

CPT/Inf (2024) 31

Report

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

from 12 to 22 September 2023

The Government of Armenia has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2024) 32.

Strasbourg, 13 November 2024

Note: In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, names of individuals have been deleted.

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EXECUTIVE SUMMARY

During the 2023 visit, the CPT delegation examined the treatment and safeguards afforded to persons deprived of their liberty by the police and the military as well as the treatment and conditions of detention of persons in several prisons and at the Central Prison Hospital. Furthermore, the situation of persons in residential care homes was examined. The visit provided an opportunity to examine the treatment of persons deprived of their liberty and to assess the extent to which the CPT's previous recommendations to strengthen their protection have been implemented.

Police establishments

Most of the persons interviewed by the CPT delegation, who were or had recently been in police custody, stated that they had been treated correctly by the police. However, the delegation did hear some allegations of recent physical ill-treatment of persons detained by the police, including the excessive use of force at the time of apprehension and physical ill-treatment inflicted during questioning by investigators from the Investigative Committee and from the National Security Service, reportedly with the aim of extracting a confession or obtaining other information.

Regarding the fundamental legal safeguards against ill-treatment (information on rights, notification of custody, access to a lawyer and to a doctor), the delegation's findings suggested that the situation had generally improved as compared to the 2019 periodic visit. This was, no doubt, at least in part due to the entry into force of the new Criminal Procedure Code.

However, it appeared that, in most cases, persons in police custody were still only informed of their rights and effectively enabled to notify their relatives (or other third persons of their choice) of their detention and to benefit from the assistance of an *ex officio* lawyer from the moment they were brought before an investigator which could happen up to six hours after their *de facto* apprehension.

Regarding access to a doctor, the Committee noted that when detained persons were brought to a police detention facility, an ambulance was called and detained persons were examined by a doctor who also described any injuries that the person might have. However, such medical examinations continued to routinely take place in the presence of police officers who had brought in the person; furthermore, descriptions of injuries were still generally cursory and often incomplete.

Regarding the material conditions in cells of police establishments visited, they continued to be overall satisfactory. All police detention facilities had outdoor exercise yards (fitted with benches and protection against inclement weather) and detained persons interviewed generally confirmed that they were allowed access to them daily.

Penitentiary establishments

The CPT's delegation carried out follow-up visits to Abovyan, Armavir, Artik, and Nubarashen Prisons, as well as to the Central Prison Hospital.

The delegation did not receive any allegations of physical ill-treatment by staff in the penitentiary establishments visited. Further, staff-prisoner relations appeared generally free of any visible tension (and were relaxed and even cordial in some cases).

Likewise, the CPT delegation did not receive any direct allegations of physical inter-prisoner violence, and it was clear that the management and staff in the establishments visited were making efforts to prevent any such physical violence. That said, the delegation did hear allegations according to which certain categories of inmates continued to be subjected to intimidation, extortion, and exploitation by fellow inmates, with prison staff being aware of such practices but generally not intervening (except in case of physical violence).

It appeared to the CPT delegation that, in part thanks to the recent criminalization of membership in prison subculture and to the decision taken by the prison administration to segregate some of the most influential and least compliant “crime bosses” at Yerevan-Kentron Prison and the instalment of CCTV in corridors, the power of the informal prisoner hierarchy had greatly diminished. However, it was clear that it had not yet been fully eradicated, especially at Nubarashen and Artik Prisons. The CPT has therefore recommended that resolute steps be taken to put an end to the influence of the informal prisoner hierarchy.

Turning to material conditions, the Committee has noted that Abovyan Prison was undergoing comprehensive refurbishment, which is a positive development. For the rest, the CPT delegation’s findings were very similar to those from the previous visits; in particular, conditions were generally very poor at Nubarashen Prison and mediocre at best at Armavir and Artik Prisons, with the continuing discrepancy in material conditions between different cells.

The CPT calls upon the Armenian authorities to proceed, as a matter of priority, with the planned closing down of Nubarashen Prison and with the comprehensive refurbishment of Artik Prison. Pending this, efforts should be made to reallocate prisoners within the existing accommodation to stop using the most dilapidated cells.

At Artik Prison, the advanced disrepair of the dark, unventilated, and cold “quarantine” and “kartzet” cells (and their equipment including the beds) rendered them unfit for any human detention. Following an immediate observation made by the CPT delegation at the end of the visit, the Armenian authorities informed the Committee that the “quarantine”/disciplinary block had been completely refurbished.

A comparable situation was found at the Central Prison Hospital where the conditions in three rooms used to place agitated/aggressive patients or patients requiring protection (so-called “isolator”) were extremely poor. Similarly, following an immediate observation made by the CPT delegation at the end of the visit, the Armenian authorities informed the Committee that the “isolator” had been closed pending refurbishment and patients requiring isolation/seclusion were accommodated in ordinary rooms.

Except for juveniles and sentenced female prisoners on low security regime at Abovyan Prison, none of the prisons visited offered anything remotely resembling a regime of organized constructive out-of-cell activities (and even for juveniles, it was only general education classes).

Individual risk and needs assessment, foreseen in the new Penitentiary Code, had only been introduced recently as a pilot project essentially concerning newly arrived sentenced female and juvenile prisoners at Abovyan Prison. There were still no individual sentence plans nor any genuine and generalized preparation for release (the State Probation Service remaining at an early stage of development).

The Committee has positively noted that an increasing number of prisoners sentenced to life imprisonment had been allowed to move from the high to medium-security regime (and a few more had been transferred to the low security regime), and that those accommodated at Armavir and Artik Prisons were no longer segregated from the rest of the prisoner population and were, in principle, allowed to work and study.

The most important development with respect to prison health-care services since the 2019 periodic visit was the recent transfer of responsibility from the Ministry of Justice to the Ministry of Health, which has increased the professional independence of health-care staff working in prisons and should eventually improve prisoners’ access to outside specialist consultations and treatments. However, in the Committee’s opinion, the transfer could have been better prepared. At the time of the 2023 periodic visit, most of the necessary implementing regulations were still being drafted and several important issues remained subject to tensions and difficulties, particularly so at Armavir Prison.

As for the Central Prison Hospital, living conditions therein had further deteriorated since the 2019 periodic visit, the whole establishment being in a state of advanced dilapidation (apart from some of the rooms previously renovated using patients' own financial means). In short, conditions at the Central Prison Hospital did not befit a health-care facility, and the Committee called upon the Armenian authorities to close it as soon as possible. Pending this, efforts should be made to limit the use of the current facility to the strictest minimum, that is, only for the period and to the extent where no other options (such as hospitalisation in "civil" establishments) are available.

Social care establishments

The CPT delegation visited, for the first time, Nork Residential Care Home for the elderly and/or persons with disabilities in Yerevan, and Vardenis Neuropsychiatric Residential Care Home for persons with psychiatric disorders and learning disabilities, which was last visited by the Committee in 2010.

The delegation received no credible allegations of the physical ill-treatment of residents by staff and found no other indications of such behaviour. Indeed, many residents spoke positively about staff, and the atmosphere in the two homes appeared generally relaxed, which is especially commendable considering the challenges faced by the low numbers of staff caring for so many residents.

Turning to living conditions, in both homes visited, residents were accommodated in dormitories which were generally clean, well-lit, and ventilated; however, the accommodation buildings, except for one block in Nork Home, were considerably dilapidated and cramped, the rooms were generally bare and austere, with no lockable personal space and lacking privacy and personalization.

Regarding the daily regime, occupational and recreational activities offered to residents were very limited in both homes, and most residents spent their days in the rooms, wandering the corridors or staring at a television in noisy day rooms; the Committee recommended to substantially increase the range of purposeful and meaningful activities, including the preparation for the re-integration into the community.

As for the legal safeguards concerning a placement in a social care institution, the Committee noted that despite its previous recommendation, the Armenian legislation still did not require that the need for continued placement of a person who was placed in a social care institution against their wish be periodically reviewed by a court.

Similarly, despite a previous recommendation, the Armenian legislation still foresees that following the placement of a resident deprived of their legal capacity, the social care institution automatically becomes the legal guardian of such a resident; a situation which may easily lead to a conflict of interests, considering that part of the role of a guardian is to defend the rights of the incapacitated person for whom they are responsible vis-à-vis the host institution.

Military detention establishments

The delegation visited two military establishments, which could detain servicemen held under military disciplinary regulations - the Disciplinary Battalions of the Military Police in Martuni and Yerevan.

The delegation received no allegations of verbally inappropriate behaviour or of physical ill-treatment by staff; inter-detainee violence did not appear to be a problem.

As regards material conditions, the dormitories were of a reasonable size for their intended occupancy; they were adequately ventilated, clean and in a good state of repair.

The regime applied to detained servicemen involved at least eight hours of out-of-cell activities every day (including outdoor exercise in a yard, maintenance, and cleaning work on the territory of the barracks, drill, studying the military statutes, etc.).

As regards health care, a feldsher or a doctor visited the disciplinary battalions every day; all newly arrived servicemen were medically examined upon admission.

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 Armenia from 12 to 22 September 2023. The visit formed part of the Committee’s programme of periodic visits for 2023 and was the CPT’s sixth periodic visit to Armenia.¹

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

- Therese Rytter, 2nd Vice-President of the CPT (Head of delegation)
- Marius Caruana
- Anna Jonsson Cornell
- Alexander Minchev
- Gunda Wössner
- Victor Zaharia.

They were supported by Borys Wódz (Head of Division) and Dalia Žukauskienė of the CPT's Secretariat, and assisted by:

- George Tugushi, lawyer and former Public Defender (Ombudsman) of Georgia (expert)
- Aram Bayanduryan (interpreter)
- Anahit Bobikyan (interpreter)
- Artashes Emin (interpreter)
- Gevork Gevorkyan (interpreter)
- Kristine Soghikyan (interpreter).

3. The list of police, penitentiary, social care, and military detention establishments visited by the Committee’s delegation can be found in Appendix I.

4. The report on the visit was adopted by the CPT at its 113th meeting, held from 4 to 8 March 2024, and transmitted to the Armenian authorities on 12 March 2024. The various recommendations, comments and requests for information made by the Committee are set out in bold type in the present report. The CPT requests the Armenian 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.

¹ The previous periodic visits took place in October 2002, April 2006, May 2010, October 2015 and December 2019. The CPT has also carried out five ad hoc visits to Armenia, in April 2004, March 2008, December 2011, April 2013 and May 2014. The Committee's reports on these visits, as well as the Armenian Government's responses, have been made public at the request of the Armenian authorities and are available on the Committee's website (<https://www.coe.int/en/web/cpt/armenia>).

B. Consultations held by the delegation and co-operation encountered

5. In the course of the visit, the delegation held consultations with Vahe Ghazaryan, Minister of Internal Affairs, Arpine Sargsyan, Deputy Minister of Internal Affairs, Narek Mkrtchyan, Minister of Labour and Social Affairs, Tatevik Stepanyan, Deputy Minister of Labour and Social Affairs, Levon Balyan and Karen Karapetyan, Deputy Ministers of Justice, and Armen Nazaryan, Deputy Minister of Health. In addition, talks were held with senior officials of the Investigative Committee and with members of the National Preventive Mechanism (NPM) team of the Human Rights Defender's (Ombudsman's) Office. The delegation also met representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities and non-governmental organisations with which the delegation held consultations is set out in Appendix II.

6. The delegation received excellent co-operation prior to and during the visit. In particular, the delegation enjoyed rapid access to all the establishments visited (including those the visit to which had not been notified in advance), was able to study all the relevant documentation and speak in private with persons deprived of their liberty. This was all the more appreciated given the difficult situation experienced by Armenia (including an unfolding humanitarian crisis) at the time of the CPT's 2023 visit.²

The Committee wishes to express its appreciation of the efficient assistance provided to its delegation by Levon Balyan, Deputy Minister of Justice (the CPT's Liaison Officer), as well as Elina Geghamyan and Rubina Mkhitaryan, Advisers to the Minister of Justice.

7. As already mentioned in paragraph 1 above, the CPT has so far carried out 11 visits to Armenia; all of the 10 reports transmitted to the Armenian authorities to date have been published following the authorities' request. The Committee welcomes this.

Nonetheless, in recent years both the Committee of Ministers and the Parliamentary Assembly of the Council of Europe have been encouraging the Organisation's Member States which have not yet done so to request the automatic publication of future CPT visit reports and related government responses.³ **The Armenian authorities are invited to consider introducing the automatic publication procedure in respect of all future CPT visit reports concerning Armenia and the related Government responses, subject to the possibility of delaying publication in a given case.**

More generally, **the Committee would appreciate if, at the moment of publication, the CPT report and the Government response were also made available in the Armenian language.** This will, *inter alia*, enhance the accessibility of the information contained therein and ensure that various interlocutors can participate in and facilitate the implementation of the recommendations made by the Committee.

² See, for example, <https://data.unhcr.org/en/country/arm/581?secret=unhcrrestricted>.

³ 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. See also <https://www.coe.int/en/web/cpt/faqs#automatic-procedure>. To date, the authorities of the following countries have adopted an automatic publication procedure: Albania, Austria, Bulgaria, Czechia, Denmark, Finland, Lithuania, Luxembourg, Moldova, Monaco, North Macedonia, Norway, Poland, Slovenia, Sweden and Ukraine.

C. Immediate observations pursuant to Article 8, paragraph 5, of the Convention

8. During the end-of-visit talks with the Armenian authorities, on 22 September 2023, the CPT's delegation made three immediate observations pursuant to Article 8, paragraph 5, of the Convention.

The delegation requested the Armenian authorities to confirm, within one month, that:

- the extremely dilapidated cells in the "quarantine"/"kartzner" block at Artik Prison have been taken out of service;
- the three cells used at the Central Prison Hospital to place agitated/aggressive patients or patients requiring protection (referred to as "isolator" or security cells) have been taken out of service;
- the transgender prisoner at Armavir Prison has been offered meaningful human contact (for example, association with other Spanish-speaking prisoners, if needed under appropriate supervision) for at least two hours per day.

The aforementioned immediate observations were confirmed by letter of 26 September 2023 transmitting the delegation's preliminary observations to the Armenian authorities.

9. In their letters dated 26 October, 27 November and 28 December 2023, the Armenian authorities informed the CPT of the action taken in response to these immediate observations and on other matters raised by the delegation during the end-of-visit talks. The information set out in the aforementioned letters has been taken into account in the relevant sections of the present report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

10. During the visit, the delegation visited several police stations in Armenia (in Ashtarak, Gavar, Gyumri, Hrazdan, Martuni, Sevan, Talin, Vardenis and Yerevan) and interviewed persons in police custody as well as recently arrived remand prisoners about their treatment by the police.

11. As regards the legal framework governing police custody, the most important change since the 2019 periodic visit has been the entry into force, on 1 July 2022, of the long-awaited⁴ new Criminal Procedure Code (CPC). Whilst not changing the maximum time limits for police custody (three hours for the detention by the police on administrative grounds⁵ and 72 hours for the custody of criminal suspects), the new CPC abolishes the previous legal distinction between apprehension and arrest and thus requires that the safeguards against ill-treatment referred to in paragraph 16 below be applied as from the outset of the *de facto* deprivation of liberty.⁶

As far as the delegation could ascertain, the aforementioned time limits were duly respected in practice. It is also to be welcomed that the previously criticized practice of holding (or returning) remand prisoners to police custody appears to have been largely abolished.

The introduction, by the new CPC, of an unequivocal obligation for the police to enable detained persons to benefit from the aforementioned legal safeguards as from the moment they are in fact obliged to stay with the police has had another positive consequence, namely the nearly total elimination of the practice of “informal talks”,⁷ criticised by the CPT many times in the past.⁸ Instead, the new CPC allows the police to hold a *prima facie* criminal suspect for up to six hours and to question them on basic circumstances (identity, nationality, address, etc.) prior to the first interview carried out by an investigator from the Investigative Committee. In principle though, even during these six initial hours of police custody all the legal safeguards should apply.⁹

The CPT welcomes these and other positive legislative developments,¹⁰ which are in line with the Committee’s long-standing recommendations on the subject. As for the actual practical implementation of the new provisions, reference is made to the comments and recommendations in paragraphs 18 to 20 below.

⁴ See, for example, paragraph 9 of the report on the 2019 periodic visit (document CPT/Inf (2021) 10, <https://rm.coe.int/1680a29ba1>).

⁵ For example, on grounds of violation of public order.

⁶ See, however, paragraphs 16 to 20 below.

