

EXECUTIVE SUMMARY

During the 2020 visit to Kosovo*, the CPT's delegation examined the treatment and safeguards afforded to persons deprived of their liberty by the police, as well as the situation in several prisons. Further, it visited an immigration detention facility, two psychiatric establishments and a social welfare institution. The co-operation received by the delegation throughout the visit, from both the relevant authorities and staff at all the establishments visited, was generally excellent.

Police custody

The majority of persons interviewed by the delegation made no allegations of ill-treatment by police officers. That said, the delegation received a number of allegations of physical ill-treatment at the time of apprehension and during police questioning, as well as of threats of physical ill-treatment during police interviews, verbal abuse by police officers and excessively tight handcuffing. The CPT considers that further action is required to combat ill-treatment by the police and encourages the relevant authorities to pursue their efforts in this respect, *inter alia*, by delivering a clear message to all police officers that any form of ill-treatment of detained persons, including verbal abuse, is unlawful and will be punished accordingly.

While fundamental safeguards against ill-treatment are in principle guaranteed by the relevant legislation, further steps are required to ensure that they are effectively implemented in practice as from the outset of deprivation of liberty by the police. In particular, the CPT received a number of allegations that requests by detained persons to notify a third person had not been granted by police officers during the initial stage of police custody and that requests to consult a lawyer were only granted after their first questioning by the investigating police officers or when they first appeared before a judge to be remanded in custody. Although the practical implementation of the right of access to a doctor did not seem to pose a major difficulty, it remained the case that police officers were still systematically present during medical examinations of detained persons. Further, persons deprived of their liberty by the police were apparently not systematically and comprehensively informed of their rights during the initial stage of police custody.

On a positive note, custody registers examined by the delegation in various police establishments were generally well maintained and the time-limits for deprivation of liberty by the police were respected in practice.

Conditions of detention were generally acceptable in the police establishments visited. That said, the CPT has made a number of recommendations to remedy certain shortcomings observed by the delegation.

Vranidoll Detention Centre for Foreigners

The Committee welcomes the fact that no unaccompanied minors have been detained in the Vranidoll Detention Centre and that only a few families with children have been held there in recent years and usually only for short periods.

* All reference to Kosovo, whether to the territory, institutions or population, in this document shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.

Detention rooms and communal spaces were generally in an acceptable state of repair, and they were clean, spacious, well lit and ventilated. However, the CPT encourages the relevant authorities to render the material environment less oppressive and carceral as far as possible. Further, whilst acknowledging that most foreign nationals were held in the Centre for only a short period, the Committee recommends that all foreign nationals be granted access to communal rooms throughout the day and that they be provided with a range of recreational activities, in particular, when being held in the Centre for longer periods. Foreign nationals should in principle also have access to outdoor exercise throughout the day (i.e. for more than two hours per day).

As regards health care, it is positive that arrangements have been made for visits by a psychologist. However, newly-arrived foreign nationals were not systematically subjected to a comprehensive medical examination upon admission. The CPT stresses that such screening is crucial to avoid the spread of diseases among detainees and staff, as well as for the detection of persons who have had traumatic experiences and are in need of psychological support. Further, it recommends that the relevant authorities develop a specific and comprehensive Covid-19 strategy for immigration detention.

Given that security staff had apparently received hardly any specific training for working with immigration detainees, the Committee recommends that they be trained in particular on de-escalation techniques, interpersonal communication and cultural sensitivity.

Whilst acknowledging that a register on disciplinary sanctions has recently been set up, the CPT recommends that formal disciplinary procedures be established for Vranidoll Detention Centre and that immigration detainees be granted a number of safeguards specified in the report.

Prison establishments

The CPT acknowledges the positive developments that have taken place since the 2015 visit, such as the refurbishment of certain establishments and the opening of new ones, and the fact that the prison estate was operating well below its official capacity (although crowded conditions were observed by the delegation in some establishments). Further, a Prisoner Assessment and Classification Unit was opened at Prishtinë/Priština Detention Centre, and the Committee encourages the relevant authorities to further develop this concept throughout the prison system to ensure that individual sentence planning can be effectively implemented in practice.

Despite the steps that had reportedly been taken by the relevant authorities to fight against corruption at Dubrava Prison, a number of prisoners interviewed by the delegation claimed that corruption involving custodial staff persisted in the establishment and that there appeared to be a widespread belief that many things could be bought, such as illicit drugs, mobile phones and preferential treatment. The CPT calls upon the relevant authorities to pursue their efforts to combat corruption at Dubrava Prison (and in other prison establishments), including by delivering a clear message to prison staff that obtaining or demanding money or other advantages from prisoners is unacceptable and will be punished accordingly.

