EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT)

COUNCIL OF EUROPE 75 1949 - 2024 CONSEIL DE L'EUROPE

CPT/Inf (2024) 36

Report

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

from 16 to 26 May 2023

The Government of Hungary has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2024) 37.

Strasbourg, 3 December 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 delegation focused on the treatment of persons in police custody, in several prisons, those placed in the Judicial Observation and Psychiatric Institute (IMEI) and involuntary patients in two civil psychiatric facilities.

Generally, the cooperation received throughout the visit, both from the national authorities and staff at the establishments visited, was excellent.

At the beginning of the visit, the delegation discussed several immigration issues with the authorities. It is regrettable that there is still no legal procedure capable of offering effective protection against forced removal and/or refoulement, including chain refoulement. The delegation was also informed that no concrete steps were taken following the 2018 visit to ensure that all police officers are given a clear message, emanating from the highest political level, that any form of ill treatment of detained persons is unacceptable. The CPT is therefore obliged to reiterate its previous recommendations on these subjects.

Persons in police custody

Whilst the majority of persons interviewed by the delegation made no complaints about their treatment by police officers, the delegation still received a number of credible allegations of physical ill-treatment of detained persons. The delegation also heard several allegations of excessively tight handcuffing, sexual harassment of female detainees by male police officers, verbal abuse, including remarks of a racist nature, of detained persons by police officers, and of mocking remarks in respect of transgender persons and persons who were being strip-searched. The CPT once again recommends that police officers receive a firm message that any form of ill-treatment of detained persons, including demeaning treatment and verbal abuse, is unlawful, unprofessional and unacceptable, and will be sanctioned accordingly.

As regards the practical operation of fundamental safeguards against ill-treatment, *notification of custody* to a third person was usually done within a relatively short time after arrival in a police station. It is also positive that *lawyers* were usually promptly contacted on behalf of detained persons. However, it appeared, from the delegation's interviews, that *ex officio* appointed lawyers did not always see their clients before their first police interview and often appeared only at the first court hearing. Further, the delegation received allegations that a 16-year-old *child* had been interviewed by the police without the presence of a lawyer and a trusted adult person. The CPT recalls that children should not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer and, in principle, of a trusted adult being present and assisting them.

Although persons detained by the police were systematically given a *medical examination* prior to their placement in a police detention facility, the delegation heard a few isolated allegations that requests made by detained persons to be examined by a doctor during the initial period of their deprivation of liberty by the police were rejected by police officers. Moreover, police officers remained systematically present during medical examinations of detained persons and medical examinations of detained persons did not systematically include physical examination to detect injuries.

Finally, the findings of the visit indicate that information on rights was usually not provided to detained persons in writing.

In general, material conditions in police detention facilities were adequate for short periods of police custody (of up to 72 hours). Nevertheless, according to the relevant legislation, persons remanded in custody may still be held in such facilities for longer periods (up to 60 days). Although it would appear that this rarely happens in practice, the conditions of detention in police holding facilities remain unsuitable for extended stays.

Prison establishments

The CPT visited the prisons of *Székesfehérvár, Nyíregyháza and Tiszalök.* The delegation received no allegations of physical ill-treatment by staff at *Székesfehérvár Prison* and a few isolated allegations of physical ill-treatment by staff at *Nyíregyháza Prison*. In contrast, at *Tiszalök Prison*, numerous credible allegations of physical ill-treatment by staff were received. The alleged ill-treatment consisted of slaps, punches, kicks and truncheon blows to the head and body, in some instances while the prisoner was handcuffed and ankle cuffed. The alleged ill-treatment took place in areas not covered by CCTV cameras, notably in the storage room on the disciplinary/security block, in the medical consultation room, in communal showers and in cells.

The CPT findings were no surprise to *Tiszalök* prison management, which itself had either forwarded various allegations of prisoners by staff to the public prosecutor or had undertaken investigations. In this context, the CPT is concerned that some of the basic preconditions of combatting ill treatment of prisoners by staff, such as the proper recording of injuries by the prison's medical service were not in place in *Tiszalök* prison. Further, the delegation noted that various allegations had been under investigation for over a year.

At *Székesfehérvár and Nyíregyháza Prisons*, inter-prisoner violence was not uncommon and usually consisted of verbal altercations and physical fights. Inter-prisoner violence appeared to be particularly serious at *Tiszalök Prison*. Not only do the findings of the visit suggest that staff did not always intervene promptly, but the delegation also heard credible allegations that certain prisoners were allowed or even instructed by staff to ill-treat their cellmates.

As to material conditions, the CPT welcomes ongoing efforts by the Hungarian authorities to improve the detention conditions across the prison estate. Overall, the material conditions in *Tiszalök Prison* remained satisfactory. Improvements to the general state of repair and hygiene were necessary in both *Székesfehérvár Prison* and *Nyíregyháza Prison.*

Given the steady increase in occupancy levels, however, efforts of the Hungarian authorities to alleviate prison overcrowding, fall short of the goal of providing all prisoners with appropriate living conditions. Overcrowding and limited resources continued to affect the prison regime adversely, with most prisoners, in particular remand and high security prisoners, having no or limited access to work, education or other out-of-cell activities. The delegation received several complaints of the high costs of the daily subsistence fee (including maintenance costs and daily allowance for food), phone calls and products purchased at the canteen. Most prisoners had no source of revenue and this could lead to particularly difficult situations where those unemployed and without supportive contacts outside. The CPT considers that all prisoners should be provided, without cost, with three adequately nutritious and sufficiently calorific meals a day, a least one of which is hot. Further, the Committee also considers that all persons deprived of their liberty in prisons should be provided with ready access to sufficient clean drinking water as well as decent sleeping and living conditions and the means to keep clean.

Further, a seven-day quarantine was applied systematically across the establishments to newly admitted prisoners, based on Covid-19 sanitary rules still in force. The CPT sees no justification for any mandatory, systematic quarantine on admission to prison without a proper individual medical assessment of the necessity for such a measure.

Given the potentially very damaging effects of solitary confinement, the CPT feels compelled to reiterate its longstanding recommendation that action be taken to ensure that the grounds for taking such a measure are strictly limited to security concerns. Administrative segregation should not be used to replace or completely circumvent the formal disciplinary procedures. Placement in security isolation should be reviewed regularly on the basis of a thorough risk assessment.

As for the use of means of restraint, high-risk prisoners were systematically handcuffed when moved around inside the three prisons, including during medical examinations. When moved outside the establishments (to a court, a prosecutor's office or a hospital), hand- and ankle cuffs were used on a systematic basis on all prisoners as a "mobility limiting instrument" and their use was unrecorded.

Judicial Observation and Psychiatric Institute (IMEI)

Persons held at IMEI who were interviewed by the delegation made no allegations of recent physical ill-treatment by staff.

As regards material conditions, the facility was generally clean and in an acceptable state of repair, and the delegation noted some refurbishment and ongoing repair works. Nevertheless, with the exception of the communal areas in Building I (which had some decoration), the premises remained austere and impersonal. This concerned in particular Building II, which provided a very carceral environment. Moreover, it continued to be the case that dormitories in all three buildings accommodated up to 16 persons.

Ever since its first visit to IMEI in 2005, the CPT considered that it would be highly desirable for the IMEI to be re-located; this would help to ensure that a medical, rather than a penal, ethos prevails. The Committee further considers that IMEI is particularly unsuitable for holding child patients and recommends that urgent steps be taken to end the policy of placing this age category of patient in the establishment.

It is positive that treatment of patients was provided by multidisciplinary teams and that, in addition to pharmacotherapy, a range of individual and group therapeutic sessions and activities was offered. However, there were still a number of patients who were not involved in any organised activity. It is of particular concern that there were no staff to provide psychosocial activities tailored to the specific needs of patients with intellectual disabilities.

As for the use of means of restraint, patients were strapped to their beds in view of other patients and there was no continuous supervision by staff. Moreover, patients were provided with adult nappies to comply with the needs of nature.

Legal safeguards surrounding the court-imposed measure of compulsory psychiatric treatment and its review were generally followed in practice. However, it is a matter of particular concern that patients placed in the IMEI under this measure who no longer required psychiatric treatment could not be discharged as they were unable to cater for their own needs and there was no place for them in social welfare establishments.

Patients at IMEI who had the formal status of prisoner (that is, those accommodated in Building II) were requested to provide consent to treatment; staff also made efforts to provide patients held under the measure of compulsory medical treatment with information on their diagnosis and the psychiatric treatment proposed. However, the fact remains that according to the relevant legislation, patients subjected to the measure of compulsory medical treatment cannot refuse treatment. The CPT underlines that, as a general principle, all categories of psychiatric patient, be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment.

Psychiatric establishments

In the two civil psychiatric establishments visited, the delegation received no allegations of physical ill-treatment of patients by staff.

As regards material conditions, patients' rooms were clean, in a reasonable state of repair and well-lit and ventilated. However, the premises were generally austere, impersonal and unwelcoming, and lacked colours and decoration. Further, patients' rooms at Gróf Tisza István Hospital in Berettyóújfalu were accommodating up to nine patients, which compromised their privacy and prevented the creation of a therapeutic and caring environment. In both establishments, patients accommodated on closed wards had in practice virtually no access to outdoor areas; this is unacceptable. The CPT underlines that the aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day unless scheduled activities require them to be present on the ward.

Patients accommodated on the open ward of Flór Ferenc Hospital were provided, in addition to pharmacotherapy, with a wide range of therapeutic and psychosocial rehabilitative activities.

However, despite the efforts made by staff, the majority of patients from the open wards at Gróf Tisza István Hospital did not participate in any organised activity. The situation was even more problematic on closed wards in both establishments, where treatment was in principle limited to pharmacotherapy and patients spent their days in idleness and sleeping, with TV watching and walking along the corridors being their only activity.

The CPT considers that treatment of psychiatric patients should involve, in addition to appropriate medication and medical care, a wide range of therapeutic, rehabilitative and recreational activities. It should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient.

The CPT considers that in particular the number of various categories of nursing staff was low in both establishments, which negatively impacted on several areas of their functioning, most notably the staff's inability to intervene in all episodes of inter-patient violence, the lack of access to outdoor exercise, the involvement of patients in the provision of care to other patients, and the frequent use of means of restraint. This was particularly true for Gróf Tisza István Hospital due to the number of patients confined to their bed and patients who needed to be provided mealtime assistance by nurses.

In the two establishments visited, there was no central register of the use of means of restraint, which would provide a complete and reliable overview of resort to these measures. Nevertheless, the information gathered during the visit indicates that resort to means of restraint was relatively frequent in both establishments, an issue closely linked to the low staffing levels of nursing staff. Moreover, patients in both establishments visited were routinely mechanically restrained in view of other patients and there was no direct continuous supervision and assistance by staff.

As regards safeguards, the relevant legal provisions concerning involuntary placement of patients in psychiatric establishments were in principle complied with at Flór Ferenc Hospital. However, at Gróf Tisza István Hospital, formally voluntary patients were routinely placed on closed wards and even when they wanted to leave the establishment, were prevented by staff from doing so if staff considered that their condition required hospitalisation. If patients "escaped", staff notified the police, who searched for the patient and brought them back, and the patients were placed back on the closed wards, without the involuntary placement procedure being initiated. Moreover, formally voluntary patients were subjected to restraint measures if considered necessary due to their mental state. The CPT considers that these patients were *de facto* deprived of their liberty, without benefiting from the legal safeguards accompanying involuntary admission into a psychiatric establishment and its regular review. The CPT recommends that the authorities take steps to ensure that if the provision of in-patient care to a voluntary patient who wishes to leave the psychiatric establishment is considered necessary, the appropriate involuntary placement procedure provided by the relevant legislation is fully applied.

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 periodic visit to Hungary from 16 to 26 May 2023. It was the Committee's 11th visit to Hungary.[1]

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

- Therese Rytter, 2nd Vice-President of the CPT (Head of Delegation)
- Marius Caruana
- Ömer Müslümanoğlu
- Arman Tatoyan
- Chila van der Bas.

They were supported by Petr Hnátík and Kelly Sipp of the CPT Secretariat and assisted by:

- Veronica Pimenoff, psychiatrist, former Head of Department at Helsinki University Psychiatric Hospital (Finland)
- Attila Barcsák (interpreter)
- Peter Barta (interpreter)
- Orsolya Bugár-Buday (interpreter)
- Gábor Karakai (interpreter)
- Peter Koczoh (interpreter)
- Zoltan Köröspataki (interpreter).

3. A list of the establishments visited is set out in Appendix I to this report.

4. The report on the visit was adopted by the CPT at its 112th meeting, held from 6 to 10 November 2023, and transmitted to the Hungarian authorities on 14 February 2024. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Hungarian authorities provide within six months a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report. As regards the recommendation and request for information formulated in paragraph 59, the Committee wishes to receive a response within three months.

B. Consultations held by the delegation and cooperation between the CPT and the Hungarian authorities

1. Consultations held and cooperation encountered during the 2023 visit

5. In the course of the visit, the delegation held consultations with Sándor Pintér, Minister of the Interior, László Felkai, State Secretary of the Ministry of the Interior for Public Administration, Mátyás Hegyaljai, Deputy State Secretary of the Ministry of the Interior for EU and International Affairs, Zsolt Halmosi, Director General of the National Aliens Policing Directorate, and Tamás Tóth, Director General of the Prison Service, as well as other senior officials from the Ministry of the Interior.

1. The visit reports and the responses of the Hungarian authorities on all previous visits are available on the CPT's website: https://www.coe.int/en/web/cpt/hungary.

The delegation also met Ákos Kozma, Commissioner for Fundamental Rights (Ombudsperson), and senior representatives of his office, as well as other representatives of the National Preventive Mechanism (NPM) established under the Optional Protocol to the UN Convention against Torture (OPCAT). Further, meetings were held with representatives of the Regional Representation for Central Europe of the United Nations High Commissioner for Refugees (UNHCR) and non-governmental organisations active in areas of concern to the CPT.

The CPT appreciates that the Hungarian authorities invited the Ombudsperson to attend the end of the visit meeting at which the Committee's delegation delivered its preliminary observations to the authorities.

A full list of the national authorities, other bodies and organisations with whom the delegation held consultations is set out in Appendix II to this report.

6. Generally, the cooperation received throughout the visit, both from the national authorities and staff at the establishments visited, was excellent. The delegation had rapid access to all places of detention it wished to visit (including those not notified in advance), was able to interview in private persons deprived of their liberty and was provided with the information necessary for carrying out its task.

The CPT also wishes to express its appreciation for the assistance provided before, during and after the visit by the CPT liaison officer, András Szűcs, from the Office of the Prosecutor General.

However, at the police detention facility in Törökszentmiklós, police officers informed the delegation that they had been instructed, at the local level, to inform in writing the detained persons who the delegation wished to interview that they were not obliged to cooperate with the CPT delegation. Indeed, such information would clearly have been understood by detained persons as an invitation not to agree to interviews with the delegation. Moreover, keeping a written record of the names of detained persons who spoke with the delegation and who may later face retaliations is unacceptable. Such actions are entirely incompatible with the principle of co-operation, which lies at the heart of the CPT's Convention. The delegation appreciates that it was possible to resolve this matter swiftly during the visit.

2. Publication of future CPT reports and government responses

7. As noted already in the report on the 2018 visit, the CPT welcomes that the Hungarian authorities have systematically followed the practice of requesting the publication of the Committee visit reports and the corresponding government responses.

The CPT wishes to recall in this context that 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 done so to request the automatic publication of future CPT visit reports and related government responses.

The CPT once again invites the Hungarian authorities to consider authorising in advance the publication of all future CPT visit reports concerning Hungary and related government responses, subject to the possibility of delaying publication in a given case.

3. Continuing dialogue on immigration-related issues and follow-up to CPT recommendations

8. At the beginning of the visit, the delegation discussed several immigration issues with the authorities, most notably any action taken by the Hungarian authorities in response to the recommendations made in the report on the CPT's 2017 ad hoc visit and reiterated in the report on the 2018 periodic visit.

9. It should be recalled that during the 2017 ad hoc visit to Hungary, the CPT found that foreign nationals staying anywhere in the territory of Hungary without the permission of the authorities were apprehended by the police and – apparently irrespective of the country from which they had arrived – were escorted to one of the gates in the border fence along the Hungarian-Serbian border. In the context of the expulsion, there was no procedure in place for their proper identification and registration and there were no legal remedies capable of offering effective protection against the expulsion as such. Neither was the asylum procedure capable of offering such protection in view of the lack of effective access thereto.

The Committee recommended that the Hungarian authorities put an end to the practice of pushbacks to the Serbian side of the border and take the necessary steps, including of a legislative nature, to ensure that all foreign nationals arriving at the border or present in the territory of Hungary are effectively protected against the risk of *refoulement*, including chain *refoulement*. In particular, they should have effective access to a procedure which involves an individual assessment of the risk of ill-treatment in the case of expulsion, on the basis of an objective and independent analysis of the human rights situation in the countries concerned.

10. Further, a significant number of foreign nationals interviewed by the delegation who had been apprehended in Hungary and escorted by the Hungarian police through the border fence towards Serbia shortly before the CPT's 2017 visit alleged that they had been physically ill-treated by Hungarian police officers in the context of their apprehension and return through the border fence.

The Committee once again recommended that the Hungarian authorities take steps without further delay to ensure that all police officers are given a clear and firm message, emanating from the highest political level, that any form of ill-treatment of detained persons, including threats of ill-treatment, as well as any tolerance of ill-treatment by superiors, is unacceptable and will be punished accordingly.

11. In May 2020, the Hungarian government introduced a new asylum procedure.[2] As a general rule, asylum seekers are now first required to submit a statement of intent to seek international protection at the Hungarian Embassy in Serbia or in Ukraine. Only if the authorities grant them a single-entry permit for this purpose are they allowed to enter Hungary in order to lodge an asylum application (the so called "embassy system").

12. As acknowledged by the authorities at the beginning of the 2023 visit, it remains the case under the new asylum procedure that in principle all irregular migrants who are apprehended by the police anywhere in the territory of Hungary (regardless of the country from which they entered) are escorted through the border fence to Serbia.

The data provided by the authorities show that in 2021, 72 787 foreign nationals were apprehended in the territory of Hungary and were removed to Serbia without being provided the opportunity to apply for asylum while in Hungary. In 2022, this concerned 158 565 foreign nationals and in the first four months of 2023, 19 022 foreign nationals. The number of foreign nationals who were either escorted from the territory of Hungary through the border fence or were prevented from entering through the border fence stood at 271 000 for 2022.[3]

2. The amendments were introduced by Sections 268 and fol. of Act LVIII of 2020 on the transitional rules and epidemiological preparedness related to the cessation of the state of danger (Transitional Act). See also Government Decree No. 292/2020 (VI. 17.) on the designation of embassies in connection with the statement of intent to lodge an application for asylum and the Minister of the Interior Decree No. 16/2020. (VI. 17.) on the procedure related to the statement of intent to lodge an application for asylum.