⁷ Persons being “invited” (usually by telephone) to come to the police, prior to drawing up the arrest protocol. Such “talks” had in the past usually lasted several hours (including, at times, overnight) but could, on occasion, have taken up to two days. During this period, persons “invited” to the police would be held in offices and interviewed on the subject of a criminal offence without benefitting from any of the legal safeguards; the purpose of these “informal talks” had been to elicit confessions and/or collect evidence before the person was formally arrested and informed of his or her rights (and thus enabled to exercise them).

⁸ See, for example, paragraph 9 of the report on the 2019 periodic visit (document CPT/Inf (2021) 10, <https://rm.coe.int/1680a29ba1>).

⁹ See, however, paragraph 17 below.

¹⁰ For example, those concerning police officers carrying body-worn video cameras, the CCTV coverage inside police detention facilities and the electronic recording of police interviews (see paragraph 22 below).

2. Ill-treatment

12. Most of the persons interviewed by the delegation, who were or had recently been in police custody, stated that they had been treated correctly by the police. However, the delegation did hear some allegations of recent physical ill-treatment of persons detained by the police.

A few of the allegations heard referred to the *excessive use of force* at the time of apprehension, consisting essentially of punches and kicks, applied on persons who did not resist – or no longer resisted – arrest and who were sometimes handcuffed. Other allegations referred to *physical ill-treatment*, consisting in the main of punches, slaps and kicks, by operational plainclothes police officers *in the course of initial questioning* in a police establishment or, in one case, physical ill-treatment by police officers *in the holding cell on court premises*.¹¹

Further, the delegation heard some allegations of *physical ill-treatment inflicted during questioning by investigators from the Investigative Committee and from the National Security Service*, reportedly with the aim of extracting a confession or obtaining other information. The ill-treatment alleged essentially consisted of slaps, punches and kicks, but in one case the physical ill-treatment was reportedly more severe and included the use of an electric discharge weapon.¹²

13. It is noteworthy that, in a further few cases, the delegation gathered documentary evidence corroborating the allegations received, such as copies of the so-called “torture reports” filled in by prison doctors whenever they observed injuries compatible, in their view, with the allegations of ill-treatment made by newly-arrived remand prisoners.¹³

The CPT was also informed that criminal investigations¹⁴ had been initiated into at least some of these allegations (for example, in the case of Mr A, allegedly repeatedly punched and kicked during questioning at Yerevan Investigative Committee in April 2023,¹⁵ and in the case of Mr B, reportedly physically ill-treated in the course of questioning by investigators from the National Security Service in the beginning of July 2023).¹⁶

The Armenian authorities are requested to inform the CPT of the outcome of the aforementioned investigations (as well as investigations into the cases of Messrs C and D), including of any criminal and/or disciplinary sanctions imposed as a result. The Committee would also like to be informed whether the questioning of Messrs A, B, C and D was audio and/or video recorded. Were this to be the case, the CPT would like to be provided with full copies of these recordings.

¹¹ The case of Mr C.

¹² The detained person concerned, Mr D, was later remanded in custody and transferred to Nubarashen Prison, where injuries (considered to be consistent with his allegations by the doctor who examined him upon arrival at the prison) were recorded and a report transmitted to the Prosecutor’s Office on 24 June 2023.

¹³ See more details of the procedure in paragraph 50 below.

¹⁴ See paragraph 15 below.

¹⁵ The relevant “torture report”, filled in upon his arrival at Nubarashen Prison, enumerated several injuries (haematoma on the right side of the face, swelling on the right eyelids, haematoma between the right side of the nose and lip, and scratches on the face on the right side) considered by the doctor to be compatible with blows to the face. The report was transmitted to the Prosecutor’s Office on 28 April 2023.

¹⁶ The “torture report” filled in upon his arrival at Nubarashen Prison on 6 July 2023 enumerated the following injuries (considered by the prison’s doctor to be compatible with the allegations): scratches on the left upper arm, on the left shoulder, the left knee and the left shin anteriorly and on the right elbow posteriorly; haematomas at the right orbit and the right patellar area anteriorly, and both scapular areas and the left subscapular area posteriorly; swelling and redness over the right side of the scalp and the left foot respectively. The report was transmitted to the relevant Prosecutor’s Office on 7 July 2023.

14. More generally, the CPT reiterates its recommendation that steps be taken to ensure that police officers (as well as investigators from the Investigative Committee and from the National Security Service) receive at regular intervals a firm message, through instructions and briefings from the leadership and management, as well as through appropriate in-service training, that they 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 and every investigator should have a clear understanding that deliberate ill-treatment of detained persons is against human dignity and constitutes 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 service culture where it is regarded as unprofessional and illegal to tolerate the conduct of colleagues who resort to ill-treatment. It should also be reiterated to police officers that no more force than is strictly necessary is to be used when carrying out an apprehension and that, once apprehended persons have been brought under control, there can be no justification for striking them.

Further, the Committee reiterates its recommendation that police officers be better trained in minimising recourse to force and preventing its excessive use in the context of an apprehension. In cases in which the use of force becomes necessary, they need to be able to apply professional techniques which reduce as much as possible any risk of harm to the persons whom they are seeking to apprehend.

15. Since the entry into force of the new CPC, all cases of alleged or suspected ill-treatment of persons deprived of their liberty have been investigated by members of specialised units of the Investigative Committee.¹⁷

At the outset of the visit, the delegation was informed that the specialized unit of the Investigative Committee had, as of 31 December 2022, carried out preliminary investigative activities in 230 cases¹⁸ including 56 initiated based on “torture reports” received from prisons. As a result, formal criminal proceedings had been opened in 55 cases, including 42 proceedings under Section 441 (2) of the Criminal Code (abuse of authority with the use of violence) and 11 under Section 450 of the Criminal Code (torture). Between 1 January and 1 September 2023, the specialized unit of the Investigative Committee had received 67 “torture reports” from prisons and initiated criminal proceedings in 61 cases, including 40 under Section 441 (2) and 21 under Section 450 of the Criminal Code.

Out of the total of 230 cases mentioned above, 120 legal proceedings had been terminated and in two instances the case files had been sent (through the intermediary of the Prosecutor’s Office) to courts,¹⁹ which seems to the Committee to be a rather low proportion. **The CPT would welcome the Armenian authorities’ observations on this subject.**

¹⁷ The Special Investigation Service (SIS), previously competent to carry out such investigations, had been formally dissolved and *de facto* transformed into a new independent anti-corruption body called the Anti-Corruption Committee.

¹⁸ This number comprising approximately 130 pending cases taken over from the SIS at the moment of its dissolution.

¹⁹ A third case was about to be transmitted at the time of the visit. It is also noteworthy that, in 2022, one police officer had been sentenced for a criminal offence pursuant to Section 450 of the Criminal Code; it had been the first and only such conviction so far.

3. Safeguards against ill-treatment

16. Regarding the fundamental legal safeguards against ill-treatment (information on rights, notification of custody, access to a lawyer and to a doctor), the delegation's findings suggested that the situation had generally improved as compared to the 2019 periodic visit. This was, no doubt, at least in part due to the aforementioned entry into force of the new Criminal Procedure Code.

17. However, it appeared that, in most cases, persons in police custody were still only informed of their rights and effectively enabled to notify their relatives (or other third persons of their choice) of their detention and to benefit from the assistance of an *ex officio* lawyer from the moment they were brought before an investigator.

As already mentioned in paragraph 11 above, this could happen up to six hours after their *de facto* apprehension or (in any event) at the time when the decision on arrest was taken by the investigator. Only those detained persons who already had their own lawyer (and who happened to know the lawyer's number) could actually call them and have them present before the first official interview by the investigator. Moreover, the delegation again heard some allegations that criminal suspects had only been enabled to see the *ex officio* lawyer after the interview by the investigator, or only in court.

18. As previously, written information on rights (only available in Armenian language) was in the form of an extract from the relevant sections of the CPC, appended to the arrest protocol. Detained persons were asked to sign on the appendix to confirm having been informed of the above-mentioned rights. In principle, they were allowed to ask to be given a copy of the document but hardly any of the persons interviewed by the delegation was aware of this. Some information (both verbal and written, especially on the right to legal assistance) was also provided upon apprehension, by the patrol (uniformed) and criminal (plainclothes operational) police officers.

The CPT must thus reiterate its long-standing recommendation that steps be taken by the Armenian authorities to ensure that persons in police custody are informed of their rights as from the very outset of their deprivation of liberty (that is, as from the moment they are obliged to remain with the police). This should be ensured by the provision of clear verbal information at the time of apprehension, to be supplemented at the earliest opportunity (that is, immediately upon the first arrival at a police establishment) by the provision of written information on detained persons' rights, which should be available in an appropriate range of languages. Persons detained should always be given a copy of the above-mentioned written form and allowed to keep it with them in the cell. Particular care should be taken to ensure that detained persons actually understand their rights; it is incumbent on police officers to ascertain that this is the case.

As regards the notification of custody, while the Committee acknowledges that it might justifiably be delayed in the interest of the criminal investigation, this should be exceptional, limited in time, with precise reasons recorded in writing and subject to a prior authorisation by the competent prosecutor.

19. A few of the detained persons interviewed by the delegation complained that the *ex officio* lawyer had not acted in their interest and had instead sided with the police. In this context, **the CPT invites the Armenian authorities to systematically (and in consultation with the Bar Association) reiterate to *ex officio* lawyers appointed to represent persons in police custody that they should perform their functions in a diligent and independent manner. Lawyers should be reminded (also by means of appropriate training) that their loyalty lies with the client, in whose best interest they should act.**²⁰

²⁰ See also paragraph 33 of the judgment of the European Court of Human Rights of 13 May 1980 in the case *Artico v. Italy* (application no. 6694/74).

20. On a positive note, the delegation observed that when detained persons were brought to a police detention facility, an ambulance was called and detained persons were examined by a doctor who also described any injuries that the person might have.

That being said, such medical examinations continued to routinely take place in the presence of police officers who had brought in the person;²¹ furthermore, descriptions of injuries were still generally cursory and often incomplete, explanations of detained persons as to the origin of their injuries were usually not sought and not recorded, and health-care staff did not attempt to assess the degree of consistency between any such explanations that were given and objective medical findings.

The CPT reiterates its recommendations that steps be taken to improve the screening for injuries at police detention facilities, in particular by ensuring that:

- **all medical examinations are conducted out of the hearing and - unless the health-care professional concerned expressly requests otherwise in a particular case - out of the sight of non-medical staff;**
- **the confidentiality of medical documentation is strictly observed.**

Health-care staff may inform custodial officers (as well as, in the context of ongoing criminal proceedings, the organ of inquiry and the competent prosecutor) on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents to additional information being given.

Further, the Committee reiterates its recommendation that steps be taken to ensure that the records drawn up following the medical examination of persons in police detention facilities contain: (i) an account of statements made by the persons concerned which are relevant to the medical examination (including their description of their 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 health-care professional's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.²²

More generally, the CPT recommends that the Armenian authorities take the necessary steps to ensure, including through the provision of an appropriate training, that healthcare professionals who examine persons in police custody have a clear understanding of their role in the prevention of police ill-treatment and their subsequent obligations, including as regards the reporting of injuries indicative of ill-treatment. This implies the existence of a clear reporting line as well as the adoption of whistle-blower protective measures (that is, a framework for the legal protection of healthcare professionals who disclose information on police ill-treatment).

21. Another matter of the Committee's continuous concern is the absence of a single and comprehensive custody record, reflecting all the stages and aspects of police custody from the moment of actual apprehension until a detained person's transfer to another establishment or release. At the time of the 2023 visit, such information was still contained in a multitude of different journals and administrative and investigation files produced by different services, which rendered the oversight of the implementation of the relevant legal provisions extremely difficult. On the positive side though, these records and files tended to be relatively well kept.

²¹ As confirmed by the said officers' signatures on the injury forms (also signed by the health-care staff and/or the receiving duty custodial officer).

²² See also paragraphs 71 to 84 of the CPT's 23rd General Report, <https://rm.coe.int/1680696a9b>.

In this context, the delegation has learned with interest about the Armenian authorities' plans to introduce electronic (online) custody records which would contain all the relevant information, also accessible to detained persons' lawyers, prosecutors and (within the limits of their professional tasks) staff of the National Preventive Mechanism. **The CPT would like to be provided with updated information about the implementation of these plans.**

22. The delegation was informed at the outset of the visit that all patrol police officers had already been issued with body-worn video cameras. This was not the case with operational (plainclothes) police officers although they had reportedly also been encouraged to audio/video record apprehensions and any operational/investigative activities (including initial questioning) in order to prevent unfounded accusations of ill-treatment or any procedural violations.

The delegation was also informed that the process of equipping all entry/exit points, corridors and designated interrogation rooms of police establishments with CCTV cameras was well advanced. Further, investigators with whom the delegation spoke affirmed that all interviews²³ performed by them (both of criminal suspects and witnesses) were now systematically audio and video recorded,²⁴ with the footage kept in the dedicated database and on a CD support (enclosed with the criminal case file) for an unlimited period. It is noteworthy that many (if not most) of the detained persons confirmed that audio and video recording equipment had been switched on while they had been interviewed.

The CPT welcomes these positive developments and would like to be provided with copies of the relevant Ministry of Internal Affairs instructions governing the use of body-worn cameras and the audio and video recording of investigative actions (including, in particular, interviews of persons deprived of their liberty).

23. As regards the conduct of interviews, the delegation heard a few allegations of inappropriate conduct in respect of vulnerable persons. In one case, a detained person who was illiterate (according to his own words) claimed that after he had given his statement, the investigator had neither read aloud the statement nor given him a written copy that he could ask his lawyer to read out to him. It was only when the statement was read aloud in court that the detained person reportedly realised that he had been misquoted. In another case, the detained person alleged that the investigators had interviewed him although he was drunk, and claimed that he had been made to sign the statement without understanding its content.

The CPT wishes to receive information from the Armenian authorities on whether there exist detailed instructions on interviewing illiterate persons, as well as more generally detainees who are in a situation of vulnerability, for example, due to a mental health condition, a recent concussion or intoxication. Further, the Committee would like to be informed whether law enforcement officials receive training in investigative interviewing²⁵ and, in particular, in interviewing vulnerable persons.²⁶

²³ As well as other procedural actions such as searches, confrontations, on-site verifications and crime scene examinations, reconstitutions, identifications (eyewitness lineups), seizures and exhumations.

²⁴ Investigators had been issued with hand-held cameras and tripods.

²⁵ See paragraphs 73 to 81 of document CPT/Inf(2019)9-part, "Preventing police torture and other forms of ill-treatment – reflections on good practices and emerging approaches. Extract from the 28th General Report of the CPT, published in 2019", <https://rm.coe.int/1680942329>.

²⁶ See Principle 3 of the Méndez Principles ("Principles on Effective Interviewing for Investigations and Information Gathering, adopted in May 2021 by a Steering Committee of Experts with the support of Anti-Torture Initiative, the Association for the Prevention of Torture, and the Norwegian Centre for Human Rights, available at www.interviewingprinciples.com).

4. Conditions of detention

24. Regarding the material conditions in cells of police establishments visited, they continued to be on the whole satisfactory. Cells were of an adequate size (for example, single cells of at least 8 m², double-occupancy cells of 9 to 12 m²), suitably equipped (for example, beds with full bedding, table, stools, lockers, washbasin) and in a good state of repair and cleanliness. Detained persons had ready access to decent and clean communal toilets, could take a shower at regular intervals and were provided with basic personal hygiene items. As regards food, arrangements had been made to provide detained persons with three meals a day, including at least one warm meal.

All police detention facilities had outdoor exercise yards (fitted with benches and protection against inclement weather) and detained persons interviewed generally confirmed that they were allowed access to them for one hour every day (two hours for women and juveniles).

B. Penitentiary establishments

1. Preliminary remarks

25. The CPT's delegation carried out follow-up visits to Abovyan Prison (last visited in 2013), Armavir Prison (last visited in 2019),²⁷ Artik Prison (last visited in 2015, albeit only to interview newly-arrived remand prisoners)²⁸ and Nubarashen Prison (last visited in 2019),²⁹ as well as to the Central Prison Hospital (likewise, last visited in 2019).³⁰ The general descriptions of these five establishments set out in the reports on previous visits remain on the whole valid.

