

EXECUTIVE SUMMARY

During the 2020 periodic visit, the CPT's delegation examined the treatment and safeguards afforded to persons deprived of their liberty by the police, as well as the conditions of detention in three prisons for adult prisoners (Taraclia, Cahul and Chişinău). It also carried out a targeted follow-up visit to Goian Juvenile Prison. In addition, the delegation visited two psychiatric establishments (Chişinău Psychiatric Hospital and the forensic psychiatric expertise ward in Chişinău) and two temporary placement centres for persons with disabilities (TPCPD) in Bălţi and in Bădiceni.

The co-operation received by the delegation throughout the visit, from both the national authorities and staff at all the establishments visited, was excellent. However, the principle of co-operation also requires that recommendations made by the Committee are effectively implemented in practice. Although the CPT noted the tangible progress achieved in several areas, it is regrettable that several of its long-standing recommendations remain unaddressed. This concerns in particular the persistence of a prison sub-culture that fosters inter-prisoner violence and impairs the living conditions of those prisoners who are deemed by the informal prison hierarchy to be "humiliated", as well as the regime offered to both remand and sentenced prisoners and the low staffing levels in prisons.

Police custody

The CPT is pleased to note that further progress has been made since its 2015 visit as regards the treatment of detained persons by the police. In the course of the visit, the delegation received hardly any allegations of recent physical ill-treatment by police officers. However, the considerable number of cases of alleged police ill-treatment reported to the Special Unit at the Prosecutor General's Office to combat torture and ill-treatment and their recent increase leave no room for complacency. The CPT recommends that the Moldovan authorities pursue their efforts to combat ill-treatment of detained persons by police officers and remain vigilant concerning any information indicative of ill-treatment.

As regards fundamental safeguards against ill-treatment, the right of access to a lawyer is still not guaranteed by law as from the outset of deprivation of liberty and some allegations were heard that, in practice, this right was only granted after the first questioning of a criminal suspect by the police. The CPT calls upon the Moldovan authorities to ensure, including by amending the relevant legislation, that persons in police custody are able to effectively benefit from the right of access to a lawyer as from the moment they are obliged to remain with the police. Concerning the right of access to a doctor, persons were medically examined by a feldsher or at a hospital before their placement in a police temporary detention isolator. However, several recommendations are made as regards the medical confidentiality and thoroughness of medical examinations, as well as the recording of injuries. Further, a few allegations were heard that persons in police custody were informed of their rights only after their first questioning and the CPT encourages the Moldovan authorities to continue their efforts to ensure that all persons detained by the police are fully informed of their fundamental rights as from the very outset of their deprivation of liberty.

The CPT welcomes the general trend towards improving material conditions in police detention facilities and notes that the newly refurbished facilities seen by its delegation offered very good material conditions. However, the other temporary detention isolators visited still displayed a number of shortcomings.

Prisons

In all the establishments visited, the majority of prisoners interviewed by the delegation made no allegations of ill-treatment by staff. However, at Chişinău Prison, the delegation did receive a few allegations of recent physical ill-treatment (e.g. punches and kicks) by prison officers. Further, in all three prisons for adults visited, a few allegations were received of excessive use of force by staff when dealing with agitated inmates and, at Chişinău and Taraclia prisons, of excessively tight handcuffing, including, in the latter establishment, of handcuffing behind the back in a squatting position to a fixed object. Several recommendations are made to remedy this situation, including by delivering a firm message that ill-treatment of prisoners is unlawful and unacceptable and will be punished accordingly, that no more force than is strictly necessary should be used to control violent and/or recalcitrant prisoners and that where it is deemed essential to handcuff a given inmate, the handcuffs should under no circumstances be excessively tight and prisoners should not be handcuffed to fixed objects.

The findings of the visit showed that the problem of inter-prisoner violence and intimidation among the adult male inmate population remained as acute as ever and was, as in the past, largely linked to the well-established informal hierarchies in the country's prison system. Although inmates were regularly found with injuries indicative of inter-prisoner violence, these cases remained unreported, due to the climate of fear and intimidation by inmates at the top of the informal prison hierarchy, as well as a general lack of trust in the staff's ability to guarantee prisoner safety.

In the CPT's view, the continuing failure of Moldovan authorities to ensure a safe and secure environment for prisoners is directly linked to a number of factors, notably the chronic shortage of custodial staff, reliance on informal prisoner leaders to keep control over the inmate population and the existence of large-capacity dormitories. At the same time, there is no proper risk and needs assessment of prisoners upon admission, nor a classification of inmates to identify in which prison, block or cell prisoners should be placed. As regards more particularly prisoners considered to be "untouchable" by the informal hierarchy, they continued to live in a state of constant fear and humiliation. As already stressed in the past, the CPT considers that their situation could be considered to constitute a continuing violation of Article 3 of the European Convention on Human Rights.