3. Reference is made in this context to the judgment of the Court of Justice of the European Union (CJEU) of 22 June 2023 (C-823/21, EU:C:2023:504) in which the CJEU declared that "by making the possibility, for certain third-country nationals or stateless persons present in the territory of Hungary or at the borders of that Member State, of making an application for international protection subject to the prior lodging of a declaration of intent at a Hungarian embassy located in a third country and to the granting of a travel document enabling them to enter Hungarian territory, Hungary has failed to fulfil its obligations under Article 6 of Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection".

13. At the same time, the authorities confirmed that there was still no legal procedure capable of offering effective protection against forced removal and/or refoulement, including chain refoulement.[4] The delegation was also informed that no concrete steps were taken following the 2018 visit to ensure that all police officers are given a clear message, emanating from the highest political level, that any form of ill treatment of detained persons is unacceptable.[5]

It therefore became clear that, regrettably, the Hungarian authorities failed to act upon the aforementioned recommendations made repeatedly by the CPT in previous visit reports.

14. The CPT must recall in this respect that the principle of cooperation set out in Article 3 of the Convention is not limited to facilitating the work of visiting delegations, but also requires that recommendations made by the Committee are effectively implemented in practice.

Consequently, **the CPT once again urges the Hungarian authorities to take appropriate follow-up action in light of the Committee's findings and recommendations set out in paragraphs 16 to 31 of the report on the 2017 ad hoc visit,[6] and in particular:**

- **to ensure that all police officers are given a clear and firm message, emanating from the highest political level, that any form of ill-treatment of detained persons, including threats of ill-treatment, as well as any tolerance of ill-treatment by superiors, is unacceptable and will be punished accordingly;**

- **to put an end to the practice of push-backs to the Serbian side of the border and take the necessary steps, including of legislative nature, to ensure that all foreign nationals arriving at the border or present in the territory of Hungary are effectively protected against the risk of refoulement, including chain refoulement. In particular, they should have effective access to a procedure which involves an individual assessment of the risk of ill-treatment in the case of expulsion, on the basis of an objective and independent analysis of the human rights situation in the countries concerned.**

4. It should be noted that in several cases lodged against Hungary, the European Court of Human Rights (ECtHR) found a violation of Article 4 of Protocol no. 4 to the European Convention on Human Rights (prohibition of collective expulsion of aliens) on account of the removal of the applicants to Serbia, the removal being of a collective nature (see, for example, Shahzad v. Hungary, no. 12625/17, 8 July 2021; H.K. v. Hungary, no. 18531/17, 22 September 2022; and S.S. and Others v. Hungary, nos. 56417/19 and 44245/20, 12 October 2023). Furthermore, in this last case, the ECtHR also found a violation of the procedural limb of Article 3 of the European Convention on Human Rights (prohibition of torture) on account of the respondent State's failure to discharge its procedural obligation to examine whether the applicants would have access to an adequate asylum procedure in Serbia, the country to which they were removed.

5. It is noteworthy in this context that in a recent case, the ECtHR found a violation of Article 3 of the European Convention on Human Rights on account of the authorities' failure to carry out an effective investigation into the applicants alleged ill-treatment (procedural limb) and of the ill-treatment to which the applicant had been subjected (substantive limb) (see Shahzad v. Hungary (No. 2), no. 37967/18), 5 October 2023.

6. Reference is made in this context to the substantive section of the 32nd General Report of the CPT (CPT/Inf (2023) 7 – part), which elaborates on "The prevention of ill-treatment of foreign nationals deprived of their liberty in the context of forced removals at borders", and the report and recommendations issued by the Council of Europe Commissioner for Human Rights entitled "Pushed beyond the limits; Four areas for urgent action to end human rights violations at Europe's borders".

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

15. During the end-of-visit talks with the Hungarian authorities, on 25 May 2023, the CPT delegation outlined the main findings of the visit. On that occasion, it made two immediate observations under Article 8, paragraph 5, of the Convention. The Hungarian authorities were requested to:

- put an end to any mandatory, systematic quarantine of all newly admitted prisoners, on a public health basis, without a proper individual medical assessment of the need for such a measure;
- put an immediate end to the isolation of a woman living with HIV at Nyíregyháza Prison, which has no medical justification.

The Hungarian authorities were requested to provide, within one month, confirmation that the immediate observations had been implemented.

16. The immediate observations were confirmed by letter of 20 June 2023 when transmitting the delegation's preliminary statement to the Hungarian authorities.

On 28 July 2023, the authorities informed the CPT of the actions taken in response to these immediate observations and on other matters raised by the delegation at the end-of-visit talks. This response has been taken into account in the relevant sections of the present report.

D. National Preventive Mechanism

17. Pursuant to the 2011 Ombudsperson Act, the function of the National Preventive Mechanism (NPM) is carried out by the Commissioner for Fundamental Rights (Ombudsperson) as from 1 January 2015. The NPM's work shall be performed by at least 11 staff members of the Office of the Commissioner for Fundamental Rights and the mechanism is assisted by a Civil Consultative Body (CCB) which has a three-year term of office and which provides advice, recommendations and comments. At the time of the 2023 visit, the CCB was composed of 15 civil society and professional organisations. Members of the CCB, however, did not participate in visits carried out by the NPM.

18. The 2023 visit provided a welcome opportunity to discuss issues of common interest with the Ombudsperson and other representatives of the NPM. The CPT welcomes the information that in its work, the NPM gave follow-up to the findings of the CPT's 6th periodic visit to Hungary carried out in 2018.

19. However, the CPT notes that in the report addressed to the NPM on its March 2017 visit to Hungary, the UN Sub-Committee for the Prevention of Torture (SPT) raised several concerns with regard to the functioning of the NPM, in particular as regards the lack of its functional independence within the Office of the Commissioner for Fundamental Rights and the lack of financial resources. The SPT stated that funding should be provided through a separate line in the national annual budget referring specifically to the NPM and not through the general budget of the Office of the Commissioner.[7]

Similar concerns were expressed by the Council of Europe's Committee of Ministers. In 2021 and 2022, in decisions pertaining to the *Gubaci v. Hungary* group of cases concerning ill-treatment by the police,[8] the CM strongly reiterated their call for information on the measures taken to strengthen the functional independence and funding of the National Preventive Mechanism function of the Commissioner for Fundamental Rights, to increase the human and financial resources allocated and its capacity to carry out additional preventive work other than detention monitoring.

7. It is recalled that paragraph 32 of the Guidelines on NPMs adopted by the SPT provides as follows: "Where the body designated as the NPM performs other functions in addition to those under the Optional Protocol, its NPM functions should be located within a separate unit or department, with its own staff and budget".
8. See decisions CM/Del/Dec(2021)1419/H46-16 and CM/Del/Dec(2022)1451/H46-16.

Moreover, in 2022, the Commissioner for Fundamental Rights as the National Human Rights Institution (NHRI) was downgraded to B status by its peers of the Global Alliance of NHRIs. The reasons included a lack of effort to address all human rights issues and concerns with respect to the selection and appointment process of the Commissioner, and to cooperation with civil society.

In light of these concerns expressed by various bodies, **the CPT would like to be informed of the steps taken by the Hungarian authorities to strengthen the functional independence of the NPM and its funding.**

II. Facts found during the visit and action proposed

A. Law enforcement agencies

1. Preliminary remarks

20. The legal provisions governing statutory time-limits for apprehension by the police (up to 12 hours), for identification purposes (up to 24 hours) and for the custody of criminal suspects (up to 72 hours, including the apprehension period) remained the same since the CPT's last periodic visit in 2018. It appeared during the 2023 visit that these statutory time-limits were respected in practice.

21. The Committee notes that, by virtue of Section 299(2) of the Law on Criminal Procedure, a person remanded in custody may still be held in a police holding facility for 30 days, renewable once (that is, up to 60 days in total). While the CPT takes note of the Hungarian authorities' assurances that persons are almost never held in police detention facilities beyond 72 hours, the delegation was able to observe during its 2023 visit that this legal provision was still being used in practice. The delegation gathered from interviews and custody records examined in the police establishments visited that persons remanded in custody still stayed for up to 29 days in police detention facilities.

The delegation also came across several persons who had defaulted on payments of fines, who were, in line with the relevant legislation, detained for up to 10 days in a police detention facility.[9]

As stated by the CPT in the report on the 2018 visit, conditions of detention in police establishments are usually not suitable for long periods of detention.

The CPT recommends that the Hungarian authorities pursue their efforts to ensure that persons remanded in custody are promptly transferred to a prison and that the return of remand prisoners to police establishments is sought only when there is absolutely no other alternative, and for the shortest time possible. The relevant legislation should be amended accordingly.

The objective should be to end the practice of holding remand prisoners overnight in police holding facilities.

Moreover, consideration should be given to developing alternatives to deprivation of liberty for persons convicted of misdemeanour offences.

2. Ill-treatment

22. The CPT notes that the majority of persons interviewed by the delegation who were, or had recently been, in police custody made no complaints about their treatment by police officers. Moreover, no allegations of ill-treatment were received as regards the time persons spent in police detention facilities.

However, the delegation received a number of credible allegations of physical ill-treatment of detained persons, either shortly after their apprehension, even after they had been brought under control and were handcuffed, or upon their arrival at the police station, as well as during subsequent police questioning. The alleged ill-treatment consisted mainly of slaps, punches and kicks to various parts of the body, and was inflicted, in some cases, in order to extract confessions. In a few cases, detained persons interviewed by the delegation displayed injuries which were consistent with the allegations of ill-treatment.[10]

9. Act II of 2012 on Petty Offences, the Petty Offence Procedure, and the Petty Offence Registry System, Sections 7-9 and paragraphs 26-27 on juveniles.
10. See paragraph 30 as regards medical examinations of persons in police custody and recording of injuries.

The delegation also heard several allegations of excessively tight handcuffing, sexual harassment of female detainees by male police officers,[11] verbal abuse, including remarks of a racist nature, of detained persons by police officers, and of mocking remarks in respect of transgender persons and persons who were being strip-searched. Further, the delegation received a few allegations of demeaning treatment of detained persons by police officers, such as officers making a person kiss the ground, before pushing the person into a ditch, while hand- and ankle cuffed.

In their letter of 28 July 2023, the Hungarian authorities indicated that law enforcement officers were asked to comply with several instructions, aimed in particular at the implementation of CPT recommendations. They were also regularly briefed on the "importance of objectivity, the protocol to be followed, the prohibition of discrimination and the importance of non-prejudicial policing".

However, in light of the allegations received during the visit, **the CPT is obliged to recommend once again that the Hungarian authorities step up their efforts to prevent any forms of police ill-treatment, in particular by:**

i) delivering the firm message to police officers that any form of ill-treatment of detained persons, including demeaning treatment and verbal abuse, is unlawful, unprofessional and unacceptable, and will be sanctioned accordingly. Police officers should have a clear understanding that they will be held accountable for having inflicted, instigated or tolerated any act of ill-treatment, whether physical, sexual or verbal, irrespective of the circumstances. It is essential to continue to promote a police culture in which it is regarded as unprofessional to tolerate the conduct of colleagues who resort to ill-treatment (including racially motivated abuse and sexual harassment);

ii) providing police officers with further practical training relating to the use of force in the context of an apprehension, in compliance with the principles of legality, necessity and proportionality;

iii) reminding police officers that where it is deemed essential to handcuff and ankle cuff a person at the time of apprehension, or at any time during subsequent detention, the handcuffs and ankle cuffs should under no circumstances be excessively tight and should only be applied for as long as is strictly necessary;

23. The delegation observed that batons and CS gas cannisters were worn routinely by custodial staff in police holding facilities.

The Committee recommends that custodial officers do not carry batons and gas canisters routinely in the detention areas of police holding facilities. Further, given the potentially dangerous effects of this substance, CS gas should not be used in confined spaces.

3. Safeguards against ill-treatment

a. introduction

24. The delegation's findings during the 2023 visit revealed that more can be done to ensure the practical implementation of detained persons' rights as from the outset of police custody, that is, including the period when the detained person has the status of "apprehended".

It also emerged from these findings that, in order to mitigate the risks of ill-treatment during police interviews, interviewing officers should be less focused on confessional evidence (see paragraph 37). As previously recommended, the development of an investigative interviewing approach, combined with a more effective right of access to a lawyer, including the right to speak in private to the lawyer prior to the first police interview and to have the lawyer present during police interviews, would assist the authorities in making progress in this area (see paragraph 26).

11. For example, a female detainee interviewed by the delegation alleged that a police officer requested oral sex in exchange for cigarettes.

b. notification of custody

25. It appeared from the delegation's findings during the 2023 visit that notification of custody was done within a relatively short time after arrival in a police station.

However, the delegation received some allegations that no feedback was provided to detained persons on whether it has been possible to notify a close relative or other person of their detention when the notification was done by police officers. Moreover, a few persons alleged that their mobile phones were confiscated, and they were not allowed to access them in order to obtain the number of a third person to be notified. This concerned in particular foreign nationals apprehended by the police.

The CPT recommends that the Hungarian authorities take steps to ensure that police officers facilitate the efforts of detained persons to have a third person notified of their detention. Further, **detained persons should be provided with feedback on whether it has been possible to notify a close relative or other person of their detention, when the notification is done by police officers. Police officers should always record in writing whether or not notification of custody has been performed in each individual case, with the indication of the exact time of notification and the identity of the person who has been contacted.**

c. access to a lawyer

26. As already observed during the CPT's 2018 visit, it is positive that lawyers were usually promptly contacted on behalf of detained persons. However, it appeared, from the delegation's interviews, that *ex officio* appointed lawyers did not always see their clients before their first police interview and often appeared only at the first court hearing.

Actively promoting the right of access to a lawyer is as much in the legitimate interests of law enforcement officials as it is in those of detained persons. In particular, the effective presence of a lawyer during the police custody stage would greatly facilitate the countering of unfounded allegations of ill-treatment.

The CPT recommends that *ex officio* lawyers be reminded, through the relevant bar associations, of the importance of their specific role in preventing police ill-treatment of persons in police custody, by performing their duties diligently and in a timely manner and, in particular, by being alert to signs and allegations of possible police misconduct.

27. Further, even when lawyers were present during police interviews or at the court hearing, detained persons were allegedly not systematically provided an opportunity to consult with them in private prior to the interview or the hearing, despite their requests to this effect. The CPT must point out in this respect that the right of access to a lawyer should include the right for any detained person to talk to their lawyer in private.[12] **The Committee reiterates its recommendation that this be made clear to police officers.**

28. The delegation also received an allegation that a 16-year-old child had been interviewed by the police without the presence of a lawyer and a trusted adult. The suspect's mother was allegedly not allowed to participate in the interview (she was instead standing at the gate to the police station) and the lawyer was only called after the interview.

In their letter of 28 July 2023, the Hungarian authorities recalled that the failure to provide a mandatory defence can be considered a serious procedural violation. Failure to provide a lawyer to persons under the age of 18 would entail immediate action, as the work of the police is closely monitored by the Prosecutor's Office.

12. Reference is made to Article 4 of Directive 2013/48/EU of the European Parliament and of the Council of 22 October 2013 on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty.

The CPT notes these assurances provided by the Hungarian authorities. However, in light of the findings of the visit, **the Committee recommends again that further steps be taken to ensure that these safeguards are effectively implemented in practice. In particular, children should be able to meet in private with the lawyers assisting them at any stage during police custody, including before any interviews are conducted by the police, and should not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer and, in principle, of a trusted adult being present and assisting them.**

d. access to a doctor

29. It remained the case that persons detained by the police were systematically given a medical examination prior to their placement in a police detention facility. Further, in line with the relevant legal provisions,[13] persons who were ill or injured were, in principle, promptly granted access to a doctor.

However, the delegation heard a few isolated allegations that requests made by detained persons to be examined by a doctor during the initial period of their deprivation of liberty by the police were rejected by police officers. Indeed, despite the recommendations made by the CPT in previous visit reports, the right of access to a doctor (including a doctor of one's own choice) from the outset of deprivation of liberty, as distinct from systematic medical screening of detained persons prior to or upon admission to a police detention facility, is still not guaranteed.

The CPT considers that persons deprived of their liberty by the police should be expressly guaranteed in law the right to have access to a doctor from the very outset of their deprivation of liberty. The relevant provisions should make clear that a request by a detained person to see a doctor should always be granted; it is not for police officers, nor for any other authority, to filter such requests. Further, persons taken into police custody should have the right to be examined, if they so wish, by a doctor of their own choice, in addition to any medical examination carried out by a doctor called by the police (it being understood that an examination by a doctor of the detained persons' own choice may be carried out at their own expense).

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that these precepts are effectively implemented in practice. The relevant legal provisions should be amended accordingly.

30. As already noted during the 2018 visit, police officers remained systematically present during medical examinations of detained persons. Further, the delegation met a few persons who displayed injuries which were not recorded in their medical documentation, and it became clear during the visit that medical examinations of detained persons did not systematically include physical examination to detect injuries.

In the letter of 28 July 2023, the Hungarian authorities informed the CPT that persons detained shall be guaranteed access to the contents of the medical report drawn up on the basis of the preliminary medical examination, and asked to sign it.

However, the CPT must reiterate that the presence of police officers during medical examinations of detained persons, in addition to being problematic from the perspective of medical confidentiality, could discourage a detained person who has been ill-treated by the police from saying so. Indeed, several persons met during the visit who alleged to the delegation that they had been ill-treated by police officers stated that the presence of police officers prevented them from reporting these allegations during their medical examinations.

The CPT therefore repeats its longstanding recommendation that arrangements be made to ensure that medical consultations are conducted out of the hearing and – unless the healthcare professional concerned expressly requests otherwise in a given case – out of the sight of staff with no healthcare duties. This must be seen as a shared responsibility of police

13. Section 17 (2) of Act XXXIV of 1994 on the Police, requires that a person injured in the course of police action is attended by a doctor.

officers and healthcare staff. Alternative solutions can and should be found to reconcile legitimate security requirements with the principle of medical confidentiality. For example, police holding facilities and the hospital structures concerned should have a room available which provides appropriate security safeguards, and healthcare staff could be provided with an alarm/call systems (such as panic beepers or call buttons), whereby they would be in a position to rapidly alert police officers, in those exceptional cases when a detained person becomes agitated or threatening during a medical examination.