At the time of the 2023 visit, Abovyan Prison had the capacity of 264 and was accommodating 68 female prisoners (48 of whom were on remand) and six male juveniles on remand.³¹ Armavir Prison, with the capacity of 1,100,³² was accommodating 1,001 male adult prisoners³³ including 663 remand prisoners and 338 sentenced prisoners (28 of whom were sentenced to life imprisonment). Artik Prison had the capacity of 300 and was accommodating 198 adult male inmates including 76 remand prisoners and six prisoners sentenced to life imprisonment; the remainder of the prison's population were serving fixed-term sentences. Accommodation was provided in five detention blocks.³⁴ Nubarashen Prison (capacity 700) had 437 male adult inmates including 238 on remand and 30 life-sentenced prisoners, the remainder serving fixed-term sentences.

As for the Central Prison Hospital, it had the theoretical capacity of 464 (on three operational wards)³⁵ and was accommodating 109 patients.³⁶

26. At the outset of the visit, the delegation was informed that the new Criminal Code (CC), the new Criminal Procedure Code (CPC) and the new Penitentiary Code (PC) had finally been adopted³⁷ and had entered into force during the second half of 2022. It was expected that these new Codes would among others help further reduce the prison population,³⁸ thanks to provisions making it more difficult to resort to pre-trial detention and enlarging the catalogue of non-custodial sanctions (introducing *inter alia* electronic monitoring and house arrest).

²⁷ See paragraphs 25 and 38 of document CPT/Inf (2021) 10.

²⁸ See document CPT/Inf (2016) 31.

²⁹ See paragraphs 25, 36 and 40 of document CPT/Inf (2021) 10.

³⁰ See paragraphs 52 and 53 of document CPT/Inf (2021) 10.

³¹ Three of whom were no more underage but had applied for permission to stay in the establishment until the age of 21, as foreseen by the Armenian legislation.

³² Prison capacities in Armenia are calculated according to the legal standard of 4 m² of living space per prisoner.

³³ 130 of them were foreign nationals accommodated separately from Armenian citizens, see also paragraph 41 below.

³⁴ Remand prisoners were accommodated in Blocks 1 and 3, prisoners serving their sentences in high security regime were accommodated in Block 4, those in medium security regime in Block 2 and those in low security in Block 5.

³⁵ Internal diseases, surgical and psychiatric wards. Two other wards (tuberculosis ward and addiction, also known as "narcology", ward) were in the process of being closed down and were, at the time of the visit, accommodating only a few patients each (see also paragraph 53 below).

³⁶ See further comments on this establishment in paragraphs 53 to 55 below.

³⁷ After many years of preparations, see, for example, paragraph 26 of the report on the 2019 visit (document CPT/Inf (2021) 10, <https://rm.coe.int/1680a29ba1>).

³⁸ According to SPACE I (Council of Europe Annual Penal Statistics), as of 1 January 2022 the prison population rate in Armenia was 71,6/100.000 which was well below the average in the Council of Europe Member States (117,2/100.000). Furthermore, there had been a steady decline in prison population over the past years (the rate had been of 129,1/100.000 in 2015).

At the time of the 2023 visit the new Codes had only really been applied for a few months and some of the necessary implementing regulations (by-laws) had not yet been adopted. However, the first effects of the new legislation were clearly visible: for example, some 350 persons had already been subjected to electronic monitoring. More generally, with the population of approximately 2,400 prisoners (including 1,300 on remand) and the overall prison system capacity of 4,491, there was no longer any prison overcrowding in Armenia, which is indeed commendable.

The CPT welcomes these positive developments. However, in the light of the findings of the 2023 visit in the penitentiary establishments visited,³⁹ **the Committee invites the Armenian authorities to continue their efforts to further reduce the prison population.**

27. Regarding the prison estate, the delegation was informed of the recent closure of two old prisons (in Goris and Hrazdan).⁴⁰ Further, plans to build a new multi-profile prison with the capacity of 850 places in Yerevan were advancing, with the land plot identified (in the Vardashen District) and preliminary architectural documentation prepared, roughly inspired by the design of Offenburg Prison (Germany).⁴¹ It was envisaged to start the construction in 2024 and to complete it within 3 – 4 years, so as to be able to close the existing establishments in Nubarashen, Vardashen and Yerevan-Kentron, as well as the Central Prison Hospital.⁴²

Given the very poor conditions again observed by the CPT's delegation at Nubarashen Prison⁴³ and at the Central Prison Hospital,⁴⁴ **the Committee calls upon the Armenian authorities to attach a high priority to the implementation of these plans. The CPT would like to be informed, in the Armenian authorities' response to this report, of the progress in their implementation.**

2. Ill-treatment and inter-prisoner violence

28. The delegation did not receive any allegations of physical ill-treatment by staff in the penitentiary establishments visited. Further, staff-prisoner relations appeared generally free of any visible tension (and were relaxed and even cordial in some cases). It is also noteworthy that “special means” (physical force, handcuffs, truncheons etc.) were hardly ever used in the prisons visited.⁴⁵ These positive findings are to be welcomed.

29. Likewise, the delegation did not receive any direct allegations of physical inter-prisoner violence, and it was clear that the management and staff in the establishments visited were making efforts to prevent any such physical violence (for example, by segregating potential victims and perpetrators, installing CCTV in corridors, exercise yards and other communal areas, and encouraging prisoners to report any incidents of inter-prisoner violence to the administration) and that whenever such situations did occur, staff generally intervened quickly and decisively.⁴⁶

³⁹ See paragraph 33.

⁴⁰ The conditions in both establishments had been criticised by the CPT in the past.

⁴¹ Opened in 2009.

⁴² The plan, as far as the delegation could ascertain, was not to have a dedicated prison hospital any longer: prisoners would be transferred for consultations and treatments to secure units of “civilian” general and specialised hospitals, and would receive primary as well as post-operative care in the health-care units of their prisons (including in the main such unit, with the capacity of 150 beds, foreseen to be built in the new prison in Yerevan). See also paragraph 53 below.

⁴³ See paragraph 33 below.

⁴⁴ See paragraph 53 below.

⁴⁵ For example, handcuffs and truncheons had not been used at all in the period between 1 January and 1 September 2023 at Artik Prison. At Nubarashen Prison, there had been eight cases of resort to holding or handcuffing (but no case of use of truncheon) in 2022, and six in the period between 1 January and 1 September 2023. As for Armavir Prison, there had been seven cases in 2022 (including only one case when a truncheon had been used) and three cases (one use of physical force and two cases of handcuffing) in the period between 1 January and 1 September 2023. Each such case was reported to the prosecutor's office.

⁴⁶ As could also be concluded from the examination of the relevant incident reports and disciplinary records. It is noteworthy that, whenever such incidents resulted in physical injuries, these injuries were duly recorded and reported to the Investigation Committee (see also paragraph 50 below).

That said, the delegation did hear allegations according to which certain informal categories of inmates (the so-called “untouchables”, especially persons convicted of sexual offences) continued to be subjected to intimidation, extortion (for example, being forced to ask their relatives to transfer money on particular bank accounts) and exploitation (for example, being obliged to clean the corridors and communal toilets, and being prevented from touching certain objects and entering certain premises) by fellow inmates occupying higher positions in the informal prisoner hierarchy (see below), with prison staff being aware of such practices but generally not intervening (except in case of physical violence). Indeed, in some cases (for example, at Artik Prison) custodial staff avoided any contact with such “untouchables” and some officers were heard speaking about them in a derogatory manner.

The Committee calls upon the Armenian authorities to continue their efforts to combat inter-prisoner violence, intimidation, extortion, and exploitation. Prison staff must be especially alert to signs of trouble, pay particular attention to the treatment of vulnerable inmates by other prisoners, and be both resolved and properly trained to intervene when necessary.

30. It appeared to the delegation that, in part thanks to the recent criminalization of membership in prison sub-culture⁴⁷ and to the decision taken by the prison administration to segregate some of the most influential and least compliant “crime bosses” at Yerevan-Kentron Prison, the power of the informal prisoner hierarchy had greatly diminished.⁴⁸ This notwithstanding, it was clear (and, indeed, acknowledged by the management and staff) that it had not yet been fully eradicated, especially at Nubarashen and Artik Prisons. While acknowledging the already obtained results, **the CPT recommends that resolute steps be continued to put an end to the influence of the informal prisoner hierarchy.**

31. It is evident that the Armenian authorities will not manage to fully eradicate inter-prisoner violence, intimidation, extortion and exploitation (and the related power of informal prisoner hierarchy) without making a major investment in prison staff – not only as regards the staff complements and staff presence inside prisoner accommodation areas, but also in terms of staff salaries (so as to eliminate the temptation of corruption) and staff training. On these issues, **reference is made to the recommendations in paragraphs 56 to 59 below.**

Further, it is essential in this context to put in place adequate programmes of constructive structured activities (see recommendations in paragraph 38 below) and to ensure appropriate material conditions of detention in prisons (see recommendations in paragraph 27 above and 34 below).

3. Conditions of detention

a. material conditions

32. The delegation noted that Abovyan Prison was undergoing comprehensive refurbishment (expected to be completed by the end of 2023), which is a positive development.⁴⁹

The CPT also welcomes the recent installation of a ventilation and heating system in the main prisoner accommodation areas of Armavir Prison.⁵⁰ Further, the delegation was informed of the Armenian authorities’ plans to fit the remaining areas of Armavir Prison (including the admission (“quarantine”) and disciplinary block and the health-care unit) with ventilation in the course of the year 2024.

The Committee would like to receive updated information about the implementation of these plans.

⁴⁷ Pursuant to the new Criminal Code. It should be added that the delegation was informed at the outset of the visit that several criminal cases had been opened under these provisions since the new CC had entered into force.

⁴⁸ There were, for example, no longer any conspicuous signs of belonging to the hierarchy, such as visual symbols on cell doors and walls.

⁴⁹ For further details, see paragraph 71 below.

⁵⁰ The absence of effective ventilation was *inter alia* criticised by the CPT in the report on the 2019 periodic visit, see paragraph 38 of document CPT/Inf (2021) 10.

33. Other than this, the delegation's findings were very similar to those from the previous CPT's visits.

In particular, conditions were still generally very poor at Nubarashen Prison (except for the recently refurbished kitchen, some of the collective toilet and shower facilities on the second floor, a few redecorated cells on the second and third floors of the main detention block, and occasional repairs to the water and sewage installations) and unacceptable in the extremely dilapidated cells on the first floor of the main detention building (used among others as disciplinary cells and to accommodate inmates segregated for their own safety or for the safety of fellow prisoners)⁵¹ and in Block 6, likewise used mainly to accommodate prisoners who were considered to require being kept separately from others (but not isolated). Furthermore, as acknowledged by the establishment's Director, both the layout and the state of repair of access tunnels and corridors connecting Block 6 to the rest of the prisoner accommodation could potentially prove hazardous in case of fire or any other emergency requiring quick evacuation.

Material conditions were still at best mediocre in the bulk of the cells at Armavir and Artik Prisons, with the continuing discrepancy between different cells which, as the delegation was told, was the legacy of the past as prisoners were no longer permitted to refurbish cells using their own financial means. This was particularly striking in Block 5 of Artik Prison, with some very spacious cells equipped with tiled floors, kitchens, air conditioning, high-quality bathrooms and fitted with additional household appliances and home-style furniture.

In the latter establishment, cells measured between 12 and 60 m² and were for the most part accommodating two to six inmates. They were usually well-lit and ventilated, and adequately furnished (beds or bunk beds with full bedding, table, chairs or benches, bedside lockers, chests and fully-screened sanitary annexes); however, their state of repair varied, though in general tended to be much better than the condition of the corridors and communal areas.

The worst (indeed unacceptable) conditions were again observed in the "quarantine" and disciplinary blocks of both establishments, where the cells had remained in the state of severe dilapidation, with damaged floors, walls and ceilings, as well as humidity and mildew in the walls. At Artik Prison, the advanced disrepair of the dark, unventilated and cold "quarantine" and "kartzner" cells (and their equipment including the beds) rendered them unfit for any human detention, never mind prolonged detention of prisoners segregated for their own safety (as was the case during the visit).⁵²

34. In the light of the above remarks, **the CPT calls upon the Armenian authorities to proceed, as a matter of priority, with the planned closing down of Nubarashen Prison⁵³ and with the comprehensive refurbishment of Artik Prison (reportedly scheduled to be carried out in the course of the year 2024) which should also include the enlargement and reconstruction of the exercise yards used by remand prisoners so as to enable genuine physical exertion.** At the time of the visit, these yards were generally very small (for example, 12 m²) and of an oppressive design.⁵⁴

Pending this, **efforts should be made to reallocate prisoners within the existing accommodation so as to stop using the most dilapidated cells. Urgent steps are also required to address the dilapidation, poor level of hygiene and vermin infestation observed by the delegation in a major part of the prisoner accommodation at Armavir Prison.**

More generally, **the Committee expects that the refurbishment of Armavir and Artik Prisons will allow to definitively eliminate the remaining discrepancies in material conditions between different cells, by offering adequate conditions to all prisoners.**

⁵¹ See also paragraph 63 below.

⁵² See also paragraph 62 below.

⁵³ See paragraph 27 above.

⁵⁴ See also paragraph 72 regarding the exercise yards for remand female and juvenile prisoners at Abovyan Prison.

35. As already mentioned in paragraph 8 above, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention and requested the Armenian authorities to confirm, within one month, that the “quarantine”/disciplinary block at Artik Prison has been taken out of service.

In their letter dated 26 October 2023, the Armenian authorities stated that the aforementioned block had been closed pending comprehensive reconstruction and refurbishment. Subsequently, by letter dated 28 December 2023, the authorities confirmed that the refurbishment had been completed and the block reopened. The CPT welcomes this swift and constructive response to its immediate observation.

36. In all the prisons visited, inmates were still only enabled to take a hot shower once a week. **The Committee reiterates its recommendation that steps be taken to ensure that prisoners in all penitentiary establishments are enabled to take a hot shower daily (if possible) and at least twice a week (or more frequently if necessary) in the interest of general hygiene.⁵⁵ Regarding female prisoners, reference is made to the remarks and recommendation in paragraph 75 below.**

37. On a more positive note, many prisoners told the delegation that the quality of the food had much improved since the decision had been taken to sub-contract the food production to an outside caterer. The CPT welcomes this positive development.

b. activities

38. With the exception of juveniles and sentenced female prisoners on low security regime at Abovyan Prison,⁵⁶ none of the prisons visited offered anything remotely resembling a regime of organized constructive out-of-cell activities.

Only very few sentenced prisoners were employed on general prison services⁵⁷ and very few had access to some courses (generally only those who haven't completed compulsory education).⁵⁸ The bulk of the prisoner population (including virtually all remand prisoners, some of whom had already spent years in prison) were locked up in their cells for 20 to 23 hours per day⁵⁹ and had nothing to occupy their time but watching TV, reading, playing board games and occasionally (for some of them) using a gym.

The Committee once again calls upon the Armenian authorities to take decisive steps to develop the programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (eight hours or more) outside their cells, engaged in purposeful activities of a varied nature (work, education, sport, etc.) tailored to the needs of each category of prisoner (adult remand or sentenced prisoners, inmates serving life sentences, female prisoners, juveniles, etc.).⁶⁰ If necessary, relevant legislative changes should be adopted as a matter of priority.

⁵⁵ See also the well-established case law of the European Court of Human Rights on this subject, for example, in cases *Ananyev and Others v. Russia* (applications Nos 42525/07 and 60800/08, judgment of 10 January 2012, paragraph 158), *Grishin v. Russia* (application No. 30983/02, judgment of 15 November 2007, paragraphs 47, 48, 49 and 94) and *Shilbergs v. Russia* (application No. 20075/03, judgment of 17 December 2009, paragraph 97).

⁵⁶ See paragraphs 77 and 79 below.

⁵⁷ For example, only 14 prisoners (out of 437) at Nubarashen Prison; 63 (including 42 occasionally and without pay) at Armavir Prison (population 1,001); and 29 (out of whom 14 having a paid job) at Artik Prison (population 198).

⁵⁸ For example, 12 inmates at Nubarashen Prison, approximately 90 at Armavir Prison and 26 at Artik Prison.

⁵⁹ Except in Block 5 at Artik Prison, which had a low security regime and where prisoners were allowed to move around within the block's secure perimeter during the day.

⁶⁰ See also more specific recommendations concerning female and juvenile prisoners in paragraphs 78 and 79 below.

