”), the majority of juvenile inmates who were interviewed by the delegation stated that they were treated correctly by staff. However, in the juvenile unit in Kecskemét, the delegation heard a few allegations of physical ill-treatment of male juveniles by staff and some allegations of verbal abuse. The CPT welcomes the commitment demonstrated by the Kecskemét prison management not to tolerate any ill-treatment and encourages the Hungarian authorities to support these efforts.

Instances of violence sometimes occurred between male inmates in the juvenile unit in Kecskemét but the delegation’s findings indicate that staff intervened promptly and appropriately. However, inter-prisoner violence remains a serious problem at Tököl Juvenile Prison. The CPT notes the efforts made by the management of Tököl Juvenile Prison to tackle the phenomenon of inter-prisoner violence and makes recommendations with a view to facilitating this endeavour.

As regards material conditions, the cells in both establishments were extremely austere and impersonal and the overall atmosphere in the establishments was bleak. Moreover, at Tököl Juvenile Prison, cells were holding up to six juveniles. In the CPT’s opinion, a well-designed juvenile detention centre should provide positive and personalised conditions of detention for young persons and juveniles should normally be accommodated in individual bedrooms.

At Tököl Juvenile Prison, the CPT's delegation gained an overall positive impression of the programme of activities provided to juveniles. In the juvenile unit in Kecskemét, the programme of activities appeared to be less developed which was particularly problematic for remand prisoners who were locked in their cells unless they were participating in an organised activity. The Committee recommends that action be taken to remedy this situation.

No juvenile interviewed during the visit complained about access to health care. Newly-arrived juveniles were systematically and promptly examined by a health-care professional and health-care facilities were in a good state of hygiene and adequately equipped. However, the Committee recommends that the Hungarian authorities adopt detailed instructions on the procedure to be followed by health-care staff if injuries are detected upon admission of an inmate in a prison or following a violent incident in the prison, duly taking into account the principles set out in the report.

As for psychological care, the CPT recommends that juveniles be offered a range of structured and longer-term individual psychotherapeutic interventions. Further, in the provision of group therapeutic interventions, particular attention should be paid to violence reduction, substance abuse and anger management.

The CPT recommends that the authorities ensure that the disciplinary sanction of solitary confinement be abolished for juvenile prisoners in all instances where it entails segregation from all other inmates and a lack of daily meaningful human contact. Further, the Committee notes that there appeared to be very little difference between disciplinary solitary confinement and security segregation. It considers that there should be a clear distinction between those two measures and that security segregation should not be used to replace or completely circumvent the formal disciplinary procedures.

### **Adult male prisoners, including inmates serving (whole) life sentences or very long terms**

Most prisoners with whom the delegation spoke at Budapest and Szeged Strict and Medium Security Regime Prisons considered that they were treated respectfully by prison staff. That said, at the Budapest Strict and Medium Security Prison "Right Star" building, the delegation received a few isolated allegations of disproportionate reactions by staff – involving the use of force – to breaches of discipline by certain inmates. Despite the measures that had been taken following the death of an inmate after the use of force by staff in 2016, the information gathered by the delegation indicates that there are still grounds for concern as regards the treatment of prisoners held at Budapest Strict and Medium Security Regime Prison, including in Block B's segregation and disciplinary unit. The CPT recommends that further action be taken to ensure that force is only applied in accordance with the relevant legal requirements and the principles of necessity and proportionality in order to maintain security and order, and never as a form of punishment, and that the attitude and behaviour of custodial staff working in Block B at Budapest be subject to closer and more effective supervision.

As regards the reducibility of sentences of life and whole life imprisonment, the CPT recalls that since 2007 it has drawn the attention of the Hungarian authorities to the dehumanising effect of depriving a prisoner of any realistic hope of release and to the need to develop an appropriate review mechanism. The CPT recommends that (whole) life sentences be subject to a meaningful review procedure accompanied by appropriate safeguards and within a reasonable time in the course of their execution. The aim should not only be to provide the inmates concerned with the possibility of having their sentences effectively reduced, but also to have a target to aim for which should motivate positive behaviour in prison.

At both special units for prisoners serving lengthy sentences (HSR Units) visited in Budapest and Szeged, prison staff with whom the delegation spoke had an excellent understanding of each individual prisoner's needs and vulnerabilities. There was nevertheless scope for more staff engagement with the inmates. The CPT recommends that further efforts be made to develop a dynamic approach to security and order in relation to HSR and other prisoners serving (whole) life sentences or very long terms. The CPT also urges the Hungarian authorities to stamp out the handcuffing of inmates during outdoor exercise or medical examinations.

The material conditions observed in the cells of both HSR Units and the "Right Star" building at Budapest Strict and Medium Security Regime Prison were, in general, satisfactory. However, the CPT recommends that the window shields be removed at Budapest HSR Unit and in any other prisoner accommodation area or prison establishment in the country. These created a degree of sensory deprivation and generated an oppressive effect.

The CPT recommends that the application to HSR prisoners of certain recent restrictions imposed on the general prison population be reviewed, with the aim of restoring the more humanising aspects of their regime. The Committee considers that Budapest and Szeged prison management and staff should be given more discretion in authorising or restricting HSR prisoners' access to personal items and products for purchase, on the basis of an individual needs and risks assessment.

In addition, the CPT makes a series of recommendations aimed at improving the provision of health care under appropriate conditions to prisoners serving (whole) life sentences or very long terms, notably as regards the observance of confidentiality during medical consultations, and to prisoners placed in solitary confinement or segregation, who require more attention from health-care staff during daily checks.

The CPT also highlights the need to strengthen safeguards surrounding placement in solitary confinement or segregation. It recommends in particular that the relevant legislation be amended to ensure that the maximum period of its use for disciplinary purposes is no more than 14 days for a given offence, irrespective of the security regime to which a prisoner is subjected.

The report also underlines that an immediate observation was made by the delegation under Article 8 (5) of the Convention in relation to a so-called "raging cell" at Szeged Strict and Medium Security Regime Prison. The cell was completely dark, in a poor state of repair, measured only a little more than 3 m<sup>2</sup> and was fitted with a ceiling-mounted sprinkler that enabled it to be doused by water. In their response to this immediate observation, the Hungarian authorities assert that such cells, which are in use throughout the country, are necessary to deal with aggressive or agitated behaviour by prisoners. The CPT does not dispute that "crisis" situations resulting from particular prisoners' aggressive or agitated behaviour may require suitable facilities in prisons. However, the facilities seen at Szeged and in other prisons during previous visits do not respect human dignity. The CPT calls upon the Hungarian authorities to reconsider their position on this issue as a matter of urgency.

As regards contact with the outside world, the CPT considers the possibility for prisoners to be provided with prison mobile phones as a major innovation and an example of good practice. However, the new deposit system and the level of prices for calls cause serious problems for inmates without external financial support. The CPT recommends that further measures be taken to improve contact with the outside world for prisoners serving (whole) life sentences or very long terms, including more open visiting arrangements.

## **Social care home residents**

The Committee draws attention to the efforts being made to de-institutionalise social care home residents and stresses that the various recommendations in the report are made without prejudice to the need to take the “home for psychiatric patients” in Szentgotthárd out of service, as soon as appropriate smaller structures are available.

The delegation received no allegations, and found no other indications, of deliberate physical ill-treatment of residents by staff; some instances of violence between residents occurred but staff appeared to react immediately and appropriately.

Material conditions in the institution’s two accommodation buildings in which residents were placed were rather poor. The conditions in the larger dormitories which had seven to ten beds were crowded and the dormitories were poorly equipped. More generally, large-capacity dormitories may have a counter-therapeutic, depersonalising effect on residents and compromise their privacy and safety. Further, both buildings needed redecorating and, in particular, on the so-called “dementia ward” for women (and to a slightly lesser extent on the “dementia ward” for men) the dormitories were impersonal and lacked any decoration.

The majority of residents had free access to the outdoors. However, this was not the case for everyone, in particular for residents in the “dementia wards”. In the CPT’s view, all residents should benefit from unrestricted access to the open air during the day, unless treatment activities require them to be present on the ward. Residents should receive appropriate assistance when necessary.

The CPT underlines the impressive efforts by the staff and their caring attitude. That said, the staffing levels were clearly insufficient, and the Committee is concerned by the increasing number of vacancies.

As regards activities and care, the vast majority of residents had no regular organised activity, no individual care plans were prepared for them and their treatment was limited to pharmacotherapy. Moreover, a large proportion of residents routinely received, for years on end, benzodiazepines, in combination with other sedating medication, without any clear objective indication, and the delegation observed clear side effects of the medication. In the CPT’s view, such undifferentiated use of medication is unacceptable and should be stopped immediately.

The use of means of restraint was rare in practice. The CPT nevertheless recommends that residents not be fixated in view of other patients.

The CPT notes that a number of residents were *de facto* deprived of their liberty without benefiting from any appropriate safeguards and recommends that a clear and comprehensive framework governing the involuntary placement and stay of residents in social care homes be put in place.



## I. INTRODUCTION

### A. The visit, the report and follow-up

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 Hungary from 20 to 29 November 2018. The visit formed part of the CPT’s programme of periodic visits for 2018 and was the Committee’s tenth visit to the country.<sup>1</sup>

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

- Mark Kelly, 2<sup>nd</sup> Vice-President of the CPT (Head of delegation)
- Vânia Costa Ramos
- Georg Høyer
- Alan Mitchell
- Jari Pirjola
- Davor Strinović.

They were supported by Johan Friestedt (Head of Division) and Petr Hnátík of the Committee's Secretariat and assisted by:

- Birgit Völlm, Professor of Forensic Psychiatry, Medical Director of the Forensic Psychiatric Hospital at the University of Rostock, Germany (expert)
- Atilla Barcsák (interpreter)
- Peter Barta (interpreter)
- József Bendik (interpreter)
- Orsolya Bugár-Buday (interpreter)
- Gábor Karakai (interpreter)
- Peter Koczoh (interpreter)
- Zoltan Köröspataki (interpreter).

3. The list of police, prison and social welfare establishments visited by the CPT’s delegation can be found in Appendix I.

---

<sup>1</sup> The CPT has previously carried out five periodic visits to Hungary (in November 1994, December 1999, March/April 2005, March/April 2009 and April 2013) and four ad hoc visits (in May/June 2003, January/February 2007, October 2015 and October 2017). All visit reports and related Government responses have been made public and are available on the CPT’s website: <https://www.coe.int/en/web/cpt/hungary>.

4. The report on the visit was adopted by the CPT at its 99th meeting, held from 1 to 5 July 2019, and transmitted to the Hungarian authorities on 24 July 2019. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests the Hungarian authorities to provide within six months a response containing a full account of action taken by them to implement the Committee's recommendations and replies to the comments and requests for information formulated in this report.

## **B. Consultations held by the delegation**

5. In the course of the visit, the delegation held consultations with Károly Papp, Director General for Public Safety, Tamás Tóth, Head of the Prison Service, and other representatives of the Ministry of the Interior responsible for police, prisons and immigration issues, as well as with senior officials of the Ministry of Human Capacities in charge of social care matters.

The delegation also met László Székely, Commissioner for Fundamental Rights (Ombudsman) and staff of the National Preventive Mechanism (NPM) established under the Optional Protocol to the United Nations Convention against Torture (OPCAT).

Meetings were also held with representatives of the Regional Representation for Central Europe of the United Nations High Commissioner for Refugees (UNHCR) and of non-governmental organisations active in areas of concern to the CPT.

6. The CPT appreciates that the Hungarian authorities decided to invite representatives of the NPM to attend the final meeting with the CPT's delegation, held in Budapest on 29 November 2018.

A list of the national authorities and other bodies, as well as organisations met by the delegation is set out in Appendix II to this report.

## **C. Co-operation**

7. The co-operation received by the delegation throughout the visit, from both the national authorities and staff at the establishments visited, was excellent. The delegation enjoyed rapid access to all the establishments it wished to visit (including those which had not been notified in advance), was able to interview in private persons deprived of their liberty and was provided with the information it needed to accomplish its task.

The CPT is also pleased to note that the management of police and prison establishments visited took immediate action in the course of the visit in order to address the delegation's concerns about the state of health and/or conditions of detention of individual persons or provided appropriate assurances to the delegation that all possible preventive measures would be taken. This concerned in particular the need for a thorough assessment of a detained person's medical condition at the holding facility of the National Bureau of Investigation in Budapest (see paragraph 36), the situation of a prisoner with reduced mobility in Unit 1 of Budapest Remand Prison (see paragraph 104) and the physical or mental health of individual prisoners who were subjected to solitary confinement as a disciplinary sanction or on security grounds in Block B of Budapest Strict and Medium Security Regime Prison (see paragraph 107).

Further, the CPT would like to express its appreciation for the assistance provided before, during and after the visit by the CPT's liaison officer, Mr András Szücs, from the Office of the Prosecutor General.

8. As regards the follow-up given to the CPT's recommendations made in previous visit reports, the information gathered during the 2018 visit suggests that measures have been undertaken in a number of areas. For instance, procedural safeguards against police ill-treatment have been strengthened in respect of criminal suspects and contact with the outside world for inmates serving whole life sentences and other prisoners has been improved.

The Hungarian authorities also appeared to have been active to address the long-standing issue of prison overcrowding and its negative consequences for the daily life of prisoners. This matter has been particularly scrutinised by other bodies in recent years, notably by the European Court of Human Rights.<sup>2</sup> Although this matter was not an area of focus during the 2018 periodic visit, the representatives of the Hungarian government and prison governors met by the delegation showed strong determination in meeting the objective of a “zero overcrowding” in prisons in future. In this context, it should be noted that the official capacities of all the prison establishments have been reviewed in the light of the CPT's standards of at least 4 m<sup>2</sup> of living space per prisoner in multi-occupancy cells (without counting the in-cell toilets/sanitary annexes in the calculation).<sup>3</sup> It also emerged from the information provided to the delegation that the prison population significantly dropped since the previous periodic visit in 2013.<sup>4</sup> The delegation could see for itself – in Budapest Strict and Medium Security Regime Prison in particular – that a lot was being done to offer a sufficient amount of living space for each prisoner and to improve material conditions in the cells. **The CPT trusts that these efforts will be actively pursued in the months to come.**

9. Against this positive background, the delegation's findings during the 2018 visit also revealed that vigilance is required as regards the manner in which persons in police custody and prisoners are treated and the handling of prisoners serving (whole) life sentences or very long terms. It is also important that efforts be pursued to de-institutionalise social care home residents.

10. In the course of the 2018 visit, the delegation also had follow-up talks with relevant public officials on immigration issues, with the inadequacy of the Government's response to the report on the 2017 ad hoc visit as the main background for such talks. It must be recalled in this regard that a significant number of foreign nationals interviewed by the delegation who had been apprehended in Hungary and escorted by the Hungarian police through the border fence towards Serbia alleged that they had been physically ill-treated by Hungarian police officers in the context of their apprehension and return through the border fence. A number of them displayed traumatic injuries medically consistent with their allegations of ill-treatment.

---

<sup>2</sup> See in particular the Court's pilot judgment in the case of Varga and others v. Hungary of 10 March 2015 (final on 10 June 2015). In this judgment, the Court found that the limited living space available to prisoners did not comply with the European standards established by the CPT and the Court's case-law, and that, aggravated by other adverse circumstances, this amounted to “degrading treatment”. Taking into account the recurrent and persistent nature of the problem, the large number of people it has affected or is capable of affecting, and the urgent need to grant them speedy and appropriate redress at the domestic level, the Court considered it appropriate to apply the pilot-judgment procedure.

<sup>3</sup> Reference is made in this regard to Section 121 (1) and (2) of the Ministry of Justice's Decree 16/2014 (xii. 19).

<sup>4</sup> The prison overpopulation rate fell from 44% during the previous periodic visit in April 2013 to 17% at the time of the 2018 visit.

Regrettably, it emerged during the 2018 visit to Csongrád County Border Police Division in Szeged that no change had taken place in respect of the lack of appropriate safeguards since the previous visit in 2017. The CPT can only reiterate its conclusion that the system in place cannot be regarded as an effective tool to prevent instances of ill-treatment or to protect police officers against any unfounded allegations of ill-treatment in the context of apprehension and subsequent escort of foreign nationals through the border fence towards Serbia.

More importantly, it also became clear from the information provided by the Hungarian authorities that there were still no legal remedies capable of offering effective protection against forced removal and/or *refoulement*, including chain *refoulement*.

**The CPT urges the Hungarian authorities to take appropriate follow-up action in the light of the Committee's findings and recommendations set out in this report as well as of paragraphs 16-31 of the report on the 2017 ad hoc visit.**

11. To conclude, the CPT must stress once again that the principle of co-operation set out in Article 3 of the Convention is not limited to facilitating the work of visiting delegations, but also requires that determined action be taken to improve the situation in the light of the recommendations made by the Committee in its previous visit reports. The outright refusal of the Hungarian authorities to take action in the light of key recommendations made by the CPT in relation to its work may prompt the Committee to open a procedure which could lead to a public statement being made by the Committee in application of Article 10, paragraph 2, of the Convention and to follow-up action by the statutory organs of the Council of Europe, namely the Committee of Ministers and the Parliamentary Assembly.

#### **D. Immediate observations pursuant to Article 8, paragraph 5, of the Convention**

12. At the end of the visit, the CPT's delegation made an immediate observation, in pursuance of Article 8, paragraph 5, of the Convention, and requested that the so-called raging cell seen at Szeged Strict and Medium Security Regime Prison and all other cells with similar deficiencies<sup>5</sup> be withdrawn from service in Hungarian prisons. The cell seen at Szeged (cell No. 039) was completely dark, in a poor state of repair, measured only a little more than 3 m<sup>2</sup> and was fitted with a ceiling-mounted water sprinkler that enabled the cell to be doused with water. The delegation underlined that more suitable facilities should be set up for holding aggressive or agitated prisoners.