The majority of prisoners interviewed by the delegation made no complaints about the manner in which they were treated by staff. However, at Dubrava Prison and the High Security Prison, the delegation received a number of credible allegations of physical ill-treatment of sentenced prisoners by custodial staff. Further, a few isolated allegations of prisoners having received punches and kicks from custodial staff were also heard at Mitrovica/Mitrovičë Detention Centre and of excessive use of force at Prishtinë/Priština Detention Centre. The CPT recommends that the management of the establishments visited remain constantly vigilant and deliver a clear message to all custodial staff that all forms of ill-treatment, including verbal abuse, are unlawful and will be punished accordingly.

Material conditions varied significantly among the establishments visited. They remained good in the High Security Prison and were in many respects adequate in the newly-opened Prishtinë/Priština Detention Centre, although the latter establishment suffered from a number of deficiencies which were reportedly attributable to the poor quality of materials used and construction works. At Dubrava Prison, accommodation blocks 4, 6 and 8 have been refurbished and in principle provided acceptable conditions. However, material conditions in other parts of the establishment were very poor and some cells appeared to be unfit for human accommodation. Further, despite the significant decrease in the prison population since the CPT's last visit, conditions in a significant number of cells in various blocks were crowded. Similarly, at Mitrovica/Mitrovicë Detention Centre conditions in most cells were cramped.

As regards the regime, sentenced prisoners in the standard and advanced regimes in the establishments visited were in principle free to move within their units during the day and associate with other inmates. Efforts were also made to provide them with work and, at Dubrava Prison, with vocational training and education. However, the regime offered to remand prisoners and sentenced prisoners held in the basic regime, as well as to those sentenced prisoners at Mitrovica/Mitrovicë Detention Centre who did not work, remained very poor. These inmates were locked up in their cells for 21 or 22 hours a day, and the only activity offered to them was daily outdoor exercise. The CPT recommends once again that all prisoners be provided with a comprehensive regime of out-of-cell activities. The aim should be to ensure that all prisoners (including those on remand) are able to spend a reasonable part of the day outside their cells engaged in purposeful activities of a varied nature: work, preferably with vocational value; education; sport; recreation/association.

The CPT acknowledges several positive improvements regarding the provision of health care in prison since the 2015 visit. For instance, the staffing levels of general practitioners and nurses remained on the whole adequate, and each of the establishments visited now had a full-time clinical psychologist, the disruptions to the supply of medication have been resolved, opioid agonist therapy was now available in the prisons visited and medical consultation rooms generally continued to provide good material conditions and were adequately equipped. That said, the Committee reiterates specific recommendations with a view to significantly improving the psychiatric care provided to prisoners in the psychiatric ward of the hospital unit at Dubrava Prison. Recommendations have also been made to ensure that, in all prison establishments, newly-arrived prisoners are systematically screened for transmissible diseases, that the recording and reporting of injuries is improved and that medical confidentiality is fully respected in practice.

The report also describes findings and contains specific recommendations concerning various other issues, such as disciplinary procedures and prisoners' contact with the outside world, as well as measures taken by the relevant authorities in response to the Covid-19 pandemic.

Psychiatric establishments

The delegation carried out follow-up visits to the Psychiatric Clinic and the Forensic Psychiatric Institute in Prishtinë/Priština. In both establishments, the delegation received hardly any allegations of deliberate physical ill-treatment of patients, and many of the patients interviewed by the delegation spoke positively about the manner in which they were treated by staff. However, a few allegations were received of excessive use of force vis-à-vis agitated patients. The CPT recommends that the management of both establishments exercise continuous vigilance in this regard and remind staff, *inter alia*, that no more force than is strictly necessary and proportionate should be used to bring a violent patient under control.

Living conditions remained of a good standard at the Forensic Institute in terms of state of repair and hygiene. That said, conditions were rather poor at the Psychiatric Clinic (in the old building) and, in both establishments, patients' rooms and communal areas were austere and lacked personalisation. Moreover, the CPT notes with concern that the Forensic Institute still had no separate ward dedicated to female patients, and that, at the Psychiatric Clinic, there were no separate showers/bathrooms for female and male patients in some of the wards. The CPT recommends that these shortcomings be remedied. Further, the Committee recommends that all patients be effectively able to benefit from access to outdoor areas every day (with appropriate supervision and/or security if required).