As already stressed in the past,⁶¹ implementing the aforementioned recommendations will require setting aside, in all prisons, adequate space for activities and association and, even more importantly, recruiting more qualified prison staff⁶² (work instructors, teachers, educators, social workers, etc.) working in multi-disciplinary teams together with clinical psychologists⁶³ and probation officers. **The CPT calls upon the Armenian authorities to step up their efforts in this area.**

39. Individual risk and needs assessment, foreseen in the new Penitentiary Code, had only been introduced recently as a pilot project essentially concerning newly-arrived sentenced female and juvenile prisoners at Abovyan Prison. There were still no individual sentence plans nor any genuine and generalized preparation for release (the State Probation Service remaining at an early stage of development). Furthermore, as in 2019, the lack of work, education and vocational training opportunities for inmates meant that most of them could not qualify for early release,⁶⁴ a situation which was particularly bitterly resented by prisoners serving long (including life) sentences.

The Committee recommends that the Armenian authorities put in place individual risk and needs assessment and individual sentence plans in all prisons; prisoners should, to the extent possible, be involved in the drafting and reviewing of the plans, so as to secure their commitment to the implementation of the plans and to their social reintegration. In the process of carrying out such assessment and drawing up such plans, the Penitentiary Service should co-operate with the State Probation Service (which should be further developed) and relevant social services in the community at large.

40. The delegation has noted as a positive development that an increasing number of prisoners sentenced to life imprisonment had been allowed to move from the high to medium-security regime (and a few more had been transferred to the low security regime), and that those accommodated at Armavir and Artik Prisons were no longer segregated from the rest of prisoner population and were, in principle, allowed to work and study.⁶⁵

While welcoming this, **the CPT recommends that the Armenian authorities continue their efforts to completely eliminate the segregation of life-sentenced prisoners.**⁶⁶

41. As already mentioned in paragraph 25 above, Armavir Prison was accommodating a large number of foreign prisoners⁶⁷ many of whom were not able to communicate in Armenian.⁶⁸ Since no interpretation was provided (save for judicial proceedings) and since there was no written information in languages other than Armenian, this resulted in foreign prisoners being often unaware of their rights and obligations.⁶⁹ It also meant that most of them had no access to activities (such as work or education) which in turn rendered them ineligible for early conditional release.

The Committee recommends that the Armenian authorities take proactive measures to address the specific needs of foreign prisoners, particularly to ensure that they do not suffer from discriminatory practices. Foreign nationals should be given the same opportunities as Armenian prisoners to engage in work or education and hereby to gain the points, which are required to be considered for early conditional release. Further, the Armenian authorities should ensure that foreign prisoners have recourse to interpretation services when required.

⁶¹ See, for example, paragraph 42 of the report on the 2019 periodic visit.

⁶² See paragraphs 56 to 58 below.

⁶³ See paragraph 45 below.

⁶⁴ Given that, in practice, participation in such organised activities was necessary for prisoners to collect the required number of points for any request for early release to be formally eligible for consideration.

⁶⁵ There were a few lifers who had a job in both above-mentioned establishments.

⁶⁶ Admittedly, the lifers still accommodated (separately from other prisoners) at Nubarashen Prison were there on a voluntary basis: they had been offered a transfer to Armavir Prison but had refused this possibility, mostly because they were used to their accommodation and preferred to be in a prison located in Yerevan.

⁶⁷ There were also foreign prisoners in the other establishments visited albeit in a much smaller number.

⁶⁸ Some spoke Russian though, a language that many staff members understood.

⁶⁹ See also paragraph 66 below.

42. As mentioned in paragraph 8 above, at the end of the visit the delegation made an immediate observation pursuant to Article 8, paragraph 5, of the Convention and requested the Armenian authorities to confirm, within one month, that the transgender prisoner accommodated at Armavir Prison has been offered meaningful human contact, for example, association with other Spanish-speaking prisoners, if needed under appropriate supervision, for at least two hours per day. The inmate in question, a Cuban national with several severe somatic and mental health pathologies, had been held in *de facto* solitary confinement (held alone in the prison's health-care unit, locked up in the cell for 23 hours per day and prohibited to speak with anyone but staff) for over 2.5 years. These measures had reportedly been taken in order to prevent possible inter-prisoner violence.

In their letters dated 26 October and 27 November 2023, the Armenian authorities informed the Committee that the prisoner in question had first been transferred to the block accommodating other foreign (including Spanish-speaking) inmates and enabled to associate with them for at least two hours a day; subsequently, the prisoner concerned had been released from prison by court decision issued on 22 November 2023.

The CPT welcomes the fact that the Armenian authorities have taken steps to put an end to this unacceptable situation. Regarding the placement and treatment of transgender inmates in general, **the Committee wishes to stress that, as a matter of principle, they should be accommodated in prisons or prison sections corresponding to the gender with which they identify unless relevant authorities conclude, after a routine individualised risk assessment, that there exist exceptional security or other reasons to accommodate these prisoners elsewhere. Such exceptions should be duly motivated in writing and subjected to a regular review. The CPT also refers to more detailed standards on the subject set out in the substantive chapter of its 33rd General Report.**⁷⁰

4. Health-care services⁷¹

43. The most important development with respect to prison health-care services since the 2019 periodic visit is the recent (formally April 2023, effective since July 2023) transfer of responsibility from the Ministry of Justice to the Ministry of Health, which has increased the professional independence of health-care staff working in prisons and should eventually improve prisoners' access to outside specialist consultations and treatments,⁷² facilitate the oversight of the standard and equivalency of care and increase the opportunities for health-care staff working in prisons to improve their skills and advance professionally. However, the transfer could have been better prepared. At the time of the CPT's 2023 periodic visit, most of the necessary implementing regulations were still being drafted and several important issues (such as health-care staff's professional status,⁷³ benefits⁷⁴ and salaries,⁷⁵ rights of access to and movement within prisons,⁷⁶ ensuring confidentiality of medical consultations⁷⁷ and requests to see a doctor,⁷⁸ and securing convoys for outside consultations and hospitalizations⁷⁹) remained subject to tensions and difficulties, particularly so at Armavir Prison.

⁷⁰ To be published in April 2024.

⁷¹ See paragraphs 81 to 85 below concerning certain specificities of health-care services offered to female and juvenile inmates at Abovyan Prison.

⁷² Actually, this could already be observed at the time of the 2023 visit, such outside consultations and treatments (including hospitalisations) having become more frequent since the above-mentioned transfer of responsibility.

⁷³ In particular, the loss of privileges attached to their previous uniformed status and (military-style) ranks.

⁷⁴ Such as the more advantageous health insurance package and the right to early retirement. Reportedly, some of the nurses at Armavir Prison had chosen to quit the health-care service and requalify as custodial (prison) staff only to be able to retain these advantages.

⁷⁵ Which could reportedly be up to 30% lower in the Ministry of Health establishments.

⁷⁶ Related with the loss of military status (health-care workers having become "civilians" in the eyes of the prison administration, thus becoming subjected to additional security checks upon entrance and within the establishments).

⁷⁷ Some custodial staff reportedly insisting on remaining inside the consultation rooms since the health-care professionals had lost their prison (uniformed/military-style) staff status.

⁷⁸ Custodial staff reportedly requiring that such requests be made by prisoners exclusively to them, and in an open manner.

⁷⁹ As, apparently, such requests for organising a convoy were no longer treated by custodial staff as a priority

In the light of the above, **the Committee recommends that efforts be made jointly by relevant officials from the Penitentiary Service and the Penitentiary Medicine Centre to work out practical modalities of the operation of prison health-care services following the aforementioned transfer of responsibility.**

44. In the prisons visited, access to primary health care seemed, on the whole, sufficient, with a guaranteed 24/7 health-care coverage.

At Nubarashen Prison, the health-care staff complement had remained basically unchanged since the 2019 periodic visit,⁸⁰ except that there were now less doctors (1.5 general practitioner instead of the previous four). The health-care service of Armavir Prison was now staffed with 17 doctors of various specialties (five of whom working full-time), including the head doctor, seven general practitioners (some also qualified as surgeons and nephrologists), three specialists in infectious diseases, a part-time endocrinologist, neurologist, cardiologist, urologist and dentist, and 20 nurses. As for Artik Prison, the health-care team included the head doctor (surgeon and USG (ultrasonography) specialist), a general practitioner also specialised as dermato-venerologist, three part-time (0.25 FTE) specialists (surgeon, plastic surgeon and pulmonologist) and six nurses.

However, due to the lack of license from the Ministry of Health and the absence of adequate facilities, surgeons were *de facto* unable to exercise their profession (even minor surgeries, for example, sutures) and at times had to arrange for such minor surgeries to be performed in outside clinics. Further, in the CPT's view, both Nubarashen and Artik Prisons could benefit from having their GP quota brought up to 3.0 FTE from the current cumulative of 1.5 and 2.0 respectively (this including the administrative work included in the head doctor's role) as well as having a pharmacist employed at least on a part-time basis. **The CPT recommends that steps be taken accordingly.**

At the time of the visit to Artik Prison, the post of a dentist had been vacant since several months (after the previous dentist had retired). The Director told the delegation that it was hoped to recruit a new dentist before the end of October 2023. **The Committee would like to receive confirmation that this has indeed happened.**

45. By contrast with the access to somatic health care, the offer in terms of mental health care was inadequate in the prisons visited, as also acknowledged by the prison management and both the health-care and the custodial staff.

It was particularly striking that there was no resident psychiatrist at Armavir Prison⁸¹ and only part-time (0.25 FTE) psychiatrists at Nubarashen and Artik Prisons, each of these establishments accommodating a number of prisoners (some of them serving long including life sentences) who were known to be in need of psychiatric care.

Each of the prisons employed one to three psychologists, but with rare exceptions they were not clinically trained. They were essentially tasked with assessment and not with providing psychological assistance to prisoners.

The CPT once again calls upon the Armenian authorities to improve the provision of psychiatric care to prisoners, in particular by employing a full-time psychiatrist at Armavir Prison and increasing the times of attendance of psychiatrists at Nubarashen and Artik Prisons.

matter. For example, doctors at Armavir Prison told the delegation that approximately 50% of all the previously arranged transfers for outside consultations and treatments had to be postponed due to the failure by custodial staff to provide escort. Furthermore, blood samples reportedly had to be transported by personal cars of healthcare staff as the request to transfer tests by prison transportation was often refused.

⁸⁰ See paragraph 44, footnote 94, of document CPT/Inf (2021) 10.

⁸¹ By far the largest penitentiary establishment in Armenia with a huge turnover of remand prisoners and with numerous inmates suffering from serious mental health disorders, as also attested by the relevant documentation and self-harm and suicide attempts statistics.

The Committee also reiterates its recommendation that the Armenian authorities reinforce the provision of psychological assistance in prisons and develop the therapeutic role of prison psychologists. In this context, efforts are needed to recruit, in due course, clinically trained psychologists who should form part of the health-care team and whose work should avoid combining two different roles, that is, risk assessment and therapeutic clinical work.

46. One specific issue of concern with respect to psychiatric care was that some prisoners (for example, five at Artik Prison) were prescribed Clozapine without regular blood tests.⁸² By contrast, the four patients on Clozapine at the Central Prison Hospital were having their complete blood count checked every 10 days.

The CPT must stress that Clozapine can have severe side-effects such as a potentially lethal reduction of white blood cells (granulocytopenia, with substantially reduced resistance to infection). Therefore, **the Committee recommends that the Armenian authorities take steps to ensure that a protocol for a system of mandatory monitoring of the white blood cell count of prisoners treated with Clozapine be drawn up at the national level. Further, staff should be educated, in particular, about the early signs of the potentially lethal side-effects of Clozapine.**

47. At Armavir and Artik Prisons, the delegation was struck by the practice of health-care staff administering magnesium sulphate injections vis-à-vis agitated prisoners (reportedly if the establishments' psychologists failed to calm the inmates down by talking with them).⁸³ This was not only an apparently off-license procedure (prison health-care services not being authorised by the Ministry of Health to use any chemical restraint and/or PRN medication to control agitation) but also one devoid of any medical justification, magnesium sulphate not being known to have any sedating effect. **The Committee would like to receive the Armenian authorities' clarifications regarding the rationale behind this highly questionable practice.**

48. At the outset of the visit, the delegation was informed that the new suicide and self-harm risk assessment tool (to be used vis-à-vis newly-arrived prisoners, during their stay in the "quarantine" unit) had just been introduced (in August 2023).⁸⁴ Performing the assessment fell under the responsibility of the psycho-social team (non-uniformed custodial officers), trained in doing an initial risk assessment within 24 hours of admission and then filling in a secondary questionnaire to try to determine positive and negative factors in the psychological demeanour of the person. Inmates identified to be at a high-risk of committing suicide or self-harm were supposed to be placed under observation, and health-care staff informed in order to carry out further regular review and to initiate contact with the psychiatrist. **The Committee welcomes the introduction of the aforementioned assessment tool and requests to be provided with more detailed information on its practical implementation and any observed impact.**

⁸² They had each been reviewed by the psychiatrist once a month since the treatment had started, had an ECG done at least once and had blood tests done at variable intervals, one once a month, one had his last one 8 months previously and one claiming he never had bloods taken. This was confirmed through patients' interviews and review of their medical files.

⁸³ At Armavir Prison, the delegation's doctor witnessed the injection of magnesium sulphate, directly in the vein and without the use of a peripheral venous catheter, to an agitated prisoner with multiple co-morbidities including hypertension, cerebrovascular disease, diabetes mellitus, arrhythmias, pacemaker insertion and prostatism. His left upper limb had at least 15 visible injection sites and health-care staff had difficulty in finding a vein where to inject.

⁸⁴ It is noteworthy in this context that, at the time of the 2023 periodic visit, prisoners who frequently harmed themselves (there were, for example, four inmates at Artik Prison who in total had committed acts of self-harm 32 times in the period between 1 January and 1 September 2023) did not benefit from any specific programmes and any particular attention from health-care staff (see also the remarks above concerning the lack of adequate psychiatric care and psychological assistance). In 2023 (up till date of visit) there had been 85 cases of self-harm with 11 cases of attempted suicide at Nubarashen Prison. In comparison, the Central Prison Hospital had registered 34 episodes of self-harm (with 6 attempted suicides) in the same period.

In this context, the delegation was informed that a prisoner had committed suicide in his cell (by hanging) at Armavir Prison some 15 days prior to the CPT's visit. The deceased person was allegedly found with a piece of paper in his mouth, with a note "I hang myself because I was tortured". He had just been transferred back from the psychiatric ward of the Central Prison Hospital and was in the "quarantine" block of Armavir Prison at the time of his death. An investigation into this incident was ongoing. **The CPT would like to be provided, in due course, with information about the outcome of this investigation.**

49. As regards the premises of health-care services in the prisons visited, rooms previously used to accommodate in-patients at Nubarashen Prison had been refurbished and converted into outpatient consultation and examination rooms. Conditions were overall acceptable, as was also the case with the large health-care unit at Armavir Prison (76 beds in spacious rooms for one to six patients each). Of concern however was that albeit there were many in-patients making the use of a wheelchair, none of the in-room sanitary annexes (comprising a toilet and a shower) was wheelchair accessible. As for Artik Prison, the room used for medical admissions had no washbasin and was devoid of any medical equipment (health-care staff using portable equipment instead). **The Committee recommends that steps be taken to remedy the aforementioned deficiencies, in particular the absence of wheelchair access to sanitary annexes at Armavir Prison and the lack of hand-washing facilities at Artik Prison.**

The equipment seen in the health-care services of the three aforementioned prisons (including for dental care and X-rays, and the ECG and USG machines) was partially quite dated⁸⁵ but generally in working condition. However, what was missing were automated external defibrillators (AED). **The CPT recommends that all prison health-care services be equipped with AEDs and staff trained in using them.**

Overall, prison pharmacies were found to be well stocked. That said, there could still be occasional problems with the supply of some of the prescribed medication, obliging prisoners to rely on their families (or on their own financial means) to purchase it. **The Committee recommends that steps be taken to ensure that all prisons are supplied with appropriate medication, free of charge for the inmates.**

50. One crucial aspect of the work of prison health-care services where a major improvement was observed by the delegation was the medical screening and reporting of injuries upon arrival. Contrary to past practices,⁸⁶ such screening was now performed quickly (within 24 hours from arrival) and systematically,⁸⁷ and generally in a manner respectful of medical confidentiality (that is, without the presence of custodial staff⁸⁸ or police convoy officers).

⁸⁵ Although several items of new equipment had been purchased and installed in the framework of Council of Europe projects ("Enhancing healthcare and human rights protection in prisons in Armenia" and "Strengthening the Protection of the Rights of Persons in Detention", see <https://www.coe.int/en/web/yerevan/enhancing-health-care-and-human-rights-protection-in-prisons-in-armenia> and <https://www.coe.int/en/web/yerevan/strengthening-the-protection-of-the-rights-of-persons-in-detention>).