13. In their letter of 12 March 2019, the Hungarian authorities reiterated their general position according to which special cells may be necessary to deal with aggressive or agitated behaviour. Such cells are typically located in segregation and disciplinary units to allow enhanced supervision and cannot be used for periods exceeding six hours. The Hungarian authorities also indicated that such cells are being used throughout the country.

The CPT does not dispute the fact that "crisis" situations resulting from particular prisoners' aggressive or agitated behaviour require suitable facilities in prisons. However, the facilities seen at Szeged or in other prisons during previous visits clearly provided unacceptable conditions.

---

<sup>5</sup> See, for instance, paragraph 116 of the report on the 2013 periodic visit.

**The CPT calls upon the Hungarian authorities to reconsider their position on this issue as a matter of urgency. If necessary, Council of Europe advice can be sought on the provision of facilities that respect human dignity.**

**E. Interaction with the bodies set up under the Optional Protocol to the United Nations Convention against Torture (OPCAT)**

14. It should be recalled that the 2011 Ombudsman Act provides that the function of the National Preventive Mechanism (NPM) is carried out by the Commissioner for Fundamental Rights. The NPM was established in January 2015 and has since carried out a number of visits to places of deprivation of liberty throughout the country. The 2018 periodic visit provided an opportunity to discuss with the Commissioner and the NPM team, as well as with experienced civil society actors involved in the activities of the NPM, the various achievements made and the challenges faced by the NPM since its inception. It was also an occasion to hold an exchange on common areas of concern in places of deprivation of liberty.

15. During a regular visit to Hungary from 21 to 30 March 2017, the United Nations Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) carefully examined whether the Hungarian NPM complied with the OPCAT. The CPT notes that in its report to the NPM, the SPT made a number of recommendations to the mechanism with a view to increasing its capacity, efficiency and independence. The CPT also welcomes the NPM's agreement to make the SPT's report public.<sup>6</sup>

Regrettably, at the time of the CPT's 2018 periodic visit, the Hungarian authorities had not agreed to publish the SPT's separate report containing observations and recommendations addressed to the State party and had not made arrangements to allow the CPT to consult this report.

16. In order to avoid any duplication, ensure coherence and enhance the effectiveness of the CPT and OPCAT mechanisms in Hungary, **the CPT strongly encourages the Hungarian authorities to make arrangements to ensure that the SPT, the CPT and the NPM are able to consult each other's visit reports, including reports to the State, even before their publication.**

**In doing so, the Hungarian authorities should also ensure that the present and all future CPT reports on visits to Hungary following their transmission to the authorities, and the corresponding government responses, following their transmission to the CPT, are made available to the Subcommittee and to the NPM, on the condition that these reports and responses are treated as confidential until publication.<sup>7</sup>**

---

<sup>6</sup> The NPM requested the Subcommittee to publish the report on 3 April 2018. For more details about the SPT's observations and recommendations addressed to the NPM, see in particular document CAT/OP/HUN/2 and the replies of the NPM in document CAT/OP/HUN/2/add.1.

<sup>7</sup> Reference is made, in this connection, to the 2018 decisions taken by the SPT and the CPT (see press release of 26 July 2018).

**F. Publication of CPT reports on future visits and Government responses**

17. Since the CPT's very first visit to Hungary some 25 years ago, the Hungarian authorities have considered it important to follow the standard practice of requesting the publication of the Committee visit reports together with the corresponding government responses. The Committee welcomes this approach.

18. In recent years, both the Committee of Ministers and the Parliamentary Assembly of the Council of Europe have been encouraging the Organisation's members states which have not done so to request the automatic publication of future CPT visit reports and related government responses.<sup>8</sup> **The Hungarian authorities are invited to consider authorising in advance the publication of all future CPT visit reports concerning Hungary and related government responses, subject to the possibility of delaying publication in a given case.**

---

<sup>8</sup> See, in particular, Parliamentary Assembly Resolution 2160 (2017) adopted on 26 April 2017, and Committee of Ministers' reply to Recommendation 2100 (2017), adopted at the 1301st meeting of the Ministers' Deputies of 29 November 2017.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Persons in police custody

#### 1. Preliminary remarks

19. The CPT notes with interest that a new Law on Criminal Procedure was adopted in 2017 and entered into force on 1 July 2018.<sup>9</sup> It appeared to have impacted upon the operation of certain procedural safeguards against police ill-treatment advocated by the Committee, in particular the right of access to a lawyer.<sup>10</sup>

The legal provisions governing statutory time-limits for apprehension by the police (up to 12 hours) and for the custody of criminal suspects (up to 72 hours, including the apprehension period) have basically remained the same. Further, it appeared during the 2018 visit that these statutory time-limits were respected in practice.

20. The CPT recalls that, in the interests of the prevention of ill-treatment, the sooner persons remanded in custody pass into the hands of a custodial authority which is functionally and institutionally separate from the police, the better. Moreover, conditions of detention in police establishments are usually not suitable for long periods of detention (see, in this connection, paragraph 35).

The Committee notes that, by virtue of Section 299 (2) of the Law on Criminal Procedure, a person remanded in custody may be held in a police holding facility for up to 60 days. The information gathered during the 2018 visit showed that the Hungarian authorities, including the prosecuting authorities, have continued to make efforts to ensure that persons remanded in custody are promptly transferred to a prison and that the return of remand prisoners to police establishments is sought only when this is considered absolutely necessary and for the shortest time possible. On the first day of the 2018 visit, the delegation's official interlocutors indicated that nobody was remanded in custody and kept in police holding facilities in application of Section 299. In the course of the visit, the delegation came across only one such case, in Budapest.

**The CPT encourages the Hungarian authorities to pursue their efforts to ensure that persons remanded in custody are promptly transferred to a prison and that the return of remand prisoners to police establishments is sought only when there is absolutely no other alternative and for the shortest time possible. The objective should be to end the practice of holding remand prisoners overnight in police holding facilities.**

---

<sup>9</sup> See the 2017 XC Law on Criminal Procedure.

<sup>10</sup> See paragraphs 26 and 27.

## 2. Ill-treatment

21. The CPT notes with satisfaction that most of the persons interviewed by the delegation who were or had recently been in police custody did not make any allegations of ill-treatment. A number of them considered that the attitude and behaviour of the police officers who apprehended them or had them subsequently in their charge were respectful and professional.

However, the delegation did hear some accounts of resort to unnecessary or excessive force upon apprehension (e.g. punches or kicks whilst the apprehended person was brought under control) and of unduly tight handcuffing. A few claimed that they had been physically ill-treated shortly after arrival to a police station; the alleged ill-treatment consisted of punches to the face, kicks to the shin or stamping on someone's feet with the aim of inflicting pain, generally in the absence of eyewitnesses and/or outside the scope of the establishment's video surveillance cameras.

Further, the delegation received one allegation by a juvenile of a threat of beatings. It also heard several accounts of verbal abuse of a racist nature, including from persons of Roma origin.

22. The above allegations, gathered in the course of private interviews were detailed, plausible and consistent. Moreover, a few of them were supported by medical evidence, in the form of both injuries directly observed by the delegation's doctors or entries in the medical documentation examined in the establishments visited. By way of illustration, several police officers allegedly punched a detained person in the face in a corridor of a police station which was apparently outside the scope of video surveillance cameras. On examination by a medical member of the delegation, the person concerned displayed four abrasions in a fan-like pattern on the lateral side of the left eye, each measuring around 3-4 mm in length. Beneath the left eye was a diffuse area of purplish bruising measuring around 3 cm by 1.5 cm in its widest diameter. Additionally, there was a diffuse area of swelling/erythema measuring around 4 cm by 3 cm in its widest diameter in respect of the right forehead.

These allegations had a sufficient degree of credibility to be brought to the attention of the Hungarian authorities. At the same time, the persons concerned agreed to speak to the delegation about their experiences with the police on condition that their names were not disclosed. Most of them said that they had decided not to lodge an official complaint as they were convinced that the procedure would not yield any results or could even be damaging to their criminal cases.

In the course of the visit, the delegation also came across cases of neglectful care by police staff, including police health-care professionals, which could amount to degrading treatment. Reference is made in this respect to paragraph 36.

23. In their letter of 12 March 2019, the Hungarian authorities recalled that any police abuse, including when ordered by a superior, is formally prohibited and punishable by law. They also underlined that each and every police officer is under a legal obligation to act against any police misconduct of which they become aware.



With this in mind, **the CPT recommends that the Hungarian authorities continue to take action to prevent any forms of police ill-treatment, in particular by:**

- i) delivering the firm message, through instructions and regular briefings from the police leadership and management, as well as through appropriate in-service training, that police officers will be held accountable for having inflicted, instigated or tolerated any act of ill-treatment, irrespective of the circumstances and including when the ill-treatment is ordered by a superior. Every police officer should have a clear understanding that deliberate ill-treatment of detained persons is a criminal offence and that treating persons in custody in a correct manner and reporting any information indicative of ill-treatment by colleagues to the competent authorities is their duty (and will be duly recognised). It is essential to continue to promote a police culture where it is regarded as unprofessional to tolerate the conduct of colleagues who resort to ill-treatment (including racially-motivated abuse);**
- ii) taking further steps to eradicate racially-motivated abuse and discriminatory behaviour by members of the police force, including by strengthening efforts to ensure that the composition of the police force reflects the diversity of the population;<sup>11</sup>**
- iii) providing police officers with further practical training relating to the use of force in the context of an apprehension in compliance with the principles of lawfulness, necessity and proportionality;**
- iv) reminding police officers that where it is deemed essential to handcuff a person at the time of apprehension or at any time during subsequent detention, the handcuffs should under no circumstances be excessively tight and should be applied only for as long as is strictly necessary.<sup>12</sup>**

The CPT also wishes to stress that the reluctance demonstrated by alleged victims of police ill-treatment met by the delegation to lodge official complaints with the competent authorities raises questions as to the effectiveness of police complaints mechanisms in Hungary and of the effective protection of possible victims against potential intimidation and retaliatory action.<sup>13</sup> **The Committee would like to receive the comments of the Hungarian authorities on this matter.**

---

<sup>11</sup> Reference is also made in this context to the relevant recommendations of the European Commission against Racism and Intolerance (ECRI), including ECRI General Policy Recommendation No. 11 on combating racism and racial discrimination in policing.

<sup>12</sup> It should be recalled that excessively tight handcuffing can have serious medical consequences (for example, sometimes causing a severe and permanent impairment of the hand(s)). In their response to the report on the 2013 periodic visit, the Hungarian authorities specified that handcuffs with double locks were generally used by Hungarian police officers; such handcuffs were designed, if applied appropriately, to mitigate the risk of injury.

<sup>13</sup> In this connection, see paragraphs 68 to 91 of CPT's 27<sup>th</sup> General Report on complaints mechanisms and paragraph 28 of the report on the 2013 periodic visit report as regards follow-up to possible breaches of police ethics.

### 3. Procedural safeguards against police ill-treatment and police interviewing

24. The CPT is pleased to note that the Hungarian authorities have taken further steps since the previous periodic visit to strengthen procedural safeguards against police ill-treatment, notably through the adoption of a new criminal procedure legislation and relevant police regulations.<sup>14</sup> The delegation also observed in the course of the visit that a lot has been done to improve the documentation of the exercise of detained persons' rights. Nevertheless, the delegation's findings during the 2018 visit revealed that more should be done to ensure the practical implementation of these rights as from the outset of police custody, including during the period when the detained person has still formally the status of "apprehended".

It also emerged from these findings that, in order to mitigate the risks of ill-treatment during police interviews, interviewing officers should be less focused on confessional evidence. The development of an investigative interviewing approach, combined with a more effective right of access to a lawyer, including the right to speak in private to the lawyer prior to the first police interview and to have the lawyer present during police interviews, would assist in making progress in this area.<sup>15</sup>

25. In the report on its 2013 periodic visit, the CPT recommended that the relevant legal provisions on the right of notification of custody be amended with a view to guaranteeing the right of persons detained by the police to inform a third person of their choice of their situation as from the outset of deprivation of liberty. The time period during which a third party of the detained person's choice should be informed was reduced to a maximum of eight hours (instead of 24 hours previously). This is clearly a step into the right direction.<sup>16</sup>

It appeared from the delegation's findings during the 2018 visit that notification of custody was done within a relatively short time after arrival in a police station. When this was done by police officers in the absence of the detained persons concerned, feedback was subsequently provided on whether or not it was possible to contact the third party designated by the person in police custody. The application of this right also appeared to be well documented in the files consulted by the delegation.

---

<sup>14</sup> Some of these measures partly aimed at bringing the Hungarian legal framework in compliance with European Union law, including the Directive 2016/1919 of the European Parliament and of the Council of the European Union of 26 October 2016 on legal aid for suspects and accused persons in criminal proceedings and for requested persons in European arrest warrant proceedings. See also Directive 2013/48/EU of 22 October 2013 of the European Parliament and the Council of the European Union on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty.

<sup>15</sup> See paragraph 32.

<sup>16</sup> See Section 275 of the Law on Criminal Procedure.

That said, in a few instances, police officers reportedly delayed notification of custody for reasons which were not communicated to the detained person and which could not be established by the delegation. **The CPT recommends that further action be taken to ensure that any exceptions aimed at limiting or deferring the exercise of the right to inform of a specific third party of the detained person's choice as from the outset of police custody are clearly circumscribed in law and made subject to appropriate safeguards (e.g. any delay in notifying a particular person of the detained person's choice to be recorded in writing with the specific reasons therefor, to require the approval of a senior police officer unconnected with the case at hand or a prosecutor, and to be applied for the shortest time necessary). When it is envisaged to limit or defer the exercise of this right, notification of custody to another third party designated by the detained person concerned should be first considered.**

26. According to the new criminal procedure legislation, a person suspected of having committed a criminal offence is entitled to have access to a lawyer as from the outset of police custody, including when he or she has the status of an "apprehended" person.<sup>17</sup> It appeared during the 2018 visit that the lawyers nominated by the detained persons were promptly contacted on their behalf and that, as a matter of principle, no statement was taken without the lawyer's arrival.

However, detained persons were allegedly not always put in a position to speak to their lawyer in private before the first police interview, despite their requests to this effect. The CPT recalls that the right of access to a lawyer includes the right for any detained person to talk to his or her lawyer in private. **The Committee recommends that this be made clear to police officers.**

27. The CPT welcomes the changes in the legislation aiming at securing more independence in the selection of *ex officio* lawyers – an issue that had been raised by the CPT in the past – and, in this context, a criminal legal aid scheme was developed in order to enable persons who cannot pay for the services of a lawyer to be represented by an *ex officio* lawyer appointed by the relevant bar association. By virtue of the new criminal procedure legislation, if the bar association is unable to select an *ex officio* lawyer within one hour, the lawyer is chosen by the investigating or prosecuting authority.<sup>18</sup>

Although there are legitimate questions about the one-hour time-limit, it transpired from the interviews carried out by the delegation and the documentation consulted during the 2018 visit that *ex officio* lawyers were generally appointed without undue delay following contact made with the bar association, in particular in Budapest. That being said, the delegation was told in a number of cases that *ex officio* lawyers did not come to the police establishment and were seen only after a first police interview or even not until the time of the first court hearing, thereby depriving the detained persons concerned of an important safeguard against police ill-treatment.

**The CPT trusts that the Hungarian authorities will raise the CPT's misgivings on this matter, through appropriate channels, with the national and regional bar associations.**

---

<sup>17</sup> See, in this connection, Section 386 (1) of the 2017 Law on Criminal Procedure.

<sup>18</sup> See Sections 47 and 49 of the 2017 Law on Criminal Procedure.

28. With respect to the right of access to a doctor, it emerged from the delegation's findings that the persons interviewed who were or had recently been in police custody were promptly seen by a police or hospital doctor when they so requested. However, the right of access to a doctor, as distinct from systematic medical screening of detained persons upon admission to a police holding facility (see paragraph 36) and the police officers' obligation to provide access to medical aid for injured or sick detainees, is still not formally guaranteed. **The CPT recommends that the Hungarian authorities take the necessary measures in this regard. Reference is also made to paragraph 36 as regards the presence of police officers during medical examinations.**

29. As regards the provision of information on rights, most detained persons with whom the delegation spoke during the visit stated that they received verbal information on rights shortly after actual apprehension and were subsequently provided with written information. Nevertheless, several persons interviewed allegedly had to wait for up to eight hours before being told about their rights (e.g. until after a home search was carried out or until police officers considered it appropriate to inform them about their rights). Further, some claimed that they had not been provided with any information on rights in writing.

**The CPT recommends that further action be taken to ensure that all persons who have to remain with the police (including when they have the status of an "apprehended" person and during home searches conducted during the apprehension period) are fully informed of their rights. This should involve the provision of clear verbal information at the very outset of deprivation of liberty, to be supplemented at the earliest opportunity (that is, immediately upon first entry into the police premises) by provision of a written form setting out their rights in a straightforward manner.**

30. During the 2018 visit, the delegation also met a number of foreign nationals who were or had recently been held by the police in the context of criminal proceedings. Several of them indicated that they had effectively benefited from the services of an interpreter, that they had been informed of their rights in a language they understood (orally and in writing) and put in a position to exercise them, including the right to consular assistance, shortly after arrival to a police station. However, some complained that they were not provided with any information on rights, that they received little or no assistance from the interpreter assigned to them and that they were made to sign documents without having their content explained to them. **The CPT recommends that further action be taken to ensure that foreign nationals apprehended by the police are informed promptly about their rights, provided with the services of a qualified interpreter whenever required and are not made to sign any document concerning the offence(s) he or she is suspected of having committed which he or she is not able to understand.**

31. The CPT notes with satisfaction that the juveniles with whom the delegation spoke and who were or had recently been in police custody said that they had promptly received information about their rights and were put in a position to exercise them. The juveniles reportedly benefited from the mandatory presence of an *ex officio* lawyer (and, where possible, another trusted adult) during police interviews and were not made to make statements or sign documents without the presence of a lawyer.