In the light of these findings, the CPT formulates a series of recommendations and calls upon the Moldovan authorities to take resolute action, without further delay, to prevent inter-prisoner violence and intimidation throughout the prison system.

Despite some improvements to the material conditions at Chişinău Prison, overall, the conditions of detention in the establishment remained unsatisfactory, including in terms of state of repair, hygiene, ventilation and access to natural light, as well as overcrowding in some cells. On a more positive note, material conditions at Cahul and Taraclia prisons were on the whole satisfactory. However, in all three prisons, the delegation came across cases of uneven distribution of inmates between cells; indeed, this was an indicator of a strong informal prison hierarchy at the establishments visited. The CPT recommends, *inter alia*, that inmates be evenly distributed in cells, the objective being to offer at least 4 m² of living space per prisoner in multiple-occupancy cells.

Concerning the regime offered to prisoners, despite the efforts made at Taraclia and Cahul prisons to offer organised activities to sentenced prisoners, a significant proportion of them were not engaged in any purposeful activity. The situation was even less favourable for adult remand prisoners at Cahul and Chişinău prisons; the majority of them spent 22 or 23 hours locked up in their cells, being offered nothing even remotely resembling a programme of meaningful activities. The Committee recommends that the Moldovan authorities redouble their efforts to increase the number of sentenced prisoners taking part in organised activities and put in place a programme of activities for remand

prisoners. The aim should be to ensure that all prisoners, regardless of their legal status, are able to spend a reasonable part of the day outside their cells, engaged in purposeful activities of a varied nature.

Health-care staffing resources in all three prisons visited were inadequate and the CPT recommends that the vacancies be filled and that the number of nursing staff at Chişinău Prison be increased. Recommendations are also made as regards proper recording of injuries and confidentiality of medical examinations.

At Chişinău and Taraclia prisons, the delegation encountered a number of prisoners who appeared to have mental health problems or thoughts of self-harm, including suicide, and who had been held in conditions akin to solitary confinement for months or even years on end. The Committee recommends that all prisoners with mental health problems held at Chişinău and Taraclia prisons be thoroughly assessed by a psychiatrist. Where appropriate, they should be transferred, cared for and treated in a suitable environment with sufficient qualified staff to provide them with the necessary assistance.

Further, the CPT remains concerned that acts of deliberate physical self-harm are still considered to be a disciplinary offence; the Committee reiterates its recommendation that the Moldovan authorities review the approach vis-à-vis such prisoners.

As regards more generally solitary confinement as a disciplinary measure, it may still be imposed on certain categories of prisoner for up to 20 days and for up to three days on sentenced juveniles. The Committee reiterates its recommendation that the Moldovan authorities decrease the maximum period of disciplinary solitary confinement for a given offence to 14 days (and preferably lower) and abolish entirely disciplinary solitary confinement for juveniles.

The CPT formulates a number of other recommendations regarding various additional prison-related issues, such as to develop a specific admission procedure for women prisoners, to increase the visit entitlement for sentenced prisoners and to ensure that remand prisoners are entitled to receive visits as a matter of principle, as well as to allow for more frequent telephone calls for all prisoners.

Psychiatric institutions

As regards ill-treatment, the vast majority of patients interviewed by the delegation during the visit stated that they were treated correctly and respectfully by staff. That said, at Chişinău Psychiatric Hospital, the delegation heard a few allegations of staff having slapped or roughly pushed patients and of verbal abuse of patients by staff. The CPT recommends that the management of Chişinău Psychiatric Hospital remain vigilant and remind staff that any form of ill-treatment of patients, including verbal abuse, is unacceptable and will be punished accordingly.

Instances of inter-patient violence appeared to be rare and the delegation's findings indicate that staff intervened rapidly and adequately.

The CPT notes the improvements made to the material conditions at Chişinău Psychiatric Hospital. However, a number of the shortcomings identified by the CPT during its previous visits persisted. In particular, all the premises were bare and austere, no improvement was observed as regards the equipment in patients' rooms which was still limited to beds and a few bedside tables and conditions in several rooms were cramped. Further, the communal toilets and shower rooms were in a poor state of cleanliness and repair and still provided very little privacy to the patients.

Material conditions on the forensic psychiatric expertise ward remained the same as during the CPT's previous visits; no efforts had been made to remedy the austere and impersonal physical environment, to better equip patients' rooms and to fully partition the sanitary annexes from the rest of the room.