Staffing levels appeared to be generally adequate in both establishments. That said, it remained the case that private security staff and (at the Forensic Institute) prison officers had received no training in dealing with patients with a mental disorder and that they were on occasion called upon by nursing staff to assist in dealing with violent patients, including when forcibly administering medication. The CPT emphasises that staff assigned to security-related tasks in psychiatric establishments should be appropriately trained and closely supervised by health-care staff.

In both establishments, there was an evident lack of structured therapeutic and rehabilitative activities for patients, and the treatment consisted essentially of pharmacotherapy. Further, individual treatment plans were not systematically drawn up and there was no proper recording of assessment and progress in patients' medical files. The CPT recommends that immediate steps be taken to put an end to the practice of routinely prescribing psychotropic medication for newly-admitted patients and that staff be trained concerning the potentially lethal side effects of clozapine treatment and the importance of carrying out regular blood tests. Further, the Committee stresses that every patient should be offered the opportunity to participate in at least one organised psycho-social activity every day.

Mechanical restraint was not used in either establishment. That said, seclusion of patients was a frequent practice (even when patients were apparently not agitated), usually combined with the forcible administration of medication (chemical restraint). The CPT recalls that the use of means of restraint should be the subject of a comprehensive policy, and it formulates a number of specific recommendations in this regard.

As regards safeguards, the CPT notes that, following the adoption of a new Law on Mental Health, there was a lack of clarity regarding the legal provisions governing the involuntary placement and involuntary treatment of patients in psychiatric establishments. It is of particular concern that, in practice, courts were still not involved in involuntary placement procedures. The CPT urges the relevant authorities to put in place a clear and comprehensive legal framework and to ensure that it is duly implemented in practice in all psychiatric establishments.

The report also contains remarks and recommendations regarding a number of other issues, such as complaints procedures, patients' contact with the outside world and measures taken in response to the Covid-19 pandemic.

Shtime/Štimlje Special Institute (SSI) for persons with learning disabilities

The CPT is pleased to note that its delegation received no allegations of ill-treatment of residents by staff in the SSI. On the contrary, the overall atmosphere appeared to be relaxed, and the delegation could observe for itself the commitment and caring attitude of staff. Further, it remained the case that inter-resident violence did not pose a major problem in the SSI.

Material conditions remained generally satisfactory in the SSI in terms of state of repair and hygiene. That said, in particular in Ward B for residents with the most severe impairments, residents' rooms and communal areas were still poorly decorated and there was a total lack of any personalisation and visual stimulation. Whilst acknowledging that most residents could go freely into the garden and yards around the wards, the CPT encourages the management of the SSI to facilitate residents' daily access to the open air by providing residents with severe impairments with adequate staff assistance.

As regards staff, the CPT recommends that the vacant posts of two nurses, one occupational therapist and one orderly be filled and that a physiotherapist be recruited as soon as possible, given that a significant number of residents had severely reduced mobility.

The level of somatic health care provided to residents appeared to be very good. However, the CPT is concerned by the lack of psychiatric care since the consultant psychiatrist had stopped visiting the SSI in May 2020. The Committee wishes to stress that every resort to psychotropic medication should be specifically authorised by a doctor beforehand which was not the case at the time of the visit, and that its administration should be properly recorded. Therefore, it recommends that the relevant authorities take the necessary steps to ensure that a psychiatrist is present at the SSI on a regular basis.

The CPT acknowledges the efforts made by the management of the SSI to provide residents with occupational therapy and other psycho-social activities. However, for many residents, in particular in Ward B, the possibilities were insufficient or non-existent. The Committee recommends that a care plan be set up for each resident and that the offer of psycho-social rehabilitative activities be significantly increased; as a minimum, every resident should, health permitting, be offered the opportunity to participate in one organised activity every day.

Mechanical restraint and seclusion rooms did not appear to be used at the SSI. While chemical restraint did not seem to be a frequent practice in the SSI, it cannot be excluded that such instances can happen given the profile of some residents. Therefore, the CPT recommends that written instructions on the use of means of restraint be elaborated in line with the recommendations made in respect of psychiatric establishments (see above) and that a dedicated register for the use of restraints (including chemical restraint) be established.

As regards safeguards, the Committee welcomes the fact that, contrary to the situation observed in 2010, almost all residents had been admitted with a court decision and placements had been reviewed by the court, as required by the above-mentioned legislation. However, residents had not been heard in person by the judge. Further, it is regrettable that an information brochure for residents and their family/guardians containing, *inter alia*, a section on residents' rights, was still not available. The Committee recommends that these shortcomings be remedied.