However, a number of juveniles claimed that they were able to meet in private with the lawyers assigned to them only at the first court hearing or shortly before. **The Committee recommends that action be taken to ensure that juveniles are entitled to meet *in private* with the lawyers assisting them at any stage during police custody, including before any interviews are conducted by the police.**

32. It emerged from the delegation's exchanges with police officers met during the 2018 visit and persons who were or had recently been in police custody that the aim of police interviews, especially those conducted during the first hours of police custody and in the absence of a lawyer, was often to obtain a confession or other self-incriminating evidence.

In this context, the CPT notes that the Hungarian authorities previously agreed that the electronic recording of police interviews (with audio/video-recording equipment) is an effective means of preventing ill-treatment during police interviews.<sup>19</sup> Nevertheless, they underlined that the introduction of electronic recording equipment required significant financial resources.

**The CPT recommends that the Hungarian authorities develop further guidance, procedures and training on how police interviews should be carried out, drawing on an investigative interviewing approach and on the introduction of electronic recording of police interviews. In this context, it should be made clear to police officers that the aim of police interviews must be to obtain accurate and reliable information in order to seek the truth about matters under investigation and not to obtain a confession from a person already presumed, in the eyes of the interviewing officers, to be guilty. Reference should be had in this regard to paragraphs 73-81 of the CPT's 28<sup>th</sup> General Report.**<sup>20</sup>

#### **4. Centralised police holding facilities**

33. The fact that the Hungarian authorities have developed a system of centralised police holding facilities is a positive feature. As was the case during previous visits, material conditions of detention in the police holding facilities visited were generally satisfactory. The cells were in a reasonable state of repair and clean, were sufficient in size for their intended occupancy, were equipped with sleeping platforms, shelves, and bedding, were adequately heated and ventilated, and had suitable artificial lighting. The delegation received no complaints about access to the sanitary facilities. As regards food arrangements, three meals were served daily.

The CPT also appreciates that efforts were being made to remedy shortcomings identified in the past, subject to the availability of financial resources. At the time of the 2018 visit, the Budapest central police holding facility was closed for renovation. **The Committee would like to receive detailed information on progress made on its refurbishment.**

---

<sup>19</sup> See the response of the Hungarian authorities to the report on the 2013 periodic visit.

<sup>20</sup> See also the Council of Europe's practitioner's guide on investigative interviewing ("A brief introduction to investigative interviewing – A practitioner's guide", Council of Europe, October 2018).

34. The holding facilities visited were also equipped with an outdoor exercise yard, measuring between 25 to 35 m<sup>2</sup> and partly sheltered, to which the detained persons had access for one hour per day. As was the case in the past, remand prisoners would typically spend 23 hours a day locked up in their cells, with hardly anything to occupy themselves, despite the efforts made by custodial staff to provide them with board games or portable radio or TV devices.

35. In short, the findings of the 2018 visit confirmed once again that conditions of detention in police holding facilities were, on the whole, adequate for the duration of police custody (i.e. up to 72 hours). They are not appropriate for the prolonged periods for which remand prisoners may be held in such facilities.<sup>21</sup> **Reference is made to the recommendation made in paragraph 20.**

36. The CPT noted some positive developments in the past as regards the systematic medical examination of detained persons upon admission to police holding facilities. Such an examination was carried out by a police health-care professional and/or by a hospital doctor. However, it emerged during the 2018 visit that the examinations carried out by police health-care professionals were not always as thorough as they should be, a further examination in hospital was not always organised when necessary and the level of the medical care provided during and after examination in police holding facilities could be fairly inadequate. The delegation also observed that injuries were poorly recorded, if at all, in Budapest in particular. By way of example, the delegation found injuries on a person detained at the holding facility of the National Bureau Investigation in Budapest which had not been noted by the police health-care professional who had only very recently examined him. The person concerned had trouble bearing weight on his right foot. A medical examination of his foot by the delegation's doctor revealed that it was swollen and red over its dorsum; it required appropriate care and further investigation in hospital. Upon the delegation's request, the detainee in question was transferred to a local hospital for further examination by an independent doctor.

Moreover, medical consultations were routinely carried out in the presence of police officers or within their earshot; this continues to raise concerns in relation to medical confidentiality and the prevention of police ill-treatment. Several persons who were or had been in police custody told the delegation that, because of this, they refrained from making any statements or felt that they had to lie about the origins of their injuries in order to avoid potential reprisals from police officers.

37. In the light of the above findings, **the CPT recommends that the Hungarian authorities ensure that medical examinations (whether they are carried out in police holding facilities or in hospitals) are always carried out thoroughly and that, where necessary, appropriate care is provided without undue delay.**

Further, **the CPT repeats its longstanding recommendation that arrangements be made to ensure that medical consultations are conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of staff with no health-care duties.** In order to facilitate the preservation of the confidentiality of medical examinations and care, it should be ensured that police holding facilities and the hospital structures concerned have a room available which provides appropriate security safeguards.

---

<sup>21</sup> For instance, poor access to natural light in police cells, the small size and oppressive design of the exercise yards and the limited human contact and activities on offer make extended periods of detention unsuitable in police holding facilities.

The relevant health-care professionals should also be reminded that the record drawn up after medical examinations should contain i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any statements as to the origins of any injuries), ii) a full account of objective medical findings upon examination and iii) the health-care professional's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings. The record should also contain the results of additional examinations carried out, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed. For more details on the documentation of injuries, reference is also made to paragraph 63.

38. Beyond their security duties, custodial staff assigned to police holding facilities looked after the well-being and the safety of the persons held there. The delegation nevertheless observed that they continued to carry openly batons and CS gas canisters in the detention areas. The CPT does not dispute the fact that equipment such as batons may be needed in police holding facilities in very exceptional circumstances. That said, **the CPT recommends that action be taken to ensure that custodial staff do not carry batons routinely in the detention areas of police holding facilities. Further, CS gas canisters should not be part of the standard equipment carried by custodial staff and, given the potentially dangerous effects of this substance, CS gas should not be used in confined spaces.**

39. More generally, the CPT has noted that, in certain Council of Europe member states, every apprehended person has to be presented immediately to a designated, experienced, custody officer, before any other procedural steps can be taken. This custody officer is responsible for checking the psychological and physical integrity of the apprehended person before any medical examination and for offering them the possibility to inform a third party of their choice of their situation and to make contact with a lawyer. They may also provide the first opportunity for a detained person to make a formal complaint against apprehending officers, for example, regarding use of unnecessary or excessive force upon apprehension. Custody officers carrying out such a screening task are properly trained to pose the appropriate questions and to recognise and record indicative signs of a person in need of particular support and care. **The CPT recommends that the Hungarian authorities consider introducing such a system in their centralised police holding facilities, starting with Budapest.**

In the course of the 2018 visit, the delegation received concurring accounts from persons, including one juvenile, who were or had been placed in police holding facilities and taken to court or other premises whilst being exposed to public view (including photographers and TV journalists), with their hands cuffed and attached to a lead which was held by the escorting police officers. In the CPT's view, exposing a person deprived of his or her liberty to public view in such a way is clearly demeaning and could be considered as degrading. **The CPT recommends that the relevant police instructions be reviewed in order to avoid any unnecessary exposure of detained persons under restraint to public view.**

## **B. Juvenile prisoners**

### **1. Preliminary remarks**

40. The CPT's delegation visited Tököl Juvenile Prison and the juvenile unit of Bács-Kiskun County Prison in Kecskemét ("the juvenile unit in Kecskemét").

41. *Tököl Juvenile Prison* is situated near a small village some 25 km from Budapest. It is located within a larger penitentiary compound which also includes Tököl National Prison, the Central Prison Hospital and a state-run company which provides work for prisoners.<sup>22</sup> Juveniles were accommodated on the first and second floors of a detached three-storey building.<sup>23</sup> With an official capacity of 168 places, at the time of the visit the juvenile prison was accommodating 67 male prisoners (12 held on remand and 55 sentenced). Approximately one-third of them were aged 16 to 18 years, the rest were over 18 and up to 21 years of age.<sup>24</sup>

According to the management of the establishment, the number of juveniles had dropped significantly for several years preceding the visit (e.g., in 2012, there were 320). This was due to the overall decrease in the juvenile prison population in Hungary, attributable, at least partially, to the increased use of mediation, in particular in property-related crimes. The CPT welcomes this development.

42. *Bács-Kiskun County Prison in Kecskemét* consists of Unit I which is located in the centre of the town and houses a unit for remand prisoners and a central administrative department of the county prison, and Unit II in the south-western suburb, which contains a mother and child unit,<sup>25</sup> a unit for adult sentenced men<sup>26</sup> and the juvenile unit which was the focus of the CPT's visit.

The juvenile unit is located in a cross-shaped structure which consists of an administrative building in the middle and three round one-storey accommodation blocks (with ten cells each), connected to the administrative building with corridors. With an official capacity of 30 places, the juvenile unit was holding 24 persons (aged 16 to 21): 19 boys (including four on remand) and five sentenced girls, accommodated separately from the boys in one of the three blocks.

---

<sup>22</sup> In 2016, the then juvenile prison (visited by the CPT in 1994 and 1999) was formally split into two administratively separate institutions (Tököl Juvenile Prison and Tököl National Prison for adults). According to the information provided by the national authorities, the capacity of the national prison was 590 places at the time of the 2018 visit.

<sup>23</sup> The ground floor of the building contained workshops and a health-care unit, including an in-patient infirmary.

<sup>24</sup> In Hungary, the age of criminal responsibility is 14 (and 12 for certain very serious crimes). Persons who have committed a crime as juveniles may continue to serve their sentence in a juvenile prison until the age of 21 and are regarded as juveniles for the purpose of serving the sentence.

<sup>25</sup> With a capacity for 20 mothers and 21 children, the unit was holding four mothers with one child each at the time of the visit.

<sup>26</sup> This unit was accommodating 72 prisoners for an official capacity of 59 places.



## 2. Ill-treatment

43. In both establishments visited, the majority of juvenile inmates who were interviewed by the delegation stated that they were treated correctly by staff. Further, no allegations of ill-treatment of juveniles by staff were received at *Tököl Juvenile Prison*.

44. However, in the *juvenile unit in Kecskemét*, the delegation heard a few allegations of physical ill-treatment of male juveniles by staff, such as punches to the face and stomach, as well as some allegations of verbal abuse.

At the end of the visit to this establishment, the management assured the delegation of their commitment not to tolerate any ill-treatment of juveniles by staff. The management referred in this context to a case which had taken place approximately one year prior to the CPT's visit and in which a prison officer had repeatedly punched a juvenile while escorting him from an outdoor exercise yard. As a result, the juvenile had suffered an injury considered to be "light"<sup>27</sup>. The case had immediately been brought to the attention of the competent prosecutor and the prison officer concerned and another officer (who had witnessed the incident but had failed to report it) had been dismissed and, following a criminal investigation, had been sentenced by a court.

The CPT welcomes the commitment demonstrated by the Kecskemét prison management. With this in mind, **the Committee encourages the Hungarian authorities to support the management's efforts to prevent any possible ill-treatment of the juveniles by staff. In this context, it should be reiterated to staff that all forms of ill-treatment of juveniles, including verbal abuse, are unacceptable and unprofessional and that anyone committing, instigating or tolerating such acts will be punished accordingly.**

**The management should also instruct all staff working in the juvenile unit in Kecskemét to actively prevent their colleagues from ill-treating prisoners and to report, through appropriate channels, all cases of ill-treatment involving colleagues. The instruction should be accompanied by firm assurances that "whistle blowers" will be protected from any reprisals.**

45. Instances of violence sometimes occurred between male inmates in *the juvenile unit in Kecskemét* but the delegation's findings indicate that staff intervened promptly and appropriately.

46. According to the official records consulted at *Tököl Juvenile Prison*, cases of inter-prisoner violence were very rare and their number had decreased in recent years.<sup>28</sup> It also appeared to the delegation that the reaction of staff to officially recorded violence was appropriate (including, if necessary, transferring the victim to a safer environment and reporting the case to the command and control centre of the police who may then decide to initiate a criminal investigation). Further, a few juveniles interviewed by the delegation confirmed that the situation as regards inter-prisoner violence had improved in the establishment and that prison officers were paying increased attention to this issue (see also paragraph 69).

---

<sup>27</sup> According to the information provided to the delegation, "light" injuries are injuries that are expected to have no residual signs after seven days.

<sup>28</sup> There were four cases between May and December 2016, three cases in 2017 and one case between January and October 2018.

That said, the delegation did receive, in interviews carried out separately with individual juveniles, several consistent and credible allegations that newly-admitted juveniles were forced by longer-established inmates to take part in a fist-fight which would determine their “status” within the juvenile prison population. These fights were said to take place in the cells in the evening, once the doors were locked by staff. If a newly-admitted juvenile refused to take part in the fight, he would have to serve other inmates (e.g. clean for them) and ran the risk of being sexually abused (including being raped) by them. The alleged victims did not report instances of inter-prisoner violence to staff or refused to undergo a medical examination if they had visible injuries out of fear that they would be regarded as “traitors” and would face retaliation by other inmates.

The information gathered through interviews with juveniles further indicates that the instances of inter-prisoner violence either went unnoticed by staff or that some prison officers failed to act when they gained knowledge of them.

In conclusion, the delegation’s findings suggest that inter-prisoner violence remains a serious problem at Tököl Juvenile Prison.

47. According to the management, efforts were being made to eliminate the phenomenon of inter-prisoner violence which had been an issue in the establishments some years prior to the CPT’s visit. In particular, CCTV cameras were installed in the corridors and, due to the lower occupancy (see paragraph 41), the staff-inmate ratio was higher than in the past and there was a better possibility to place in cells juveniles who got along with each other. In addition, a high proportion of juveniles was attending school or worked. The strategy to prevent inter-prisoner violence will be further enhanced once the juvenile unit has moved to a newly-refurbished building within the prison compound, scheduled for 2019, which will contain a separate admission unit. Efforts will continue to gain the trust of juveniles shortly after admission and to make them report instances of inter-prisoner violence.

48. The CPT notes the efforts by the management of Tököl Juvenile Prison to tackle the phenomenon of inter-prisoner violence. However, in the light of the findings during the visit, **the Committee recommends that the management and staff at Tököl Juvenile Prison remain constantly vigilant to any signs of inter-prisoner violence and intimidation. Addressing the phenomenon of inter-prisoner violence will require a multi-faceted approach which will include enhanced ongoing monitoring of the prisoners’ behaviour (including the identification of potential perpetrators and victims), with a particular focus on the situation in the cells in the evening/at night (for example, by more frequent and irregular visits by staff), the proper reporting of suspected and confirmed cases of inter-prisoner intimidation/violence, the thorough investigation of all incidents and, where appropriate, the adoption of suitable sanctions or other measures, as well as the development of effective violence reduction interventions. The management and staff should pay increased attention to the risk and needs assessment, classification and allocation of individual prisoners with a view to ensuring that prisoners are not exposed to other inmates who may cause them harm.**

### 3. Conditions of detention

#### a. material conditions

49. In *the juvenile unit in Kecskemét*, cells measured approximately 8.5 m<sup>2</sup> (excluding the fully-partitioned sanitary annexe) and usually accommodated one (or exceptionally two) juvenile(s).<sup>29</sup> At *Tököl Juvenile Prison*, cells measured some 33 m<sup>2</sup> (excluding the fully-partitioned sanitary annexe) and were holding up to six juveniles at the time of the visit.<sup>30</sup>

The cells in both establishments provided adequate living space for the number of juveniles they were accommodating at the time of the visit (and were of a sufficient size for their intended occupancy). That said, in the CPT's opinion, juveniles should normally be accommodated in individual bedrooms. Their view should be sought before they are required to share sleeping accommodation.

The information gathered during this visit with regard to inter-prisoner violence at Tököl Juvenile Prison also confirms that placing juveniles in large dormitories puts them at a significantly higher risk of violence and exploitation (see paragraph 46). The Committee takes note in this respect that in the newly-refurbished building due to open in 2019, cells would accommodate up to four juveniles. In the CPT's opinion, this is a step in the right direction. Nevertheless, **the Committee invites the Hungarian authorities to actively pursue their efforts to decrease the intended occupancies of the cells accommodating juveniles at Tököl Juvenile Prison, and, where appropriate, in other juvenile prison structures in the country, in the light of the remarks set out above.**

50. All the premises seen by the delegation in both establishments visited were clean and efforts were being made to keep them in a good state of repair. Cells accommodating juveniles had sufficient access to natural light and artificial lighting and were adequately ventilated.

However, the cells were extremely austere and impersonal and the overall atmosphere in the establishments was bleak. There was hardly any decoration in the cells and the predominant colours were grey and white. Although the equipment of the cells was quite suitable (fully partitioned sanitary annexes, beds, stools, metal lockers/shelves and a table, as well as a TV set in some cells), the fact that the furniture was made of metal, had visible signs of wear and tear and, at Kecskemét, was fixed to the floor, accentuated the overall austerity of the juvenile accommodation areas.

In the CPT's opinion, a well-designed juvenile detention centre should provide positive and personalised conditions of detention for young persons, respecting their dignity and privacy. All the accommodation and living areas should be properly furnished, well-decorated and offer appropriate visual stimuli (pictures, posters, plants, etc.). Unless there are compelling security reasons to the contrary, juveniles should be allowed to keep a reasonable quantity of personal items.

---

<sup>29</sup> The cells were intended to accommodate two persons.

<sup>30</sup> The cells were intended to accommodate eight persons.