Further, **the Committee recommends that the medical examinations of persons upon their admission to police detention facilities include a thorough physical examination. The record drawn up after the medical examination should contain:**

(i) a full account of objective medical findings based on a thorough examination;

(ii) an account of statements made by the person concerned which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment); and

(iii) the healthcare professional's observations in the light of (i) and (ii), indicating the consistency between any allegations/statements made and the objective medical findings.

31. More generally, the CPT wishes to underline that healthcare staff examining detained persons have an important role to play in combating police ill-treatment, through the timely recording of injuries and their reporting through the appropriate channels. Moreover, if done properly, medical examinations of detained persons, and the appropriate recording of their outcome in the medical documentation of detained persons, will also greatly facilitate the countering of unfounded allegations of physical ill-treatment by police officers.

The CPT recommends that the Hungarian 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. These obligations include the thorough conduct of medical examinations of persons in police custody, under conditions respecting medical confidentiality,[14] the proper recording of injuries, and the reporting of those 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).[15]

32. The delegation also gathered from interviews that persons detained by the police who were transferred to receive medical care in an external medical facility were allegedly handcuffed and ankle cuffed, by one hand and one foot, to their bed, 24 hours a day (in addition to being placed under the surveillance of police officers and later prison officers), and were not released to use the toilet for several days – instead, they had to use a bottle and/or adult nappies.

The CPT recommends that the Hungarian authorities put an end to the practice whereby persons in police custody staying overnight in an external medical facility are fixated to their hospital bed for custodial reasons. Other means of meeting security needs satisfactorily can and should be found; the creation of secure rooms in such hospitals is one possible solution.

Further, **persons in police custody staying overnight in an external medical facility should have ready access to a toilet at all times. Obliging them to use adult nappies or a bottle to urinate into while they are handcuffed to their hospital bed may amount to degrading treatment and should be stopped immediately.**

14. See also the recommendation set out in paragraph 30.
15. Reference is made in this context to the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol), revised version published in June 2022.

33. At Székesfehérvár (Deák Ferenc Street) and Debrecen's main police holding facility (Sámsoni Street), a large quantity of medication, including psychotropic medication, was kept in unlocked and easily accessible cupboards, or was lying outside the cupboards, in unlocked medical rooms, and was therefore accessible to and distributed by custodial staff, without medical supervision.[16]

In their letter of July 2023, the Hungarian authorities indicated that the amount of medication approved by the doctor and recorded on the outpatient form was distributed to the detainees from this stock daily into plastic medication dispensers. Each morning, the medication rations were placed in a cupboard in the locked detention wing by the custodial staff in charge.

In the CPT's view, the preparation of individual doses and the distribution of prescribed medicines by medically untrained individuals may be harmful to the health of the patients concerned and, in any event, is generally incompatible with the requirements of medical safety and medical confidentiality. Therefore, prescribed medicines should, as a rule, only be prepared and distributed by qualified healthcare staff.

Exceptionally, in establishments where a daily presence of healthcare staff might be difficult to secure, steps should be taken to ensure that individual medicine doses are prepared exclusively by a healthcare professional, for example in a medication dispenser, and that their distribution respects the precepts of medical confidentiality. Further, any individual medicine box should be marked in such a way as to allow the reliable identification of the patient concerned.

The CPT recommends that the Hungarian authorities ensure that these principles are effectively implemented in practice at Székesfehérvár (Deák Ferenc Street) and Debrecen (Sámsoni Street) police establishments and, as appropriate, in other police facilities in Hungary. Moreover, controlled medications should be kept in a locked cupboard and their dispensation should be registered.

34. The delegation positively noted the presence of an Automated External Defibrillator (AED) at Székesfehérvár's facility (Deák Ferenc Street). However, the custodial staff were not trained to use it. On the contrary, at Debrecen, staff claimed to have received basic life support training, but that facility was not actually equipped with an AED.

The CPT recommends that the Hungarian authorities take steps to ensure that a person competent to provide first aid (who holds a valid certificate in the application of cardiopulmonary resuscitation and the use of an automated external defibrillator (AED)) is always present in every police holding facility; all police holding facilities should be equipped with an AED.

e. information on rights

35. Although an information sheet on the rights and obligations of detained persons was available in all the police establishments visited, the delegation gathered from the 2023 visit that it was usually not provided to detained persons (including children). At best, persons apprehended by the police were provided verbally with some information, although even this was apparently not a systematic practice.

While some of the individual files of detained persons examined by the delegation contained a document, on which the persons concerned confirmed by their signature that they had received information on their rights, several persons interviewed during the visit stated that they were unaware of having signed any such document, and were merely given by police officers a pile of documents to sign.
Moreover, in some of the police establishments visited, information sheets in foreign languages were outdated or not available at all.

16. No attending physician or nurse was present in either of the police establishments at the time of the delegation's visit.

The CPT reiterates its recommendation that the Hungarian authorities take steps to ensure that all persons detained by the police – for whatever reason – are fully informed of their fundamental rights as from the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by provision of clear verbal information at the very outset, to be supplemented at the earliest opportunity (that is, immediately upon their arrival at police premises) by provision of a written form setting out their rights in a simple and accessible language. This form should be available in an appropriate range of languages and all language versions should contain up-to-date information.[17]

The information should be explained to detained persons and care should be taken to ensure that they are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case. Detained persons who are unable to read the information sheet or understand its contents should receive appropriate assistance including, where necessary, using alternative modes, means and formats of communication.

Further, **detained persons should be given (and allowed to keep) a copy of the information sheet.**

In addition, **there should be a specific information sheet on rights, setting out the particular position of detained children. It should be short, drafted in a straightforward manner and easy to understand. Reference is made in this regard to the Recommendation Rec(2003)20 of the Council of Europe's Committee of Ministers concerning new ways of dealing with juvenile delinquency and the role of juvenile justice.**[18]

f. the situation of foreign nationals

36. The information gathered during the visit indicates that police officers made efforts to contact interpreters swiftly whenever foreign nationals were apprehended, and to ensure that interpretation in a language the detained person understands was available during police interviews.

However, several foreign nationals interviewed during the visit who were, or recently had been, in police custody alleged that they had been asked to sign documents, at various stages of police custody without having their content properly explained to them.

The CPT reiterates its recommendation that the Hungarian authorities take further action to ensure that foreign nationals apprehended by the police are provided with the services of a qualified interpreter whenever required, and that they are not made to sign any document which they are not able to understand concerning the offence(s) which they are suspected to have committed.

g. conduct of interviews

37. The delegation had the opportunity to discuss police interviewing methodology with several police investigators. The investigators confided that they had not received any training in interviewing

17. Reference is made in this context to Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings, which makes it clear that written information to be provided to persons in police custody should be drafted in simple and non-technical language so as to be easily understood by a lay person without any knowledge of criminal procedural law. It further stipulates that the information should be provided in a simple and accessible language, taking into account any particular needs of vulnerable suspects or vulnerable accused persons (see, in particular, Article 38 of the Preamble, as well as Articles 3 and 4 of the Directive).

18. See in particular Section 15: "Where juveniles are detained in police custody, account should be taken of their status as a minor, their age and their vulnerability and level of maturity. They should be promptly informed of their rights and safeguards in a manner that ensures their full understanding. […]" Reference is also made to Article 4, paragraph 2, of the EU Directive 2016/800 on procedural safeguards for children who are suspects or accused persons in criminal proceedings.

suspects, victims or witnesses in general, or in interviewing children or victims of sexual or other gender-based violence. While they expressed some knowledge on de-escalation techniques in the case of an agitated suspect, the investigators were not familiar with the concept or methodology of 'investigative interviewing'.

As already noted in the report on the 2018 visit, it remained the case that the aim of police interviews was to obtain a confession or other self-incriminating evidence from the suspect during police interviews, including in the case of juveniles.

Moreover, many detained persons interviewed by the delegation indicated that the police officers had started the interview without the presence of a lawyer (see paragraph 26) or adequate understanding of their rights (see paragraph 35), and that they were usually handcuffed during police interviews. This can be seen as a way to increase pressure on the suspect being interviewed.

In the CPT's view, it is self-evident that a criminal justice system, which places a premium on confessional evidence, creates incentives for officials involved in the investigation of crime to use physical or psychological coercion. The CPT wishes to recall that the aim of police questioning should be to obtain accurate and reliable information in order to discover the truth about the matter under investigation, and not to obtain a confession from somebody already presumed, in the eyes of the interviewing officers, to be guilty.

To mitigate the risks of ill-treatment during police interviews, interviewing police officers should be trained not to be primarily focused on confessional evidence. The development of an investigative interviewing approach, combined with a more effective right of access to a lawyer, including the right to speak in private to the lawyer prior to the first police interview and to have the lawyer present during police interviews, would assist in making progress in this area.

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that these precepts are effectively implemented in practice. In particular, steps should be taken to ensure that police investigators are trained to acquire the necessary skills and knowledge in effective interviewing. Reference should be had in this regard to paragraphs 73-81 of the CPT's 28th General Report, which concerns preventing police torture and other forms of ill-treatment (including police interviewing methodology),[19] as well as the Principles on Effective Interviewing for Investigations and Information Gathering (Méndez Principles).

38. As a means of preventing ill-treatment during police action and interviews, the CPT welcomes the national efforts to introduce electronic recording of police interviews by installing cameras in interviewing rooms, in addition to the cameras in vehicles and body worn cameras.[20]

The delegation had the opportunity to inquire about the practice of electronic recording of police interviews in Székesfehérvár and Debrecen police stations. The police stations were both equipped with dedicated interview rooms with either mobile recording equipment or inbuilt cameras. In Székesfehérvár, there was also a dedicated room for interviewing child victims.

However, the delegation was informed that most interviews would normally take place without any audio-visual recording, except in relation to some vulnerable persons such as child victims, victims of sexual crime or illiterate persons.[21] The reason given was that the investigators did not trust the system and were afraid of losing the recording. In addition, legally, procedural acts are only recorded upon the request of the defendant, the defence counsel or the aggrieved, and only if they advance the costs of such recording.[22] The requirement that the cost of electronic recording must be borne

19. See also the Council of Europe's practitioner's guide on investigative interviewing ("A brief introduction to investigative interviewing – A practitioner's guide", Council of Europe, October 2018).
20. At the national level, in December 2022, there were around 404 interrogation rooms equipped with audio-visual devices. See, Hungarian Helsinki Committee Communication in the case of *Gubacsi v. Hungary* (Application No. 44686/07), October 2022, DH-DD(2022)1202.
21. The Code of Criminal Procedure (paragraphs 358 and 360A) regulates the use of audio-visual recording of police interviews without, however, specifying the situations in which such electronic recording is mandatory.
22. Act XC of 2017 on the Code of Criminal Procedure, Article 358(4). Video recording costs HUF 5,000 per

by one of the people involved in a criminal case, rather than by the state, clearly limits the situations in which audio-visual recording is used. A review of the custody files at Debrecen police station (Budai Street), showed that – in one case involving a child suspect – the police had decided not to use audio-visual recording, citing paragraph 358(4) of the Code on Criminal Procedure.

The electronic (audio and/or video) recording of police interviews represents an important additional safeguard against the ill-treatment of detainees. Such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is both in the interest of persons who have been ill-treated by the police, and of police officers confronted with unfounded allegations that they have engaged in physical ill-treatment or psychological pressure. **The CPT recommends that the Hungarian authorities continue their efforts to introduce regular use of electronic recording of police interviews. Interviewed persons should not be obliged to request such recording and should by no means be required to cover its costs.**

4. Conditions of detention

39. As was the case during previous visits, in general, material conditions in centralised police detention facilities were adequate for short periods of police custody (of up to 72 hours) (see, however, paragraph 21).

The police custody cells viewed by the delegation in detention holding facilities were generally clean, in a reasonable state of repair (apart from some furniture which required some repair), sufficient in size for their intended occupancy, with in-cell fully partitioned toilets, equipped with sleeping platforms, shelves and bedding (albeit some torn mattresses, and sheets not covering the mattresses), and adequately heated, but poorly ventilated (as the windows did not open). The cells had suitable artificial lighting.

Although the police holding facilities visited were equipped with areas where detained persons could take their daily outdoor exercise, several persons interviewed by the delegation complained that they had been held 24 hours per day in the cell, without any access to outdoor exercise.

The CPT recommends that steps be taken by the Hungarian authorities to ensure that cells in police holding facilities are properly ventilated and that persons obliged to stay overnight are provided with a clean mattress and clean bedding. Whenever persons are held for 24 hours or more, they should be offered outdoor exercise every day.

40. As regards food arrangements, one hot meal for lunch and two cold meals for breakfast and dinner were usually served. However, a few detained persons claimed that when they arrived in a police holding facility late in the evening (after having already spent up to 12 hours with the police without food), they were not given anything to eat until the following morning.

The CPT recommends that the Hungarian authorities put in place suitable arrangements to ensure that persons arriving in police holding facilities late in the evening can be offered some food. More generally, persons deprived of their liberty by the police should have ready access to drinking water and be offered food at appropriate times even before their arrival in a police holding facility.

hour (with a flat-rate cost of at least HUF 10,000) while audio recording costs HUF 2,000.

B. Prison establishments

1. Preliminary remarks

41. At the outset, the CPT notes that since its last visit in 2018, the prison population in Hungary had increased by 15% from 17 252 prisoners in 2018 to 19 856 prisoners in early 2023.[23] As of March 2023, the official prison capacity stood at 18 142 places, resulting in an average occupancy rate of 109.5%.

The proportion of pre-trial prisoners had risen from 18% to 24.7%. Similarly, the number of prisoners serving a life sentence also appeared to be increasing steadily.[24] Out of the 33 prison establishments in the country, 23 reported saturation above 100%, of which eight were over 110%, reflecting prison overcrowding nationwide. The increase in prisoners was so acute that the authorities were using cells such as admission or medical observation cells for regular accommodation of prisoners (see also paragraph 71).

42. The Committee notes that the Hungarian authorities have focused on increasing the prison capacity as the primary measure to address the long-standing issue of prison overcrowding. For instance, 3 817 new prison places have been created since 2018, and the recent decision to build a new prison in Csenger should further expand the prison estate by the end of 2024. **The CPT wishes to receive up-to-date information on the expansion of the prison estate, including capacity, specifics of the establishment(s) and delivery date(s).**

43. Efforts to alleviate prison overcrowding also encompassed measures to reduce the number of foreign national prisoners. As of 31 December 2022, foreign nationals accounted for 15% of the overall prison population in Hungary. Rules adopted in January 2023 allowed the Hungarian Prison Service (*Büntetés-végrehajtás Országos Parancsnoksága,* BVOP) to suspend the execution of sentences being served by foreign national prisoners, if certain conditions were met (including the prisoner's transfer within 72h to another country where they would consent to serving the sentence).[25] On this basis, in May 2023, the Government planned to release 700 foreign nationals, and announced that more foreign national prisoners would be released in due time.

The CPT would like to receive further information from the Hungarian authorities on the nature and state of implementation of this measure and considerations related to the terms of the Council of Europe Convention on the Transfer of Sentenced Persons (ETS No. 112), where applicable. Further, the CPT would like to receive information about the legal safeguards, such as access to legal aid and interpretation, that apply to foreign nationals in this context.

44. Considering the steady increase in occupancy levels, these efforts fall short of the goal of providing all prisoners with appropriate living conditions. As the CPT emphasised in the past, building new prisons is not likely, in itself, to provide a lasting solution to the problem of overcrowding.[26] In the CPT's view, this problem calls for a coherent strategy to curb the growth of the prison population, covering both admission to and release from prison, to ensure that imprisonment – including pre-trial detention – is a measure of last resort. Strict limits should be set on the use of remand in custody

23. The prison population rate remained amongst the highest in Europe with 194 prisoners per 100 000 of the national population (on 31 January 2022). See key findings of the SPACE I survey: Prisons and Prisoners in Europe 2022, p. 6. Further, the number of people subjected to short-term criminal detention (five to 90 days) and petty offence detention nearly tripled between 2018 (392) and 2021 (1 125). See Hungarian Helsinki Committee communication concerning the cases of *Istvan Gabor Kovacs and Varga and Others* v. *Hungary* (November 2022, Section 1.2).

24. As of May 2023, official data indicated 434 people serving a life sentence (compared to 382 in 2018), including 72 prisoners serving a "whole" life sentence (compared to 50 "whole" life sentences during the 2018 visit). See for instance National Penitentiary Headquarters, Statistical review on prisons.

25. Government Decree 3/2023 (I.12) on the different application of certain provisions concerning the execution of sentences during the state of emergency.

26. See for example, substantial section on prison overcrowding in the 31st General Report of the CPT, 21 April 2022.

to reduce potentially lengthy periods of pre-trial detention.[27] Such a strategy also implies, especially in less serious cases, an emphasis on non-custodial measures at the pre-trial, trial and post-trial stages. The strategy should also include measures to accelerate a sentenced prisoner's release, including through supervisory means tailored, *inter alia* to the prisoner's behaviour and the nature of the sentence. Both schemes currently available to prisoners applying for early release – namely reintegration custody (with an electronic device) and release on probation – have seen a significant decrease in their application since 2018.[28]

45. **The CPT reiterates its recommendation to the Hungarian authorities to pursue its efforts to manage the prison population, taking due account of the full set of principles listed *inter alia*, in the Council of Europe Committee of Ministers Recommendation No. R(99)22 concerning prison overcrowding and prison population inflation, Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, Recommendation Rec(2003)22 on conditional release (parole), Recommendation Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners, Recommendation CM/Rec(2010)1 on the Council of Europe Probation Rules, Recommendation CM/Rec(2014)4 concerning electronic monitoring, Recommendation CM/Rec(2017)3 on the European Rules on community sanctions and measures and the Recommendation Rec(2006)2-rev on the European Prison Rules.**

46. The delegation visited three prison establishments:

- *Middle-Transdanubium National Prison* is a facility spread over three locations 50 km southeast of Budapest and accommodated mostly adult remand prisoners. At the time of the visit, the unit in Székesfehérvár (*hereafter "Székesfehérvár Prison"*) had an official capacity of 127 places and was holding 134 prisoners (118 men and 16 women), including 14 sentenced prisoners, eight prisoners awaiting a final sentence and 112 remand prisoners.

- *Szabolcs-Szatmár-Bereg County Remand Prison* is located in Nyíregyháza *(hereafter "Nyíregyháza Prison"*) in the east of Hungary, 75 km from the border with Ukraine. It had an official capacity of 167 places (with an additional 45 places for new admissions), and was accommodating 194 prisoners, (that is, 166 remand prisoners, 23 sentenced prisoners and five persons who had defaulted on fines). The prison held mostly adult men as well as 12 women and two children.