⁸⁶ See, for example, paragraph 47 of the report on the 2019 periodic visit (document CPT/Inf (2021) 10, <https://rm.coe.int/1680a29ba1>).

⁸⁷ In addition to screening for injuries, the procedure also included a chest X-ray and testing for tuberculosis, hepatitis B and C, syphilis and HIV. It should be added that free-of-charge treatment for tuberculosis, hepatitis C and HIV was available to all inmates.

⁸⁸ Unlike, reportedly, sometimes in the case of subsequent medical consultations, especially at Armavir Prison.

Further, prison doctors recorded injuries in dedicated registers and on special forms (also comprising “body charts” conforming with the Istanbul Protocol),⁸⁹ and, whenever the prisoner alleged ill-treatment or (even without such allegations) whenever the doctor considered that the prisoner’s injuries could have resulted from ill-treatment,⁹⁰ information was duly provided (in the form of a so-called “torture report”) to the prison’s management and further on to the Investigative Committee (with a copy sent to the relevant Prosecutor’s Office).⁹¹ Furthermore, with the prisoner’s prior consent, doctors took photographs of the injuries which were then enclosed with the “torture reports”.⁹² The Committee welcomes these important positive developments.

It is noteworthy that prisoners (and, with their consent, also their lawyers) were given copies of the “torture reports”, which is commendable. The only important aspect of the procedure requiring improvement was that neither the Investigative Committee nor the Prosecutor’s Office provided the prison with any feedback on the follow-up to the received “torture reports”. **The CPT recommends that this lacuna be eliminated.**

51. Whilst the aforementioned system⁹³ as such seemed to operate well, there was still the problem with incompatibility of the data server used hitherto in prison health-care services with the general database of the Ministry of Health, this also negatively affecting medical records of inmates (which were otherwise well kept). Furthermore, lack of access to the Ministry of Health electronic medical records hampered the implementation of the telemedicine project in prisons.⁹⁴ The delegation was informed that the aforementioned incompatibility/access problem would be solved before the end of 2023. **The Committee would like to receive confirmation from the Armenian authorities that this has indeed happened.**

52. All prisons visited were accommodating inmates with substance use disorders and opioid agonist therapy (using methadone in the form of soluble pills) was available to them.⁹⁵ However, as far as the delegation could ascertain, there were still no other harm reduction measures (for example, needle and syringe exchange programmes). **The CPT must therefore reiterate its long-standing recommendations that such measures be introduced in all prisons in Armenia.**⁹⁶

⁸⁹ See “Istanbul Protocol. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2022 edition)”, https://www.ohchr.org/sites/default/files/documents/publications/2022-06-29/Istanbul-Protocol_Rev2_EN.pdf. Copies of the forms and filled-in “body charts” were also systematically placed in prisoners’ individual medical files.

⁹⁰ Unlike in the past, prison doctors had been instructed and trained to assess the consistency of injuries observed with prisoners’ explanations on the circumstances in which they had sustained them, and this was recorded by doctors in writing on the “torture reports”.

⁹¹ The delegation was informed that, in the period between 1 January and 1 September 2023, 47 “torture reports” had been sent to the Investigative Committee from all the penitentiary establishments in Armenia (including 16 from Armavir Prison and 10 from Nubarashen Prison). See also paragraph 12 above.

⁹² The standard “torture report” forms had been elaborated with the help of the Council of Europe Office in Armenia (in the framework of the project referred to in paragraph 49 above), and all prison doctors had received a 3-day training on how to record injuries and fill in the forms.

⁹³ Which – it should be noted – was also applied with respect to injuries observed inside the prison.

⁹⁴ Relevant equipment was already installed in at least some of the prisons (for example, at Armavir Prison). It is noteworthy that telemedicine would also, once operational, permit improvement of prisoners’ access to mental health care (see paragraph 45 above).

⁹⁵ For example, approximately 100 inmates were on methadone at Armavir Prison and 13 at Artik Prison.

⁹⁶ See also paragraph 89 of the report on the 2015 periodic visit: “The CPT wishes to stress that the management of drug-addicted prisoners must be varied – combining detoxification, psychological support, socio-educational programmes, rehabilitation and substitution programmes – and linked to a real and effective prevention policy. This policy should highlight the risks of HIV or hepatitis B/C infection through drug use and address methods of transmission and means of protection. It goes without saying that health-care staff must play a key role in drawing up, implementing and monitoring the programmes concerned and co-operate closely with the other (psycho-socio-educational) staff involved.” See also “Drug Dependence Treatment: Interventions for Drug Users in Prison”, UN Office on Drugs and Crime, www.unodc.org/docs/treatment/111_PRISON.pdf.

53. As for the Central Prison Hospital, living conditions had further deteriorated since the 2019 periodic visit,⁹⁷ the whole establishment being in a state of advanced dilapidation (apart from some of the rooms on the surgery and internal diseases wards previously renovated using patients' own financial means). In short, conditions at the Central Prison Hospital did not befit a health-care facility.⁹⁸

The Committee calls upon the Armenian authorities to close it as soon as possible.⁹⁹ Pending this, efforts should be made to limit the use of the current facility to the strictest minimum, that is only for the period and to the extent where no other options (such as hospitalisation in “civil” establishments) are available.

54. As already mentioned in paragraph 8 above, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention and requested the Armenian authorities to confirm, within one month, that the three rooms used at the Central Prison Hospital to place agitated/aggressive patients or patients requiring protection (referred to as “isolator”) have been taken out of service. Indeed, conditions in these rooms were extremely poor (damaged floors, walls and ceilings, humidity, appalling hygiene, and inadequate heating) and the fact that patients had sometimes stayed there for prolonged periods (three weeks or more) rendered them even more unacceptable. The delegation added that, given that the Central Prison Hospital was operating well below its official capacity (and that two of the wards were in the process of being closed down),¹⁰⁰ it must be possible to find suitable and safe accommodation for such patients elsewhere in the Hospital.

In their letter dated 26 October 2023, the Armenian authorities informed the CPT that the above-mentioned “isolator” had been closed pending refurbishment. Meanwhile, patients requiring isolation/seclusion were accommodated in ordinary rooms on the (currently disused) “narcology” ward.

55. While welcoming the aforementioned quick and positive response of the Armenian authorities to its immediate observation, the Committee must highlight several other issues of concern regarding the procedure of placement of patients in the “isolator”. In particular, there appeared to be no precise written rules¹⁰¹ and no dedicated register for such placements (there was merely a brief note, without details on the reasons and timing, in patients' medical files). Further, it was not clear whether the placement was a security or a medical measure, and whether there was any regular review mechanism.¹⁰² The delegation was also not able to ascertain whether patients placed in the “isolator” were visited by health-care staff on a daily basis (in any event, there was no written trace of such visits).

⁹⁷ See the detailed description in paragraph 52 of document CPT/Inf (2021) 10, <https://rm.coe.int/1680a29ba1>.

⁹⁸ This deplorable state of affairs could not even be offset by the generally acceptable health-care staff complement (five full-time doctors including a general practitioner, two surgeons (who were *de facto* working as general practitioners as the hospital was not licensed by the Ministry of Health to perform anything but minor surgeries), an infectious diseases specialist and a radiologist; two visiting specialists (cardiologist and ophthalmologist) and an adequate number of nurses) and the guaranteed 24/7 health-care staff coverage.

⁹⁹ See also paragraph 27 above. It is noteworthy that, according to the Director, the Central Prison Hospital had been supposed to close down in 2022 but the closure had been postponed (reportedly preliminarily until 2028).

¹⁰⁰ See paragraph 25 above.

¹⁰¹ The delegation was told that patients could be placed in the “isolator” by decision of the Director of the Central Prison Hospital (that is, non-medical staff), based upon a motion by either the custodial or medical personnel. The initial placement would be for 24 hours maximum, and any prolongation would require approval by the establishment's internal commission composed of Deputy Directors in charge of operational and security issues, as well as the Head Doctor.

¹⁰² The Director told the delegation that placement on security grounds would as a rule be reviewed every five days, but there would normally be no review if the patient himself requested to be accommodated in the “isolator”.

The CPT recommends that steps be taken to remedy the above-mentioned *lacunae*. In so doing, the Armenian authorities should draw inspiration from the Committee’s standards on the matter, set out in document CPT/Inf (2011) 28-part2¹⁰³ (especially paragraphs 56 d., 57 d. and 62 regarding the role of health-care staff) as concerns placements on their own request of patients without a known mental health condition. Regarding the short-term (a few hours maximum) placements on security grounds of patients without a known mental health condition who are in a state of agitation, these should be decided by the Director but a doctor should be informed immediately and should visit the patient without delay to assess their condition and (if required) recommend the termination of the measure or its transformation into seclusion on mental health grounds; in the latter case, the rules applicable should be the same as with respect to seclusion of patients with mental health conditions¹⁰⁴ (which, needless to add, should be applied *ab initio* whenever a patient from the psychiatric ward is placed in an “isolator”). In all cases, the placements should be duly recorded in a dedicated register.

5. Other issues of relevance to the CPT’s mandate

a. prison staff¹⁰⁵

56. The delegation was informed during the initial talks at the Ministry of Justice that prison staff salaries had increased by 60% since the beginning of 2022 and that a further increase was planned in 2024, related with the process of attestation of prison staff (the aim being to introduce three levels of professional initial and in-service training) which would ultimately allow some of the personnel (with the highest training level) to double their salaries. The delegation’s interlocutors were hopeful that this would eventually help fill approximately 100 vacant posts (out of the total of 2,000, including some 1,800 for uniformed staff) at the Penitentiary Service.¹⁰⁶

Meanwhile, however, most of the prisons (apart from Abovyan Prison and Artik Prison¹⁰⁷) were severely understaffed (both as regards custodial and other qualified personnel, including psychologists,¹⁰⁸ social workers, work instructors, etc.)¹⁰⁹ and even when the staff complement appeared sufficient for the current population (for example, at the Central Prison Hospital¹¹⁰ and at Artik Prison), the actual attendance patterns (that is, the number of staff present inside the prisoner accommodation areas at any given shift) were insufficient.

For example, there were 10 to 12 custodial staff present at the Central Prison Hospital on any given shift; this was insufficient as custodial officers were also required to escort patients to outside consultations and remain with them in case of hospitalisation in a “civil” hospital. At Nubarashen Prison (capacity 700, population 437 at the time of the visit), the usual shift comprised 17 to 25 custodial staff, and at Artik Prison (capacity 300, population 198), 16 custodial staff (and three officers during day hours). The worst situation was observed at Armavir Prison (capacity 1,100, population 1,001) where only between 30 and 32 custodial staff were present during any usual shift.

¹⁰³ “Solitary confinement of prisoners. Extract from the 21st General Report of the CPT, published in 2011”, <https://rm.coe.int/16806cccc6>.

¹⁰⁴ See document CPT/Inf (2017) 6, “Means of restraint in psychiatric establishments for adults (Revised CPT standards)”, <https://rm.coe.int/16807001c3>.

¹⁰⁵ See also paragraphs 86 and 87 below with respect to specific issues concerning prison staff working with female and juvenile inmates.

¹⁰⁶ Senior officials from the Ministry of Justice and the Penitentiary Service also stressed that higher salaries should reduce prison staff’s motivation to engage in corrupt practices (see paragraph 59 below).

¹⁰⁷ Artik Prison (capacity 300, population 198 at the time of the visit) had 215 staff positions (including 193 for uniformed staff and five for social workers) and only one vacancy.

¹⁰⁸ See paragraph 45 above.

¹⁰⁹ For example, Nubarashen Prison had 250 positions for staff of all categories (including 25 vacancies), whilst Armavir Prison (capacity 1,100, population 1,001 at the time of the visit) had merely 150 staff positions (including two for social workers), with 24 vacancies.

¹¹⁰ 68 posts for custodial staff (seven of them being vacant).

The CPT calls upon the Armenian authorities to continue their efforts to increase custodial staffing levels and presence in accommodation areas of the prisons visited, especially at Armavir Prison.¹¹¹ Further, as already stressed earlier in this report, implementation of the recommendation set out in paragraph 38 above will require recruiting more staff with other qualifications (work instructors, teachers, educators, social workers, etc.).¹¹²

57. As during previous visits, the delegation observed that some custodial staff at the establishments visited worked on 24-hour shifts followed by three days off. The Committee can only reiterate its opinion that such a shift pattern has an inevitable negative effect on professional performance; no-one can perform in a satisfactory manner the difficult tasks expected of a prison officer for such a length of time. **The CPT once again calls upon the Armenian authorities to discontinue this practice.**

58. As regards prison staff training, the delegation was informed of plans to introduce, in the context of the aforementioned attestation process, a three-level professional training system as from 2024 (see also paragraph 56 above). New training curricula were being prepared at the recently opened Prison Staff Training Centre, and it was also envisaged to modify the initial recruitment criteria, with a pilot project to begin soon in one of the prisons.

The Committee would like to receive more detailed information on these plans and their practical implementation. The CPT also refers to the recommendation in paragraph 29 above and reiterates its recommendation that continuous efforts be made to increase the number of prison staff trained in dynamic security¹¹³ and deployed in prisoner accommodation areas. Furthermore, the Committee recommends that the Armenian authorities ensure that all prison officers receive appropriate and ongoing training in recognizing the impact of trauma, detecting mental health care needs and risks of self-harm and suicide, seeking not to retraumatise and promoting safety and respect.¹¹⁴

59. The delegation was informed of measures being taken to combat staff corruption in penitentiary establishments. Reportedly, the combination of higher salaries and lower tolerance¹¹⁵ was starting to bear fruit, with a diminishing number of newly discovered cases. Whilst the Committee has no reason to doubt the veracity of this information, it should be mentioned here that cases of staff corruption (mainly in the form of staff smuggling in prohibited items, in particular mobile phones, in exchange for payment) existed in all the penitentiary establishments visited, as was acknowledged by the respective Directors.

In the light of the above, the CPT calls upon the Armenian authorities to continue taking decisive action to combat corruption in penitentiary establishments through prevention, education, and the application of appropriate sanctions. In this context, prison staff and officials working with the prison system should continue receiving the clear message that obtaining or demanding advantages from prisoners is illegal and unacceptable and will be duly investigated and punished; this message should be reiterated in an appropriate form, at suitable intervals.

¹¹¹ Considering its size and role as the country's main prison.

¹¹² At the time of the 2023 periodic visit, none of the prisons visited by the delegation employed work instructors and educators, and only Armavir and Nubarashen Prisons had visiting teachers, providing individually tailored tuition to inmates aged below 19. On the other hand, every prison had at least one social worker.

¹¹³ Dynamic security is the development by staff of positive relationships with prisoners based on firmness and fairness, in combination with an understanding of their personal situation and any risk posed by individual prisoners, as well as the provision of constructive activities. On the latter aspect, see paragraphs 38 above.

¹¹⁴ See also the recommendation in paragraph 86 below.

¹¹⁵ The delegation was informed that several prison officers had recently been punished both disciplinarily and criminally for acts of corruption (and 28 criminal cases were ongoing during the CPT's visit).

b. discipline and solitary confinement¹¹⁶

60. The general rules concerning disciplinary solitary confinement had remained essentially unchanged since the CPT's previous visits to Armenia: remand prisoners could be placed in a disciplinary cell ("kartzet") for up to 10 days and sentenced prisoners for up to 14 days. Upon examination of the relevant documentation in the prisons visited, the delegation came to the overall conclusion that disciplinary sanctions (including the placement in a "kartzet") were not resorted to excessively.¹¹⁷

61. The disciplinary procedure continued to display the deficiencies described in previous reports; in particular, inmates were still not informed in writing about the charges, there was no systematic oral hearing (the procedure continued to be essentially document-based),¹¹⁸ they had no access to legal assistance, could not call witnesses and cross-examine evidence against them, were not given a copy of the decision¹¹⁹ and were often not informed of the possibilities of appeal.

The CPT once again calls upon the Armenian authorities to take resolute steps to eliminate all the above-mentioned *lacunae*.