**The CPT recommends that the Hungarian authorities ensure that the material conditions in the juvenile unit in Kecskemét are improved in the light of the aforementioned precepts. In particular, juveniles should be encouraged to decorate their cells and other premises of the juvenile unit. Further, the Committee trusts that the material conditions in the newly-refurbished building of Tököl Juvenile Prison will comply with the above-mentioned principles. It would also like to receive confirmation when juvenile prisoners at Tököl have been moved to the new premises.**

51. In both establishments visited, sentenced juveniles were obliged to wear green prison uniforms.<sup>31</sup> The CPT considers that juvenile prisoners, irrespective of whether they are on remand or serving prison sentences, should be allowed to wear their own clothing whenever it is suitable. Those who do not have appropriate clothing of their own should be provided with non-uniform clothing by the establishment. **The CPT recommends that these precepts be implemented in practice at Tököl Juvenile Prison and in the juvenile unit in Kecskemét, as well as in other juvenile prison structures in the country.**

52. The cells seen by the delegation in the juvenile unit in Kecskemét were equipped with a call bell. However, this was not the case at Tököl Juvenile Prison. **The CPT recommends that all cells in the new premises of Tököl Juvenile Prison be equipped with a call bell** (see also paragraph 46 concerning inter-prisoner violence in this establishment).

53. In both establishments, juveniles were usually offered one hour of outdoor exercise every day in spacious sports grounds (football/handball pitches) which were equipped with some basic sports equipment (goals, a basketball hoop). However, not all the sports grounds were equipped with benches and/or shelters against inclement weather. Moreover, at Tököl Juvenile Prison, the delegation heard some allegations that outdoor exercise was not granted in the case of bad weather.

**The CPT recommends that the Hungarian authorities take the necessary steps to ensure that all juveniles at Tököl Juvenile Prison and in the juvenile unit in Kecskemét, as well as, where appropriate, in other juvenile prisons in the country, are offered the possibility of daily outdoor exercise of at least two hours, irrespective of the weather. Further, all outdoor exercise areas should be equipped with a means of rest and a shelter against inclement weather.**

54. At *Tököl Juvenile Prison*, several juveniles interviewed by the delegation complained that the portions of food provided by the prison were insufficient and that they often felt hungry in the evening. It would appear that this was partly due to the fact that the last dish of the day was served at 5 p.m. and the next only the following morning. **The CPT would like to receive information on the nutritional content of the food provided to inmates at Tököl Juvenile Prison.**

---

<sup>31</sup> Juveniles held on remand were allowed to wear their own clothes.

b. regime

55. As the CPT has stressed on many occasions, although a lack of purposeful activities is detrimental for any prisoner, it is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation. Juvenile inmates should be provided throughout the day with a full programme of education, sport, vocational training, recreation and other purposeful out-of-cell activities. Physical exercise should constitute an important part of the juveniles' daily programme.

56. At *Tököl Juvenile Prison*, the CPT's delegation gained an overall positive impression of the programme of activities provided to juveniles.

With the exception of two recently admitted inmates, all juveniles, including those on remand, either attended school classes/vocational training provided by approximately ten contracted external teachers (usually for half a day every working day) or worked (packaging, gardening and cleaning, work for a paper-producing company). Several inmates participated in both types of activities. Other educational activities (e.g. information on sexual health and well-being) and leisure activities (including quizzes, arts and crafts and theatre performances) were also organised, and inmates had access to a library.

It is also positive that sentenced juveniles benefited from an open-door regime throughout the day and could associate with other inmates within their respective units. The situation was somewhat less positive as regards remand prisoners who were locked up in their cells whenever they did not participate in organised activities.

57. However, in addition to one hour of daily outdoor exercise (see paragraph 53), organised sports activities were in principle limited to one hour of sports on weekends; in fact, this was the only organised activity offered to juveniles on weekends.

**The CPT recommends that the Hungarian authorities further develop sports activities and the programme of activities provided on weekends to inmates held at Tököl Juvenile Prison.**

58. In *the juvenile unit in Kecskemét*, the programme of activities appeared to be less developed.

The CPT notes positively that of the 24 juveniles held in the establishment at the time of the visit, ten attended "catch-up" school courses, four participated in vocational training (flooring) and one was a secondary school student. Eight inmates worked (four to six hours every working day). This was supplemented by some other educational/leisure activities (e.g. information sessions on health-care issues, smoking cessation, quizzes and talent shows).

However, the "catch-up" courses usually took place only twice a week, each session for six hours, vocational training three times a week for five hours and a teacher came once every two to three weeks for consultations with the secondary school student. Moreover, as was the case at Tököl, regular sports sessions (in addition to the daily outdoor exercise) only took place on weekends for one or two hours and were the only organised activity on offer on Saturdays and Sundays.

The lack of a full programme of activities throughout the day was particularly problematic for remand prisoners who were locked up in their cells unless they were participating in an organised activity.<sup>32</sup>

**The CPT recommends that the Hungarian authorities take the necessary steps to further develop the programme of activities in the juvenile unit in Kecskemét, with a view to ensuring that juveniles benefit from a full programme of activities, in line with the principles set out in paragraph 55. Particular attention should be paid to the situation of remand prisoners and the activities offered to juveniles on weekends.**

#### **4. Health-care services**

59. The delegation received no complaints as regards access to health care from the juveniles interviewed during the visit and, in both establishments visited, the current health-care staffing levels appeared to be adequate for the provision of health care to juveniles (taking into account the recruitment of an additional doctor at Tököl).

60. At *Tököl*, the health-care team was responsible for the provision of care in the Juvenile Prison and the National Prison for adults.<sup>33</sup>

The medical team consisted of two part-time general practitioners (GPs) (who, taken together, worked five hours every working day), one full-time dentist and a psychiatrist who attended the establishment once a month for eight hours. It was expected that a full-time GP would be recruited as from January 2019 to replace one half-time GP. The nursing complement comprised 13 nurses (including a dental nurse and three pharmacological nurses) and a nurse was present in the establishment at all times, including nights and weekends.<sup>34</sup>

Arrangements concerning the provision of specialist care, ensured by the prison hospital located within the same penitentiary compound, did not appear to pose a major difficulty. In the case of psychiatric emergencies, inmates could be transferred to the Judicial and Observation Psychiatric Institute (IMEI) in Budapest.

**The CPT would like to receive confirmation that an additional full-time general practitioner has now been recruited to reinforce the medical team providing health care at Tököl Juvenile Prison and Tököl National Prison.**

61. As regards *Kecskemét Prison*, the health-care unit which provided services for the whole prison establishment was located in Unit I of the prison.<sup>35</sup>

---

<sup>32</sup> Sentenced juveniles benefited from an open-door regime throughout the day and could associate with other inmates within their units.

<sup>33</sup> The capacity of the two establishments was 758 places.

<sup>34</sup> In addition, the duty doctor of the prison hospital was also a duty doctor for the juvenile prison.

<sup>35</sup> According to the information provided by the national authorities, the overall capacity of the prison, repartitioned between Units I and II, was 238 persons.

The health-care team consisted of one contracted GP (usually attending the establishment four times a week), a dentist who attended once a week for half a day, a psychiatrist who visited every week for half a day and 11 nurses, of whom six covered Unit II of the prison. A nurse was present in Unit II at all times, in particular because of the existence of the mother and child unit.

As regards specialist care, if needed, juveniles were referred to an external hospital.

62. In both establishments, newly-arrived prisoners were systematically examined by a nurse within a few hours of admission and then by a medical doctor within 72 hours at the latest. The medical screening included a chest X-ray and voluntary testing for HIV and hepatitis C.

63. However, the procedure for the recording and the reporting of injuries displayed by inmates on admission seemed to vary from one establishment to the other.

According to health-care staff at *Tököl Juvenile Prison*, the inmate would be immediately referred by the nurse to the duty doctor who would prepare a report which would then be submitted to the management of the prison. At *Kecskemét Prison*, the inmate would be examined in the emergency unit of a civil hospital and a medical report would be produced.

That said, in both establishments visited, the health-care staff were unaware of any further procedure which would follow or which should be followed (albeit it should be noted that, according to the health-care staff, there have recently been no such cases).

The CPT must stress that health-care services can make a significant contribution to the prevention of ill-treatment of persons deprived of their liberty, through the systematic recording of injuries and, when appropriate, the provision of information to the relevant authorities.

The record drawn up by a doctor after a thorough medical examination of a prisoner – whether newly-arrived or following a violent incident in the prison – should contain:

- (i) an account of statements made by the prisoner concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment),
- (ii) a full account of objective medical findings based on a thorough examination, and
- (iii) the doctor's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.

Moreover, the results of every examination, including the above-mentioned statements and the doctor's opinions/observations, should be made available to the prisoner and, upon request, to his/her lawyer.

Recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with body charts for marking traumatic injuries that will be kept in the medical file of the prisoner. Further, it would be desirable for photographs to be taken of the injuries, and the photographs should also be placed in the medical file. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded.

Whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of the allegations, are indicative of ill-treatment), the record should be immediately and systematically brought to the attention of the relevant authorities, regardless of the wishes of the prisoner concerned and regardless of the (suspected) severity of any injuries displayed by him or her. The health-care staff should advise prisoners of the existence of the reporting obligation and that the forwarding of the report to the relevant authorities is not a substitute for the lodging of a formal complaint.

**The CPT recommends that the Hungarian authorities adopt detailed instructions on the procedure to be followed by health-care staff if injuries are detected upon admission of an inmate in a prison or following a violent incident in the prison, duly taking into account the above-mentioned principles.**

64. Concerning psychological care, at *Tököl Juvenile Prison*, there were three full-time psychologists who devoted approximately 50 % of their time to providing care to juveniles and the rest to adult inmates.<sup>36</sup> In *the juvenile unit in Kecskemét*, there were two psychologists who divided their time equally between juvenile and adult inmates.

In both establishments, psychologists were primarily involved in the assessment of juveniles upon admission to the prison. The delegation was informed that, to this end, they were using a “predictive tool” which was applied nationwide and assessed six areas of risk (suicide risk, substance abuse, mental health, aggression, potential hierarchy and vulnerability to violence). Other professionals (health-care staff, reintegration officers, etc.) also contributed to this initial assessment. **The CPT would like to receive more information on the predictive tool used by psychologists, in particular whether it has been scientifically recognised and validated and, if so, how.**

65. Further, psychologists organised group sessions on various issues, such as assertiveness, communication, smoking cessation and substance abuse at Kecskemét; at Tököl, sessions on substance abuse and anger management were provided by an external partner (Etop). However, as far as the delegation could ascertain, there were no interventions on violence reduction.

Moreover, staff were not qualified to offer individual therapeutic sessions and, if individual interventions took place at all, they were made on an *ad hoc* basis and crisis driven, rather than part of a structured, longer-term plan with a clear concept.

**The CPT recommends that the Hungarian authorities take the necessary steps to ensure that, as needed, juvenile prisoners at Tököl Juvenile Prison and in the juvenile unit in Kecskemét are offered a range of structured and longer-term individual psychotherapeutic interventions. Further, in the provision of group therapeutic interventions, particular attention should be paid to violence reduction, substance abuse and anger management, i.e. issues which are typically of concern among juvenile offenders.** This may require increasing psychological input and ensuring presence of psychologists qualified to provide individual therapeutic sessions.

---

<sup>36</sup> There was a fourth psychologist who, however, worked full-time for staff.



66. The health-care facilities in both establishments visited were in a good state of hygiene and adequately equipped (including with life-saving medical devices). The range and quantity of the medication was generally satisfactory.

67. As regards measures to prevent the transmission of sexually transmitted diseases, the delegation was informed that condoms were not provided to juveniles in either of the establishments visited. **The CPT encourages the Hungarian authorities to ensure that condoms are available at Tököl Juvenile Prison and in the juvenile unit in Kecskemét, as well as, where appropriate, in other juvenile prison structures in the country.**

68. As regards the role of health-care staff in disciplinary proceedings, reference is made to paragraph 77.

## 5. Other issues

### a. prison staff

69. The custody and care of juveniles deprived of their liberty is a particularly challenging task. The staff called upon to fulfil that task should be carefully selected for their personal maturity and ability to cope with the challenges of working with - and safeguarding the welfare of - this age group. More particularly, they should be committed to working with young people, and be capable of guiding and motivating the juveniles in their charge. All such staff, including those with purely custodial duties, should receive professional training, both during induction and on an ongoing basis, and benefit from appropriate external support and supervision in the exercise of their duties.

The CPT welcomes the fact that in both establishments visited, prison officers deployed in the juvenile units were specifically selected on the basis of their skills and competencies. In Tököl Juvenile Prison, officers who volunteered to work with juveniles were assigned duties in the juvenile establishment when the former prison was split into a prison for juveniles and a separate institution for adults (see paragraph 41). According to the management of the juvenile prison, this arrangement had also contributed to the decrease in instances of inter-prisoner violence in recent years (see paragraph 46).

However, according to the information provided to the CPT's delegation, there was no specific training for staff working with juvenile prisoners in either of the establishments visited. **The CPT recommends that staff working with juveniles benefit from professional training, both initial and ongoing, on specific issues related to the custodial care of juveniles.**

70. At *Tököl Juvenile Prison*, the staff complement comprised a head of the detention department, 32 members of custodial staff, a head of the reintegration department, six reintegration officers,<sup>37</sup> three social workers<sup>38</sup> and one probation officer. Approximately one half of the reintegration officers and 10 % of custodial officers were female staff.

---

<sup>37</sup> A post requiring university education.

<sup>38</sup> Staff possessing an A-level education.

Custodial officers worked in 12-hour shifts, with four officers being present during the day (two additional officers were present on working days) and three at night. As a rule, reintegration officers and social workers worked morning shifts on working days; two of them were also present in the afternoon and on weekends.

In *the juvenile unit in Kecskemét*, of the overall staffing complement of the institution, approximately 10 to 12 custodial officers (including three female staff members) and two reintegration officers (one female and one male) were assigned duties in the juvenile unit.<sup>39</sup> The day shift was composed of two custodial officers and two reintegration officers (one during the weekend); at night, there was only one custodial officer present in the juvenile unit.

The findings of the CPT's delegation indicate that these staffing levels did not pose any major difficulties.

71. In both establishments visited, custodial officers were carrying batons and CS gas canisters in the detention areas. As noted in the previous report concerning establishments holding adult prisoners, such an approach is not conducive to developing positive relations between staff and inmates. Indeed, this principle applies even more so in respect of juvenile institutions.

**The CPT recommends that custodial staff at Tököl Juvenile Prison and in the juvenile unit in Kecskemét, as well as, where appropriate, in other juvenile prison structures in the country, no longer routinely carry batons in detention areas. Further, CS gas canisters should not form part of the standard equipment of custodial staff and, given the potentially dangerous effects of this substance, CS gas should not be used in confined spaces.**

b. discipline and security segregation

72. The most severe disciplinary sanction that may be imposed on juveniles is ten days of solitary confinement for inmates placed in a medium security regime prison and five days for those placed in a low security regime prison.

At *Tököl Juvenile Prison*, disciplinary sanctions were imposed very sparingly and no juvenile had been placed in solitary confinement as a disciplinary measure between January and October 2018.<sup>40</sup>

By contrast, according to the disciplinary register maintained in *the juvenile unit in Kecskemét*, a disciplinary sanction had been imposed in almost 50 cases during the same period; in some 30 cases, the sanction imposed was a solitary confinement, usually for a period of three, five or even 10 days.

---

<sup>39</sup> Overall, there were 82 prison officers in Units I and II of the prison, including those responsible for securing the perimeter of the prison compounds.

<sup>40</sup> Instead, less severe sanctions, such as reprimand, restrictions on shopping or exclusion from leisure activities, were imposed.

The CPT notes that those juveniles who had been attending school were, as a general rule, allowed to continue while being in disciplinary solitary confinement for the rest of the day. However, those not attending school were isolated from other inmates for 24 hours a day.

The CPT wishes to stress that any form of isolation may have a detrimental effect on the physical and/or mental well-being of prisoners, which applies even more to juveniles. In this regard, the Committee has observed an increasing trend at the international level to promote the abolition of solitary confinement as a disciplinary sanction in respect of this age group. Particular reference should be made to the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*) which have been revised by a unanimous resolution of the General Assembly in 2015 and which explicitly stipulate in Rule 45 (2) that solitary confinement shall not be imposed on juveniles.<sup>41</sup> The CPT fully endorses this approach.

**The CPT recommends that the Hungarian authorities take the necessary steps, including at legislative level, to ensure that the disciplinary sanction of solitary confinement to the extent that it entails segregation from all other inmates and a lack of daily meaningful human contact is abolished for juvenile prisoners.**

73. On a positive note, in both establishments visited, disciplinary procedures were well documented in dedicated registers, were strictly followed and were accompanied by appropriate safeguards; in particular, juveniles facing disciplinary charges were heard by the person responsible for taking a decision, could be represented by a lawyer, witnesses were heard and the disciplinary decision was notified in writing to the juvenile concerned who could appeal to the penitentiary judge (if solitary confinement was imposed) or to the governor of the prison (in the case of other disciplinary punishments).

74. At *Tököl Juvenile Prison*,<sup>42</sup> there were six cells in the segregation unit which were operational at the time of the visit.<sup>43</sup> Material conditions in these cells were on the whole acceptable; the cells were sufficient in size for single occupancy (some 6 m<sup>2</sup> excluding the toilet area), were adequately equipped (a bed, a table and a stool fixed to the floor and a locker, as well as a toilet and a washbasin) and the artificial lighting was sufficient. However, access to natural light was somewhat limited and there were no call bells. **The CPT recommends that these deficiencies be remedied.**

Juveniles undergoing the disciplinary sanction of solitary confinement were granted one hour of daily outdoor exercise (albeit the outdoor exercise yards seen by the delegation at Tököl Juvenile Prison were very austere and had no shelter, no means of rest and no sports equipment; see also paragraph 76).

---

<sup>41</sup> See also Rule 67 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (General Assembly Resolution A/RES/45/113, Annex).

<sup>42</sup> At *Kecskemét*, disciplinary cells were located in Unit I of the penitentiary institution and were not visited by the CPT's delegation.

<sup>43</sup> The unit was composed of two wings; one wing (12 cells) had been out of use since 2013 as the cells were deemed too small (some 5.5 m<sup>2</sup>); the other wing contained ten cells of which four were under reconstruction. No juveniles were held in the segregation unit at the time of the visit.