- *Tiszalök National Prison (hereafter "Tiszalök Prison")* is a high security prison situated in Szabolcs-Szatmár-Bereg County and was already visited in 2009 by the CPT.[29] The prison had increased its official capacity to 1 110 places. At the time of the visit, it was accommodating 1 211 prisoners (1 077 men, 134 women), mostly sentenced prisoners.[30] 530 Prisoners (namely around half of the prison population) were on a strict security category.

27. By virtue of section 298 of the Hungarian Criminal Procedure Code, periods of pre-trial detention may last up to five years if the criminal offence is punishable by life imprisonment.
28. Official data provided to the delegation states that 704 prisoners were placed in reintegration custody in 2018, but only 547 in 2022 (and 164 by March 2023). 2 936 prisoners were released on probation in 2018, and only 2 104 in 2022 (and 789 by March 2023).
29. CPT report on the 2009 visit to Hungary, CPT/Inf(2010) 16.
30. There were 10 prisoners on remand on 23 May 2023.

2. Ill-treatment

47. At *Székesfehérvár Prison*, the delegation received no allegations of physical ill-treatment and very few allegations of threats addressed at prisoners of physical ill-treatment. There were very few registered complaints by prisoners about inappropriate treatment by staff since 2018.[31] However, the delegation received several allegations of verbal abuse, mostly aimed at foreign nationals.

48. At *Nyíregyháza Prison*, the delegation received a few isolated allegations of physical ill-treatment (such as slaps, punches and truncheon blows) and a number of threats of ill-treatment by staff against prisoners. There were no records of complaints or incidents related to ill-treatment by staff between 2021 and 2023. The delegation also received a few allegations of verbal abuse (sometimes of racist nature) by the prison officers.

49. At *Tiszalök Prison*, in contrast with the two other establishments, the delegation received numerous credible allegations of physical ill-treatment by staff.

The alleged ill-treatment consisted of slaps, punches, kicks and truncheon blows to the head and body (including the ribs, chest and genitals), in some instances while the prisoner was handcuffed and ankle cuffed. It was claimed that ill-treatment took place in particular in areas not covered by CCTV cameras, notably in the storage room on the disciplinary/security block, in the medical consultation room, in communal showers and in cells. Ill-treatment was allegedly carried out by two to eight custodial staff as well as reintegration officers and healthcare staff, and reportedly, at times, accompanied by senior staff. In some cases, the ill-treatment was inflicted by members of the Special Response Team (SRT), wearing black uniforms, gloves, bulletproof vests and balaclavas.[32] From interviews and consultation of prison records, injuries resulting from the alleged ill-treatment included a broken rib, broken teeth, scratches and hematomas. Persons subjected to ill-treatment were typically prisoners who were considered by staff to have a challenging behaviour (and breaching the house rules).

50. At *Tiszalök Prison*, the delegation met with several prisoners who claimed not to have complained about staff ill-treatment for fear of reprisals. Further, many other prisoners with whom the delegation spoke stated that making any sort of formal complaint against a prison officer would only worsen their situation or was futile. In a number of instances, the persons who alleged ill-treatment and to whom the delegation spoke, had made complaints to competent criminal investigative authorities (see also paragraph 52). Below is a sample of the allegations of ill-treatment received by the delegation, some of which are under investigation.

1. A prisoner interviewed by the delegation on the special regime unit for prisoners with long-term sentences (hereinafter, HSR unit)[33] alleged having been subjected in several instances to physical ill-treatment in the healthcare unit and a storage room.[34] On one occasion, the prisoner alleged that he was beaten when he was both hand- and ankle cuffed to a stretcher. Further, he described in detail an incident which allegedly took place on 26 April 2023. The prisoner claimed that he was escorted into the healthcare clinic where a nurse, two members of the SRT and an officer (not wearing a balaclava) were present. Allegedly in the clinic, he had his fingers and elbows squeezed for about five minutes by a senior prison officer ("operational chief

31. The prison administration registered 28 complaints within the competence of the prison establishment and two complaints within the competence of the Hungarian Prison Service Headquarters (BVOP) since 2018, about inappropriate treatment.
32. For instance, one prisoner who spoke to the delegation alleged that he was slapped in the face and punched in the stomach while handcuffed, in his cell, by two officers of the SRT and the reintegration officer, in February 2023. He also alleged having been subjected, in January 2022, to ill-treatment by three prison officers, in the storage room on the disciplinary unit, who slapped him in the face, punched him in the chest and kicked him on the knee. He claimed to have been injured and in pain but he was not taken to the doctor. In two cases, the delegation was able to view video footage, in the presence of the Governor, which confirmed that between three and eight officers, including SRT officers, had entered the storage room on the disciplinary wing (on 19 May 2023 with one prisoner and 26 April 2023 with another) and the clinic (on 26 April 2023 with the second prisoner) at the times indicated in the interviews with the prisoners alleging ill-treatment.
33. *Hosszú időtartamú Speciális Rezsim körlet (HSR-körlet)* in Hungarian.
34. He claimed to have had a broken nose as a result of one of these incidents.

inspector").[35] On his way back to his cell, he was taken to the storage room for a strip search in the presence of several security officers where, as described in the prison administration's report to the BVOP Director General and as reported to the delegation, he was allegedly kicked several times and punched on the ear. One of the officers applied a choke hold from behind which led the prisoner to reportedly lose consciousness for a moment. The delegation was able to view video footage of 26 April 2023 which corroborate the movements and timings described by the prisoner. It also shows six officers (among which two were wearing balaclavas) entering a room with the prisoner (with one prison officer standing in the doorway). The prisoner's formal complaint was submitted to the reintegration officer on 5 May 2023. The medical injury report issued on the same day did not indicate injuries sustained by the prisoner. It is positive to note that the prisoner was heard on the same day by the prosecutor. A criminal investigation into the suspicion of an 'assault committed in official proceedings' was initiated on 8 May 2023, on the basis of section 301 of Act C of 2012 Criminal Code.

2. A prisoner interviewed by the delegation alleged that, on 28 April 2023, several officers entered his cell and started to beat and insult him because he had made requests for the TV to be switched back on and to move to another cell. He claimed to have been punched in the head, and after falling to the ground trampled on and spat upon, to a point where he experienced difficulty breathing. Later in the same day, four or five prison officers allegedly entered the cell[36] to pressure the prisoner to inform healthcare staff that the injuries were the result of a "fall from a chair"; if not, he would be placed "in solitary confinement for having attacked a guard." He was escorted by four prison officers to the clinic, and left in the medical consultation room together with the chief security officer who continued to put pressure on him. The governor's report indicates that a study of the video surveillance footage shows the prisoner "limping, hunched over and holding his side, but there are no signs of external injury on his face", when he was escorted to the health department. The nurse's examination report on 28 April 2023 indicates that the "left ear was slightly swollen with a 2mm scratch on the surface which was no longer bleeding. There were no other injuries. [The prisoner] did not mention abuse". The wounds were cleaned and the prisoner sent back to his cell thereafter. On 2 May 2023, the prisoner filed a complaint, with the reintegration officer, to the Debrecen Regional Investigative Prosecutor (DRIP). According to the file, the reintegration officer noticed signs of damage to the left eye and ear, and was told by the district chief inspector and security officer that the prisoner had fallen from a chair. A medical assessment and an x-ray scan were carried out in the Jósa András Teaching Hospital on 4 May 2023, six days after the incident, according to which he had a fractured rib, which could have taken place within the three weeks prior and damage to the ear that could have been a few days old. The DRIP opened an investigation into an 'assault committed in official proceedings' on 8 May 2023. Four members of staff, including the above-mentioned nurse, were submitted to disciplinary proceedings. The police had not yet come to interview the prisoner when the CPT interviewed him, on 24 May 2023.

3. Two prisoners interviewed by the delegation alleged that they were beaten up by three prison officers on 7 and 8 March 2023 in their cell. One prisoner was allegedly slapped and punched in the face, kicked in the thigh and in the genitals, and verbally abused by three prison officers on 7 March 2023 because he "knocked" on his door asking to use the phone. He told the delegation that as a result of the ill-treatment he suffered from a broken tooth and swelling and pain in his left testicle. He was examined three days later in the healthcare unit. According to the medical record, the prisoner had a broken tooth and "bruising of the external genitalia". The record further states that the prisoner complained about staff ill-treatment and that he had been kicked in the testicles by staff. He was prescribed a urological examination at the Jósa András Teaching Hospital which found an inflammation of the left testicle and the connecting soft tissue. His cellmate (claimed in his interview with the delegation that he had been slapped across the head, punched in the eye (allegedly causing a hematoma and a swollen nose – as also reported in the governor's report to the BVOP) and kicked in the stomach on 8 March 2023 by three

35. According to the prisoner's formal complaint, which the delegation was able to read, it was inflicted by the "operational chief inspector".

36. The governor's report to the Debrecen Regional Investigative Prosecutor (DRIP) indicates that, from the analysis of the video footage, one could see four officers entering his cell around the same time the prisoner had provided to the delegation.

officers. He was taken to the healthcare unit. The governor's report indicates that his right cheekbone was slightly swollen. He was medically examined again on 10 March 2023 and the report indicates "contusion of the eyelid and the area around the eyes". The incidents were reported to the prison governor who referred the cases to the DRIP. A joint investigation concerning 'group assault and other crimes in official proceedings' was opened on 16 March 2023. The staff, allegedly still present on the same wing, also allegedly threatened both prisoners because they had complained.

4. On 15 April 2023, a prisoner in the Intensive Prison Adaptation programme (IBP) unit was allegedly beaten upon his return from hospital by two prison officers, including the chief officer, in the storage room on the disciplinary wing. He was slapped in the face, punched in the ribs and kicked on the body. He was not taken to the prison doctor to record or treat the injuries. Earlier in 2023, custodial staff had allegedly instructed his cellmate to beat him (see paragraph 63).

5. A female prisoner, with serious mental disabilities, placed in 2020 under full guardianship and with a high risk of suicide, was interviewed by the delegation during the 2023 visit. She told the delegation that she had been beaten in 2022, while handcuffed, in the prison clinic in the presence of two male prison officers, two female prison officers, the doctor and a nurse. While lying on the ground, the prison officers stepped on her back, pulled her up by the hair and punched her in the stomach, allegedly because she had self-harmed. She claimed to have had bruises all over her body and complained of tight handcuffing. Based on the available data, a report was filed by the prison administration with the DRIP. The prison governor's report to the prosecutor indicates similar allegations that the prisoner was abused in the doctor's office by five members of staff. She was reportedly taken to Jósa András Teaching Hospital, where the examination concluded that she had "scars all over her body, a haematoma and a superficial epithelial injury in the place of the cuffs".

51. Physical violence was allegedly often combined with psychological ill-treatment such as verbal abuse (including of a racist and sexist nature) and/or intimidation and bullying by prison officers, including death threats as well as threats to resort to further violence or remove benefits. In one case, a prisoner was allegedly forced to lick a prison officer's shoe while another pressed down on his neck. In another alleged incident in 2022, a prisoner was forced by prison officers to go under the bed and to bark like a dog, which he felt was demeaning.

52. The management of *Tiszalök Prison* informed the delegation that they were aware of the prevalence of staff ill-treatment and that there were a number of ongoing criminal investigations into alleged staff ill-treatment (on the basis of section 301 of Act C of the 2012 Criminal Code) between 2019 and 2023.[37] Following the visit, the authorities informed the CPT by letter of 28 July 2023, that they carried out an evaluation at national level and at the level of the *Tiszalök Prison* on cases of ill-treatment, and acknowledged that the figures reported from the *Tiszalök Prison* were higher than the national average.

It is positive to note that when complaints were made by the prisoners, or allegations of ill-treatment were brought to the attention of the prison governor, a report was swiftly made to the Prosecutor's Office. However, the delegation found that in some cases it examined, the investigation which followed could not be characterised as prompt and effective as, several months after being notified of the allegations, the necessary steps to gather and preserve evidence, notably statements of alleged victims and witnesses, and medical evidence, had still not been taken by the authorities carrying out the investigation. Central evidence had thus not been secured. Medical evidence in the form of documentation of injuries was almost non-existent (see paragraph 104 on recording of

37. From the information provided by the authorities to the CPT, in a letter of 28 July 2023, overall, from 2019 to May 2023 there were 49 cases of "abuse in formal proceedings" in *Tiszalök Prison* (229 cases nationwide) – on average one case per 100 prisoners compared to a rate of 0.26 at national level. The prison administration recorded 12 cases of ill-treatment by staff in 2021, 13 in 2022 and nine in 2023, all but two of which had been followed by an investigation. In a communication from the BVOP headquarters to the prison commander at *Tiszalök Prison* of 15 December 2022, the Deputy Commander also lists several allegations of ill-treatment of prisoners by staff within the establishment gathered from hearings with prisoners.

injuries) and electronic evidence (namely, video footage) was often no longer available.[38] Importantly, so far none of the many criminal investigations in the past five years had led to a conviction of staff.

53. The delegation was made aware of action taken in certain cases by the governor pending the outcome of the police investigations. One case concerned an investigation (on the basis of section 301 (1) of the Act C 2012 on the Criminal Code) initiated on 17 November 2022 against three members of healthcare staff, including a doctor and a head nurse. The members of the healthcare staff were suspected of using disinfectant liquid spiked with chili pepper to treat open wounds, or of using gloves impregnated with the solution when examining patients, between June 2022 and September 2022. None of the three staff members were working at *Tiszalök Prison* at the time of the visit, as the prison management had suspended them all during the period of investigation.

54. The delegation was informed that some custodial staff against whom criminal investigations were ongoing were still working in the same units where they had allegedly ill-treated prisoners. In their reply to the delegation's preliminary remarks, the authorities indicated that on the basis of the "presumption of innocence [that] is also applicable to the staff member […] staff action against the staff member will only be taken in the event of a conviction."

The CPT understands that suspension from duty following a complaint of ill-treatment is a serious measure, which requires careful examination. However, the CPT considers that the use of a suspension measure or at least a transfer to another duty station where the officer is not in direct contact with prisoners, is sometimes necessary, particularly to send out a clear message of "zero tolerance" of ill-treatment.

55. The CPT reiterates that the multiple allegations of ill-treatment received from prisoners at *Tiszalök Prison*, who were interviewed in private, were concordant. Not only were they credible and supported by witness statements from other prisoners, but in some cases, they were supported by medical evidence as well.

56. The CPT recommends that the Hungarian authorities ensure that prison officers against whom *prima facie* evidence of ill-treatment exists are suspended from carrying out duties which place them in contact with the prisoners, until the investigation into the alleged ill-treatment is completed.

The Committee would like to receive detailed information on all the investigations carried out at *Tiszalök Prison* regarding staff ill-treatment since 2018, including the outcome of these investigations and an account of the criminal or disciplinary sanctions imposed on prison officers concerned or any other action taken.

57. A number of measures have been introduced by the BVOP to reduce or eliminate ill-treatment of prisoners by prison staff. These include increasing the number of cameras installed in the establishments with an intelligent monitoring system (that is, only relevant images are monitored), the storage of video material for 30 to 60 days, the right for prisoners to lodge a complaint, the requirement to undergo a medical examination upon report of abuse, the close daily supervision by staff of any signs of injuries and training of staff on the prevention of ill-treatment and related punishment. At *Tiszalök Prison*, prison management ordered a review of the security and healthcare departments to ensure that members of staff working on the same shifts do not have a conflict of interest, such as being relatives, as was the case with the nurse and one of the custodial officers mentioned in para (10.2) above.

Nevertheless, to date, these measures appear to have had a limited impact in terms of actually preventing ill-treatment of prisoners. As illustrated above, ill-treatment allegedly could take place in areas where cameras are not installed (storage rooms, cells, healthcare department), and CCTV footage which could have been essential to an investigation has frequently not been retained and hence was deleted at the 30-day statutory threshold. Further, prisoners' lack trust in the system to

38. Beyond the 30 day-statutory period, footage could legally be deleted if it had not been necessary in the context of a criminal investigation.

investigate complaints effectively which often dissuaded them from filing complaints in the first place (see paragraph 166).

58. The CPT recommends that the Hungarian authorities ensure that measures effectively eradicate and prevent any form of ill-treatment in prison establishments.

The authorities should send a clear and unequivocal message of zero tolerance of any form of ill-treatment stating that such practices are illegal and totally unacceptable in any prison establishment in the country, and that any such instance will be investigated, with those responsible being prosecuted and subject to appropriate sanctions. Senior prison staff should be held to account to ensure that they fulfil their basic responsibility of guaranteeing that prison staff respect the right of detained persons to physical and mental integrity. This demands that all senior and middle managers pay special attention to the actions of staff under their responsibility and take immediate steps to address any indications that staff are acting inappropriately, not only by inflicting ill-treatment but also by encouraging or acquiescing to ill-treatment of prisoners, sometimes by fellow-prisoners. Failure on the part of supervisory staff to fulfil this role is, in itself, a serious dereliction of duty.

Moreover, the CPT reiterates its recommendation that the Hungarian authorities put in place proactive measures to prevent individual prisoners from being subject to reprisals if they wish to make complaints or speak to external organisations about instances of ill-treatment.

59. In light of the number and seriousness of the allegations received during the visit at *Tiszalök Prison*, and the information provided by the authorities, the CPT recommends that the Hungarian authorities initiate a thorough and independent inquiry into the situation at *Tiszalök Prison* regarding ill-treatment by staff. The CPT requests that a detailed account of the steps taken and results if any, of this inquiry be communicated to the Committee within three months.

60. The CPT also recommends that a clear message be delivered to all custodial staff, in particular those working in special intervention groups at *Tiszalök* and *Nyíregyháza Prisons*, that no more force than is strictly necessary is to be used to control violent and/or recalcitrant prisoners, and that once prisoners have been brought under control, there can be no justification for any further use of force. Force should only be applied in accordance with the relevant legal requirements, and the principles of necessity and proportionality, in order to maintain security and order, and never as a form of punishment. In this context, the authorities should ensure that all prison officers are trained in recognised control and restraint techniques, without harming prisoners.

61. The CPT positively notes the recent national measures to prevent inter-prisoner violence. Namely, prison establishments are required to identify in a register any prisoner at risk of abuse.[39] Further, the prison service has a duty to refer *ex officio* the case for an investigation following an incident where it is suspected that a prisoner has been subjected to violence, despite the detained person's consistent denials.[40] In addition, certain establishments, such as *Nyíregyháza prison,* had specific internal regulations on measures (for example, medical examination and investigation) to be taken following incidents of inter-prisoner violence. Training on preventing and responding promptly to inter-prisoner violence was provided to *Tiszalök Prison* staff in direct contact with prisoners, albeit on a sporadic basis. According to the official data provided to the delegation, these steps have led to a decrease in the number of cases of inter-prisoner violence recorded nationally in recent years.[41] However, the findings of the visit clearly indicate that further efforts are needed to combat inter-prisoner violence, most notably at *Tiszalök Prison*.