62. Conditions in "kartzet" cells varied from very poor (at Armavir Prison¹²⁰) to totally unacceptable at Artik Prison¹²¹ and Nubarashen Prison.¹²² **The Committee recommends that steps be taken to improve the state of repair of the "kartzet" cells at Armavir and Nubarashen Prisons.¹²³ As for Artik Prison, reference is made to paragraph 35 above.**

As regards the regime in disciplinary units, prisoners placed in "kartzet" cells were offered the possibility to take one hour of outdoor exercise every day and were granted access to reading material during the placement. They were not allowed to keep a TV set but could listen to the radio. However, despite the February 2019 judgment of the Constitutional Court, recognising as unconstitutional the legal regulations according to which inmates transferred to the "kartzet" cell were automatically deprived of the contact with the outside world, prisoners who were or had recently been in "kartzet" cells told the delegation that they were (or had been) deprived of visits, phone calls and letters during their placement. **The CPT once again calls upon the Armenian authorities to ensure that prisoners placed in a "kartzet" are not subjected to a total prohibition on contacts with the outside world, and that any restriction on contacts as a form of punishment is imposed only when the offence relates to such contacts.**¹²⁴

¹¹⁶ See paragraph 89 below as regards specific issues relevant to female and juvenile prisoners.

¹¹⁷ For example, there had been 34 placements in a "kartzet" at Artik Prison, 190 at Armavir Prison (which was not very surprising given the size of the establishment and the very high turnover of prisoners) and 90 at Nubarashen Prison between 1 January and 1 September 2023, usually for between three and 10 days. In all prisons visited the delegation observed that a gradual system of disciplinary sanctions was applied, that is, prisoners would first receive a warning, then a reprimand, and only if they still continued committing disciplinary violations the placement in a "kartzet" would be resorted to, but also in a gradual manner (three days, five days, seven days, 10 days, rarely 12 days).

¹¹⁸ Although practices seemed to vary between establishments, for example, oral hearings appeared to be more frequent at Artik Prison.

¹¹⁹ They were asked to sign the document, but it was then taken away from them and put in their administrative file.

¹²⁰ Where the "kartzet" cells, though adequate in size (9 to 12 m², including a sanitary annexe), well-lit, ventilated and furnished, were cold, wet, dilapidated and quite dirty. See also the remarks and recommendations concerning the "quarantine"/disciplinary unit of Armavir Prison (paragraph 33 above).

¹²¹ See paragraph 33 above concerning the conditions in the "quarantine"/disciplinary unit of Artik Prison.

¹²² See paragraph 33 above concerning material conditions in cells on the ground level of Nubarashen Prison.

¹²³ See also the recommendations in paragraph 34.

¹²⁴ See Rule 60 (4) of the European Prison Rules. See also paragraph 90 below.

63. At Armavir, Artik and Nubarashen Prisons, the delegation came across cases of what would appear to be improper use of “kartzner” cells: as accommodation for inmates isolated for their own protection (mostly but not exclusively on their request)¹²⁵ or to hold prisoners in a state of agitation. In the former case, placements could be of a very long duration (a year or more) whilst in the second, these would normally last no more than a few days. In the case of prisoners isolated for their own protection, the only difference as compared with those placed in disciplinary solitary confinement was that more personal items were authorised in the cell.

The CPT recommends that the above-mentioned practices be stopped. Isolation/segregation on grounds other than disciplinary should take place in other suitable premises offering, as required, an appropriate regime. Reference is also made here to the CPT’s 21st General Report.¹²⁶ Further, reference is made to paragraph 54 above as regards the placement of prisoners in a state of agitation.

c. contact with the outside world¹²⁷

64. At the outset of the visit, the delegation was informed by senior officials from the Ministry of Justice and the Penitentiary Service that, pursuant to the new Penitentiary Code, there had been an increase in visiting entitlement for all categories of prisoners.¹²⁸ Further, remand prisoners were now also entitled to receiving long-term visits and, furthermore, short-term visits now took, as a rule, place in open-style premises (over a table, without separation).¹²⁹

While the Committee acknowledges these positive developments, the fact remains that the new provisions continue attaching prisoners’ visiting entitlement to the type of regime.¹³⁰ Moreover, irrespective of the regime, the new entitlement is still much too low.

The CPT once again calls upon the Armenian authorities to amend the relevant legislation so as to ensure that all categories of prisoners, irrespective of the sentence and regime, are entitled to the equivalent of at least one hour of visiting time per week; preferably, they should be able to receive a visit every week. There should also be the possibility of accumulating visit entitlements for periods during which no visits have been received.¹³¹

65. Regarding telephone calls, the applicable rules had not changed since the 2019 periodic visit: prisoners could call (using phone cards bought in the prison shop or received from home) once to twice per week for a maximum of 15 minutes. Again, many prisoners complained to the delegation that this was not enough to maintain their family links.¹³² **The CPT recommends that the Armenian authorities consider ways to improve inmates’ access to a telephone.**

¹²⁵ At the time of the visit, there were three such inmates at Armavir and Artik Prisons, and 18 at Nubarashen Prison.

¹²⁶ Paragraphs 53 to 64 of CPT/Inf (2011) 28 (<https://rm.coe.int/16806cccc6>). See also Rules 60.6a to 60.6f of the revised European Prison Rules.

¹²⁷ See paragraph 90 below on specific aspects concerning female and juvenile prisoners, and paragraph 62 above concerning inmates placed in disciplinary cells.

¹²⁸ See Sections 80 and 95 to 97 of the Penitentiary Code. Depending on the regime, prisoners could now receive between four and 12 short-term visits and up to six long-term visits per year.

¹²⁹ It is also noteworthy that visiting premises were of a decent standard (and even a good one, as was the case with the long-term visit premises) in all the prisons visited.

¹³⁰ As the Committee has stressed many times in the past, this is a fundamentally flawed system.

¹³¹ See also Rules 24.1 to 24.8 and Rule 99 of the European Prison Rules.

¹³² In this context, it was hardly a surprise that possession of a mobile phone (a prohibited item) and/or a SIM card was one of the most frequent disciplinary violations in the prisons visited.

66. As had been the case during the 2019 periodic visit,¹³³ foreign prisoners (as well as Armenian nationals whose families lived abroad or otherwise far away) could use, twice a month, Voice over Internet Protocol (VoIP) free of charge to get in touch with their relatives. However, several foreign prisoners (especially at Armavir Prison) appeared unaware of this possibility, likely due to communication problems. **The Committee invites the Armenian authorities to make more efforts to ensure that the relevant information (as well as other information on their rights and obligations) is made available to foreign prisoners (in a written form) in an appropriate range of languages.**¹³⁴ Further, **the CPT invites the Armenian authorities to consider enlarging the access to VoIP to other prisoners, based on the assessment of their individual circumstances.**

6. Women and juveniles in prison

a. preliminary remarks

67. In European countries, women make up a small minority of the overall prison population and the focus of prison systems is usually oriented toward the standard male prisoner (that is, how to provide a safe and secure environment and, if feasible, to prepare them for reintegration into the community).¹³⁵ However, women have distinct biological and gender-specific needs and generally pose a lower security risk, which require an alternative prison policy oriented toward addressing them.¹³⁶ Furthermore, the CPT believes that much more needs to be done with a view to establishing national systems of non-custodial measures and creating mechanisms to implement alternatives to imprisonment of women.¹³⁷

68. As regards juveniles, the CPT has long advocated that all detained juveniles who are suspected or convicted of a criminal offence should be held in detention centres specifically designed for persons of this age, offering a non-prison-like environment and regimes tailored to their needs and staffed by persons trained in dealing with the young.

In the CPT's view, when, exceptionally, juveniles are held in prisons for adults, they should always be accommodated separately from adults, in a distinct unit. Further, adult prisoners should not have access to this unit. That said, the Committee acknowledges that there can be arguments in favour of juveniles participating in out-of-cell activities with adult prisoners, on the strict condition that there is appropriate supervision by staff. Such situations occur, for example, when there are very few or only one juvenile offender in an establishment; steps need to be taken to avoid juveniles being placed *de facto* in solitary confinement.¹³⁸

¹³³ See paragraph 65 of document CPT/Inf (2021) 10, <https://rm.coe.int/1680a29ba1>.

¹³⁴ See also the recommendation in paragraph 41 above.

¹³⁵ According to the World Prison Brief, on 1 January 2022, there were 61 women prisoners in Armenia, that is, 2.9 per cent of the prisoner population.

¹³⁶ For more information, see [the CPT factsheet on Women in prison](#) and United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), Rule 41.

¹³⁷ For more information, see the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), Rules 57-58.

¹³⁸ For more information regarding juveniles deprived of their liberty under criminal legislation, see [the extract from the 24th General Report of the CPT](#).

69. During the 2023 visit, the delegation visited Abovyan Prison for women and juveniles, which was last visited by the CPT in 2006. With an official capacity of 264, at the time of the visit the prison was accommodating 68 women (20 sentenced and 48 remand)¹³⁹ and six male juvenile/young adult remand prisoners.¹⁴⁰ There were three mothers with accompanying children (three weeks, four months, and two and a half years old).

Prisoners were divided between two main blocks – one for sentenced prisoners accommodated in dormitories and serving their sentence under a low security regime or the mild conditions of the medium security regime, and another one, with cells up to three beds, for remand prisoners (plus all juveniles, who were accommodated separately), as well as for sentenced prisoners under the strict conditions of the medium security regime, or under the high security regime.

70. The vast majority of prisoners interviewed stated that they were treated correctly by prison staff and a relatively relaxed atmosphere was observed by the delegation in the accommodation blocks. Furthermore, the delegation did not receive any allegations or other indications of inter-prisoner violence between women or juveniles.

b. conditions of detention

71. As witnessed by the delegation during the visit and confirmed later by the Armenian authorities, a large-scale reconstruction was taking place in Abovyan Prison, affecting all areas of the institution (accommodation blocks, exercise yards, the school, the club, etc.). The reconstruction had started in 2022 and was, reportedly, supposed to be finished by the end of 2023.

The Committee welcomes the plans to close the block with dormitories and move to cell-type accommodation, since large-capacity dormitories inevitably imply a lack of privacy for prisoners in their everyday lives and increase the risk of intimidation and violence. It must nevertheless be stressed that moves away from large-capacity dormitories towards smaller living units have to be accompanied by measures to ensure that prisoners spend a reasonable part of the day engaged in purposeful activities of a varied nature outside their living unit.

Given this information, the CPT will not dwell in detail upon the material conditions at Abovyan Prison, except for two issues which the delegation specifically raised with the Abovyan Prison administration at the end of the visit (described in paragraphs 72 to 75 below). **The Committee would, however like to receive confirmation of the successful completion of the prison's reconstruction without delay, as well as more detailed information about different types of accommodation for juveniles, sentenced women, and women on remand, as well as mothers with accompanying children.**

72. The two exercise yards for the accommodation block with cells for remand prisoners and certain groups of sentenced prisoners were austere concrete walled spaces, covered with metal grilles, offering no horizontal view and only a limited view of the sky. They were too small for prisoners to be able to exert themselves properly.¹⁴¹ Many prisoners stated that they did not go outside for weeks as they considered it being no different from staying inside their own cell.

73. In the view of the Committee, outdoor yards should be spacious enough to give detained persons a real opportunity to exert themselves physically, for example, to walk, run or play a game, and be equipped with sport equipment. Their design should not be oppressive and should enable persons to have a view of the surroundings. Finally, the yards should be at least equipped with a protection against the rain or the sun, and a means of rest in sufficient number to allow most persons present to sit if they so desire.

¹³⁹ Ten of them were foreign nationals (from Belarus, Brazil, Ecuador, Georgia, Guatemala, Iran, and the Russian Federation).

¹⁴⁰ Although the upper age limit for juvenile prisoners in Armenia is 18 years, three of the six juveniles were past 18 years old but had reportedly requested to be allowed to stay in Abovyan Prison until the end of their respective trials.

¹⁴¹ Approximately 14 m².

The Committee takes note of the information provided by the Armenian authorities regarding the planned expansion and complete repair of the exercise yards in Abovyan Prison. However, **the CPT encourages the Armenian authorities to use the spacious grounds of Abovyan Prison more fully to provide exercise yards for women and juvenile prisoners in line with the above-mentioned precepts.**

74. The delegation was told that hot water in the accommodation block with cells for remand prisoners and certain groups of sentenced prisoners was switched on only once a week (the block with dormitories had a constant hot water supply). During interviews with women prisoners, they told the delegation of different ways they used to wash themselves whilst menstruating, including filling up a big plastic bottle with cold water, putting it on the windowsill to warm up in the sunshine, and then using it to wash themselves while squatting above the in-cell squat toilet.

Furthermore, a prisoner with a three-week old new-born was using an electric kettle in her cell to warm water to be able to wash her baby on the several occasions per day this was required.

75. The maintenance of good sanitary conditions in prisons is important in preventing illness and disease and maintaining human dignity. In this context, female prisoners have special hygiene requirements which prison authorities are obliged to provide for.¹⁴² It should be ensured that women in prison are provided with sanitary towels free-of-charge and have regular access to hot water for their personal care and for the care of their accompanying children.

The Committee took note of the information, provided by the Armenian authorities following the visit, regarding a specially adapted cell with constant hot water supply for women with children under the age of three, which had been renovated and fully furnished. **The CPT welcomes this development; however, it recommends that the Armenian authorities make further efforts to ensure that the hygiene needs of all women prisoners can be always met in a dignified fashion (with a reference also to the recommendation in paragraph 36 above), and that the standard of the best interests of the child is taken into account.**

76. As regards the regime, the dormitories for sentenced prisoners serving their sentence under the low security and mild conditions of the medium security regimes were open during the day, being closed from 11 p.m. until 7 a.m. All 13 of these prisoners were provided with paid work, mainly cleaning.

Remand and sentenced women prisoners serving their sentence under the strict conditions of the medium security regime, or under the high security regime, were accommodated in cells which were locked all day except, for one hour of outdoor exercise (as mentioned in paragraph 72 above, the majority of prisoners refused to go outside most of the time); none of them were involved in any work activities.

77. Sentenced women in both accommodation blocks had been offered some activities/courses in the past (for example, sewing, English language, hairdressing, IT, yoga, psychology, etc.) but, having ceased in July 2023, these were reportedly planned to resume once the prison reconstruction was complete. **The Committee would like to receive confirmation that the courses have indeed restarted.**

However, the women on remand, many of whom had been in prison for years, had no activities at all, with some of them finding such idleness very difficult to cope with; indeed, it was the main complaint of the majority of the women held on remand interviewed by the delegation.

¹⁴² Rule 19.7 of the European Prison Rules requires special provision for the sanitary needs of women to be made; see also Rule 5 of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).

78. The CPT recognises that the provision of organised activities for remand prisoners, with their likely high turnover, might pose challenges; however, it is not acceptable to leave remand prisoners to their own devices for months or even years at a time. The Committee reiterates its view that the aim should be to ensure that all prisoners (including those on remand) spend a reasonable part of the day (that is, eight hours or more) outside their cells engaged in purposeful activities of a varied nature: work, preferably with vocational value, education, sport, recreation/association, etc.

Moreover, the Committee notes that by providing women with adequate vocational training in prisons and thereby increasing their chances to gain employment and provide for their families after release, prison authorities can make an immense contribution to their social reintegration.

The CPT recommends that the Armenian authorities take concrete measures to significantly develop the regime for women prisoners to ensure that all prisoners (both remand and sentenced) have access to purposeful activities of a varied nature (work, education, sport, recreation) for eight hours or more per day; if necessary, relevant legislative changes should be adopted as a matter of priority.

79. Juveniles on remand in Abovyan Prison attended general education classes for a minimum of four hours per day, five days a week.¹⁴³ However, their access to outdoor exercise was for one hour per day only (including a visit to an indoor gym) and there were no other purposeful out-of-cell activities on offer for them, which meant that, unless they were at school or exercising, they were locked in cells.

In the Committee's view, although a lack of purposeful activities is detrimental for any person held in prison, it is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation. Juveniles should benefit from rehabilitative and reintegration-oriented interventions to prepare them for release and to avoid reoffending. Their cells should be unlocked for most of the day, and they should be provided throughout the day with a full programme of education, sport, vocational training, recreation, and other purposeful out-of-cell activities for at least eight hours per day and preferably more; this should include at least two hours of daily outdoor exercise. Physical exercise should constitute an important part of the juveniles' daily programme.¹⁴⁴

The CPT recommends that the Armenian authorities take steps to provide juvenile prisoners with purposeful out-of-cell activities in line with the above-mentioned precepts. Immediate measures should be taken to offer them, daily, at least two hours of outdoor exercise.