Further, all patients' rooms on the expertise ward were still equipped with CCTV cameras. The CPT recommends that the Moldovan authorities re-consider the routine installation and use of CCTV cameras within patients' rooms; the use of CCTV surveillance should always be based on an individual risk assessment and should be reviewed on a regular basis.

As was the case in the past, psychiatric treatment was mainly pharmacological and for the vast majority of patients, there were no structured psycho-social rehabilitative activities. No individual treatment plans were prepared for the patients. The CPT reiterates its recommendation that, at Chişinău Psychiatric Hospital, a range of therapeutic options be developed and individual treatment plans drawn up for all patients. Further, at least some structured activities should be provided to patients under forensic psychiatric assessment.

On a positive note, the hospital had a sufficient range and quantity of the necessary medication and the provision of somatic care did not pose a major difficulty.

At Chişinău Psychiatric Hospital, the staffing levels of nurses and orderlies and their presence on the wards were still insufficient and there was no staff who could provide psycho-social rehabilitative activities to patients. Although there was now a full-time psychologist on each ward, there appeared to be very little interaction and co-ordination between his or her work and the work of the health-care staff. The CPT recommends, *inter alia*, that various categories of staff work together in multi-disciplinary teams to provide treatment and care to patients.

On the forensic psychiatric expertise ward, the staff/patient ratio was satisfactory. However, patients on this ward were guarded by prison officers who were entitled to enter the ward and intervene on their own initiative. The CPT reiterates its recommendation that this category of staff only intervene on the ward at the request and under the authority of health-care staff.

In both establishments visited, recourse to means of restraint was duly recorded in dedicated registers and the duration of the restraint measure was usually short. However, although new restraint belts had been procured at Chişinău Psychiatric Hospital, patients were still fixated to their own beds with sheets and towels, sometimes in view of other patients. On the forensic psychiatric expertise ward, prison officers deployed on the ward sometimes used metal handcuffs to restrain agitated patients. The CPT recommends that if it is necessary to restrain a patient, only equipment designed to limit harmful effects (preferably, purpose-made padded cloth straps) should be used.

As was the case in the past, although a number of patients were *de facto* deprived of their liberty, the civil involuntary placement procedure was rarely applied in practice. The CPT formulates recommendations with a view to ensuring that the procedures provided for by the relevant legislation are duly complied with and that the legal safeguards are genuinely effective. As regards forensic patients, the procedural time limits for the review of the placement by the court were in general complied with. However, the patients were usually not heard in person by the court, nor did they receive the respective court decision.

Social care institutions

In the two establishments visited, the CPT's delegation heard no credible allegations of recent ill-treatment of residents by staff. On the contrary, most residents whom the delegation interviewed stated that they were treated correctly by staff and spoke positively of their attitude towards residents. Episodes of inter-resident violence occurred from time to time in both establishments and mainly concerned individual residents with challenging behaviour. However, the findings of the visit indicate that staff intervened immediately and adequately to calm down the situation and to prevent further escalation.

As regards material conditions, in both establishments visited, residents' rooms/dormitories were generally clean, tidy and well-lit and ventilated. The CPT also notes the efforts made to improve the state of repair of the premises. However, conditions in several residents' rooms were crowded, which was particularly true for the large-capacity dormitories in the Bădiceni TPCPD. Moreover, several sanitary facilities in both establishments were in a poor state of repair and often did not provide sufficient privacy.

Particular mention is made of the situation of bed-ridden residents in Bădiceni TPCPD who had to comply with the needs of nature and were routinely undressed, washed and even bathed in the dormitory, in the presence and with the assistance of other residents. The CPT recommends that urgent steps be taken to ensure the privacy of these residents.

Staffing levels of ward-based staff (i.e. nurses and orderlies) and their presence on each shift were clearly insufficient and only allowed them, despite their best efforts, to take care of the basic needs of the residents. The range of activities was clearly insufficient and the majority of residents did not benefit from any organised activity whatsoever.

In the Bălți TPCPD, agitated residents were on occasion fixated to a bed with bedsheets, sometimes in combination with chemical restraint, but resort to restraint was quite rare. In the Bădiceni TPCPD, only chemical restraint (if necessary, in combination with manual restraint) was used. However, neither establishment had internal guidelines on the use of restraint and resort to chemical restraint was not entered in the register of restraint. Moreover, in the Bădiceni TPCPD, auxiliary technical staff with no health-care duties were sometimes called upon to intervene and to help nurses and orderlies manually restrain agitated residents. The CPT sets out a number of principles which should be followed when resort is had to the restraint of agitated residents and recommends that they be effectively implemented in practice.

As regards placement of residents in the establishments, the CPT concludes that, while the residents were *de facto* deprived of their liberty, their placement and stay was not accompanied by any appropriate safeguards. The Committee recommends that the Moldovan 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.