39. BVOP Instruction No 18/2020 (29 May) on the prevention of prisoner crises, suicide attempts and self-harm.
40. BVOP Instruction No 18/2022 (13 July) on the on-call activities of the prison service and the reporting procedure, and the procedure for prisoners requiring special attention, and Professional Protocol on the classification of criminal incidents committed by prisoners against each other (Point 12).
41. Official country-wide data indicates a steady decrease in cases of inter-prisoner violence (from 232 registered cases in 2018 to 96 in 2022).

62. At *Székesfehérvár and Nyíregyháza Prisons*, inter-prisoner violence was not uncommon and usually consisted of verbal altercations and minor physical fights including whipping with a wet towel. At *Székesfehérvár Prison,* when called, prison officers usually intervened promptly and were able to separate prisoners. However, it appeared from the delegation's interviews at *Nyíregyháza Prison* that staff did not respond promptly in order to separate prisoners when incidents took place.

The delegation took note of disciplinary proceedings concerning a case of serious inter-prisoner violence at *Nyíregyháza Prison*. The investigation file indicates that, on 2 December 2022, a prisoner was allegedly attacked in his cell by other prisoners because of his sexual orientation. He was forced to perform oral sex and bark like a dog. He allegedly had to kneel and was kicked in the head and in the ribs. His head was pushed down the toilet and he had to drink from it. The prisoner was medically examined on 4 December 2022 and the disciplinary investigation was initiated on the same day. The medical documentation confirmed the "assault committed with force". The prisoner had "bruises on the chest and skull". A disciplinary investigation was undertaken (which resulted in a 15-day solitary confinement as a disciplinary sanction for the perpetrator) but there was no referral to the public prosecutor for criminal investigation. **The CPT would like to be informed about the measures taken by the prison administration to protect this prisoner from further violence, and the reason why the case was not referred to the prosecutor.**

63. Inter-prisoner violence appeared to be particularly serious at *Tiszalök Prison*.[42] The delegation was informed that violence amongst prisoners was frequent and took the form of both beatings and verbal abuse. Not only do the findings of the visit suggest that staff did not always intervene promptly, but the delegation also heard allegations that certain prisoners were allowed or even instructed by staff to ill-treat their cellmates. In one case, a prisoner told the delegation that he swallowed three razor blades on 15 April 2023 in order to be separated from his violent cellmate and placed in a security cell alone with constant video surveillance. The prisoner also said that the prison officer and reintegration officer allegedly watched through the hatch and allegedly encouraged his cellmate to beat him. According to the information provided by the authorities, this prisoner has been provided with regular therapeutical sessions relating to his self-harming. However, the prison management had not addressed the underlying reason for the self-harming, as he was left to remain in the cell with his cellmate which had allegedly been inflicting violence.

64. The CPT wishes to emphasise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility of protecting them from other prisoners who might wish to cause them harm. The prison authorities must act in a proactive manner to prevent violence by inmates against other inmates.

Addressing the phenomenon of inter-prisoner violence and intimidation requires that prison staff be alert to signs of trouble, and both resolved and properly trained to intervene where necessary. The existence of positive relations between staff and prisoners, based on the notions of dynamic security and care, is a decisive factor in this context; this will depend in large measure on staff possessing the appropriate interpersonal communication skills. Further, allocation of cells should not be merely based on general criteria (such as the crime of the prisoner, legal status, gender, special treatment order, age, personality or physical status), but on a proper individual cell-share risk assessment, which should be carried out systematically and throughout the period of detention.

The CPT wishes to point out that it is inadmissible for the prison staff to encourage violence among prisoners to maintain order and control in an establishment. This dereliction of duties by the staff is sure to result in exploitation of the weaker prisoners by the others. No prisoners should be put in a position to exercise authority over other inmates.

65. In light of the above remarks, the CPT recommends that staff be clearly and regularly reminded that any prison staff tolerating, encouraging or colluding in punitive action against prisoners by other inmates or any other form of inter-prisoner violence or intimidation of prisoners will be the subject of criminal proceedings. Further, the Hungarian authorities should draw up and diligently implement a strategy to combat inter-prisoner violence and

42. Although the prison administration in Tiszalök recorded very few incidents of inter-prisoner violence: only two in 2021, none in 2022 and four in 2023.

intimidation, notably at *Tiszalök prison*. This strategy must include investing far greater resources in the recruitment of additional staff, the promotion of a real dynamic security approach by prison staff and the offer of a wide range of purposeful activities to prisoners across the prison system. Also, anti-bullying protocols should be developed to complement a proper cell-share risk assessment undertaken upon the admission of every prisoner (both sentenced and remand prisoners) to identify incompatible categories of prisoners.

In addition, the CPT recommends that additional emphasis be placed on promoting the professionalism of prison officers and specialist staff by providing targeted training activities. This should include being able to identify perpetrators of violent acts against other prisoners, and to recognise when vulnerable prisoners might be seeking help through actions contrary to the internal prison rules.

Finally, the Committee recommends that, whenever severe bodily injuries are recorded by a doctor which are consistent with allegations of inter-prisoner violence, the record be immediately brought to the attention of the relevant prosecutor and a preliminary investigation initiated.

3. Conditions of detention

a. material conditions

66. The CPT welcomes ongoing efforts by the Hungarian authorities to improve the material conditions across the prison estate, including within the establishments visited.

At the three prison establishments visited by the delegation, the living space per prisoner was adequate, with a few notable exceptions concerning mainly special cells (see paragraph 144 on disciplinary and security cells). Prisoners at *Székesfehérvár* and *Nyíregyháza Prisons* were accommodated in cells of a capacity ranging from one to 10 persons. Cells afforded at least 4 m^2 per person in multi-occupancy cells, and around 7 m^2 in single cells.[43]

The CPT already had an opportunity to visit and describe *Tiszalök Prison* in 2009.[44] At the time of the 2023 visit, the prison's capacity had increased with the construction of a new block. The 614 cells of the establishment could accommodate one to six prisoners. The cells afforded between 9.6 m^2 and 13.5 m^2 respectively, including the fully partitioned sanitary facility, for prisoners accommodated in single and double cells. Larger multi-occupancy cells were also of decent size. By way of example, a cell for three prisoners afforded at least 5.5 m^2 of space per prisoner (excluding the sanitary facilities).

67. Overall, the material conditions in *Tiszalök Prison* remained satisfactory. Improvements to the general state of repair were necessary in both *Székesfehérvár Prison* and *Nyíregyháza Prison.* The walls and floors were particularly dilapidated at *Nyíregyháza Prison.*

In the three establishments visited, cells were furnished with iron bunkbeds or single metal beds, a table with stools and lockable cupboards for each prisoner. The furniture was in an acceptable state of repair in both *Tiszalök* and *Székesfehérvár Prisons,* however it was particularly worn down in *Nyíregyháza Prison.* In *Nyíregyháza* and *Székesfehérvár Prisons*, the foam mattresses, pillows, and blankets were worn, ripped and dirty, and the bed linen was often too small to cover the mattresses.

Normal accommodation cells had one fully partitioned sanitary annex irrespective of the cells' capacity, and one to three washbasins depending on the size of the cell. In older establishments, namely *Nyíregyháza* and *Székesfehérvár Prisons,* cells often lacked proper ventilation, in particular in sanitary facilities. Cells had sufficient access to natural light and good artificial lighting.

43. At *Nyíregyháza prison* for instance, the cells were either in H form (some 15 m^2 for three prisoners) or in a dormitory style design (between 27.5 m^2 and 42.5 m^2 for six to nine people).
44. CPT/Inf(2010) 16.

The CPT recalls that large-capacity dormitories such as in *Székesfehérvár* and *Nyíregyháza Prisons* inevitably imply a lack of privacy for prisoners in their everyday lives. Further, the excessive burden on communal facilities such as washbasins or lavatories and the insufficient ventilation can often lead to poor conditions.

68. The overall state of hygiene was relatively good in *Tiszalök Prison*. However, it was poor in *Nyíregyháza* and *Székesfehérvár Prisons*. The delegation received many complaints regarding the presence of cockroaches, bedbugs and ants. The delegation saw several prisoners in *Nyíregyháza* with bites from bedbugs.[45] The routines for the extermination of insects were clearly insufficient. Further, the ventilation and state of hygiene of communal showers in the establishments should be improved. In *Nyíregyháza Prison,* there was some mould on the ceiling and the paint was peeling off the walls of the shower facilities.

69. The delegation received a number of complaints regarding the countrywide decision to set the maximum temperature in prison establishments to 18°C (as of 1 October 2022).[46] Many prisoners claimed they were cold during the winter and were not allowed to use blankets during the day nor given additional clothing. They also complained about only having access to cold running water in their cells.[47] On the other hand, during the summer, prisoners and staff, in particular in the healthcare clinics, had difficulties coping with high temperatures and poor ventilation.

70. The Committee positively notes that *Tiszalök Prison* disposed of several cells for persons with disabilities (reportedly two cells on every level). The special single cells for persons with disabilities were more spacious than other cells and featured disability-friendly equipment as well as an adapted shower, sink and toilet which could be used by a prisoner in a wheelchair. The cell visited by the delegation was clean with good access to fresh air and natural light. The call-bell was sufficiently low to be reached without difficulty. However, the toilet was visible through the hatch in the cell door and access to the yard was difficult.

At *Nyíregyháza Prison*, there was also one single cell for persons with disabilities, located on the ground floor, in acceptable condition and of decent size (6.8 m^2). However, it was not purposely adapted to persons with physical disabilities. The toilet was partitioned with a curtain in a poor state of hygiene. There was an intercom but no television.

71. During the visit, the CPT delegation also looked closely at the conditions of other special cells, as it was indicated that they were often used for general accommodation to mitigate overcrowding. In *Nyíregyháza* and *Székesfehérvár Prisons*, these cells were often in a poor state of repair and offered inadequate conditions for long stays. Conditions of special cells were satisfactory at *Tiszalök Prison*.

Székesfehérvár Prison had nine cells used for admission, security, protection and disciplinary reasons. All were equipped with video-surveillance. Four cells were used for disciplinary and security reasons (see description in paragraph 144). The five other cells (four single cells and one with two bunkbeds), not used for disciplinary or security purposes, were of adequate size (around 8 m^2 for the single cells) and were equipped with a metal bed, a stool and a table. The windows had a double layer of grating which nevertheless allowed sufficient natural light into the cell. There was proper artificial lighting, however ventilation was poor. The cell visited lacked cleaning and floors needed repair. Positively, the toilet facilities in these cells were fully partitioned.

At *Nyíregyháza Prison,* there were three isolation rooms equipped with video-surveillance: two were used for disciplinary and security reasons (see description in paragraph 144) and the third cell served for medical observation (see description in paragraph 102). The three cells were regularly used as general accommodation, sometimes for months on end, including for children[48] (see also paragraph 89).

45. Sheets and walls in this establishment had rust stains typical of the presence of bedbugs.
46. Government Decree no. 353/2022 (IX. 19) on the emergency operations of certain institutions, paragraphs 3 and 5.
47. Prisoners would usually receive hot water in a container once or twice a day.
48. At the day of the visit, the prison establishment accommodated two children, aged 16 and 17.

Tiszalök Prison also had an entire wing (with a capacity of 14 single cells) dedicated to security segregation and disciplinary sanctions. Around 100 places for new admissions and medical observation were also being used.[49] The prison also occasionally held prisoners on remand or serving a disciplinary sanction, to alleviate overcrowding in other establishments and ensure swift implementation of disciplinary punishments when adequate facilities lacked otherwise.

72. None of the yards in the prison establishments visited were adequate. They were austere, with most often no benches, no shelter from inclement weather and either very little or no equipment that could be used for physical activity.

Székesfehérvár Prison had two outdoor cement yards, the smallest of which was a cage-like space measuring around 25 m^2. It was mostly used for women and persons in disciplinary cells or in isolation. It was positive to see a spacious lawn in the single large yard at *Nyíregyháza Prison*, however prisoners were prohibited from using it, including by sitting on the grass.

Each building at *Tiszalök Prison* had several concrete yards but none were adequate, and they offered no shelter or means of rest, despite it being a newer establishment. Sport equipment was almost non-existent. The Committee also notes that no significant changes had been made to the three concrete yards in the HSR unit at Tiszalök Prison since 2009.[50] The yards continued to offer a very limited view of the sky (and no horizontal view), no means of rest and sometimes no sports equipment.[51] There was some protection from inclement weather.

73. The CPT recommends efforts to be made by the Hungarian authorities to ensure that all cells in prison establishments offer:

- **facilities and equipment in a good state of repair;**
- **an acceptable state of cleanliness, including clean mattresses, pillows, bed linen and blankets, and regular disinfestation to eradicate bedbugs, ants and cockroaches from the facilities;**
- **good access to natural light, as well as adequate artificial lighting;**
- **good ventilation and temperature control, in particular in the healthcare unit;**
- **daily access to warm water, preferably running water, especially in winter;**
- **accessible and functioning call-bells or intercoms;**
- **purposefully adapted material conditions for prisoners with disabilities.**

In-cell sanitary annexes should be fully partitioned in multi-occupancy cells and should be maintained in a clean condition and a proper state of repair, with proper ventilation. Communal showers should also be properly ventilated and free from mould. Yards should be equipped with means of rest and a shelter from inclement weather. They should also be equipped with sports equipment and offer a decent view of the sky and a view that is not solely vertical.

Further, the Hungarian authorities should end the use of admission, disciplinary and medical observation cells for regular accommodation in all prison establishments.

The CPT recommends that in the design of future prisons, priority should be given to cell-type accommodation as opposed to dormitories or multi-occupancy cells. Prisoners should be accommodated in small living units with no more than four prisoners per cell.

49. Prisoners, including some who took regular medication and did not need constant medical supervision, could be held for long periods (up to 126 days according to the medical records consulted by the delegation), but generally, prisoners were kept for less than 15 days in these cells.
50. Report on the visit to Hungary (24 March to 2 April 2009), CPT/Inf (2010) 16, paragraph 74.
51. One yard disposed of a pull-up station and another had a ping pong table.

b. regime

74. Overcrowding and limited resources continued to affect the prison regime adversely, with most prisoners, in particular remand and high security prisoners, having no or limited access to work, education or other out-of-cell activities. For instance, only around 5% of the prison population nationwide was involved in vocational training in 2022-2023, despite efforts to offer a variety of training courses.[52] The numbers of prisoners enrolled in education classes remained limited (around 20% of the prison population), regardless of the significant increase between 2021 and 2023.[53] The Committee welcomes the prison administration's nationwide pilot projects such as the "*Human Resources Development Operational* Programme" (*Emberi Erőforrás Fejlesztési Operatív Program, EFOP*), which offered competence and skills development sessions and art therapy programmes to support the reintegration of prisoners. However, it was currently only being offered to a very limited number of prisoners (see paragraph 77).

There was no indication either from interviews or the delegation's examination of the files that the prisoners were provided with a proper assessment resulting in an individualised sentence plan, re-examined regularly thereafter by the prison director or senior members of staff. Staff-prisoner relations seemed generally limited or non-existent in the establishments visited. Daily life in prison was marred by bureaucracy. Prisoners were required to make formal requests to access the cultural room or the library and to use a fridge, either directly to reintegration officers or through the electronic "*kioszks*" (hereafter "kiosks").[54] This took up valuable time for the members of staff who had to process these applications, to the detriment of engaging with the prisoners.

75. The CPT acknowledges the efforts made at *Tiszalök Prison* to provide sentenced prisoners with out-of-cell activities, in addition to one hour per day outdoor in the yard.

Around 20% of the prison's population were engaged in work.[55] However, an overwhelming majority of prisoners had no access to work due to various health, security or age reasons.[56] Access to work was particularly dire for women in *Tiszalök Prison*. Of the 130 women held in the establishment, only six to eight women worked, in the laundry room.

Around 15 prisoners were involved in painting, cooking, and other vocational training activities for which they received a small financial compensation.[57] Fewer than 15% of prisoners were offered educational classes from Grade 1 to 10.[58] Prisoners who worked could not participate in educational programs.

A computer room was available for use, and some organised leisure and sports activities were offered.[59] A few prisoners were involved in a religious programme (called the APAC religious programme)[60], which gave them access to a favourable regime including regular meetings with a

52. Professional training courses were launched for the 2022-2023 academic year, on topics such as masonry, painting, drywall construction, cookery, locksmithing, electricity, tiling, plumbing and drainage. It involved 993 prisoners nationwide.
53. 2 943 pupils were enrolled in the 2017-2018 school year and 4 368 pupils in the 2022-2023 school year.
54. The establishments had recently installed several electronic kiosks for prisoners (including in the HSR unit of *Tiszalök Prison* and the units for women in all establishments) to submit various applications, book appointments (including medical appointments), retrieve personal information and make complaints. It was usually accessible to prisoners as required, by means of a chip card.
55. Around 242 out of the 252 available paid positions were filled. Shifts varied between three and 10 hours a day per prisoner.
56. Sentenced prisoners are obliged to "carry out the work assigned to" them (Article 133 (c) and (d) of the Prison Act (CCXL 2013), hereinafter, 'Prison Act') for which they receive a fee (Articles 258-267 of the Prison Act). Exemptions are set in Article 223 of the Prison Act. In addition, they shall also 'take part in the cleaning, maintenance and care of the prison without remuneration, on an occasional basis" unless they are not deemed fit for work (Articles 133 (e) and 135 of the Prison Act). See also paragraph 94 on prisoners serving a life sentence.
57. Decree 16/2014 (XII.19.) paragraph 18.
58. Namely, 57 prisoners in primary school and 133 in secondary school.
59. Activities included poetry and drawing competitions, chess and other board games, ping pong and darts.
60. BVOP instruction 20/2021 (IV. 16.) on the implementation of tasks related to prisoners with special

priest and group talks (four to five services per week) as well as an open-door policy for six to seven hours a day.

76. The vast majority of remand prisoners (some 80% or more) at *Székesfehérvár* and *Nyíregyháza Prisons* had no meaningful out-of-cell activities and were often confined to their cells for 23 hours every day, watching television; the only out-of-cell activity being one hour of daily outdoor exercise and at best a few spiritual activities.[61] Prisoners were not allowed to rest on the bed during the day, nor exercise in their cells. It was difficult to do sports in the yards and the gyms were accessible only upon request and payment of a fee. Many did not know of the existence of the communal recreational rooms or were rarely granted access to these. Lights were switched off at 20:30 in Nyíregyháza and 21:30 in Székesfehérvár, after which time prisoners could read using the light in the sanitary annexes or watch television.