80. According to the Armenian law, incarcerated mothers may keep their children with them up until the age of three. The Committee notes that, at the time of the visit, there was no dedicated mother-and-child unit in Abovyan Prison. As mentioned in paragraph 69 above, at the time of the CPT visit to the establishment, there were three mothers with accompanying children – one was accommodated in the block with dormitories (she and the baby had a separate room just for themselves) and the other two were in the block with cells; their children stayed with them continuously, day and night. The mothers were provided with necessary items, including a cot, a pushchair, a bath, nappies, infant food, etc. They were visited daily by the medical staff and their children had received all the compulsory vaccines according to the national vaccination plan and were under the supervision of the regional paediatrician.

The regime for the mothers, however, was not different from that provided to the rest of the women prisoners in the same accommodation block, which meant that these two women accommodated in cells had only one hour of outdoor exercise per day (in an oppressive, cage-like exercise yard, see paragraph 72 above).

¹⁴³ General education classes were also attended by three sentenced women.

¹⁴⁴ For more information, see the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), Rule 26, and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules), Rules 18, 38, and 47.

In the Committee's view, for as long as a child remains in prison, the standard of the best interests of the child must be taken into account. This means that the mother and the child should be accommodated in a suitable, non-carceral setting, in terms of space, furnishings and access to cooking and washing facilities. Adequate heating/cooling and good access to fresh air and natural light are also crucial. Arrangements should also be made to ensure that the movement and cognitive skills of babies held in prison develop normally. In particular, they should have adequate play and exercise facilities within the prison and, wherever possible, the opportunity to leave the establishment and experience ordinary life outside its walls.

The specific sanitary and hygiene needs of mothers and children should be adequately met, including access to good sanitary facilities, and provision of sanitary and hygiene products (nappies, soap, shampoo, washing powder, and clothing, for example) as needed, as well as food suitable for infants.

As mentioned in paragraph 75 above, after the reconstruction of Abovyan Prison, there will reportedly be a specially adapted cell for women with children under the age of three. The Committee trusts that this is only a first step towards a dedicated mother-and-child unit. **The CPT would like to receive confirmation that the above-mentioned cell has been furnished in line with the principles described in this paragraph, and whether there are plans to have more similar cells and what would be their intended capacity.**

Furthermore, the CPT recommends that the Armenian authorities increase the outdoor exercise entitlement of female prisoners with accompanying children (both remand and sentenced) to at least four hours per day in adequate play and exercise facilities, amending the relevant legislation if necessary.

c. health-care services

81. Abovyan Prison employed four doctors – a full-time psychiatrist/narcologist, a half-time psychiatrist, a full-time gynaecologist/general practitioner (also reportedly trained in penitentiary medicine), and a half-time dentist, as well as five nurses (four working 24-hour shifts and one day nurse, who was mostly engaged in paperwork and dispensing medication) who did rounds twice a day.

The prison health care service was equipped with medical oxygen and an electrocardiography (ECG) machine, however there was no defibrillator. **The CPT recommends that this shortcoming be remedied and that a person competent to provide first aid, who holds valid certification in the application of cardiopulmonary resuscitation and the use of an automated external defibrillator, is always present at the establishment.**

82. Newly admitted prisoners were screened by nursing staff upon arrival and examined by a doctor within 24 hours, including a questionnaire on mental health, and risks of suicide and self-harm. From the interviews with the inmates and staff the delegation learned that female prisoners were also screened for gender-specific needs and any history of sexual abuse and other gender-based violence; injuries were being recorded using a body chart in line with the principles of the Istanbul Protocol.

Screening for breast and cervical cancer, as well as pulmonary X-ray for tuberculosis, were carried out once a year and treatment provided upon need.

83. As regards psychological assistance, Abovyan Prison employed two psychologists, one of them was clinically trained. In addition to providing individual, group and art therapy sessions, they were also carrying out risk assessments on prisoners.

The CPT reiterates its recommendation that the Armenian authorities further strengthen the provision of psychological assistance in prisons and develop the therapeutic role of prison psychologists. In this context, efforts are needed to continue recruiting clinically trained psychologists who should form part of the health-care team and whose work should avoid combining two different roles, that is, risk assessment and therapeutic clinical work.

84. Regarding medical confidentiality, some interviewed prisoners alleged that medical examinations took place in the presence of custodial staff. **The CPT recommends that the Armenian authorities ensure that all medical examinations of prisoners are conducted out of the hearing – and unless the medical staff concerned requests otherwise in a particular case – out of the sight of prison officers.**

85. Several foreign female prisoners complained that, due to language barriers and a lack of interpretation arrangements, they could not communicate appropriately with medical staff.

In the Committee's view, it is imperative that prison healthcare staff have access to appropriate translation/interpretation services to ensure that a comprehensive assessment can be formulated, and any conclusions and treatment needs communicated to the prisoner concerned.

Therefore, **the CPT recommends that the Armenian authorities take measures to ensure that qualified interpretation is provided in all cases when a healthcare professional is unable to make a proper diagnostic evaluation and/or communicate treatment needs due to language problems.**

d. other issues

86. The Committee notes that most prison guards in direct contact with female prisoners were women.

However, as the delegation was informed by the prison administration, the staff training in Abovyan Prison was in no way different from that in male prisons, whereas, in the view of the CPT, the development of specialised training for staff assigned to work with women prisoners is crucial to be able to address their specific needs. Implementation of gender-sensitive and trauma-informed approaches demonstrably decrease levels of self-harm, suicide, and inter-prisoner violence.

Therefore, all staff working with women prisoners should receive training relating to the gender-specific needs and human rights of women prisoners, including the prohibition of discrimination. Gender-sensitive and trauma-informed treatment and management of women prisoners should be an integral part of the curriculum of custodial staff in women's prisons. Such training should enable staff to recognise the impact of trauma, detect mental health care needs and risks of self-harm and suicide, seek not to retraumatise, and promote safety and respect. Further, post-education training of women prison staff should be a part of their on-going training, enabling them to deal appropriately with the gender-specific needs of women prisoners.¹⁴⁵

The CPT recommends that the Armenian authorities ensure that all staff involved in the management of women's prisons receive training relating to the gender-specific needs and human rights of women prisoners, in line with above-mentioned principles.

87. Similarly, none of the staff working with juveniles had received any specialised training for working with prisoners of this age-group.

In the view of the CPT, 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.¹⁴⁶

¹⁴⁵ For further details, see United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules) 29-35 on institutional personnel and training.

¹⁴⁶ For further details, see the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), Rule 22.

The CPT recommends that the Armenian authorities ensure that all prison officers working with juveniles are provided with the appropriate initial and ongoing training to fulfil their role professionally, in line with the above-mentioned precepts.

88. The delegation observed that communication between prison staff and foreign female prisoners was generally limited, mainly due to the communication difficulties. This contributed to a certain sense of isolation among foreign prisoners and led to some tension between staff and inmates. In the CPT's view, it is essential that prison staff working in direct contact with foreign prisoners be carefully selected and receive appropriate training. Staff should possess both well-developed skills in the field of interpersonal communication and cultural sensitivity, given the different backgrounds of the prisoners concerned. Further, at least some of them should have relevant language skills. **The CPT recommends that appropriate steps be taken in the light of the preceding remarks. Greater communication between staff and foreign prisoners should be encouraged, including qualified interpretation (provided by a person or artificial intelligence), if necessary.**

89. As regards discipline, the Committee welcomes the 2022 July amendment to the Law on detention of arrested and detained persons which has finally abolished the disciplinary sanction of solitary confinement for juvenile remand prisoners.¹⁴⁷

90. The rights regarding contact with the outside world for female and juvenile remand and sentenced prisoners were the same as those for the adult male remand and sentenced population. Similarly, the rights of a sentenced juvenile or woman to have a visit, make a phone or video call could be restricted for up to one month as a disciplinary punishment. **Consequently, reference is made here to the recommendation in paragraph 62 above.**

Furthermore, the CPT recalls that, in line with the Bangkok Rules,¹⁴⁸ women prisoners' contact with their families must be encouraged and facilitated; women who are disadvantaged because of the physical distance between their home and the prison must be offered compensatory measures. To this end, **the CPT recommends that the use of VOIP (Voice Over Internet Protocol, or internet calling, for example using Skype etc.) be further generalised for women with children, for those whose families live a great distance from the prison, for indigent prisoners and for prisoners whose family live abroad. Further, women prisoners should be permitted to receive longer if less frequent visits, by accumulating visiting time allowances.**

¹⁴⁷ It is also noteworthy that according to the new Penitentiary Code, disciplinary confinement of up to 14 days shall not be applied to a sentenced prisoner who is a minor, pregnant, nursing mother or has a child under the age of three.

¹⁴⁸ Rules 26 and 43.

C. Social care establishments

1. Preliminary remarks

91. In Armenia, there are 12 institutions providing round-the-clock residential care services for elderly and/or disabled people (including those with mental health problems), seven of which are managed by non-governmental organisations.

The Committee notes the ongoing reforms in Armenia regarding the de-institutionalisation of social care services and the plans to open ten more small group homes (with a maximum capacity of 14 residents) in addition to the existing five. The Armenian authorities informed the delegation that, in parallel to implementing the de-institutionalisation of the social care institutions, works were being carried out to substantially improve the material conditions of existing residential care homes, and efforts were being made to fill staff vacancies and provide such staff with regular training.

As frequently emphasized by the CPT in its reports, for persons without family support, social care accommodation in the community should consist of more personal, small group home living units, ideally in urban areas where all the relevant facilities are close at hand. Such accommodation should be appropriately intensively staffed with well trained personnel who can entirely fulfil the care needs of their clients in a decent environment.

The CPT encourages the Armenian authorities to continue their efforts in developing community social care accommodation and day care, in liaison with the Ministry of Health and mental health care services, to shorten or avoid institutional stays and improve experiences and outcomes for service users, allowing their proper re-integration into the community.

92. The delegation visited, for the first time, Nork Residential Care Home for the elderly and/or persons with disabilities in Yerevan, and Vardenis Neuropsychiatric Residential Care Home for persons with psychiatric disorders and learning disabilities, which was last visited by the Committee in 2010.

With an official capacity of 210, at the time of the visit, Nork Home was accommodating 201 adult residents - 86 men and 115 women.¹⁴⁹ All residents, elderly and/or with disabilities, were deemed to be legally competent; some 32 residents were bedridden and incontinent.

Vardenis Home, at the time of the visit, was operating at its full official capacity of 450 and accommodating 230 men and 220 women. According to the Home's management, the majority of the residents' primary diagnosis was schizophrenia, with some 20 persons with learning disabilities; 220 residents were deemed legally incompetent. There were 63 bedridden residents and some 117 were incontinent.

2. Ill-treatment

93. As regards the ill-treatment of residents by staff in the establishments visited, the delegation received no credible allegations, and found no other indications, of such behaviour. Although orderlies sometimes shouted at residents in Nork Home, this seemed to be an exception rather than a frequent occurrence.

Indeed, many residents spoke positively about staff, and the atmosphere in the two homes appeared generally relaxed, which is especially commendable considering the challenges faced by the low numbers of staff caring for so many residents. The caring attitude and the commitment of staff were particularly visible in Vardenis Home. **Staff in Nork Home should be reminded to always treat residents with respect and not to resort to shouting.**

¹⁴⁹ According to the Armenian authorities, since the CPT visit, 35 more persons (17 men and 18 women), displaced from the Mountaneous Karabakh, were accommodated in Nork Home.

94. As regards inter-resident violence, some quarrels and physical conflicts allegedly occurred between residents in both homes. However, the delegation noted that staff intervened quickly and adequately to calm such situations down and prevent further escalation.

3. Residents' living conditions

95. Nork Home, a social care institution for the elderly and persons with disabilities, which was purpose-built and opened in 1990, is situated in the Nork suburb of Yerevan.

The residents were accommodated in one building consisting of two blocks. Block A, for the more self-reliant residents, housed the administration on the ground floor, and residents on the other three floors, with up to 30 residents per floor, in rooms with one to four beds.

Block B, for residents in need of continuous assistance, had a canteen, a pharmacy/dispensary, a lounge with a billiard table, a club, a library, and medical offices on the ground floor. The other four floors accommodated residents – again, up to 30 per floor, in rooms with one to five beds; residents with reduced mobility or bedridden were mostly accommodated on the first floor. Both blocks were open during the day and residents had free access to the grounds.

96. The living conditions in the two blocks were noticeably different. Block A was reportedly fully renovated during the last ten years, courtesy of a donation from a private foundation,¹⁵⁰ and the rooms were still in good state of repair, well-lit and ventilated and the cleanliness and hygiene were mostly satisfactory (except for a reoccurring infestation with cockroaches (as witnessed by the delegation) which the management was trying to address via monthly disinfestation). The rooms were furnished with beds and bedside cabinets, wardrobes, tables, and chairs and all had TVs and fridges. Furthermore, they were personalised with pictures, personal items, and plants.

Block B, however, was considerably dilapidated¹⁵¹ and reportedly had not been fully renovated since its construction more than 30 years ago. The majority of the rooms were furnished with beds and nightstands only, were generally bare and austere, with no curtains on the windows and broken floors and crumbling walls, smell of urine, had no lockable personal space and were lacking in privacy and personalization.

Unlike in Block A, which had a day room for residents on every floor, there were no day rooms on the floors accommodating residents in Block B, the only option for some indoor interaction with fellow residents outside one's own bedroom, being a sofa at the end of a dark and smelly corridor.

97. In the light of the above, **the CPT recommends that the Armenian authorities take the necessary measures to improve living conditions in Nork Home, and in particular to ensure that:**

- **Block B is fully renovated as a matter of priority leading to conditions that are conducive to the welfare of the residents, provide visual stimulation and allow for personalisation;**
- **all residents have access to personal lockable space in which they can keep their belongings;**
- **all floors of Block B are provided with suitably spacious and comfortable dayroom areas for residents to congregate should they so wish;**
- **all rooms are equipped with window shades or curtains;**
- **proper hygiene conditions are maintained throughout the establishment.**

¹⁵⁰ The second and third floors were renovated in 2011, and the ground and first floors in 2022.

¹⁵¹ Staff members interviewed by the delegation said they "were ashamed" of the living conditions in Block B.

98. Vardenis Home is a large social care institution, situated across two sites, the largest and main site (with five wards) being on the edge of Vardenis (a town some 20 km from the border with Azerbaijan), with the satellite site (with two wards, and a Day Centre) being about 2 km away within the town. The main site was reportedly built as an obstetric hospital in the late 1980s and then converted and the satellite site acquired from the District Hospital about 20 years later and renovated.

The resident accommodation at the main site consisted of one three-storey and one two-storey block. The three-storey block contained the administration on the ground floor and two male wards (Wards 1 and 2) on the first and second floor; the two-storey block contained two female wards (Wards 3 and 4) and one mixed ward (Ward 5), mostly for residents with learning disabilities. All wards on the main site were locked wards.

The resident accommodation (in open wards) at the satellite site consisted of one two-storey and one one-storey block. On that site, the one-storey block contained one mixed gender ward (Ward 6, mostly with residents with learning disabilities); the two-storey block also contained one mixed gender ward (Ward 7).

99. Residents were accommodated in multi-occupancy rooms, up to 12 beds per room, which were decrepit and shabby, especially at the main site, although these were generally very clean and well ventilated. Many of the rooms were overcrowded, with beds touching, providing sometimes less than 3 m² of personal space (which is much less than the 5 m² per resident required by the national legislation). Such conditions were challenging to the residents' dignity and offered no privacy. Furthermore, the rooms mostly contained beds only and occasional bedside cabinets and were very bleak and impersonal; some rooms had no curtains on the windows.

The CPT recommends that the Armenian authorities take the necessary measures to improve living conditions in Vardenis Home, and in particular to:

- **ensure that living conditions are conducive to the welfare of the residents and provide visual stimulation and personalisation;**
- **reduce occupancy levels in the rooms to provide residents with sufficient living space, as per the minimum standard required by the national legislation; moreover, the aim should be to ensure that no room accommodates more than four residents;**
- **equip rooms with bedside cabinets commensurate with the number of residents accommodated in the room; residents should also have access to personal lockable storage space for their belongings;**
- **equip all rooms with window shades or curtains.**

100. The delegation further observed that, in a few instances, rooms accommodating residents with learning disabilities were mixed gender. In the CPT's view, particular precautions are required to ensure that residents are not subjected to inappropriate interaction with other residents which could threaten their privacy and dignity; residents of each gender should have their own protected bedrooms and sanitary areas. **The CPT recommends that the Armenian authorities take steps in light of the above remarks.**

101. Moreover, despite the posters in every ward stating that smoking inside is punishable with a fine, the corridors in the locked wards on the main site were filled with cigarette smoke coming from the residents smoking in the bathrooms and, sometimes, in the rooms (each smoking resident reportedly received ten cigarettes per day).