75. In addition to the disciplinary sanction of solitary confinement, juveniles may be placed in so-called “security segregation”.<sup>44</sup>

In practice, this measure was imposed on juveniles as an immediate reaction to violent episodes, if juveniles refused to obey an order or if they attacked staff. The measure could be served either in a disciplinary cell or in the juveniles’ own cell (which was usually the case). It may initially be imposed for a period of 10 days which may be renewed once. However, it should only last as long as necessary and must be reviewed every three days.

Juveniles subjected to security segregation were allowed to attend school and were granted one hour of daily outdoor exercise. However, unlike in the case of disciplinary punishment, there was no possibility to lodge an appeal against the decision imposing such a measure.

As for the practical implementation of the measure, there appeared to be very little difference between disciplinary solitary confinement and security segregation. When asked, staff admitted that the borderline between the two measures was rather flexible and that, in practice, it was often up to them to choose between the disciplinary punishment and security segregation routes.

The CPT recognises that it may be necessary to segregate juvenile prisoners for security or safety reasons (for instance, to deal with juveniles who pose a threat to others). However, there should be a clear distinction between security segregation and the disciplinary sanction of solitary confinement. Security segregation should not be used to replace or completely circumvent the formal disciplinary procedures. In addition, the placement of a violent and/or agitated juvenile in a calming-down room should be a highly exceptional measure and any such measure should not last for more than a few hours.<sup>45</sup>

**The CPT would like to receive the comments of the Hungarian authorities on this issue, in particular as regards the use of security segregation in juvenile prison structures.**

76. Several allegations were received in the *juvenile unit in Kecskemét* that inmates undergoing disciplinary solitary confinement or the measure of security segregation were handcuffed while taking daily outdoor exercise. In the CPT’s opinion, there can be no justification for handcuffing a prisoner exercising alone in a secure yard provided there is proper staff supervision.

**The CPT recommends that the practice of handcuffing juveniles undergoing disciplinary solitary confinement or the measure of security segregation while they are taking daily outdoor exercise be discontinued immediately in the juvenile unit in Kecskemét and, where appropriate, in other juvenile prison structures in the country.**

---

<sup>44</sup> See Sections 145 and 146 of the Penitentiary Law.

<sup>45</sup> See also CPT’s document “Juveniles deprived of their liberty under criminal legislation” (CPT/Inf(2015)1-part rev1).

77. Before disciplinary solitary confinement or security segregation started, medical doctors were required to examine the juvenile concerned in order to assess whether they were fit to sustain the measure.

The Committee wishes to stress that medical practitioners in prisons act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo disciplinary confinement (or security segregation) is scarcely likely to promote that relationship. As a matter of principle, the Committee considers that medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement in a prison environment (except where the measure is applied for medical reasons).

On the other hand, health-care staff should be very attentive to the situation of prisoners placed under solitary confinement and should visit such prisoners immediately after placement and thereafter at least once per day, and provide them with prompt medical assistance and treatment as required.

**The CPT recommends that the role of health-care staff in relation to disciplinary matters and security segregation be reviewed, in the light of the above remarks. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its 21<sup>st</sup> General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28).**

c. contact with the outside world

78. In both establishments visited, juveniles were able to send and receive letters, including on a confidential basis with their lawyers, courts, national authorities and international organisations.

79. As regards visits, the CPT considers that the minimum entitlement of two 60-minute visits per month, as applied in both establishments, is insufficient. Moreover, visits to remand and sentenced juveniles at *Tököl Juvenile Prison*<sup>46</sup> and to juveniles on remand in *the juvenile unit in Kecskemét* took place with partitioning.

**The CPT recommends that the Hungarian authorities take the necessary steps, including at a legislative level, to ensure that juvenile prisoners benefit from a visiting entitlement of more than one hour every week. As a rule, visits should take place under open conditions.**

80. Juveniles were usually allowed to make phone calls for 50 minutes a week at *Tököl Juvenile Prison* and for 70 minutes a week in *the juvenile unit in Kecskemét*. Against the payment of a deposit,<sup>47</sup> they could receive a mobile phone from which they could make phone calls (albeit several juveniles stated that they could not afford to pay the required deposit).

---

<sup>46</sup> Open visits could be granted as a reward.

<sup>47</sup> 35,000 HUF, i.e. the equivalent of approximately 110 EUR.

At *Tököl*, there were two phones fixed to the wall of the juvenile unit and four so-called “joker phones” could be requested from staff and used by juveniles; inmates seemed to be aware of these options.

While “joker phones” could also be requested by juveniles from staff at *Kecskemét*, inmates were not aware of this possibility and several of them claimed that it was difficult for them to make phone calls.<sup>48</sup> **The CPT recommends that steps be taken to ensure that inmates held in the juvenile unit in Kecskemét are duly informed of the various existing possibilities to make phone calls.**

### **C. Adult male prisoners, including inmates serving (whole) life sentences or very long terms**

#### **1. Preliminary remarks**

81. During the 2018 periodic visit, the delegation paid targeted visits to Budapest and Szeged Strict and Medium Security Regime Prisons, which were both accommodating men serving sentences, and to Unit I of the Budapest Remand Prison which was mainly accommodating adult remand prisoners.

82. A primary objective of the visits to Budapest and Szeged Strict and Medium Security Regime Prisons was to review the situation of prisoners allocated to special regime units for prisoners serving lengthy sentences (HSR units)<sup>49</sup> and inmates serving whole life sentences. The delegation visited, for the first time, the HSR Unit which started to operate in 2015 at Budapest Prison and paid a follow-up visit to the HSR Unit at Szeged Prison.<sup>50</sup> The delegation also visited ordinary prisoner accommodation areas in Budapest Prison’s “Right Star” high-security building (section 9)<sup>51</sup> situated in the establishment’s Block A, where other inmates serving (whole) life sentences were being accommodated. Further, it held interviews with prisoners serving (whole) life sentences or very long terms (i.e. fixed terms of more than 15 years) who were accommodated in ordinary prisoner accommodation areas of Szeged Prison’s “Star” building<sup>52</sup>.

At Budapest Strict and Medium Security Regime Prison, the delegation also examined the manner in which adult male sentenced prisoners were treated in Block B, in particular in its segregation and disciplinary unit, where a prisoner died after he was allegedly beaten by members of staff in November 2016.<sup>53</sup>

At Unit I of Budapest Remand Prison, the delegation focused its attention on newly admitted remand prisoners, in particular those who had recently been in police custody.

---

<sup>48</sup> A phone fixed to the wall was only installed in the juvenile unit during the CPT’s visit.

<sup>49</sup> *Hosszú időtartamú Speciális Rezsím körlet (HSR-körlet)* in Hungarian.

<sup>50</sup> Other HSR Units had also been and are being set up in other regions of the country, with the double objective of increasing the number of places for HSR prisoners and allocating the inmates in question in prisons situated in proximity to their families or close relatives.

<sup>51</sup> Referred to as the “*Jobb csillag*” in Hungarian.

<sup>52</sup> Referred to as the “*Csillag*” in Hungarian.

<sup>53</sup> Three former staff members were on trial on account of unlawful use of force at the time of the visit.

## 2. Ill-treatment

83. Most HSR and other prisoners with whom the delegation spoke at Budapest and Szeged considered that they were treated respectfully by prison staff.

84. That said, at *Budapest Strict and Medium Security Regime Prison “Right Star” building*, the delegation received a few isolated allegations of disproportionate reaction by staff – involving the use of force – to breaches of discipline by certain inmates. For instance, one prisoner met by the delegation had been forcibly removed from an exercise yard by a special intervention squad after he had removed his shirt to sunbathe in the exercise yard and refused to put it back on when staff asked him. Official records confirmed that this incident, during which the prisoner concerned was hand and ankle cuffed, had indeed taken place.

85. In spite of the preventive measures that had been taken following the death of an inmate (see paragraph 82), the information gathered by the delegation indicates that there are still grounds for concern as regards the treatment of prisoners held in *Block B at Budapest Strict and Medium Security Regime Prison, including in the Block’s segregation and disciplinary unit*. Indeed, the delegation came across a few recent incidents involving the use of force by staff working in that block (e.g. punches, kicks and blows with hard objects), which could be unlawful, unnecessary or excessive.

Further, in one case, a prison officer allegedly set a muzzled dog on an inmate when he was going to the segregation and disciplinary unit’s exercise yard. The prisoner claimed that the officer wished to see if he was afraid of the dog.

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

- **a clear message be delivered to all custodial staff working at Budapest Strict and Medium Security Regime Prison that force should only be applied in accordance with the relevant legal requirements and the principles of necessity and proportionality in order to maintain security and order, and never as a form of punishment;**
- **the attitude and behaviour of custodial staff in direct contact with prisoners at Budapest Strict and Medium Security Regime Prison’s Block B, including the segregation and disciplinary unit, be subject to closer and more effective supervision.**
- **prison staff be reminded that guard dogs should not be used for routine prison duties involving direct contact with inmates.**

87. In addition, it appeared during the 2018 visit that safe and confidential access to both internal and external complaints mechanisms, including the prison management, was an issue at Budapest for HSR prisoners and other inmates serving (whole) life sentences in the “Right Star” building, as well as prisoners held in the Block B’s segregation and disciplinary unit. The inmates could not have access to the complaints boxes without staff knowing. Unsurprisingly, some prisoners told the delegation that they refrained from making complaints and using the complaints boxes out of fear of retaliation (loss of privileges or transfer to lower standard prisoner accommodation). **The CPT recommends that complaints arrangements be reviewed at Budapest Prison’s “Right Star” building (including for HSR prisoners) and Block B’s segregation and disciplinary unit in order to secure direct and confidential access to the prison management and the relevant complaints bodies, and ensure that complainants remain free from intimidation and reprisals. This would help not only to identify and resolve problems in these detention areas as soon as they arise, but could also assist the management in preventing abuses.**

### **3. Reducibility of sentences of (whole) life imprisonment**

88. At the time of the 2018 visit, there were more than 50 prisoners serving whole life sentences in Hungary (compared to 24 during the previous periodic visit). Most of them, i.e. 40 prisoners, were being accommodated in Budapest and Szeged Strict and Medium Security Regime Prisons.<sup>54</sup>

At Budapest, there were also 38 other inmates serving life sentences, many of them being accommodated in the “Right Star” building.

89. The management and staff of both prisons made no secret of the fact that dealing with prisoners serving whole life sentences continued to pose significant challenges (despite legislative changes which led to the establishment of an automatic review after they have served 40 years of imprisonment, as in the case of other prisoners serving life sentences). The delegation was told that the inmates in question often had serious difficulties in coming to terms with their sentence.

Since the previous periodic visit, three more “whole lifers” had committed suicide at Szeged (one in 2015 and two in 2016). All three prisoners had been serving their prison sentence for some time already and appeared to be settled. Further, a number of “whole lifers” interviewed by the delegation during the 2018 visit clearly had suicidal thoughts. Many of them considered that, despite the introduction of an automatic review mechanism, they would be “institutionalised” after a minimum of 40 years of imprisonment. They referred to their sentence as a “living death sentence” or a “slow death sentence” and gained the impression that they were living in a “big coffin”, as one prisoner put it. Their main hope was a radical change in the legislation which would encourage them to work towards rehabilitation and possibly, at a certain stage, when this is not too late, periods of prison leave and conditional release.

---

<sup>54</sup> There were a total of 16 inmates serving whole life sentences at Budapest, and 24 whole life-sentenced prisoners at Szeged at the time of the visit.



Since 2007, the CPT has drawn the attention of the Hungarian authorities to the dehumanising effect of depriving a prisoner of any realistic hope of release and to the need to develop an appropriate review mechanism.<sup>55</sup> In this regard, the CPT notes that the Hungarian authorities introduced a mechanism of automatic review of whole life sentences after the European Court of Human Rights delivered its judgment of 20 May 2014 (final on 13 October 2014) in the case of László Magyar, in which the Court indicated that it was not convinced that the whole life sentence could be regarded as reducible and found as a result that Hungary was in violation of Article 3 of the European Convention on Human Rights. In its judgment of 4 October 2016 (final on 6 March 2017) in the case of T.P. and A.T., the Court found that, in view of the lengthy period the prisoners were required to wait before the commencement of the “mandatory clemency procedure” (i.e. 40 years), coupled with the lack of sufficient procedural safeguards, the prisoners’ life sentences could not be regarded as *de facto* reducible as required under Article 3 of the Convention.<sup>56</sup>

**The CPT recommends that the Hungarian authorities ensure that (whole) life sentences are subject to a meaningful review procedure accompanied by appropriate safeguards and within a reasonable time in the course of their execution. Such reviews should be based on individualised sentence-planning objectives defined at the outset of the sentence, and re-examined regularly thereafter.<sup>57</sup> The aim should not only be to provide the inmates concerned with the possibility of having their sentences effectively reduced, but also to have a target to aim for which should motivate positive behaviour in prison.**

#### **4. Budapest and Szeged special regime units for prisoners serving lengthy sentences (HSR Units)**

90. Located in the “Right Star” prison building, which also entered into operation in 2015, the HSR Unit in Budapest had an official capacity of eight places and was holding seven inmates at the time of the visit, including six prisoners serving whole life sentences. Some of them were previously accommodated for a few years at Szeged HSR Unit. The longest stay was about three and a half years.

The HSR Unit in Szeged had previously been visited by the CPT on several occasions, before it entered in operation in 2005 and after it opened, in 2007 and in 2013.<sup>58</sup> With an official capacity of 12 places, the unit was accommodating 11 prisoners at the time of the visit, nine of whom were serving whole life sentences. The longest stay was close to ten years.

---

<sup>55</sup> See paragraph 33 of the report on the 2007 ad hoc visit and paragraph 68 of the report on the 2013 periodic visit.

<sup>56</sup> For more information, see the status of execution of these judgments (László Magyar group of cases). See also cases communicated to the Hungarian Government on the matter, in particular applications Nos. 39734/15, 43444/15, 52374/15, 53364/15, 53441/15 and 35530/16.

<sup>57</sup> In so doing, regard should be had to the Committee of Ministers’ Recommendation (2003) 23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners and the comments made by the Committee in its 25<sup>th</sup> General Report (see paragraphs 73 to 82 of CPT/Inf (2016) 10).

<sup>58</sup> For more details, see reports on the 2005, 2007 and 2013 visits on the CPT’s website: <https://www.coe.int/en/web/cpt/hungary>.

a. admission and review procedures

91. During the 2018 visit, placement in an HSR Unit was decided by an admissions and review committee on criteria similar to the ones which were being used during the previous periodic visit.<sup>59</sup> The CPT notes with satisfaction that the review of placement was carried out every three months (instead of six months previously), taking into account the Committee's previous comments on this matter.

92. At Szeged, the CPT notes that the special security regime unit (BSR Unit), which was visited in 2013, was no longer in operation. The delegation was informed that prisoners who were considered to be difficult or dangerous (and could have been placed in the BSR Unit if it still existed) were now managed on the basis of an individual handling order and placed in ordinary prisoner accommodation areas of the "Star" prison building.

However, at Budapest, one particular prisoner was placed in the HSR Unit in relation to his behaviour (which was deemed by staff to be particularly challenging and required constant supervision). In the CPT's view, the HSR Unit should not be used to accommodate prisoners considered to be challenging or dangerous in prison. If these inmates are placed in the HSR Unit, there may be a tendency to increase the level of security for all to the degree required by this category of prisoner. **The CPT trusts that this will be carefully considered in the context of future allocation of prisoners to this unit.**

b. staff-inmate relations

93. At both HSR Units visited, prison staff, including reintegration officers and custodial staff, with whom the delegation spoke had an excellent understanding of each individual prisoner's needs and vulnerabilities.

There was nevertheless scope for more staff engagement with them. For instance, the existing physical security arrangements obliging psychologists and other professionals to interview prisoners through cell bars and plexiglas partition undermined their ability to do their work effectively.<sup>60</sup> The CPT is of the view that the systematic imposition of such arrangements for each and every professional interview in the cell is unnecessary, counterproductive and infringes upon the dignity of the prisoners concerned.

The information gathered during the 2018 visit also suggests that measures aimed at attracting and retaining experienced staff and prison officers with strong interpersonal communication skills were lacking. Moreover, given that these inmates require special attention in relation to the type or the length of their sentence, a shortage of staff resulting in significant overtime was consistently highlighted as a major challenge to the proper management of the HSR prisoners and other prisoners serving (whole) life sentences or very long terms.

---

<sup>59</sup> See paragraph 59 of the report on the 2013 periodic visit.

<sup>60</sup> Alternatively, it was proposed to the prisoners concerned to hold such consultations in an office, but they would have to remain in handcuffs (see paragraph 113).

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

- **action be taken to ensure that professional interviews are not routinely carried out through the cell bars / plexiglas walls in the HSR Units in order to enable the professionals concerned to have meaningful, private, consultations with the prisoners concerned. In case of need, interview rooms could be designed in such a way as to limit security risks;**
- **further efforts be made to develop a dynamic approach to security and order in relation to HSR and other prisoners serving (whole) life sentences or very long terms. Such an approach will depend to a great extent on the allocation of sufficient resources in staff possessing and making use of interpersonal communication skills, the development of specific training and the adoption of appropriate retention measures that generate greater staff stability.**

c. material conditions

95. The material conditions seen in the cells of both HSR Units were, in general, satisfactory. At Budapest, the layout and equipment of the eight single cells were based on the same model as in the cells in the Szeged HSR Unit.<sup>61</sup> They were also of a similar size (leaving prisoners some 14 m<sup>2</sup> of living space without counting the toilet area and the barred area at the entrance).