The CPT acknowledges that it can be challenging to find work opportunities and other organised activities for remand prisons, where there is likely to be a high turnover of prisoners.[62] At the time of the visit, 19.5% of prisoners (38 out of 194) had access to remunerated work at *Nyíregyháza Prison*, and only around 14% of prisoners (19 out of 134) at *Székesfehérvár Prison*. Around half of the workers, sometimes slightly more, were remand prisoners.[63] Work included duties in the kitchen, the laundry, a workshop, maintenance and cleaning.

77. Neither establishment offered educational programs to prisoners at the time of the visit.[64] The EFOP programme (four-hour sessions, every one to four days) carried out in cooperation with several external consultants, involved fewer than 15% of the prisoners at *Nyíregyháza Prison*[65] and around 8% of prisoners (11 prisoners in 2023, five of whom were also workers) at *Székesfehérvár Prison*. Further, *Nyíregyháza Prison* proposed short group discussions, involving some three to nine prisoners, once or twice a month, on various topics aimed at the prisoners' social reintegration. These efforts are positive but still very limited in scope.

78. Several religious organisations would visit the prisons on a weekly basis. Some Muslim prisoners indicated that they were allowed to keep their prayer mats or were given one. The CPT welcomes such efforts to accommodate religious practices.

79. Access to other activities (arts, crafts and table tennis) were very limited and requests were allegedly often rejected or significantly delayed. The libraries and/or education rooms were seldom used by prisoners, and had a very limited selection of non-Hungarian books. It could take up to three weeks to be allowed access to the library at *Székesfehérvár Prison*.

80. The CPT considers that there is a need for a fundamental change of the current regime, especially for remand prisoners. Prisoners cannot be left to languish for months locked up in their cells.

The CPT recommends that all prisoners, including those on remand, should be able to spend a reasonable part of the day (eight hours or more) outside their cells engaged in purposeful activity of a varied nature, including work (preferably with vocational value), education, sports, and other collective and targeted rehabilitation activities.

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treatment needs and convicts placed in other special departments, chapter 5.

61. Workers were usually subject to a more favourable regime than other prisoners, including an open regime in the morning, when they were able to move around their floor.

62. According to Article 407 of the Prison Act, remand prisoners cannot be obliged to work: they may only be involved in the cleaning of the prison and related tasks without remuneration. If they are fit to work, they may be employed, upon their request, and their written consent is also required. According to the authorities, by July 2023, 321 prisoners on remand nationwide had agreed to work, that is some 6-7% of the remand population.

63. From January to May 2023, between 25 and 33 remand prisoners were engaged in work at *Nyíregyháza prison.* At the time of the visit, at *Székesfehérvár Prison*, 10 workers were sentenced and nine were on remand. Around 12 prisoners were also involved in non-remunerated work (cleaning duties).

64. According to the Governor in *Nyíregyháza prison*, some classes had been offered in 2022. However, for financial reasons none had been offered in 2023.

65. Namely, 26 prisoners in 2021, 29 in 2022, and 15 prisoners between January and April 2023.

As a general rule, prisoners should be allowed to exercise in their cells.

Prisoners should not be impeded from taking part in meaningful activities (including indoor sports facilities such as gyms) by financial considerations.

Further, the CPT recommends that the anachronistic rule prohibiting prisoners to rest on their bed during the day be abolished without further delay.

81. The CPT recalls that successful reintegration of prisoners into society requires that staff, in particular reintegration officers and prison officers, be appropriately trained, including in communication skills, involved in the implementation of prisoners activity programmes, and display genuine commitment, in particular in the more challenging environments of HSR units.

The CPT reiterates its recommendation that personalised programmes be drawn up following admission to prison and regularly reviewed on the basis of an individualised risk and needs assessment by a multi-disciplinary team, in consultation with the prisoners concerned. Activities should be further incentivised and tailored to the needs of each category of prisoner (adult remand or sentenced prisoners, prisoners serving life sentences, sentenced prisoners held in special conditions of high security or control, female prisoners, children, etc.).

82. The delegation received several complaints of the high costs of the daily subsistence fee (including maintenance costs and daily allowance for food),[66] phone calls and products purchased at the canteen (approximately one-third more expensive than products outside the prison).[67]

Those who had an opportunity to work or participate in vocational training received small financial compensations. For instance, workers were remunerated a set HUF 383 for the hourly wage (that is around one euro, less than 30% of the minimum wage in Hungary).[68] The compensation for vocational training was around 15 000 HUF per month (that is, around 40 euros per month).

Most prisoners had no source of revenue and this could lead to particularly difficult situations where those unemployed and without supportive contacts outside could not pay for basic items in the canteen or access certain small services which came with a cost (for example, access to a fridge) or make phone calls (see also paragraph 133).[69]

The CPT considers that all prisoners should be provided, without cost, with three adequately nutritious and sufficiently calorific meals a day, a least one of which is hot. Further, the Committee also considers that all persons deprived of their liberty in prisons should be provided with ready access to sufficient clean drinking water as well as decent sleeping and living conditions and the means to keep clean. Indigent prisoners should receive additional financial assistance in prison to enable them to purchase basic items that are not provided free of charge by the prison authorities.

66. The National Prison Instruction 25/2022 (XII. 16.) which entered into force on 1 January 2023, indicates that the daily contribution to maintenance costs is HUF 784/person/day, to which each prisoner must add a daily allowance for food which varies between HUF 956/person/day for the standard fee and HUF 1 379 HUF/person/day for a mother with an infant. See also Article 134 of the Prison Act: (1) the sentenced prison who is working shall contribute to the costs of maintenance from his wages […] (2) a prisoner who is not employed shall contribute to the costs of his maintenance from their regular cash benefit or […] trust fund.

67. According to *Tiszalök prison*'s 2023 price list at the canteen, 1 litre of long-preserved milk would cost 419 to 559 Ft (compared to 365 Ft per litre outside prison), 1 kg of apples cost 755 Ft (compared to 451 Ft per kg outside prison) and 1 kg of bananas cost 915 Ft (compared to 626 Ft per kg outside prison). See Hungarian Central Statistical Office, data on costs of goods, up to 2022.

68. Prison Act, paragraph 258. From 1 January 2023, the minimum wage in Hungary is HUF 1 334 for hourly wages. See Living and working conditions: Hungary (europa.eu).

69. The delegation also received complaints that funds were not always uploaded in a timely manner on the prisoners' cards, which could create problems given that the canteen was only open one day a week. Any non-earmarked transfers of money to prisoners, including money sent by families to children at *Nyíregyháza Prison*, were deducted by the administration from the fees to pay for their stay in prison.

83. The Committee recommends that the Hungarian authorities review the law so that every prisoner shall receive equitable remuneration for their work. In this context, reference is also made to Rule 26 of the European Prison Rules.

In the case of any mandatory financial deductions and contributions (e.g., to electricity costs, social insurance or living expenses), these should not disproportionately diminish a prisoner's net income from work, education, training or welfare benefits.[70] The CPT recommends that the Hungarian authorities review the law and practice accordingly.

Further, the CPT invites the Hungarian authorities to explore ways to reduce the cost of goods and telephone communications so as to align them with the market price. The prices of products purchasable by prisoners should not exceed retail prices with the result that basic items remain unaffordable to those without private means or outside support.

c. foreign nationals

84. At the time of the visit, around 37% of the prisoners at *Székesfehérvár Prison* were foreign nationals. Numbers were lower in both *Nyíregyháza Prison* and *Tiszalök Prison* where foreign nationals represented respectively 4% and 2% of the total number of persons detained in these establishments.

85. Generally, across the establishments visited, there were efforts to translate prison documents and information available in the kiosks (up to a dozen languages), to make interpreters available or use an interpretation device (in *Nyíregyháza Prison)*. Some foreign nationals were able also to receive information through their national embassies or consulates. Yet, day to day communication was often problematic and it was very difficult for foreign nationals to understand the prison system. Regular and adequate legal advice was rarely provided to them. At *Székesfehérvár Prison*, the delegation received complaints relating to the lack of available interpreters for healthcare consultations.

86. Administrative requests could be lengthy and cumbersome. This was particularly an issue in *Székesfehérvár Prison*. At *Székesfehérvár* and *Nyíregyháza* establishments, the administration relied on a "boss" system, where requests from foreign prisoners had to go through an "appointed" prisoner in the cell, who collected the requests and shared them with the reintegration officers on their daily rounds. Cards to use the electronic kiosks weren't always available to foreign nationals, and not every page in the kiosks' system was translated.

87. Foreign nationals were rarely offered any activities. They could be asked to carry out some unpaid tasks (such as maintenance), but were usually excluded from remunerated work. Access to the library was rare and the selection of books in foreign languages was extremely limited. Some foreign prisoners were able to receive books through charities or their embassies or personal parcels, which often arrived with significant delays.

88. More proactive measures should be taken by the Hungarian authorities to address the specific needs of foreign prisoners, and ensure their access to information on their rights and duties and to meaningful activities such as work, education and vocational training during the period of detention.

The CPT recommends that each prison in which foreign nationals are regularly held have at least one officer available to meet and provide advice to each new foreign national and serve as a point of reference. The Committee also recommends that the Hungarian authorities ensure foreign national prisoners have access to interpretation, possibly through the means of an interpretation device, and translation services when required, and as a matter of priority, during medical consultations.

70. Reference is made in this context to the substantive section of the 30th General Report of the CPT (CPT/Inf(2021)5-part).

d. children

89. The delegation met two children – 16 and 17 years of age – at *Nyíregyháza Prison*. They were isolated from the rest of the prison population, so they would never mix with adults.[71]

Upon their arrival in the prison, the two children were placed together in a cell, before being separated, as they were considered co-accomplices by the police. During this time, due to the lack of vacant cells, the two boys were placed in the two special cells,[72] alone, with no meaningful human contact for 23 hours a day – the eldest for 12 days in cell 301 and the youngest for 60 days in cell 111 – with only a few books to read during this time. The constant video-surveillance during this time caused much distress to the children. At some stage, the eldest was placed in cell 112, allowing them to speak between the walls, and make contact. **In the CPT's view, the placement of a child alone, whether in the special cell or a larger normal cell, is akin to solitary confinement and should never take place.**

90. At the time of the delegation's visit, the boys had been placed together in a cell. The prison administration encouraged the staff to engage with them. They were also seen by the psychologist every week (more often than adults) and reintegration officers had specific weekly tasks with them. However, they still remained locked in their cell up to 23 hours a day with very little to do other than talk to each other. They had never since the start of their detention in the establishment been to the library. In fact, very limited efforts were made to provide them with education or other meaningful activities, except for brief daily visits by an educator. The only distraction they had was access to some books provided to them. They had no television. They were allowed a daily one-hour to walk in the yard, before which they were strip-searched every time (see also paragraph 140).

91. The CPT considers that these conditions of detention are completely inadequate for children. The care of children in custody requires special efforts to reduce the risks of long-term social maladjustment. This calls for a multidisciplinary approach, drawing upon the skills of a range of professionals (including teachers, trainers and psychologists), in order to respond to the individual needs of children within a secure educative and socio-therapeutic environment and to offer them a wide range of opportunities to demonstrate personal growth and competence acquisition. A lack of purposeful activity is detrimental for any prisoner, and especially harmful for children, who have a particular need for physical activity and intellectual stimulation.[73]

The CPT recommends that the Hungarian authorities stop placing children in adult prisons and take proactive measures to accommodate their rights and needs in all circumstances. For instance, they should be entitled to at least two hours of outdoor exercise. Regime activities shall aim at education, personal and social development, vocational training, rehabilitation and preparation for release.

e. prisoners serving life sentences

92. Among the prison population at *Tiszalök Prison*, 62 persons were serving a life sentence, 12 of whom had a sentence without parole, at the time of the 2023 visit. The delegation spoke to prisoners serving a life sentence both placed with the mainstream prison population and in the HSR Unit. The material conditions and regime for "lifers" placed with the general population were equally restrictive to other prisoners on a strict regime.

93. As far as the delegation was informed, there had been no changes to the review procedure for (whole) life sentences.[74] According to the information provided by the prison administration, none

71. According to the Prison Act (Article 192(2)), children as of 14 and until they reach 18 years of age can be incarcerated in adult prisons, if located "in a separate part of the penitentiary."
72. The inner barred door was reportedly open during their stay there. See section on material conditions of security cells (paragraph 144).
73. See also the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) of 1985 and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (1990).
74. See also the recent caselaw by the European Court of Human Rights on the subject, namely *Coman* and

of the twelve prisoners serving a whole life sentence at *Tiszalök Prison* had reached the 40-year statutory period in detention required in order to access their first judicial review. Further, only three of the 50 prisoners serving a "simple" life sentence in the establishment had had access to a review. A number of the prisoners interviewed by the delegation during the 2023 visit clearly had lost hope of being granted release following a review of their sentence, whenever that time would come.

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

The CPT would like to receive details about the possibility for prisoners serving a life sentence to be released early (including statistics of releases in recent years, review procedure, etc.).

f. prisoners placed in the HSR Unit

94. The delegation's visit to *Tiszalök Prison* targeted in part the situation of prisoners allocated to the HSR unit for 10 prisoners serving lengthy sentences and who, in May 2023, all had life sentences.

The HSR Unit continued to serve as a placement unit before these prisoners could be integrated into the mainstream prison population or the community. Placement in the HSR unit was decided on the basis of an individual assessment, at the national level by the "Intake and Employment Committee" (BFB Committee).[75] In addition to a minimum of 15 years sentence, the legal criteria for placement in the HSR Unit included the "conduct of the prisoner, cooperation during the execution of the sentence, relation with the order and security of the establishment and the individual security risk assessment justifying special treatment and placement […]".[76]

In practice, as the delegation gathered from their interview with senior staff, the conduct could be assessed by the number of disciplinary measures applied to the prisoners, indicating they could be presenting a dangerous or challenging behaviour. As stated in the past, in the CPT's view, the HSR Unit should not be used to accommodate such prisoners. If these inmates are placed in the HSR Unit, there may be a tendency to increase the level of security for all to the degree required by this category of prisoner. In *Tiszalök Prison*, the IBP unit would seem more adapted to this category of prisoner (see paragraph 98).

In addition, the need for protection from or of other inmates could justify placement in the HSR Unit. The CPT reiterates its view that it is inappropriate to hold prisoners presenting challenging behaviours and prisoners segregated for preventative purposes within the same unit.

The Committee reiterates its longstanding recommendation that prisoners who present challenging behaviours should not be accommodated in the HSR Unit but held in a dedicated unit such as the IBP unit, and the legal criteria for placement should be amended accordingly. The CPT reiterates its recommendation that alternative placement should be sought for prisoners segregated for their own protection.

95. Interviews with staff and prisoners, as well as the examination of relevant documentation at *Tiszalök Prison*, revealed that the placement procedure in the HSR unit was still deficient in certain respects. Decisions by the BFB Committee would be made without hearing the prisoners or their lawyers. Further, it appeared that reviews of placement, which were officially required to take place

others v. *Hungary* (nos. 49006/18 and 8 others, First section, 12 January 2023) and *Horváth and others* v. *Hungary (*Applications nos. 12143/16 and 11 others, First section, 2 March 2023).

75. *Befogadási és Foglalkoztatási Bizottság* in Hungarian language.

76. See Prison Act, article 105 (1).

every three months,[77] on the basis of a written assessment by the reintegration officer, continued to a large extent, to be a formality; the initial security factors of the placement of a prisoner in special security conditions tended to prevail over a thorough individual risk and needs assessment. Indeed, the last three exits from the HSR unit and integration into the general population dated back to December 2021 for one case and September 2021 in two cases. Furthermore, reviews were not always properly dated in the files.

The CPT recommends that the Hungarian authorities ensure that reviews of placements in the HSR unit offer to the prisoner the opportunity to express their views on the matter. Reviews should be objective and meaningful, and form part of a positive process designed to address the prisoner's problems and permit their (re-)integration into the mainstream prison population. The prisoner concerned should be made aware of the availability of effective avenues to challenge the decisions. Further, placement in special security conditions should not be imposed for any longer than necessary in each individual case.

96. Material conditions of the ten single cells and communal facilities in the HSR unit were adequate, overall, in a good state of repair and as described in the report following the 2009 visit to Hungary.[78]

The cells were under constant CCTV surveillance. They had plexiglass on the inner barred separation, which allowed only a limited view between prisoners and visitors. They also had tinted windows which limited the outside view. The three oppressive cage-like inner yards still offered very little shelter, no means of rest, and a limited view of the sky.

The CPT recommends in particular that the management of *Tiszalök Prison* consider removing the plexiglass on the inner barred separation in the cells of the HSR unit and ensure that the tinted windows are replaced to allow prisoners to see outside their cells.

It also reiterates its recommendation that the Hungarian authorities remedy the shortcomings related to the yards of the HSR unit.

97. The regime for prisoners placed in the HSR Unit at *Tiszalök Prison* seemed more restrictive than the regime previously described by the CPT in HSR units in other prisons.[79] Paid work opportunities were very limited.[80] It was difficult to get access to classroom education or other activities of vocational value as they could not participate in community activities. Certain prisoners had been provided with some limited educational material, which they could study in their cells, or participated in drawing competitions. Out-of-cell activities, often in pairs according to an individual treatment order, included access to a kitchen or an indoor sports room, video games or table tennis, for around one hour a day, in addition to their entitlement to one hour in the yard. Similarly to disciplinary and security isolation on the ground floor (see paragraph 144), mattresses were generally removed from 04:30 until 19:30. In sum, most prisoners spent 22 to 23 hours a day in their cells, watching TV, reading or painting.

Contacts with staff were limited and exchanges with healthcare staff and lawyers usually took place through the inner bars of the cell covered with an additional plexiglass partition. Every movement was monitored by video surveillance and, when taken out of their cells, HSR prisoners were systematically handcuffed and escorted by one or two prison officers, despite the highly secure setting.

The recommendations set out in paragraph 80 equally apply to prisoners placed in HSR Units. **The CPT recommends that prisoners concerned should be able to spend a reasonable part of the day (eight hours or more) outside their cells engaged in purposeful activity of a varied nature, including work (preferably with vocational value), education, sports, and other collective and targeted rehabilitation activities. As a general rule, prisoners should be allowed to exercise**

77. Prison Act, article 105 (2).
78. CPT/Inf (2010) 16. In 2009, this unit was identified as the Special Security Unit (KBK).
79. Report on the visit to Hungary (from 20 to 29 November 2018), CPT/Inf (2020) 8.
80. One person (out of 10) on the HSR unit was allowed to work as a meal distributor and cleaner.

in their cells. Prisoners should not be impeded from taking part in meaningful activities (including indoor sports facilities such as gyms) by financial considerations.

g. intensive prison adaptation programme (IBP)

98. The *Tiszalök Prison* could accommodate 16 prisoners considered to present challenging and uncooperative behaviours and assessed as a high security risk in the IBP unit, upon a decision of the BFB Committee.[81] The latter would inform the prisoner orally about the initial placement decision, which would be reviewed on a monthly basis. **The CPT recommends that any prisoner placed in a unit such as the IBP unit be informed in writing of the detailed reasons for the initial placement decision and subsequent reviews.**

99. Material conditions consisted of a 10-cell unit, with each cell intended for single or double occupancy adequately equipped, including vandalism-safe furniture, a television and a fully separated toilet and shower.