In the Committee's view, the management of any place of detention has an obligation to provide an environment free from passive smoking, known to have negative consequences to health, and to ensure that there are designated smoking areas. The living quarters of persons accommodated in the institution should be smoke free, and strategies to ensure this should include measures (for example, nicotine replacement therapy) to assist persons suffering from nicotine addiction; such strategies should include gradual steps, taking due consideration of the stress which quitting may cause for many persons.

The CPT recommends that a designated smoking area be set up for residents in all the wards of Vardenis Home, which is properly ventilated and separated from the living quarters, and that the staff actively encourages the residents to comply with the prohibition to smoke in the living quarters. Furthermore, measures to assist residents to quit smoking should be made available free of charge and encouraged.

4. Staff and care provided to residents

102. The delegation noted sufficient provision of somatic (including dental) treatment for residents.¹⁵²

Arrangements were in place for all residents to have periodic general somatic healthcare checks, including pulmonary X-ray for tuberculosis and preventive mammographic and cervical screening for female residents.

103. Furthermore, as in the past, there were not enough psychiatrists in Vardenis Home - out of three positions, only one was filled by two half-time psychiatrists.¹⁵³ In an institution holding 450 residents with serious mental disorders and disabilities, the presence of only two half-time psychiatrists is totally inadequate; **efforts need to be made to rectify this without further delay.**

104. Regarding care staff, the delegation noted that Nork Home was experiencing a serious shortage of orderlies – 21 out of 30 positions were vacant, placing a very heavy workload on the remaining staff¹⁵⁴ (although several conscripts, on alternative service, were assisting residents, using wheelchairs to help them get outside or assisting them to take a shower, this in no way addressed the issue). For example, in the unit with 32 bedridden residents, there were only four staff members (one nurse and three orderlies) during the day and only two during the night. **Such staffing deficiencies need to be urgently addressed, including by further increasing the salaries and improving other terms and conditions of employment.**

105. In Vardenis Home, the delegation gained the impression that many of the ward-based care staff had received no specialised training and therefore, in particular, lacked some of the knowledge and skills necessary to care for persons with moderate and severe learning disabilities, particularly as regards sign language and other forms of communication support, support in decision making, and prevention and management of challenging behaviour.

In the Committee's view, it is important to enable persons with speech/language impairments to communicate with alternative communication methods. If people are not enabled to communicate, their needs might not be properly identified, and this may lead to frustration, social isolation, and challenging behaviour. Further, it might affect staff's ability to detect and prevent abuse and/or aggression.

¹⁵² Nork Home employed three general practitioners (one full-time and two half-time), two half-time geriatricians, one half-time neuropathologist, and a head of medical service who worked full-time as a general practitioner and a gastroenterologist. Vardenis Home employed two general practitioners (one full-time, one-half time), one neurologist, and two dentists.

¹⁵³ At Nork Home, the delegation was informed that following recent legal changes, a position of a psychiatrist was abolished, and residents were being taken to see an outside specialist when needed.

¹⁵⁴ At Nork Home, four out of 24 positions of nurses were also vacant. At Vardenis Home, there were 54 full-time and 18 part-time nurses, and 28 full-time and 159 part-time orderlies.

Bearing in mind the challenging nature of their work, it is of crucial importance that care staff receive appropriate initial and on-going training, as well as continuous supervision and support. **The CPT recommends that the Armenian authorities take urgent steps to ensure that training on communication support, support in decision making, and prevention and management of challenging behaviour is provided in all social care institutions where this is not yet the case.**

106. Both homes employed staff of other clinical disciplines, such as psychologists, social workers, and occupational therapists, but their numbers were insufficient to provide a proper range of psycho-social, occupational, and recreational input to residents (see more in paragraph 108 below).¹⁵⁵ **The CPT recommends that the Armenian authorities take measures to increase multi-disciplinary clinical staff numbers, if necessary with the aid of enhanced employment terms and conditions and salaries.**

107. Individual written care plans were drawn up for every resident by the multi-disciplinary care teams. Such plans were regularly updated (reportedly, involving the resident whenever possible).

108. Regarding the daily regime, occupational and recreational activities offered to residents were very limited in both homes, with most residents spending their days in the bedrooms, wandering the corridors, smoking, or staring at a television in a noisy day room.

At Nork Home, many elderly residents complained that they were dreadfully bored and were asking for activities “to occupy their brain”. At the main site of Vardenis Home, the resident’s club, with a tennis table, a broken billiard table and a non-functioning TV, was not attracting residents, and even staff responsible for occupational therapy there admitted to the delegation, in despair, that there was no budget available to allow them to offer residents any activities.

The CPT recommends that the range of purposeful and meaningful activities, including the preparation for the re-integration into the community, available to residents at Nork and Vardenis Homes be substantially increased.

Moreover, activities and stimulation specifically tailored to persons with severe learning disabilities were lacking at Vardenis Home and should be developed. Such activities should be personalised, focused on maintaining normality in daily regime, including getting outdoors regularly and the development of basic abilities. **The CPT recommends that steps be taken to develop activities tailored to persons with severe learning disabilities in all social care institutions where this is not yet the case.**

109. At Vardenis Home, the residents of the five closed wards at the main site were only allowed to go for outdoor exercise in the secure gardens twice per day for an hour (after breakfast and lunch) and supervised by staff. Some also alleged that they were only allowed to go outside during the warmer months.

The CPT recommends that steps be taken to ensure that all social care residents – whatever their degree of autonomy/level of disability – benefit from appropriately supervised, unrestricted access to outdoor areas during the day, unless care activities require them to be present inside. In this respect, residents should be provided with appropriate clothes and shoes, and with staff assistance in the event of reduced mobility.

110. The Committee notes that the seclusion and mechanical restraint of residents was not practiced in the homes visited, with seriously disturbed and agitated residents being promptly transferred to a psychiatric hospital.

¹⁵⁵ At Nork Home, there were three psychologists (one of them half-time), three social workers, and one occupational therapist. At Vardenis Home, there were six psychologists, seven social workers, and 15 occupational therapists, of which 13 were half-time.

5. Safeguards

111. According to the Armenian legislation, to receive social assistance in a dedicated institution, a person with such a need or their legal guardian (if the person is recognized legally incompetent by a court) applies to a territorial body of social services. After a person's needs have been identified by a medical-psychological commission, the Ministry of Labour and Social Affairs takes a decision regarding the placement.

Furthermore, according to Section 30 of the Law on Social Assistance, if a person (or their legal representative) refuses to receive social assistance, they are placed in a social care institution if they do not receive the necessary care and:

- 1) due to the loss of self-care and/or the ability to actively move, are unable to meet their basic needs on their own or
- 2) they have been declared incompetent in accordance with the law.

According to the law, the guardianship body makes the decision to place the person in a social care institution without the consent of the person or their legal representative on the grounds provided above, based on the conclusion of the territorial body of social services.

112. Despite the CPT's previous recommendation, the Armenian legislation still did not require that the need for continued placement of a person who was placed in a social care institution against their wish be periodically reviewed by a court.

In the Committee's view, placing persons in a specialised establishment (where restrictions imposed may amount to *de facto* deprivation of liberty) based on the request of a guardian must be surrounded by appropriate safeguards. In particular, the persons concerned should have a right to bring proceedings by which the lawfulness of their placement can be decided speedily by a court. It is also crucial that the need for placement be regularly reviewed and that this review afforded the same guarantees as those surrounding the placement procedure.

The CPT reiterates its recommendation that the Armenian authorities amend the relevant legislation to introduce appropriate safeguards for persons placed in social care establishments. In particular, steps should be taken to ensure that:

- **residents of social care establishments have the effective right to bring proceedings so as to have the lawfulness of their placement decided by a court, that they are duly informed of this right, and that in this context, they enjoy the rights to have access to a lawyer and to be heard by the judge concerned;**
- **the need for continued placement of legally incompetent residents is automatically reviewed by a court at regular intervals or residents themselves are able to request at reasonable intervals that the necessity for continued placement be considered by a judicial authority.**

113. Similarly, the CPT is concerned that, despite the recommendation set out in the report on the 2010 periodic visit,¹⁵⁶ the Armenian legislation still foresees that following the placement of a resident deprived of their legal capacity, the institution automatically becomes the legal guardian of such a resident.

¹⁵⁶ See paragraph 165 of document CPT/Inf (2011) 24.

The Committee must stress once again that such a situation may easily lead to a conflict of interests, considering that part of the role of a guardian is to defend the rights of the incapacitated person for whom they are responsible vis-à-vis the host institution (for example, as regards consent to treatment). **The CPT reiterates its recommendation that the Armenian authorities find alternative solutions, which avoid such a conflict of interests, and guarantee the effective independence and impartiality of legal guardians.**

114. In neither of the homes visited was any attempt made to obtain written consent to treatment from the residents, bearing in mind that many had mental disorders and were prescribed psychotropic medication.

In this context, **the CPT recommends that all residents (and, when they are incompetent, also their guardians) be provided systematically with information about their condition and the treatment prescribed for them, and that doctors be instructed that they should always seek the resident's consent to treatment prior to its commencement. This could be done by means of a special form for informed consent to treatment, signed by the resident and (if they are incompetent) by their guardian. If a resident is competent (capable of discernment) and refuses treatment, there should be legal provisions and clinical protocols which provide for treatment against their wishes (such as in hospital), and/or guarantee the possibility of another, independent, medical assessment to authorise administration of specific medication on an involuntary basis for the shortest possible time. Relevant information should also be provided to residents (and their legal representatives) both during and following treatment.**

115. The Committee would also like to stress that although some residents have comprehension and communication difficulties, wherever possible, they should be informed of their rights, using repeated, simplified, individualised, verbal or picture formats, if necessary.

An easy-to-understand information brochure, setting out the establishment's routine, the rules for admission and discharge, residents' rights, and the possibilities for lodging formal complaints on a confidential basis, including with clearly designated outside bodies, should be issued to the residents and their families/guardians, with assistance provided in comprehending this as appropriate. Such a brochure was lacking in the homes visited by the delegation.

The CPT recommends that such a brochure be drawn up and systematically distributed to residents and their guardians/families in all social care institutions where this is not yet the case and that residents and their guardians are offered to go through the brochure together with staff, using relevant formats as necessary.

116. As regards complaints mechanisms, there were no complaints boxes and no complaints register in Nork Home, residents reportedly complaining orally only. At Vardenis Home, complaint boxes were opened weekly and complaints registered; there were four entries in 2023.

The CPT wishes to stress the importance of effective complaints procedures and underlines that they are basic safeguards against ill-treatment of residents.

The Committee recommends that the Armenian authorities ensure that effective internal complaints mechanisms are established in social care institutions, and residents should also have the possibility to lodge complaints to an independent outside body, authorised to directly receive confidential complaints and make any necessary recommendations. Complaints addressed to the establishment's administration, including oral complaints, should be recorded in a specific register.

117. Arrangements concerning contact with the outside world were satisfactory in both homes visited. Residents had a virtually unrestricted possibility to receive visits (though many of them did not receive any visitors), the majority of residents in Nork Home and a few at Vardenis Home could keep their mobile phones, and others could use one of the institution's phones.

D. Military detention establishments

118. The delegation visited two military establishments, which could detain servicemen held under military disciplinary regulations - the Disciplinary Battalions of the Military Police in Martuni and Yerevan – and interviewed the detained servicemen held there.¹⁵⁷

119. According to Section 23 of the Disciplinary Code of the Armed Forces, a placement in a disciplinary battalion for a disciplinary offence can last from ten days to one month. At the time of the visit, Martuni Disciplinary Battalion (with an official capacity of 52), was accommodating one detainee and Yerevan Disciplinary Battalion (with an official capacity of 22) was accommodating two detainees.

120. The delegation received no allegations of verbally inappropriate behaviour or of physical ill-treatment by staff; inter-detainee violence did not appear to be a problem.

121. As regards material conditions, the dormitories (with bunk beds),¹⁵⁸ were of a reasonable size for their intended occupancy; they were adequately ventilated, clean and in a good state of repair, having been recently renovated. Doors were open all day and detainees were free to leave the cells and move around the facility.

122. Regarding the regime applied to detained servicemen, it involved at least eight hours of out-of-cell activities every day (including outdoor exercise in a yard, maintenance, and cleaning work on the territory of the barracks, drill, studying the military statutes, etc.); there was free time between the activities.

123. As regards health care, a feldsher or a doctor visited the disciplinary battalions every day; all newly arrived servicemen were medically examined upon admission.

124. Regarding contact with the outside world, detained servicemen could make telephone calls every day, visits were allowed on Sundays (or other day of the week if visitors travelled from afar).

125. Theoretically, servicemen detained at the disciplinary battalions were allowed to make formal complaints to the Commander, but the delegation noted that this procedure was never used in practice.

In the Committee's view, detained servicemen should be effectively able to make written complaints at any moment and place them in a locked complaints box located in an accommodation unit. All written complaints should be registered centrally within a disciplinary battalion before being allocated to a particular service for consideration. In all cases, internal complaints should be processed expeditiously (with any delays duly justified in writing) and servicemen should be informed in writing, within clearly defined time periods, of the action taken to address their concerns or of the reasons for considering the complaint not justified. In addition, statistics on the types of internal complaints made should be kept as an indicator to the management of areas of discontent within the establishment.

The CPT recommends that the Armenian authorities review the internal complaints procedures and their practical implementation in military detention facilities, in the light of the above remarks.

¹⁵⁷ The delegation also visited the Isolator of the Military Police Headquarters in Yerevan, which could detain servicemen held under criminal law, and reportedly was also serving as a backup facility while the main Isolator of the Military Police in Gyumri was undergoing renovation. The Isolator did not hold any detainees at the time of the visit.

¹⁵⁸ There was one dormitory in each facility.

APPENDIX I:

List of the establishments visited by the CPT's delegation

Police establishments

- Detention Centre of Yerevan City Police Department
- Ashtarak Police Division, Abovyan
- Gavar Police Division
- Gyumri Police Division
- Hrazdan Police Division
- Martuni Police Division
- Sevan Police Division
- Talin Police Division
- Vardenis Police Division

Penitentiary establishments

- Abovyan Prison
- Armavir Prison
- Artik Prison
- Central Prison Hospital
- Nubarashen Prison

Social care establishments

- Nork Residential Care Home for the elderly and/or persons with disabilities, Yerevan
- Vardenis Neuropsychiatric Residential Care Home for persons with psychiatric disorders and learning disabilities

Military establishments

- Disciplinary Battalion of the Military Police, Martuni
- Disciplinary Battalion of the Military Police, Yerevan

APPENDIX II:

List of the national authorities, other bodies and non-governmental organisations with which the CPT's delegation held consultations

A. National authorities

Ministry of Internal Affairs

Arpine Sargsyan	Deputy Minister
Karen Hakobyan	Deputy Head of Police

Ministry of Justice

Levon Balyan	Deputy Minister
Ambakum Grigoryan	Acting Head of the Penitentiary Service
Kamo Manukyan	Director of the "Penitentiary Medical Center" SNCO

Ministry of Health

Armen Nazaryan	Deputy Minister
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Ministry of Labour and Social Affairs

Tatevik Stepanyan	Deputy Minister
Artur Kesoyan	Deputy Head of Equal Opportunities Provision Department
Hayk Harutyunyan	Head of Elderly Issues Division of the Equal Opportunities Provision Department

Ministry of Defence

Colonel Gevorg Martirosyan	Head of Human Rights and Integrity Building Centre
Colonel Davit Gasparyan	Chief of Staff of Military Police

Investigative Committee

Arthur Melikyan	Deputy Chairman, Head of General Department of Investigation of Particularly Important Cases
Yura Ivanyan	Head of the Department of Investigation of Crimes on Torture and Abusing or Exceeding Authorities by Officials through Using Violence

Office of the Human Rights Defender (Ombudsman)

Anahit Manasyan	Human Rights Defender
Laura Gasparyan	Coordinator of the National Prevention Mechanism, Head of Department for Prevention of Torture and Ill-treatment
Mikayel Khachatryan	Director of the Centre for Research, Expertise and Education
Aram Minasyan	Head of Department for Protection of Rights in Criminal Justice

B. Non-governmental organisations

Disability Rights Agenda

Helsinki Citizens' Assembly – Vanadzor branch