96. However, the in-cell toilet was still not partitioned at Szeged, including when HSR prisoners were sharing a cell. **The CPT recommends that additional measures be taken at Szeged to provide adequate privacy when HSR prisoners are using a toilet in double-occupancy cells.**

Further, indigent prisoners claimed that they had difficulties to obtain toilet paper and other basic hygiene items. In their letter of 12 March 2019, the Hungarian authorities indicated that a sanitary kit was regularly provided to inmates and that the delivery of such kits was recorded with the prisoners' signatures. **The CPT trusts that all the basic hygiene necessities (including toilet paper) will always be made available to HSR prisoners, irrespective of their financial means.**

97. The delegation observed that the cell windows of the Budapest HSR Unit had been fitted with opaque shields limiting access to natural light and leaving little possibility for prisoners to see outside the building. This created a degree of sensory deprivation and generated an oppressive effect. Given the pre-existing physical security of the windows (bars and mesh), it is difficult for the Committee to discern any appreciable security gain from fitting such screens. **The CPT recommends that the window shields be removed at Budapest HSR Unit and in any other prisoner accommodation areas in Budapest Strict and Medium Security Regime Prison, as well as in any other prison establishment in the country.**

---

<sup>61</sup> See, in particular, paragraph 13 of the report on the 2007 ad hoc visit.

98. The barred areas of the HSR cells in Budapest and Szeged Prisons were fitted with plexiglas walls in order to prevent inmates from hanging themselves and in addition, at Budapest in particular, were equipped with videosurveillance cameras. This gave the impression to some inmates who did not consider themselves at particular risks of suicide of “living in a fish bowl” and being constantly “spied on”, as they put it.

The CPT appreciates that videosurveillance cameras in cells can be a useful safeguard when a person is considered to be at risk of self-harm or suicide. However, videosurveillance is also an intrusion upon the privacy of prisoners and the decision to impose videosurveillance on a particular prisoner should always be based on an individual risk assessment and should be reviewed on a regular basis. Equally, videosurveillance does not produce great savings in staff time, given that monitoring the screens is a demanding and tiring task which can only properly be carried out over short periods with frequent breaks. Accordingly, the Committee is opposed to the routine installation/operation of videosurveillance cameras in cells and considers that the resources can more usefully be deployed in having staff further interact with prisoners.

**The Committee recommends that the Hungarian authorities reconsider the routine installation/operation of the in-cell videosurveillance cameras in the ordinary cells designed to hold HSR prisoners, in the light of these remarks. Alternatives to barred areas (with plexiglas partition) should also be sought in HSR Units, at least in a number of cells.**

d. outdoor exercise

99. The exercise yards designed for HSR prisoners seen by the delegation in both prisons were manifestly deficient. Unsurprisingly, few inmates wished to use them on a frequent basis.

At Budapest, the yard was narrow, of an oppressive design and did not offer any sense of outside space (it was sometimes referred to as “the corridor”, the “cage” or the “internal yard” by inmates). The prison management was aware of the problem and had realistic plans to significantly enlarge the yard in question.

At Szeged, the rooftop exercise area remained unchanged since the previous visit and did not provide enough space to exercise properly. As a direct result of these deficiencies, a number of HSR prisoners had not taken exercise in this yard for many months and, in one case, for years. After the 2013 visit, arrangements had been made to provide more frequent access to an outdoor sports area at ground level twice a week (instead of once a week). Nevertheless, at the time of the 2018 visit, due to a shortage of staff, access to this area could again only be organised once per week.

**The CPT recommends that the Hungarian authorities support:**

- **the Budapest prison management in its plans to enlarge the HSR outdoor exercise yard;**
- **the Szeged prison management in making appropriate arrangements to provide HSR prisoners with more frequent access to the larger yard at ground level.**

100. In both HSR Units visited, genuine efforts were being made to draw up tailor-made activity programmes. HSR prisoners, often in pairs, had out-of-cell activities during daily periods ranging from two to six hours. This included access to a kitchen, a computer, video games, an indoor sports room and table tennis. In each HSR Unit visited, one prisoner was in charge of taking care of the unit's aquariums. At Szeged, the delegation could see for itself that the so-called pet therapy, consisting of asking certain prisoners to have a guinea pig in their cell, continued to be successful. Most HSR prisoners also had access to paid work. It generally consisted of assembling match boxes, making paper folders or cleaning, although it was described by prisoners as "occupational therapy" rather than work. Some inmates also participated in educational programmes.

However, restrictions imposed at national level, as part of a centralisation process in 2017 and which included a ban on parcels and severe restrictions on products that can be bought in prison shops, were having negative repercussions on the quality of life in the HSR Units visited and on the management of the prisoners concerned. By way of illustration, regular access to cooking facilities was a good example of a humanising activity offered to inmates. At the same time, stringent restrictions on the availability of ingredients for cooking had undermined efforts made at local level to provide this meaningful activity to those prisoners.

**The CPT recommends that the application to HSR prisoners of the restrictions imposed on the general prison population be reviewed, with the aim of restoring the more humanising aspects of their regime. The Budapest and Szeged prison management and staff should be given more discretion in authorising or restricting HSR prisoners' access to items and products, on the basis of an individual needs and risks assessment. They should also be strongly supported in their action to enable the prisoners concerned to spend as many hours as possible each day outside their cells, together with other HSR inmates of their choice as appropriate, and to participate in regular, purposeful and varied activities tailored to their individual needs (including work with a vocational value, education, association, sport, etc.), with the objective of (re)integrating them into the mainstream prison population. Consideration should also be given to developing a "pet therapy" programme in Budapest and other HSR Units in the country following the example of what has been done at Szeged HSR Unit.**

**5. Conditions of detention of prisoners serving (whole) life sentences or very long terms in ordinary prisoner accommodation areas at Budapest Prison's "Right Star" building**

101. As concerns material conditions, prisoners serving (whole) life sentences or very long terms in the "Right Star" building were accommodated in single or double cells. The cells were of a suitable size for single occupancy (namely they provided slightly more than 7 m<sup>2</sup> of living space, excluding the floor space taken up by the toilet). However, cells of this size would be too small for double occupancy.

Apart from the opaque screens fitted to cell windows (as in the HSR Unit), the cells were well equipped and furnished, in an excellent state of repair and clean.

**The CPT recommends that the Hungarian authorities ensure that the cells providing 7 m<sup>2</sup> of living space are only ever used for single occupancy or, as appropriate, are enlarged to allow double occupancy.<sup>62</sup> In addition, reference is made to the recommendation made in paragraph 97 as regards opaque screens fitted to cell windows.**

102. Prisoners serving (whole) life sentences or very long terms used to have access to a large and well equipped outdoor exercise yard adjacent to the "Right Star" building (also referred to as the "external yard"). This changed following an incident involving one particular inmate that occurred a few months before the 2018 visit; all prisoners accommodated in the "Right Star" building only had access to the narrow and unattractive yard designed to be used by HSR prisoners (see paragraph 99). The delegation was told that prisoners accommodated in this building were previously given access to the "external yard" as a privilege by the management. However, many inmates with whom the delegation spoke perceived the withdrawal of this "privilege" as collective punishment. The delegation was pleased to learn that access to the "external yard" would be granted again shortly after the 2018 visit. **The CPT would like to receive confirmation that this has indeed been the case.**

103. Programmes of activities designed for prisoners held in the "Right Star" building involved paid work, educational activities (including English courses), sports (including access to an indoor sports facility) or leisure activities. Nevertheless, some inmates stated that they had limited human contacts, which made them fear that they would eventually lose their verbal skills. **The CPT recommends that further measures be taken to develop suitable programmes of activities, in consultation with the inmates concerned, to enable them to spend as many hours as possible each day outside their cells and to participate in purposeful activities, geared towards increased human contacts.**

---

<sup>62</sup> See the CPT's standards on living space in prison cells (document CPT/Inf(2015)44).

## 6. Health care

104. The delegation's findings during the 2018 visit suggest that the health-care facilities in Budapest and Szeged Strict and Medium Security Regime Prisons, as well as in Unit 1 of the Budapest Remand Prison, were equipped adequately<sup>63</sup> and included a well-stocked dispensary, which had an appropriate range of drugs therein (all of which were in date).

That said, the manner in which prisoners with physical disabilities were cared for in the infirmaries visited was not always adequate. In particular, the delegation saw an inmate who was dependent on a wheelchair as his right leg had been amputated and was accommodated on health grounds in the infirmary of Budapest Remand Prison's Unit 1. While he could transfer from his wheelchair to the toilet, he was unable to transfer from his toilet to the shower. Regrettably, he did not benefit from any assistance by staff. Further, he had not been afforded any time in the open air for several weeks. At the end of the visit to Budapest Remand Prison, the delegation received assurances from the prison management that immediate steps would be taken to provide him with the opportunity of a regular shower with the assistance of staff and to make arrangements for him to benefit from regular time outdoors. In this context, **the CPT invites the Hungarian authorities to provide staff with appropriate training to ensure that the health and social care needs of prisoners with physical disabilities are met.**

105. As regards health-care staff resources, they do not call for particular comments, except for the nursing staffing levels and the presence of nurses in Budapest Strict and Medium Security Regime Prison. The presence of one nurse in each of Blocks A and B on a 24/7 basis, apart from the head nurse who worked office hours during weekdays, was clearly insufficient.<sup>64</sup> **The CPT recommends that the nursing staffing levels and presence be reviewed at Budapest Strict and Medium Security Regime Prison, in the light of these remarks.**

106. The CPT is pleased to note that the provision of healthcare to HSR prisoners and other prisoners serving (whole) life sentences or very long terms at Budapest Prison's "Right Star" building was generally satisfactory. The inmates concerned had access to a general practitioner, a psychiatrist and other specialists when required and the relevant medical records examined during the visit were well-kept and comprehensive. It also transpires from the delegation's findings that prison health-care professionals monitored and promptly reacted to any health problems encountered by HSR prisoners and other inmates serving (whole) life sentences or very long terms in the "Right Star" building.

At Budapest, mention should be made of the case of an HSR inmate who had a heart attack in October 2018, had been immediately admitted to a local hospital and discharged a couple of days later after having had a coronary artery stent inserted. Not only was the prisoner concerned extremely satisfied with the intervention of the prison health-care and hospital staff, but he also praised the caring attitude and the efficiency of other prison staff, in particular the head of unit who was on duty when the incident occurred.

---

<sup>63</sup> Appropriate life-saving equipment was also available in all the facilities visited.

<sup>64</sup> In addition to the head nurse, there were two full-time nurses and eight part-time nurses (working under contract). The prison was holding 1129 inmates in Blocks A and B at the time of the visit. Block B alone was accommodating 868 prisoners and was overcrowded by 30%.

At Szeged, the delegation met a terminally ill “whole lifer” who refused treatment and was transferred back from Tököl Central Prison Hospital upon his request. He was being accommodated in the HSR Unit in accordance with his wishes and his condition was closely monitored by Szeged Prison’s health-care professionals and other staff. In this connection, **the CPT encourages the Hungarian authorities to ensure that prisoners serving (whole) life sentences or very long terms who are the subject of a short-term fatal prognosis are provided with dignified end-of-life care either within or outside the prison system. In this connection, the Committee would like to receive detailed information about procedures for release on medical grounds in respect of prisoners serving (whole) life sentences.**

107. In contrast, it appeared that the involvement of health-care professionals in the care of prisoners placed on segregation or undergoing a disciplinary solitary confinement measure in Budapest Strict and Medium Security Regime Prison’s Block B left much to be desired. Conversations with the prisoners concerned suggested that there was little meaningful engagement on the part of health-care staff; the visiting nurse only spoke to them, if at all, through the hatch in the cell door.

By way of illustration, the delegation interviewed a prisoner who was serving 20 days in solitary confinement for disciplinary reasons and had been assessed as there being no contraindication to solitary confinement by healthcare staff a few days before the visit. However, during the interview with the delegation, the inmate appeared to be particularly distressed and presented with pressure of speech and incoherence of thought. Upon the delegation’s request, the prison governor arranged his transfer to the IMEI for assessment.

In one other case, the delegation met an inmate who was placed on segregation on security grounds (for refusing to attend work).<sup>65</sup> He told the delegation that he had a recurring dislocation of the left knee which caused him great problems in walking. A few months earlier, he was seen by the rheumatologist who considered that he had recurrent dislocation on the left knee and associated chronic instability of the knee joint. When the delegation saw him, he was unable to bend his knee, this being in a fixed extended position. He was unable to weight bear and, on examination, the knee was red and hot. Given that his mattress had been taken away during the day, he had to prop himself against the wall of his cell in order to be able to rest. After the delegation’s concerns about this inmate’s physical health were raised with the prison governor, the inmate was immediately transferred to the infirmary.

108. In their letter of 12 March 2019, the Hungarian authorities explained that health-care professionals carrying out daily visits to the segregation and disciplinary unit only entered the cells when the prisoners concerned had complaints of a medical nature. The Committee considers it positive that health-care staff visited the unit on a daily basis. However, for this important safeguard to be effective, health-care staff should be very attentive to the physical and mental health of the prisoners placed on segregation or undergoing solitary confinement, including the inmates placed on segregation for security purposes or in so-called designated normal cells. This requires them to engage regularly with the prisoners concerned, in private and under appropriate conditions, and to provide them with prompt medical assistance and treatment whenever necessary. Healthcare staff should also immediately report to the prison governor whenever a prisoner’s health is being put at risk by being held on segregation or in disciplinary solitary confinement.

---

<sup>65</sup> See, in this connection, paragraph 116.



**The CPT recommends that healthcare staff be more proactive during their daily checks of the state of health of prisoners placed on segregation or undergoing a disciplinary confinement measure in Budapest Prison's Block B. In particular, they should enter the cells and engage with the prisoners concerned, in the light of the above remarks.**

109. Medical screening for injuries upon admission or after a violent episode in prison displayed some shortcomings. In particular, whereas all prisoners were seen by healthcare staff shortly after admission at Budapest, they were not systematically examined by a healthcare professional after force had been used by prison staff or following an episode of inter-prisoner violence known to staff. At Szeged, newly admitted prisoners who had previously been in the prison were not necessarily examined by healthcare staff upon admission.

The medical records examined by the delegation contained a detailed description of any lesions observed and related statements made by the inmates upon their examination. One of the challenges faced by prison doctors was their duty to conclude whether the injuries observed were either light or severe<sup>66</sup> as these injuries may be classified differently when prisoners are seen very soon after any alleged assault/altercation or later. It may also have some repercussions on the reporting of injuries as there was apparently an obligation placed on doctors to report severe injuries only.<sup>67</sup> In the CPT's view, prison doctors should limit themselves to drawing a conclusion as to the consistency of the injuries with the account given by the prisoners.

**The recommendations made in paragraph 63 equally apply to the prisons visited in Budapest and Szeged. Further, the Committee considers that the establishment of a specific register of injuries observed on admission or during detention would be highly beneficial to health-care services in these prisons, as well as in any other prisons in Hungary.**

110. As regards respect for medical confidentiality, the CPT made specific recommendations in its previous visit reports aimed at ensuring that medical examinations are not carried out within the earshot of staff with no health-care duties. In response to the report on the 2013 periodic visit, the Hungarian authorities informed the Committee that they issued new instructions requiring staff with security duties to be present in the examination room only when it is truly justified. During the 2018 visit, it appeared that prison health-care staff entered the cells properly to examine the HSR prisoners, with custodial staff standing outside the main door. However, the medical examinations of HSR prisoners and other inmates serving very long terms were often carried out in the presence of custodial staff when such examinations took place in the examination room and/or when the prisoners concerned were asked to undress. The CPT must stress once again that respect for confidentiality is essential to the creation of the atmosphere of trust which is a necessary part of the relationship between health-care professionals and their patients; it should be the healthcare professional's duty to preserve that relationship and to decide on the manner in which the rules of confidentiality are observed in a given case.

---

<sup>66</sup> It was explained to the delegation that light injuries were those which were expected to have no residual signs after seven days, while severe injuries were those where signs such as bruising were expected to last eight days or more.

<sup>67</sup> See, however, paragraph 44 as regards juvenile prisoners found with "light" injuries.

**The Committee urges the Hungarian authorities to ensure that, in all prison establishments, medical examinations of prisoners, including inmates serving (whole) life sentences or very long terms and prisoners placed on segregation or undergoing disciplinary confinement, are always conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of staff having no healthcare duties (e.g. prison staff with security duties or police escorting officers). If necessary, the relevant legal provisions or regulations should be amended.**

111. As regards psychological support, a psychologist had weekly consultations with HSR prisoners at Budapest and Szeged and other inmates accommodated at Budapest Prison's "Right Star" building. Reference is made to paragraphs 93 and 113 as regards the conditions under which such consultations took place, which raised questions as to their ability to provide adequate support and detect potential suicidal risks.

It is also positive that a psychologist regularly visited Block B's segregation and disciplinary unit at Budapest. However, as in the case of healthcare staff, there was no proper engagement with the inmates. **The recommendation made in paragraph 107 concerning the need for a proactive approach also applies to psychologists.**

## **7. Other issues**

### **a. means of restraint**

112. The CPT recognises that efforts have been made over the years to move away from a security approach which relied heavily on the application of means of restraint (handcuffs, anklecuffs, bodybelts, etc.). The examination of individual handling orders during the 2018 visit demonstrated that, when it was considered necessary to apply means of restraint, it was based on a thorough individual risk assessment and reviewed at frequent intervals. In addition, in most cases, the application of such means did not appear to be excessive.