As regards regime, prisoners had individual treatment orders which indicated that they were to be handcuffed whenever outside the cell, and they were only allowed to associate with two other, pre-approved, prisoners in the yard. Prisoners were mostly confined to their cells for 23 hours per day with only one hour of outdoor exercise. According to the applicable rules, efforts should be made to involve the prisoners in work, although they were not entitled to paid work. A few IBP prisoners had access to education in the form of self-studying inside their cells. Some were allowed to go to the activity room every two to three weeks.

The CPT recommends that the Hungarian authorities take further steps to ensure that the prisoners concerned are able to spend as many hours as possible each day outside their cells and participate in regular, purposeful and varied activities tailored to their individual needs and specific challenges.

4. Healthcare services

a. medical examination and quarantine on admission

100. Systematic medical examinations were carried out on admission into the establishments, usually by a nurse. Prisoners' information on their health conditions (blood pressure, sugar levels), medical history (medication, previous and current illnesses) and information on addictions was adequately documented in the national electronic system, with some notable exceptions concerning the recording of injuries (see paragraph 104).

Active screening for tuberculosis was also systematic. However, testing for other communicable diseases like Hepatitis and HIV had to be vetted by the doctor. **The CPT recommends that the Hungarian authorities ensure that a viral screen be provided, if it is voluntarily requested.**

Female prisoners were questioned about their health condition and reproductive history. However, only at *Nyíregyháza Prison*, were the women and children asked about sexual abuse or other gender-based violence they may have experienced prior to admission. In the CPT's view, the admission process should ensure that it meets the general requirements laid down in the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) of October 2011, notably Rules 2(1) and 6(e). **The CPT recommends that the Hungarian authorities adapt the admission procedures at all prison establishments accommodating female prisoners to consider their gender-specific needs. This should include screening for sexual abuse or other forms of gender-based violence inflicted prior to entry into prison, and ensuring that such information is considered in the drawing up of an individual care plan, in the first few weeks following admission.**

81. Placements in the IBP unit are governed by an instruction of the National Penal Enforcement Institute of Tiszalök to the Commander, namely 104/2022 Action.

101. The delegation observed that a seven-day quarantine was applied systematically across the establishments to newly admitted prisoners, based on Covid-19 epidemiological rules still in force, despite the 5 May 2023 declaration by the World Health Organization of the end of the Covid-19 pandemic as a public health emergency.[82] The quarantine would take place without consideration of the outcome of the medical assessment of the individual cases (including a Covid test), and without examination of the persons' vaccination record or actual risk (namely, presence of symptoms and recent contact with people testing positive for Covid). In some cases, the seven-day quarantine could be extended longer as it would start from the moment the last person had joined the quarantine cell, which could be shared with others.[83] The quarantine was applied as a blanket measure to all prisoners, including persons who defaulted on fines and were placed in prison for short periods of time (up to 10 days). In most cases, the quarantine would be carried out in cells under constant video-surveillance and some prisoners alleged having been given no access to the yard during this period.

Invoking Article 8, paragraph 5, of the Convention establishing the CPT, at the end of the visit, the delegation made an immediate observation and requested that the Hungarian authorities put an end to any mandatory, systematic quarantine on admission to prison without a proper individual medical assessment of the necessity for such a measure. The delegation considered that quarantine should only be imposed as part of an individual care plan, based upon clinical findings or suspicion following medical screening upon admission to prison. In response to this immediate observation, the Hungarian authorities indicated that, as of 30 May 2023, the period of isolation for new prisoner had been reduced from seven to four days, to assess epidemiological concerns and other needs related to the integration of the prisoner into the rest of the population.

In the absence of any international or national public health emergency, the CPT would like to receive the protocol for such persisting quarantine (including information about those responsible for the assessments and the reasons why isolation from others is considered necessary). It recommends that the prison authorities explore ways in which newly admitted prisoners placed in quarantine for epidemiological reasons are provided with meaningful human contact every day.

b. segregation for medical purposes

102. By law, prison governors are allowed to segregate persons upon arrival for fourteen days in the admission unit for medical reasons.[84] During the May 2023 visit, the delegation came across several cases of segregation for medical purposes upon a decision by the prison management, sometimes for more than fourteen days.

At *Székesfehérvár Prison*, a prisoner was kept in isolation beyond the seven-day quarantine period, after her admission flagged up a history of self-harm. The prison administration kept her under "suicide watch" with very limited contact with others. The prisoner was still asked to wear a mask, despite not being kept in isolation for epidemiological reasons and the healthcare staff visiting her not wearing any. The CPT believes that her assessment could have been completed during her quarantine with the possibility of avoiding an extension of her isolation.

At *Nyíregyháza Prison*, a prisoner living with HIV had been placed for three months in medical isolation by the prison management. The medical observation room measured around 9 m^2, including the toilet and shower. Dirty and ripped curtains served as a partition around the toilet and shower. It included a single bed and a bunkbed, as well as lockers, which significantly limited the possibility of movement. The cell and the furniture were in a very poor state of hygiene and repair. Walls and sheets were bloodstained from the bedbugs. The mattress and blankets were ripped and the bed linen had not been changed in three months. The placement was carried out despite the prison doctor's opinion against it, as well as the medical records indicating that the prisoner was not immunocompromised and could associate with others. The person was treated as "infected" and was allegedly never seen by a psychologist, despite the prisoner's requests made following suicidal

82. This placement in isolation at the time of admission had lasted at least 15 days until the end of 2022.
83. Some prisoners had spent up to a month in quarantine in 2022.
84. Prison Act, article 91/A.

thoughts. Over the course of those three months, the prisoner had had no access to the yard for outdoor exercise. A few moments had been allowed outside the cell to attend rare medical appointments at the hospital or videocalls. The cell was not equipped with a television, and no meaningful in-cell activities had been offered to the prisoner. The prisoner was left to read the only book provided – a bible – despite requests for more, and keep track of time by drawing a calendar on the wall.

Invoking Article 8, paragraph 5, of the Convention establishing the CPT, the delegation made an immediate observation and requested that the Hungarian authorities put an immediate end to this isolation, which had no medical justification. In their reply to the preliminary observations, the authorities indicated that on 30 May 2023, the prisoner was transferred to another prison and placed in a special ward, "in order to increase the prisoner's protection, the protection of the community and the prisoner's particular health condition". After the admission time, the prisoner was "able to meet other prisoners on a regular basis and will be provided with the opportunity to be in the open air on a daily basis, with other prisoners placed in the same accommodation unit. Group reintegration sessions with other prisoners in the same unit have been organised for the prisoner on 38 occasions, including small group sessions, information sessions and task-setting". In addition, the prisoner was enrolled in primary school for the 2023-2024 school year. "Together with another prisoner in the unit the person had the opportunity to carry out gardening work in the yard of the prison without remuneration on three occasions. These works have primarily consisted of weeding and planting flowers. In the future, the prisoner will have the opportunity to participate in such gardening activities in the entire prison yard." This is positive.

103. The CPT would like to remind the Hungarian authorities that solitary confinement can have an extremely damaging effect on the mental, somatic and social health of those concerned. Therefore, it should only be imposed in exceptional cases and as a last resort, and for the shortest possible period of time.

As repeatedly stressed by the Committee in the past, there is no medical justification for the compulsory segregation from the general prison population of an HIV-positive prisoner. Any segregation of an HIV-positive prisoner should be based on free and informed consent.

c. recording and reporting of injuries

104. In addition to the requirements of systematic medical examination upon admission described in paragraph 100, national Hungarian law requires that "on admission, external signs of injuries visible on the prisoner shall be documented. If the prisoner shows signs of external injuries or there is a suspicion of abuse, or if the prisoner claims to have suffered injuries, a medical examination shall be arranged without delay."[85]

As observed during the 2018 visit, the practice for recording and reporting injuries displayed by prisoners on admission and during detention varied from one establishment to the other.[86] Visible injuries on prisoners upon admission would be medically examined and recorded, by the prison healthcare unit at *Székesfehérvár Prison* or a local civil hospital at *Nyíregyháza Prison*. If the injuries occurred during the period of detention, both medical units in the remand prisons had established procedures to examine the injuries and record them appropriately. The delegation could assess that when an allegation was collected, the injuries were described. However the documents did not indicate any observations by the healthcare staff relating to the consistency between the allegations and objective medical findings.[87] At *Tiszalök Prison*, the delegation found that there were no dedicated forms or register to document injuries upon admission and during the detention.

85. Ministry of Justice Decree 8/2014 (XII. 12.) on the medical care of convicted prisoners and other prisoners held in prisons, Article 3(7).
86. CPT/Inf (2020) 8, paragraph 63.
87. The CPT has some misgivings about the fact that the camera used to document injuries at *Nyíregyháza Prison* was kept by the security team. In cases of ill-treatment by staff, requiring the medical team to ask custodial staff for access to a camera could put the concerned prisoners' safety at risk.

It is positive to note the efforts to bring the preparation of medical reports in line with previous CPT recommendations. However, these could be improved by ensuring body charts are used and injuries photographed. Further, the recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with body charts for marking the injuries.

105. As mentioned in the past, the CPT would like to recall that prison healthcare services can make a significant contribution to the prevention of ill-treatment of detained persons, through a proper and systematic recording of injuries and, when appropriate, the provision of information to the relevant authorities.

Again, the record drawn up after a thorough medical examination should contain:

i) an account of statements made by the person 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 (supported by a "body chart" for marking traumatic injuries and, preferably, photographs of injuries); and
iii) the healthcare professional's observations in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

Documents should be compiled systematically in a special trauma register, in which all types of injuries should be recorded. Photographs should be treated as part of the medical record, under conditions respecting rules of confidentiality.

106. In certain cases reported to the delegation at *Tiszalök Prison*, prisoners claimed that despite having sustained injuries during the period of detention, including bruises, lacerations, contusions and broken bones as a result of the alleged ill-treatment (see paragraph 49), and requesting treatment, they were not taken to the medical unit or referred to an independent forensic doctor to have their injuries treated, recorded and reported. Many prisoners interviewed by the delegation had no trust in the healthcare staff, who were often perceived as co-accomplices (and could allegedly be related to the alleged perpetrators), concealing the ill-treatment by the custodial staff by failing to interview the prisoner, undertake a proper medical examination and report the injuries. According to interviews with healthcare staff in *Tiszalök Prison*, the delegation was told that they frequently saw fresh injuries which prisoners claimed resulted from inter-prisoner violence or ill-treatment by staff. However, these allegations were not registered and medical records did not indicate any measure or specific medical forensic examination being carried out.

The delegation also received several allegations that prison officers who remained inside the medical consultation room had informed the healthcare staff that the injuries were either self-inflicted or the result of an accident. Reference can be made to the open case described in paragraph 53 of alleged ill-treatment by a prison doctor, and to the case of a complaint concerning a prison nurse married to one of the custodial officers, as detailed paragraph 50, sub-section 2.

The CPT recalls that neglecting their duty to perform a thorough medical examination and record the injuries could result in a situation where prison healthcare staff would be (knowingly or unknowingly) condoning ill-treatment and potentially becoming an accomplice to the perpetrator.

The CPT reiterates its recommendation to the Hungarian authorities to adopt detailed instructions on the procedure to be followed by healthcare staff across the prison system if injuries are detected upon admission of a prisoner in a prison establishment or following a violent incident in the prison. It is vital that these instructions clearly stipulate that the results of the examination (including any relevant statements made by the prisoner and the doctor's conclusions) must be included in the medical files and made available to the prisoner, who must also be allowed to undergo a forensic medical examination.

107. Upon detection or suspicion of ill-treatment by staff as well as injuries resulting from inter-prisoner violence, national law requires the prison governor to assign the case to a forensic doctor

for further examination, or to the relevant authority for further investigation. In addition, prison governors are legally required to report the case *ex officio* where injuries take longer than eight days to heal.[88] In cases where a bodily injury heals within eight days, the injured prisoner may initiate a private litigation procedure. Information on the above shall be provided to the prisoner concerned by the acting prison service staff member.

As described above (see paragraph 52), the governors promptly reported cases when they became aware of the suspicion of abuse in official proceedings or inter-prisoner violence. However, the eight-day threshold could lead to an unsatisfactory state of affairs, as it is a well-established fact that prisoners are reluctant to take the initiative of lodging a formal complaint about ill-treatment by prison officers due to fear of reprisals or other negative consequences. In the three establishments visited, reports on injuries systematically went through the custodial chain of command before being presented to the prison governors or their deputies for further action. This could be problematic should the custodial staff be involved in the ill-treatment. The CPT is of the view that all information which is indicative of ill-treatment of detained persons should be followed up by the relevant judicial authorities, if need be, *ex officio*.

108. **The CPT recommends that, where the results suggest that the prisoner has suffered ill-treatment (whoever the perpetrator(s) might be), the medical personnel should be made aware of a clear independent reporting line and be protected against reprisals by a tailored legal framework for healthcare professionals disclosing information on ill-treatment in prisons. In this context, the CPT would like to enquire about the measures put in place by the Ministry of Health and the national medical association to support and protect medical professionals who report alleged cases of ill-treatment by prison staff.**

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that the physical ill-treatment of persons deprived of their liberty by prison officers becomes prosecutable *ex officio,* irrespective of the prognosis of recovery. To this end, the legal provisions should be amended so that the eight-day threshold no longer applies in such cases.

Further, the Committee recommends that steps be taken by all relevant authorities to ensure that, whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a detained person (or which, even in the absence of allegations, are indicative of ill-treatment), the record is systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned. If necessary, the relevant legal provisions should be amended accordingly.

109. **The CPT recommends that special training be provided to healthcare professionals working in prisons. In addition to developing the necessary competence in the documentation and interpretation of injuries, as well as ensuring full knowledge of reporting obligations and procedures, the training should cover the technique of interviewing persons who may have been ill-treated.[89]**

d. access to healthcare

110. At both *Székesfehérvár* and *Nyíregyháza Prisons* access to healthcare, including specialist care, was generally smooth. However, at *Tiszalök Prison*, the delegation received a general sense of animosity between the medical staff and the prisoners, with complaints about lengthy delays to access the clinic.[90] This is particularly worrying in an establishment where there were numerous

88. See Response of the Hungarian government to the report on the CPT visit to Hungary from 20 to 29 November 2018, CPT/Inf (2020) 9.
89. Reference is also made to the Istanbul Protocol – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (issued by the Office of the United Nations High Commissioner for Human Rights: Professional Training Series No. 8 / Rev. 2), 2022.
90. One prisoner with glaucoma and anxiety had allegedly not seen the doctor or the psychiatrist since his arrival five months earlier, despite repeated requests. A prisoner living with physical disabilities complained that she was rarely seen by the doctor despite very high blood pressure.

allegations of staff ill-treatment and inter-prisoner violence, and a significant number of recorded instances of self-harm.[91]

111. The medical facilities were generally well equipped for both life-saving interventions and routine primary care consultations. Specialist care was also provided, such as dental care and psychotherapy (see for instance paragraphs 117 and 118).

At *Nyíregyháza Prison*, the delegation was pleased to see that two automated external defibrillator (AEDs) were adequately placed (one in the clinic and one on the landing) and staff were trained to use them. A 12-lead electrocardiogram machine was available and doctors could give intravenous medications if need be. However, all establishments lacked small oxygen tanks for life-saving interventions.

In each clinic, a variety of medication was available in line with a "basic package" list of medication. This list was readily available to staff at *Nyíregyháza* and *Tiszalök Prison*s, but not at *Székesfehérvár*. The delegation could not explain the presence of a potent anaesthetic like Propofol in the clinic, other than the fact that it was indicated on the list of medication. At *Tiszalök Prison*, psychotropic *Pro Re Nata* (PRN) injections were part of the medical protocol for a prisoner in a state of agitation. The delegation received credible evidence that haloperidol and diazepam were used as chemical restraints, but none of the cases were documented.

The CPT recommends that the health authorities audit and review the *basic* package of medication available in prison infirmaries to ensure it is standardised for rapid interventions which are permitted by the prison rules. This should include a small oxygen tank in all medical facilities, as an adjunct to life-saving interventions.

The Committee also recommends that the Hungarian authorities issue a circular reminding all the medical professionals working in prison establishments to respect the rule prohibiting psychotropic injections on a PRN basis in non-designated facilities, and instead referring cases deemed unmanageable to an appropriate place of care. The message should be clear that the undocumented use of these medications is illegal.

The CPT recalls that this method of chemical restraint should have a protocol. Every instance of restraint of a prisoner should be recorded in a specific register established for this purpose (as well as in the prisoner's file). It should be closely monitored and reviewed by competent medical authorities.

112. As regards the provision of specialised treatment, the delegation came across several cases indicating that there were some difficulties, including lengthy delays or errors, with the provision of specialised medicine.[92] In some instances, adequate continuity and equivalence of care for prisoners with the outside community was not ensured. One prisoner (serving a disciplinary sanction at *Tiszalök Prison*) who had Crohn's disease (inflammatory bowel disease), had allegedly received no medication since his admission 15 months earlier, reportedly because the medicine was too expensive. The delegation also came across two cases at *Tiszalök* and *Budapest prisons*, where a transgender person had to stop hormonal treatment when they started detention.

The Committee recalls the Hungarian authorities' obligation to ensure continuity when persons are detained. Moreover, it is axiomatic that all prisoners must have ready access to adequate health-care services free-of-charge on an equivalent basis to those available in the outside community. Furthermore, the CPT recommends that the Hungarian authorities find ways to ensure that persons who are admitted to prison while suffering from a chronic disease, and those who develop such a disease while in prison, have prompt access to specialised treatment at par with that provided in the community. Hormone treatment for transgender persons should be provided in prison.

91. 69 instances of self-harm recorded in 2021, 43 in 2022 and 36 by May of 2023.
92. One prisoner at *Nyíregyháza Prison* also explained that they would often be forced to take their medicine in front of the CCTV, at the wrong times.

113. As regards attention to prisoners considered more vulnerable within the prison environment, the use of specific protocols relevant to prisoners who have experienced physical, mental and sexual abuse, people with physical and mental disabilities, and transgender persons was also almost non-existent. Most of the healthcare staff in the three establishments seemed to be unaware of the existence of a suicide prevention protocol and the clinics lacked fluid and food refusal protocols.