113. However, the delegation heard a few accounts of prisoners on segregation or undergoing disciplinary confinement having been handcuffed during outdoor exercise at Budapest. In addition, some HSR prisoners and other inmates serving (whole) life sentences claimed that they were kept in handcuffs during medical examinations and when dental care was provided. Further, some HSR prisoners indicated that they preferred not to have consultations with the psychologist in an office because they would remain in handcuffs. In the CPT's view, such practices infringe upon the dignity of the prisoners concerned and widen the breach in the therapeutic relationship between the health-care professionals/psychologists and the prisoners concerned and may be detrimental to the establishment of objective medical findings or the provision of appropriate psychological support. **The CPT urges the Hungarian authorities to stamp out these practices immediately.**

114. The delegation also observed that custodial staff assigned to the HSR Units visited, the “Right Star” building and the Block B’s segregation and disciplinary unit at Budapest Prison continued to carry batons and CS gas canisters as a matter of routine. **The recommendations made in paragraph 71 equally apply to HSR and other adult prisoners. Reference is also made to the recommendations in paragraph 94 as regards the need to rely further on dynamic security.**

b. solitary confinement and segregation

115. In previous visit reports, the CPT made critical remarks about the maximum disciplinary sanctions of solitary confinement of 20 and 30 days. Following the 2013 visit, the maximum length of disciplinary confinement for prisoners under strict security regime was reduced to 25 days.<sup>68</sup> It emerged from the delegation’s findings during the 2018 visit that stays in disciplinary confinement could go well beyond two weeks in practice, up to and including the maximum of 25 days. **The CPT recommends that the relevant legislation be amended accordingly.**

Further, placement on disciplinary segregation pending the outcome of the proceedings was not included in the calculation of disciplinary confinement, even though the inmates concerned generally had little or no meaningful human contact during that period. **The Committee recommends that segregation pending the outcome of disciplinary proceedings be included in an overall time in disciplinary confinement of no more than 14 days or that any subsequent sanction of disciplinary solitary confinement be implemented only after an interruption of several days in ordinary conditions of detention.**

116. Prisoners may also be subjected to solitary confinement for security purposes for up to 20 days (10 days, renewable for another period of up to 10 days). Security grounds justifying the imposition of such a measure include risk of escape and the protection of/from other inmates. Refusal to work (considered as a refusal to comply with an order) could also justify placement in solitary confinement for security purposes. In one such case, the delegation was informed that the measure was being implemented as long as the inmate would not agree to go to work or would stop when the maximum time-limit of 20 days expired.<sup>69</sup> In the CPT’s view, the refusal of a prisoner to work can hardly be seen as a security concern justifying detention in conditions akin to solitary confinement. **The Committee recommends that action be taken to ensure that the grounds for taking such a measure are strictly limited to security concerns.**

117. At Budapest Prison’s Block B, several prisoners were held on segregation for protection purposes in a separate area providing ordinary prisoner accommodation within the segregation and disciplinary unit (referred to as “designated normal cells”). Such a placement could be made upon the request of the inmates concerned or with their consent. However, in a few cases, there was no trace of such agreement in the records and the delegation was not able to ascertain that each of the inmates concerned wished to be placed, or to remain, in such cells. The lack of systematic recording of the grounds for placement in “designated normal cells” is open to abuse. **The CPT recommends that steps be taken to ensure that the grounds for placement in “designated normal cells” are always appropriately recorded.**

---

<sup>68</sup> See Section 169 of the Penitentiary Law.

<sup>69</sup> See, in this connection, paragraph 107.

118. As regards material conditions, HSR prisoners on segregation or undergoing disciplinary confinement were generally kept in their own cells (or could be placed in one of the two “crisis” cells at Szeged).

At Budapest, other prisoners accommodated in the “Right Star” building could be confined to their own cells or in segregation or disciplinary cells in the “Left Star” building<sup>70</sup>.

The segregation and disciplinary cells in Budapest Prison’s Block B were of a sufficient size for their intended occupancy (e.g. single cells of 12 m<sup>2</sup> excluding the sanitary annex), had the necessary basic equipment and were sufficiently ventilated. However, they had poor access to natural light and were generally in a deplorable state of repair. **The CPT recommends that these shortcomings be remedied forthwith.**

119. As regards the regime, all the prisoners concerned had access to one hour of outdoor exercise every day. However, access to reading material for prisoners undergoing disciplinary confinement was limited to religious books at Budapest Prison’s Block B. **The CPT reiterates its recommendation that the range of permitted reading material be broadened for prisoners undergoing disciplinary solitary confinement. Reference is also made to paragraph 113 as regards handcuffing during outdoor exercise.**

120. As was the case in the past, prisoners undergoing disciplinary solitary confinement were denied visits and access to a telephone during the implementation of the measure. **The CPT reiterates its position that the measure of disciplinary confinement should not include a prohibition on family contacts during the enforcement of the measure and that any restrictions on family contact should be used only where the offence relates to such contacts.**

121. The CPT remains concerned by the role of prison health-care professionals in Block B’s segregation and disciplinary unit at Budapest Strict and Medium Security Regime Prison. Health-care staff were required to draw up certificates on whether inmates were fit to be placed on security or disciplinary segregation or to undergo disciplinary solitary confinement. In the opinion of the Committee, such involvement in the security and disciplinary proceedings is not conducive to the development of a positive relationship between health-care staff and patients. **The CPT calls upon the Hungarian authorities to ensure that health-care staff working in prisons are never required to certify that a prisoner is fit to be placed on segregation or undergo disciplinary solitary confinement. At the same time, reference is made to the recommendations made in paragraph 107 as regards the level of engagement of healthcare staff in Block B’s segregation and disciplinary unit.**

---

<sup>70</sup> These cells were in the process of being renovated at the time of the visit.

c. contact with the outside world

122. At Budapest and Szeged Strict and Medium Security Regime Prisons, action was being taken to offer better opportunities for contact with the outside world to HSR prisoners and other inmates serving (whole) life sentences or very long terms. The inmates concerned were entitled to make video and voice calls and receive weekly visits. However, visits were as a rule organised under closed conditions. Prisoners with young children were allowed only one open monthly visit. **The CPT recommends that further efforts be made to ensure that video and voice calls and visits are allowed with the maximum possible frequency and privacy. The imposition of visits through a plexiglas partition (as well as any other restrictions) should be the exception and should always be based on an individual evidence-based risk assessment.**

123. During the 2018 visit, the delegation observed that prison mobile phones could be issued to HSR and other prisoners serving (whole) life sentences or very long terms, as well as any other adult prisoners in Hungary. This is a major innovation and an example of good practice. However, the new deposit system (see also paragraph 80) and the level of prices for calls caused serious problems for inmates without external financial support. For instance, one prisoner told the delegation that he had to give his prison mobile phone back to the administration because it became too expensive.<sup>71</sup>

**The CPT recommends that prisoners serving (whole) life sentences or very long terms benefit from special arrangements as regards access to and the use of a prison mobile phone.**

---

<sup>71</sup> The inmate in question, who reportedly earned about 8,000 HUF a month, had to pay a deposit of 35,000 HUF and 93 HUF a minute for each call. At the time of the visit, he had access to a pay-phone. However, he said that he often had to wait for more than 20 days before being able to use such phone.

## **D. Social care home residents**

### **1. Preliminary remarks**

124. The CPT's delegation visited for the first time the "home for psychiatric patients" in Szentgotthárd. The institution was established in 1952 in the premises of a former tobacco company dating from the beginning of the 20<sup>th</sup> century. Initially accommodating elderly persons, the establishment progressively became a home for persons with chronic psychiatric disorders and, at the time of the visit, was the largest establishment of this kind in the country. Until 2013, the home was operating under the authority of the Budapest municipal government; the authority was then transferred to the Directorate of Social and Child Protection of the Ministry of Human Capacities.

With an official capacity of 720 places,<sup>72</sup> the home was accommodating 714 adult residents (390 men and 324 women) whose ages ranged between approximately 18 and 90 years. Most residents were domiciled in Budapest (i.e. some four-hour drive away). For more than 70 % of the residents, the primary diagnosis was schizophrenia. The vast majority of residents were deprived of their legal capacity or their legal capacity was limited and had had a guardian appointed (see also paragraph 149). Many of them had spent long decades in this establishment.<sup>73</sup>

Residents were accommodated in two separate three-storey buildings ("building A" for residents requiring more care and "building B-C" for more autonomous residents) which were surrounded by a park. With the exception of a few rooms for couples, male and female residents were accommodated in separate rooms. The only two locked wards (the so-called "dementia wards", one for women and one for men, each with an official capacity of 40 places) were located on the first and second floors of building A.

125. Since 10 November 2018, new admissions to the establishment had been suspended by the local guardianship authority for one year as the facility was deemed to be in a poor state of repair, the staffing was insufficient and recruiting new staff was difficult. Further, the requirements laid down by the relevant legislation to provide 6 m<sup>2</sup> of living space per resident and not to accommodate more than four residents in one room were not being met.

126. As regards de-institutionalisation of social care home residents, according to the information provided by the national authorities, the process of creating smaller units, usually up to 20 and exceptionally up to 50 persons, and moving residents from large institutions to receive more individualised treatment and care was initiated in 2013. So far, 672 supported housing places had been established and the ambition was to create, on the basis of EU funding, another 10,000 such places by 2023.

The delegation was also informed during the visit that de-institutionalisation plans of the home for psychiatric patients in Szentgotthárd were to be submitted by the management of the establishment to the authorities by the end of November 2018.

---

<sup>72</sup> Additional 14 places were available in a supported housing which had been built in 2006 within the same municipality. The supported housing unit was not visited by the CPT's delegation.

<sup>73</sup> As regards the formal legal status of residents, reference is made to paragraph 149 *et seqq.*

The CPT notes the efforts pursued by the Hungarian authorities to de-institutionalise social care home residents. Indeed, large-capacity establishments entail major risks of institutionalisation for both residents and staff which may have adverse effects on the care provided to residents. Community social care options, when necessary associated with mental health care, can not only shorten or avoid institutional stays and reduce the potential for ill-treatment/violence between residents, but also improve experiences and proper re-integration into the community and outcomes for service users. Such community accommodation should consist of small group home living units in the community, ideally in towns, with all the relevant facilities close at hand and not larger units situated on the grounds of long-standing social care establishments (which do not allow genuine de-institutionalisation and proper re-integration into the community).

**The CPT would like to receive an outline of the plans to de-institutionalise residents from the home for psychiatric patients in Szentgotthárd. In particular, the Committee would like to be informed whether the residents will be placed in smaller structures closer to Budapest where, in the majority of cases, they have their domicile and families, and of the capacity of the new structures.**

**More generally, the Committee wishes to regularly receive an update on the progress being achieved in the de-institutionalisation of social care homes in Hungary.**

The CPT must stress in this context that the various comments and recommendations in the following sections concerning the home for psychiatric patients in Szentgotthárd are made without prejudice to the overarching imperative that the institution be taken out of service as soon as appropriate smaller structures can be made available for the current residents.

## **2. Ill-treatment**

127. The delegation received no allegations, and found no other indications, of deliberate physical ill-treatment of residents by staff. On the contrary, many residents spoke positively about staff. The delegation observed a caring attitude by staff towards residents and the atmosphere in the establishment was relaxed.

Some instances of violence between residents occurred but staff appeared to react immediately and appropriately. However, reference is made to paragraph 138 as regards the potential impact of the low staffing levels in the establishment on the capacity of staff to effectively react to all such incidents.

### 3. Living conditions

128. Material conditions in the two buildings in which residents were placed were rather poor.

Residents were accommodated in *rooms/dormitories* which measured between 13 and 50 m<sup>2</sup> and accommodated up to ten residents.<sup>74</sup> While the smaller rooms could be regarded as providing acceptable living space, the conditions in the larger dormitories which had seven to ten beds were crowded – most of the floor space was taken up by beds and very little moving space was left for residents.

Moreover, large-capacity dormitories may have a counter-therapeutic, depersonalising effect on residents and compromise their privacy and safety.

129. Smaller rooms were usually suitably equipped with beds, bedside tables, tables and chairs/armchairs and shelves (although the furniture was old and had pronounced signs of wear and tear) and residents had their personal lockers, usually located in the corridor. However, the equipment in the ten-bed dormitories was often limited to beds and chairs.

Further, in particular on the “dementia ward” for women (and to a slightly lesser extent on the “dementia ward” for men) the dormitories were impersonal and lacked any decoration. Moreover, there was a distinct smell of urine on these wards.

Furthermore, all the premises of the two accommodation buildings needed redecorating.

130. On each ward, there was a *communal room* equipped with a TV and chairs/armchairs and efforts were made to decorate these premises, for example with plants and pictures on the walls; however, the number of chairs was clearly insufficient for the number of residents accommodated on the ward.

131. Several *sanitary facilities*, accessible from the corridors in both accommodation buildings, were damaged (showers out of order, toilet seats missing, damp walls) and needed repair.

132. On a slightly more positive note, efforts were made by staff to keep all the premises clean and the accommodation areas were generally adequately heated, ventilated (see, however, paragraph 129) and well-lit. Residents were allowed to keep some personal items and wear their own clothes; however, the delegation observed that a high number of less autonomous residents, in particular those accommodated on the “dementia wards” wore pyjamas throughout the day.

---

<sup>74</sup> E.g. there were six beds in a room measuring some 30 m<sup>2</sup>, seven in a room measuring some 35 m<sup>2</sup> and ten in a room measuring approximately 50 m<sup>2</sup>.



133. In sum, the CPT considers that given the deficiencies described in the previous paragraphs, the home cannot be regarded as providing adequate environment for the residents, let alone a suitable therapeutic environment.

**Pending the de-institutionalisation of the residents, the CPT recommends that the Hungarian authorities take urgent steps to improve material conditions in the home for psychiatric patients in Szentgotthárd, with a view to remedying the most striking deficiencies described above. In particular:**

- **all the premises of the two accommodation buildings, including the sanitary facilities, should be repaired and maintained in a good state of repair;**
- **communal rooms on each ward should be equipped with a number of chairs sufficient for all residents accommodated on the respective ward;**
- **greater attention be given to the hygiene needs of residents on the “dementia wards” and the wards should be properly ventilated;**
- **residents, including those who are less autonomous, should be encouraged to wear their own clothes during the day;**
- **residents should be facilitated to personalise their rooms to provide visual stimuli and personalised environment.**

As regards longer-term vision of the establishment’s future, reference is made to the request for information formulated in paragraph 126.

134. Concerning the daily routine, residents were never locked in their rooms, were free to move about their wards and, with the exception of the two locked “dementia wards” and the infirmary, also about the whole establishment during the day<sup>75</sup> and could associate freely with other residents.

135. As for access to the outdoors, residents, except for those accommodated on the “dementia wards” and the infirmary, had in principle unrestricted access to the park surrounding the accommodation buildings from 6 a.m. until 10 p.m. in summer and until 8 p.m. in winter.

However, residents from the “dementia wards”, and any other residents who were not capable of leaving their wards independently (i.e. bed-ridden residents and residents with reduced mobility), had only rare and irregular access to fresh air during summer (e.g. once a month).<sup>76</sup> For several months during winter, residents from the “dementia wards” had no access to the outdoors whatsoever as there was a lack of warm clothes and shoes and not enough staff to accompany them.

In the CPT’s view, all residents should benefit from unrestricted access to the open air during the day, unless treatment activities require them to be present on the ward. Residents should receive appropriate assistance when necessary.

---

<sup>75</sup> At night, the two accommodation buildings were locked.

<sup>76</sup> A walled garden was available to the residents from the two “dementia wards”.

**The CPT recommends that the Hungarian authorities take the necessary steps to ensure that all residents in the home for psychiatric patients in Szentgotthárd have effective daily access to the outdoors. The necessary assistance should be provided to residents whose physical or mental state so requires.** Reference is made to paragraph 138 as regards staff resources.

**Further, appropriate clothing and footwear should be made available to residents in order to enable them to go outside in all seasons.**

136. Approximately 300 residents had a permit to leave the establishment and go to the town (see paragraph 151 for more details). Additional 60 residents were occasionally taken to the town in small groups (ten to 12 residents) accompanied by staff.

According to staff, some 200 to 250 other residents would have been capable of leaving the establishment if individually accompanied by staff or in smaller groups. Reference is made in this context to paragraph 138.

#### **4. Staff and treatment**

137. The efforts made by staff of various categories currently working in the establishment and their caring attitude towards the residents were impressive.

138. However, as regards staffing levels, in addition to a head nurse, the establishment only employed 126 members of nursing staff (of which 19 were male staff members), including psychiatric, geriatric and general nurses, as well as some 30 to 40 orderlies. Additional 45 posts of nursing staff were vacant and five nurses were on long-term leave. Six of 24 posts of so-called mental hygiene nurses (therapy workers and social workers, i.e. staff responsible for the provision of organised activities to residents) were also vacant. As a consequence, there were usually only two nurses responsible for a ward of up to 70 residents during the day and one at night. A psychologist visited the establishment only for 2-3 hours a week.

Moreover, according to the information provided to the delegation, the number of vacancies was increasing<sup>77</sup> and, due to low salaries and unfavourable working conditions, it was virtually impossible to attract new staff.

The CPT considers that these staffing levels were clearly insufficient for an establishment accommodating more than 700 residents and did not allow for an adequate presence of staff on the wards, which had a negative impact on several aspects of life in the establishment. In particular, it was impossible for staff to identify the complex needs of individual residents, to respond to them in any meaningful way and to offer residents, in addition to very basic care, the individualised care required (see paragraph 141).

Particular reference should be made to the situation of a female resident who was blind and fully dependent on assistance by other persons. Regrettably, there were no suitable activities for her and, during the night, she had to wear an adult nappy as there was not enough staff to bring her along the corridor to the toilet. Such a state of affairs is clearly not acceptable.

---

<sup>77</sup> For example, the number of vacant posts was said to have risen by 10 % in the year preceding the visit.

Furthermore, the low number of staff on duty may lead to dangerous situations in the case of a medical or any other emergency and render futile any efforts to keep residents and staff safe. Reference is also made to the lack of access of residents who were not capable of leaving their wards independently to the outdoors (see paragraph 135).

The staff also expressed concerns that they were not in a position to exercise their duty of care and ensure residents' well-being when residents temporarily left the establishment during the day. As a consequence, certain residents were reportedly sexually exploited when being outside the establishment.

**The CPT calls upon the Hungarian authorities to review thoroughly and increase significantly the staffing levels of nursing staff in the home for psychiatric patients in Szentgotthárd, with a view to enabling the provision of adequate treatment and care to all residents. In particular, urgent steps should be taken to fill the existing vacancies and to significantly increase the presence of staff on the wards at any given time.**

**Further, steps should be taken to ensure that the establishment has a sufficient number of staff qualified to provide psycho-social rehabilitative activities (psychologists, special educators, occupational therapists, physiotherapists, social workers, etc.). Reference is also made to paragraphs 140 to 142.**

139. The medical team consisted of one full-time general practitioner (GP), a contracted part-time GP who attended for four hours every working day and three contracted part-time psychiatrists who together covered 1.2 full-time equivalents (FTE). Approximately 2.5 FTEs of a GP were vacant at the time of the visit. In addition, an internal medicine doctor visited the establishment for three hours a week, a neurologist twice a week for eight hours, an oncologist once a month and an ophthalmologist as needed. A dentist provided 15 appointments per week. Other specialist care was provided in a nearby public health-care centre and emergency care outside working hours by the local public emergency services.

**The CPT recommends that the vacant posts of general practitioners in the home for psychiatric patients in Szentgotthárd be filled. Moreover, given that the home accommodates residents with chronic psychiatric problems, it would be advisable to increase the attendance of psychiatrists.**

140. As regards activities and care, residents willing to work and capable of work (some 190 at the time of the visit) were classified into three categories: 98 residents working for an external company for four hours every working day (minor manual tasks), 32 who had a so-called development contract with the institution and worked for four hours every working day (e.g. production of carpets, sewing, pottery, maintenance of the establishment's park) and some 60 other residents who were engaged, to a varying degree, in minor activities (e.g. various forms of handy crafts, cleaning on the wards) between one and four hours on working days.<sup>78</sup>

Further, some leisure activities were organised by staff (drawing, colouring, excursions to the city, cooking, quizzes, organised watching of movies and listening to music, theatre performances and training in life skills, such as shopping, sending packages, housework).

---

<sup>78</sup> All these residents received a salary for their work.

On working days, residents had free access to a recently constructed activity building which contained a library, various workshops,<sup>79</sup> a computer room with access to internet, a club room with a radio and a TV, as well as a “harmony room” equipped with armchairs, mattresses and pillows where residents could rest and listen to music.<sup>80</sup>

141. However, despite these efforts, the fact of the matter was that there was no organised activity regularly offered to the vast majority of residents. They spent their days in idleness, sleeping, walking along the corridors or sitting around. Watching TV and at best reading were their only distraction.

142. No individual care plans were prepared for the residents and, for the most part, psychiatric treatment was limited to pharmacotherapy.

The CPT wishes to emphasise that the care of residents should imply the drawing up of a care plan for each resident, indicating the goals of treatment, the therapeutic means used and the staff member responsible. These plans should be regularly reviewed and adapted according to an in-depth assessment of each resident’s physical and mental state. Particular attention should be given to developing programmes of rehabilitative activities with a view to improving the quality of life of residents, as well as resocialisation programmes preparing residents for more independent living and/or return to their families.

**The CPT recommends that the Hungarian authorities take the necessary steps to ensure that these precepts are effectively implemented in practice in the home for psychiatric patients in Szentgotthárd and, where appropriate, in other social care establishments in the country. In particular, all residents, including those in the “dementia wards”, should be offered a suitable range of psychosocial and recreational activities.**

143. Concerning pharmacotherapy, the establishment had an adequate range of different substances, including newer antipsychotics, which generally appeared to be prescribed in appropriate doses individualised for different residents. Residents were also receiving treatment for side effects of antipsychotic medication.

However, an examination of some 200 medical files showed that a large proportion of residents<sup>81</sup> routinely received, for years on end, benzodiazepines, in combination with other sedating medication, without any clear objective indication. On a number of residents, the CPT’s delegation observed clear side effects of the medication, in particular sedation, drowsiness, slurred speech and hyper-salivation. Such undifferentiated use of medication is unacceptable.

**The CPT recommends that the above practice be stopped immediately in the home for psychiatric patients in Szentgotthárd and, where appropriate, in other social care establishments in the country. All medication should be individualised according to the situation of each resident and his or her needs.**

---

<sup>79</sup> Additional workshops were located in building B-C.

<sup>80</sup> Material conditions in this building were of a very high standard.

<sup>81</sup> For example, 16 of 40 residents on the male “dementia” ward, 41 of 72 residents on the first floor of building A and approximately half of the residents on the ground floor of the same building.

144. On the two “dementia wards”, there was a striking difference between residents’ diagnoses recorded in the medical files and those perceived by nursing staff. When asked, staff asserted that most of those residents indeed suffered from dementia. However, according to the medical records, on the female ward, only some 10 of 40 residents (also) had a diagnosis of dementia; on the male ward, none of the residents had this diagnosis.<sup>82</sup> The delegation was also told that these wards were used to manage challenging residents who attempted to “escape” (see paragraph 151).

The CPT considers that the mismatch of actual diagnoses and diagnoses perceived by staff is likely to affect the way in which residents are approached by staff, may lead to low expectations regarding residents’ intellectual potential and consequently to low quality of mental health care provided.

**The CPT recommends that the necessary steps be taken to ensure that all health-care staff in the home for psychiatric patients in Szentgotthárd are made aware of the actual diagnoses of the residents and that the treatment and care provided to the latter is individualised accordingly.** Reference is also made to the recommendations made in paragraphs 141 and 143.

145. As regards screening on admission, it is positive that all residents were seen upon admission by a general practitioner and a psychiatrist and those with a history of substance abuse or homelessness were offered a testing for HIV and hepatitis C.

146. The CPT’s delegation was informed that condoms were not provided to residents in the social care home. **The CPT encourages the Hungarian authorities to ensure that condoms are available in the home for psychiatric patients in Szentgotthárd, with a view to preventing the spread of transmissible diseases and unwanted pregnancies.**

---

<sup>82</sup> As it was the case on the other wards, the usual diagnosis was schizophrenia or other psychotic disorders.

## 5. Means of restraint

147. The means of restraint that could be applied in the home<sup>83</sup> included manual control, mechanical restraint (fixation with magnetic belts), placement in seclusion and chemical restraint.<sup>84</sup> In practice, the use of means of restraint was very rare and was duly recorded. According to the central register of restraint maintained in the establishment, in 2015, there were three cases of fixation to a bed with belts (for up to 24 hours), in combination with the use of chemical restraint, and one case of a resident being secluded in an observation room in the infirmary. No means of restraint were used in 2016 and 2017. In 2018, there was one case of manual control and one case of a seclusion of a resident in the observation room (for 22 hours).

The use of means of restraint was ordered by a medical doctor or, in his/her absence, by a nurse and then brought to the doctor's attention (as well as to the attention of the director of the establishment), residents were usually immobilised/secluded in the observation room of the infirmary<sup>85</sup> and were under a constant supervision by a nurse. However, according to the staff, it could happen that residents would be fixated also in their own rooms. The CPT considers that residents should not be mechanically restrained in view of other residents. **If resort is had to fixation with belts, the CPT recommends that this principle be duly taken into account.**

Further, **the Committee would like to receive nationwide statistics for 2017 and 2018 on the use of means of restraint in social care establishments.**

## 6. Safeguards

### a. placement and review procedures

148. The legal framework of placement in social care establishments is laid down by the 1993 Social Services Act.<sup>86</sup>

149. In most cases, the admission of a resident to the home for psychiatric patients in Szentgotthárd was based on an application which had to be accompanied by an opinion of the treating psychiatrist of the prospective resident. The person was then placed on a waiting list<sup>87</sup> and, once there was a free place, a contract was signed shortly before the actual admission of the person to the establishment. In theory, the contract may be terminated at any time and the resident must then be discharged from the establishment. All these residents were thus formally regarded as voluntary residents.

---

<sup>83</sup> By virtue of Section 94/G of the 1993 Social Services Act, the provisions of the 1997 Health Care Act on the use of means of restraint (Section 192) apply also in social care establishments.

<sup>84</sup> According to the information provided by the national authorities, the use of net beds is not allowed in social care establishments.

<sup>85</sup> The infirmary was located on the ground floor of accommodation building A and had a capacity of 14 beds. It was primarily used, in addition to the seclusion of agitated/violent residents, to cater for the needs of residents with physical illnesses, including recovery after hospital treatment and in the case of a suspicion of an infectious disease.

<sup>86</sup> See, in particular, Sections 93 and 94/C.

<sup>87</sup> At the time of the visit, the usual waiting time was one to one and a half years. See, however, paragraph 125.

However, at the time of the visit, the overwhelming majority of inmates were either fully or partially deprived of their legal capacity by a court and had a guardian appointed.<sup>88</sup> In their cases, the contract was signed and may be terminated by the guardian (in the case of fully legally incapacitated persons) or by the resident him-/herself together with the guardian (in the case of those who had been partially legally incapacitated). With the exception of a court review of the guardianship which took place every two to 10 years, depending on the individual situation of the resident concerned, but which did not concern the placement in the home,<sup>89</sup> there was no procedure to review the need for continued placement of residents in social care establishments, nor a procedure which would allow fully or partially legally incapacitated residents to request discharge from the establishment without the consent of their guardian.

150. A few residents<sup>90</sup> had been placed in the establishment on the basis of a court/administrative decision as requiring compulsory treatment.<sup>91</sup> According to their administrative files, these residents were usually placed in the home in the 1970s' or 80s' by a court, on the basis of a regulation issued by the Ministry of Health in 1955. The only review of their placement took place decades later when a regional expert commission issued an undated decision (entitled "minutes of examination")<sup>92</sup> that there was a continued need for the placement of the resident in the establishment for an indefinite period of time. The decision also explicitly stated that there was no need for a review of the placement and contained no information as to whether it was notified to the resident concerned and whether there was a possibility of a legal remedy. No other review has ever taken place (except for the review of the legal capacity of the residents as described above) and there was apparently no possibility for the residents to request discharge.

151. In practice, none of the residents accommodated in the establishment, whatever was their legal capacity and admission procedure under which they had been placed in the home, was allowed to leave the establishment of their own free will, without seeking prior consent by staff. A system of leave permits which had to be presented at the entrance gate by the residents was applied in the establishment – the entitlement varied, some residents were allowed to leave every day for the whole day, others for half a day on certain days but a number of residents were granted no leave permits. Moreover, the entrance doors of the two accommodation buildings were locked at night and some 80 residents were placed in the two "dementia wards" which were locked permanently.

According to the protocol applied in the establishment, if residents "escaped" and did not return within 12 hours, staff would contact the police who would search for the resident and bring him/her back to the establishment. Any such event was registered in the incident register. Following an "escape", residents were often placed to the locked "dementia wards" for periods of time varying between a few days and several months. It is noteworthy that several residents indicated that they perceived such placement as an informal punishment. It appeared from the examination of the establishment's records that there were four cases of such placement in 2018.

---

<sup>88</sup> 297 residents were fully deprived of their legal capacity and 396 partially. In none of these cases, the establishment or its staff acted as the guardian.

<sup>89</sup> The review was strictly limited to the assessment of a continued need for a full/partial legal incapacitation of the resident and limitation of some of his/her rights (e.g. to marry, to use money and/or electoral rights).

<sup>90</sup> The staff of the establishment was unable to provide a precise number of those residents.

<sup>91</sup> See Section 94 of the 1993 Social Services Act.

<sup>92</sup> This decision was issued on the basis of the 1993 Social Services Act and thus at earliest sometime in the 1990s'.

Further, in the course of the visit, the delegation met several residents who expressed their will to leave the establishment (but were not allowed by staff to do so) and were not aware of how to achieve that, nor how to challenge the contract signed on their behalf by their guardian. Further, a few admission files contained an explicit remark that the would-be resident did not wish to be admitted to the establishment.

It follows that the residents were *de facto* deprived of their liberty without benefiting from any appropriate safeguards.

152. The CPT considers that involuntary placement and stay of residents (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty) in social care establishments should be regulated by law and accompanied by appropriate safeguards. In particular, placement must be made in the light of an objective medical assessment, including of a psychiatric nature. Further, all residents who are involuntarily placed in this type of establishment (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty), whether or not they have a legal guardian, must enjoy an effective right to bring proceedings to have the lawfulness of their placement and stay decided speedily and reviewed regularly by a court and, in this context, must be given the opportunity to be heard in person by the judge and to be represented by a lawyer. The Committee also wishes to underline that, if it is considered that a given resident, who has been voluntarily admitted and who expresses a wish to leave the establishment, still requires care to be provided in the establishment, then the involuntary placement procedure provided by the law should be fully applied.

**The CPT recommends that the Hungarian authorities put in place a clear and comprehensive legal framework governing the involuntary placement and stay of residents (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty) in social care homes, in the light of the preceding remarks.**

b. safeguards during placement

153. As a general rule, no involuntary treatment was applied to residents in the establishment; if there was a need for such treatment, residents would be transferred to a psychiatric hospital.

However, the delegation was informed that the permit to leave the establishment could be withdrawn by the medical doctor if residents refused their medication. The CPT has certain reservations whether under these circumstances the residents can be regarded as freely consenting to the treatment.

The CPT considers that, as a matter of principle, all residents should be placed in a position to give their free and informed consent to treatment. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards.



The relevant legislation should require a second psychiatric opinion (i.e. from a psychiatrist not involved in the treatment of the resident concerned) in any case where a resident does not agree with the treatment proposed by the establishment's doctors (even if his/her guardian consents to the treatment); further, residents should be able to challenge a compulsory treatment decision (or the consent provided by the guardian) before an independent outside authority and should be informed in writing of this right.

**The CPT recommends that the Hungarian authorities take appropriate steps to ensure that the above-mentioned precepts are effectively implemented in all social care establishments in the country.**

154. As regards specific complaints procedures, the establishment had a well-maintained complaints register and in each accommodation building, there was a locked complaints box in which residents could put their complaints and which could be unlocked only by the management of the establishment.

Further, residents had access to independent residents' rights representatives who visited the home once a month and whose contact details were available on the wards. However, **the information gathered through interviews with residents revealed that several of them were unaware of this possibility.**

155. Arrangements concerning residents' contact with the outside world were satisfactory. Residents were allowed to keep their mobile phones and could use public phones located in the communal areas on the wards. Further, they could use computers with internet access in the activity building (see paragraph 140) and send/receive letters and parcels.

No limitations were imposed on visits and visitors could go to the wards where residents were accommodated. However, the distance from Budapest where the majority of residents had their domicile was a limiting factor and, in reality, only some 30 residents were receiving visits in the home. The CPT notes positively that once a year, the staff took some 40 residents by bus to the capital to visit relatives.

## **APPENDIX I**

### **List of the establishments visited by the CPT's delegation**

#### **Establishments under the responsibility of the Ministry of the Interior**

##### *Police establishments*

- Bács-Kiskun County Police Headquarters, Kecskemét
- Holding facility at the National Investigation Bureau of the National Police General Directorate, Budapest
- Csongrád County Border Police Division, Szeged

##### *Prisons*

- Budapest Strict and Medium Security Prison (prisoners serving (whole) life or very long-term sentences placed in the HSR Unit and inmates held in the establishment's Block B's segregation and disciplinary unit)
- Szeged Strict and Medium Security Prison (HSR Unit)
- Kecskemét Prison (Unit for juveniles)
- Tököl Juvenile Prison
- Budapest Remand Prison (Unit I) (newly admitted remand prisoners)

#### **Establishments under the Ministry of Human Capacities**

- Home for psychiatric patients in Szentgotthárd.

**APPENDIX II**

**List of the national authorities and other bodies, as well as organisations met by the CPT's delegation**

**A. National authorities and other bodies**

**Ministry of the Interior**

Károly Papp	Head of the Directorate General of Public Safety
Gábor Tóthi	Head of Department
Livia Balozsán	Deputy Head of Department
János Iványi	Legal Expert
Melinda Illés	Legal Expert

*National Police Headquarters*

Sándor Töreki	Deputy Director General
Tibor Lakatos	Head of Department
László Balázs	Head of Department
Csaba Borsa	Head of Division
Emese Kertész	Expert

*National Prison Service*

Tamás Tóth	Head
Attila Horváth	Head of Department
Mihály Kovács	Head of Department

*Immigration and Asylum Office*

Attila Kiss	Deputy Head
Balázs Sándor Cseh	Head of Division

**Ministry of Justice**

Veronika Pázsit Legal Expert

Brigitta Ladányi Legal Expert

**Ministry of Foreign Affairs and Trade**

Ágnes Hevesi Deputy Head of Department

Marianna Lévai Legal Expert

**Ministry of Human Capacities**

Réka Kovács Head of Department

Péter Takács Head of Department

Andrea Soós Counsellor

Dorottya Póczi Head of Division

Andrea Lajos Expert

Edina Molnár Expert

Andrea Ács Expert

Teodóra Tóth Expert

András Györe Expert

*Directorate General of Social Affairs and Child Protection*

Attila Szarka Deputy Head of Department

Aranka Joó Head of Division

**National Institute of Psychiatry and Addictology**

Attila Németh Director

János Vízi Legal and Forensic Expert

**Semmelweis University, Forensic Workgroup of Psychiatry**

Brigitta Baran Head

**National Office for the Judiciary**

Judit Szabó Head of Division

**Office of the Prosecutor General**

András Szűcs Head of Division, Liaison Officer

**B. Office of the Commissioner for Fundamental Rights (Ombudsman)**

László Székely Commissioner for Fundamental Rights (Ombudsman)

Miklós Garamvári Secretary General of the Office

Gergely Fliegau Head, OPCAT-NPM Department

Katalin Haraszti Deputy Head, OPCAT-NPM Department

Beáta Borza Head of Department

Boglárka László Head of Department

**C. International organisations**

Regional Representation for Central Europe  
of the United Nations High Commissioner for Refugees (UNHCR)

**D. Non-governmental organisations**

Hungarian Helsinki Committee (HHC)

Mental Health Interest Forum (PÉF)

Validity Foundation