As a matter of illustration, in some cases persons who committed self-harm or attempted suicide were placed in security isolation (see paragraph 147). In addition, their action was often considered as manipulative which would then lead to disciplinary proceedings (see paragraph 154).

114. In the case of transgender persons, the absence of guidelines and training of staff resulted in inappropriate decisions being made. At *Tiszalök Prison*, for instance, a transgender person who self-identified as a woman was held in a single occupancy cell in a closed regime and with only prisoners and staff with whom they did not self-identify or feel safe. Although she was allowed to shower on their own, the prisoner had never been asked questions pertinent to their gender and was treated as the gender with which they did not identify. The strip search carried out by male officers upon admission, for example, was particularly traumatic. She had never been given the opportunity to attend an activity open to prisoners of the gender with which she identified, and their one-hour outdoor time was to be spent together with other prisoners of their unit, where they endured daily verbal abuse and unwanted physical attention.

The CPT considers that transgender persons should always be accommodated in a prison section corresponding to their preferred gender identity and following a proper individual risk assessment of the person in the given circumstances. If they are held, even briefly, in any form of separate or dedicated section in a prison, they should be offered meaningful activities and time to associate with other prisoners of the gender with which they self-identify.

115. **The CPT recommends the creation of protocols, coupled with the necessary training, for the supervision of people in detention considered to be more vulnerable, such as those who have experienced physical, mental and sexual abuse, people with physical and mental disabilities and transgender people.**

The CPT urges the Hungarian authorities to ensure that an adequate self-harm and suicide prevention policy is developed and implemented across the prison system. The treatment and care of persons identified as being at risk of self-harm or suicide should be overseen by healthcare staff, and if medical observation is required, prisoners should be placed in suitable facilities.

The CPT recommends that the Hungarian authorities develop a clear policy for transgender prisoners, whereby they are accommodated in a prison unit with the same gender of the population with which they identify, based upon a risk assessment.

The CPT wishes to emphasise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. The prison authorities must act in a proactive manner to prevent violence and bullying by inmates against other inmates, especially those who might be considered more vulnerable in a prison setting. The CPT would like to receive information from the Hungarian authorities about the placement of the transgender person mentioned above, in a different wing with prisoners and staff of the gender with which they identify.

The CPT would also like to receive detailed information on the specific healthcare protocols **on fluid and food refusal** and suicide prevention, and the training proposed to healthcare staff in these areas in all three establishments visited.

e. healthcare staffing

116. Official data provided to the delegation indicates that 750 out of the 842 medical positions are filled across the Hungarian prison service. The visit to the three establishments reflected a clear shortage of doctors, and in particular female doctors. The shortage was partially compensated by agreements and contacts with local hospitals and external healthcare professionals, in order to reach the same quality of care as in the community. Telemedicine was also being tested.

The CPT wishes to emphasise that prison healthcare service should be able to provide medical treatment and nursing care, as well as appropriate diets, physiotherapy, rehabilitation etc., comparable to those enjoyed by patients in the outside community.

The Committee recommends to the Hungarian authorities that provision in terms of medical, nursing and technical staff be geared accordingly.

117. At *Székesfehérvár Prison,* there was one doctor and three nurses, including a specialist nurse, a duty nurse, both available from 07:00-19:00, and a head nurse available from 06:00 to 14:00. There was no night or weekend coverage. During those times, prisoners would be taken to the local hospital if required. Nurses could each see up to 20 people per day. Doctors would be appointed by the Ministry of Health through a rotating system of four-hour sessions from Monday to Friday. A dentist would visit once a week for two hours. A psychologist visited the prison three times a week while a psychiatrist was available once a week, for two hours each time. **The CPT recommends that at least one additional nurse be hired to prevent strain on the healthcare service in the event of unexpected absences at *Székesfehérvár Prison*.**

At *Nyíregyháza Prison*, a position for a general practitioner was vacant. Meanwhile, a contracted doctor would visit the prison on Mondays and Thursdays between 08:00 and midday. During this time he could see between six and 15 prisoners. Further, there were five nurses employed full-time at the prison from 07:00 to 19:00 from Monday to Friday. On a daily basis there would be two nurses and the head of healthcare (also a nurse). A nurse would work on Saturdays from 06:00 to 11:00, while there was no cover at night or on Sundays. Doctors from the community clinic were assigned on-call rostering to cover for medical assistance during non-office hours. A dentist visited twice a week, on Mondays and Wednesdays, for two hours. A psychologist was on duty daily, until 18:00. **The CPT recommends that the Hungarian authorities make all possible efforts to incentivise the open call for an additional doctor at *Nyíregyháza Prison*.**

118. At *Tiszalök Prison*, a single doctor was present four hours per day on weekdays. This is clearly insufficient for a demanding medical input of such a large establishment. There was an open call for three additional doctors. Further, the daily nursing roster was composed of three "specialist" nurses working from 07:00 to 19:00. In addition, a nurse practitioner and a chief nurse worked from 07:00 to 15:30, and one specialist nurse worked at night from 19:00 to 07:00. A dentist would visit the prison twice a week for four hours, and a psychiatrist would visit once every fortnight for eight hours, which is less than the service provided in other, smaller establishments. The turnover for the psychiatrist's position was quite high, with three different psychiatrists in a five-year period. There were nine staff members in the psychology department, and a vacant position.[93] **The CPT recommends that the Hungarian authorities make all possible efforts to incentivise the open call for at least three doctors at *Tiszalök Prison*. Furthermore, the psychiatrist input should be more frequent and the post similarly incentivised.**

93. The psychologists did not carry out therapeutic work. Their work rather consisted in improving communication between prisoners and staff, checking prisoners in solitary confinement for security or disciplinary reasons, on a daily basis, and visiting HSR prisoners once a week.

f. security issues related to medical examination

119. During the 2023 visit, it seemed to be a common practice for means of restraints to be used on prisoners of a high security risk level during medical examinations, irrespective of whether they were cooperating or not. As an illustration, during the 2023 visit of *Tiszalök Prison*, the officer rejected the prison doctor's request to remove the handcuffs from HSR prisoners, even in the presence of the delegation observing the medical rounds.

When taken to an external medical facility, it was not unusual for prisoners of all categories to be hand- and ankle cuffed to their medical bed for sometimes 24 hours a day, several days in a row.[94] The delegation was informed in a communication from the Hungarian authorities that the BVOP was also examining the possibility of increasing the length of the leg restraint chain currently used by 15 cm, which would allow "sufficient freedom of movement in the hospital bed". According to the authorities, such measures were applied to prevent escapes or incidents which could disturb the public peace (including a possible attack on medical staff or other civilian patients).

120. The CPT is of the view that examining or treating prisoner patients subjected to means of restraint, within the prison environment or a public hospital, is a highly questionable practice, both ethically (it infringes upon the dignity of the prisoners) and from the clinical viewpoint (it is possibly detrimental to the establishment of an objective medical finding). As a last resort, the decision on this matter should be taken by healthcare staff.

The CPT would like to stress that a prisoner should never be hand- or ankle cuffed, irrespective of the length of the lead, to fixed objects, during hospitalisation or medical examinations.

The CPT recommends that the Hungarian authorities take the necessary steps to find appropriate means, other than the application of restraints, to meet security needs satisfactorily (for example, by the installation of a call system, the presence of additional healthcare personnel, and the establishment of a secure room).

121. The delegation also observed that healthcare staff could be seen to have a dual role, as their medical practice could often be combined with the role of custodial staff. That is, healthcare professionals could be asked to wear custodial uniforms and perform custodial duties. At *Nyíregyháza Prison* for instance, the psychologist dressed routinely in a custodial uniform, as specifically requested to do so by the previous director. Although the psychologist felt this was not a barrier to the relationship of trust established with the prisoners, many of the prisoners told the delegation that they felt it was. The director at the time of visit stated that he never imposed the wearing of a custodial uniform on non-custodial staff.

The practice was prevalent at *Tiszalök Prison* where the delegation observed that nursing staff and psychologists were legally trained as prison officers and could carry out custodial duties within the premises and to hospital visits. They systematically carried batons and teargas visibly as well as handcuffs,[95] and could wear the custodial uniform. The CPT is of the view that healthcare staff cannot be asked to carry out such a dual role as it undermines the fundamental trust a healthcare professional should build with prisoners.

The CPT recommends that the Hungarian authorities ensure:

(1) healthcare staff stop routinely wearing coercive equipment (batons, handcuffs and teargas) and carrying out escorting duties instead of custodial staff as these unacceptable practices undermine the professional independence of healthcare staff

94. A prisoner at *Nyíregyháza prison* allegedly wore ankle cuffs for a whole week (except when using the toilet and shower) during his stay at a local hospital.

95. See Act CVII of 1995 on the Prison Service, Article 15(1), which indicates that "if the member of staff serving in the health sector is a member of the professional staff, he or she may use coercive measures. Such persons shall not be provided with such means in the course of their basic medical duties, when carried out in a medical practice, and shall wear them in the performance of their duties when performing a specialist security task (escorting or guarding a prisoner)."

and as such, are contrary to medical ethics and good medical practice. Healthcare staff should only be carrying out escorting duties if there is a need for medical observation during the transit;

(2) healthcare personnel wear appropriate medical attire, which can clearly distinguish them from custodial staff.

g. medical confidentiality

122. The delegation received several accounts of breaches of medical confidentiality, mainly at *Nyíregyháza and Tiszalök Prisons*. At *Nyíregyháza Prison*, officers would stand outside the open door of the clinic, or sometimes in the doorway itself, within earshot of the medical consultation.

More worryingly, at *Tiszalök Prison*, the delegation received numerous allegations that custodial staff would routinely stay inside the clinic during medical consultations with prisoners in handcuffs (including prisoners injured following alleged ill-treatment by officers). It was also able to view video footage of a heavy presence of security personnel in the clinic during medical consultations. In one case, the delegation was able to verify video footage showing the presence of heavily armed officers wearing balaclavas accompanying a prisoner inside the clinical areas (see paragraph 50). In addition, as the delegation could observe, the doctor's weekly rounds at the HSR Unit took place in the presence of an officer, in a cell monitored by a camera and within the hearing range of an intercom.

123. The dual role of healthcare staff as custodial staff once again impacts on the issue of medical confidentiality. The CPT is of the view that security staff should not be present during medical consultations and medical records should be handled strictly by medical staff. The dual role of nurses undermines both of these principles. Furthermore, even though only selected members of the healthcare team have access to the medical filing system, the dual role casts a shadow on the integrity of the role of healthcare staff when accessing medical records. The CPT is of the view that respect for confidentiality is essential to the atmosphere of trust which is a necessary part of the doctor/patient relationship; it should be the doctor's duty to preserve that relationship and to decide on the manner in which the rules of confidentiality are observed in a given case.

124. **The CPT reiterates its recommendation to the Hungarian authorities to ensure that medical examinations of prisoners are always conducted out of the hearing and – unless the healthcare professional concerned expressly requests otherwise in a given case – out of the sight of staff with no healthcare duties. It recommends that the prison authorities pay particular attention to the way medical care is being provided at the HSR unit at *Tiszalök Prison*. Medical records should be handled strictly by medical staff only. If necessary, the relevant legal provisions or regulations should be amended accordingly.**

5. Other issues

a. prison staff

125. In March 2023, the overall complement of prison staff was 9 461 for nearly 20 000 prisoners. Nationwide fewer than 10% of the positions were vacant (the total number of official positions was 10 473). This state of affairs was reflected in the establishments visited, where there were very few open vacancies. At *Székesfehérvár Prison*, 70 staff members worked full-time to supervise 134 prisoners.[96] There were around 10 vacant custodial positions. At *Nyíregyháza Prison*, 126 staff were employed to supervise 194 prisoners and there were no vacancies. At *Tiszalök Prison*, the staff complement of 423 officers (out of 477 budgeted posts) responsible for the supervision of 1 211 prisoners.

96. As a matter of example, the division of incarceration affairs in *Székesfehérvár Prison* was composed of eight staff members working as reintegration, probation, and social officers for more than 130 prisoners. There was one vacant position and one EFOP external consultant. Only one person was on duty during the weekend for the whole establishment.

At *Székesfehérvár* and *Tiszalök Prisons*, there were sometimes no female officers during the night. Further, at *Nyíregyháza Prison,* the female unit would not always be staffed with female officers. Reportedly, the prison had a total of five female officers, but their work schedule did not take gender considerations into account to ensure a 24-hour presence of at least one female officer on the female wing.

126. The CPT is of the view that the staff ratio was clearly inadequate to ensure proper engagement with prisoners of all categories and to support their reintegration into society.

The CPT recommends that the Hungarian authorities ensure that every prison is adequately staffed to guarantee security and operate a meaningful regime. The majority of staff in contact with female prisoners should be female, and any unit dedicated to holding female prisoners should have female custodial staff in sufficient numbers at all times.

127. Persons selected to be prison officers underwent a six-month training at national level, and then after were provided with *ad hoc* continuous learning workshops on a yearly basis at national and regional levels. Workshops covered various topics such as treatment of prisoners, ethics and disciplinary proceedings against staff, information sharing, information security and data protection, means of restraint and healthcare. Selected staff also had access to specific training programmes to deal with the vulnerabilities or aggressive behaviours of some prisoners. There were still some significant areas in which staff seemed to lack knowledge, such as guidelines for providing care to children in custody or managing high security prisoners (including HSR units), de-escalation techniques when dealing with persons with difficult behaviours, and dynamic security.

The CPT reiterates its recommendation that the Hungarian authorities develop an approach of dynamic security among the prison staff by organising appropriate in-service training courses which focus in particular on inter-personal skills and maintaining positive relationships between staff and prisoners.

Further, guidelines and training on working with children and high security prisoners including those placed in HSR units, should be developed.

b. contact with the outside world

128. Prisoner's legal status (remand or sentenced) and their regime level (light, general or strict) determined their rights to contact with the outside world.[97]

Removal of contact entitlements could also be legally imposed in the interests of the order of the establishment and the security of detention or for health reasons,[98] or instructed by the judge or the prosecutor for remand prisoners, for instance in order to prevent criminal activity. However, these entitlements could sometimes allegedly be restricted for various arbitrary reasons. For example, prisoners complained that they could lose their entitlements for a time should they coincide with other appointments (at the clinic, the court etc.).

129. In the best-case scenario, the prisoner would be legally allowed two 90-minute visits (with an additional 90-minute visit per quarter). Most often, prisoners were allowed one or two 60-minute visits per month, including the children interviewed by the delegation at *Nyíregyháza Prison*.

The Covid-19 pandemic naturally increased the use of video-calls in the prison establishments (see paragraph 132), in many cases to the detriment of in-person visits. When prisoners located far from their families were able to receive visitors, including foreign nationals, there were no special arrangements allowing them to combine their entitlements in one visit or two visits in two days. While the CPT can understand that video-calls could be popular amongst prisoners, it recalls that in-person visits are important in order to maintain meaningful contact with the outside world.

97. See table available on the prison service website: https://bv.gov.hu/hu/hasznos-informaciok.
98. Prison Act, paragraph 172.

130. In the CPT's view, the minimum legal entitlements as regards visits are insufficient and it is absolutely inadequate that they would apply to children in the same way as adults. When compounded with the uncertainty of a period of detention on remand, or a life sentence which cannot be effectively reviewed (see section 3. e. on prisoners serving a life sentence), this could have very damaging effects on the prisoners' mental health and eventual capacity to reintegrate society.

The CPT once again calls upon the Hungarian authorities to significantly increase the visit entitlements of prisoners. All categories of prisoner (whether sentenced or remand) should have the right to receive the equivalent of at least one visit of one hour per week; they should preferably be able to receive a visit every week. There should also be sufficient flexibility allowing for prisoners who may have missed an appointment for various reasons to benefit from their entitlements, and accumulate visit entitlements for periods during which no visits have been received. The Hungarian authorities should take the necessary steps, including at legislative level, to ensure that children being detained benefit from a visiting entitlement of more than one hour every week.

131. Remand and sentenced prisoners were allowed four visitors, including two children at the same time. However, none of the establishments had facilities for family visits or for open visits in general. All visits to prisoners, including the two children met in *Nyíregyháza Prison*, took place in the main visitation areas with plexiglass partitioning installed on booths, primarily to prevent the prohibited entry of drugs or objects. This was the default setting irrespective of the fact that searches were systematically carried out before and after visits, and that security personnel were always present during visitation. Moreover, prisoners in quarantine upon admission were prohibited from receiving visitors (despite the absence of any possible physical contact in visitation areas).

The facilities provided at both *Nyíregyháza* and *Székesfehérvár Prisons* for prisoners' consultations with their lawyers were completely inadequate to ensure the full respect of confidentiality privileges. Refurbishment is necessary to ensure dedicated cubicles are soundproof.

The CPT reiterates its recommendation that, as a rule, visits should take place under open conditions. The imposition of visits through a plexiglass partition (as well as any other restrictions) should be the exception for all legal categories of prisoners, and should always be based on an individual evidence-based risk assessment. Proper conditions, in particular respect for privacy, and facilities should be provided for family visits. The facilities available for consultations with lawyers should ensure the conditions required to respect the confidentiality of conversations.

132. Prisoners were entitled to make video and voice calls, as regulated at national level. At best, prisoners were allowed 120 minutes per month. Remand prisoners were entitled to two one-hour video calls (with an additional 30 minutes upon request). Medium and High security prisoners were entitled between one and two one-hour video calls per month. However, the CPT is of the view that the legal entitlements are still very restrictive, and clearly inadequate in the case of child prisoners.[99]

Video calls at *Székesfehérvár* and *Nyíregyháza Prisons* took place in open facilities, at the same time as two to five other prisoners. Despite the use of headsets, this type of setting provides no privacy. At *Tiszalök Prison*, which is a large establishment, there were only two isolated rooms for video calls.

133. The delegation received complaints regarding the lengthy processing of requests to use the public telephones, which could lead to problems when the prisoners could not reach their lawyers in a timely manner. The delegation also received several complaints from remand prisoners, in particular foreign nationals, who had difficulties getting their contact list approved. As a result, some remand prisoners, including children, had had no contacts with relatives for several months. The CPT also wishes to note the importance for arrangements to be made to facilitate a parent in prison, who wishes to do so, to participate effectively in the parenting of their children, including through the establishment of adequate contact modalities.[100]

99. The children interviewed at *Nyíregyháza prison* were limited to a couple one-hour video calls per month.
100. See Recommendation CM/Rec(2018)5 of the Committee of Ministers to member States concerning

As observed during the 2018 visit, a number of (remand and sentenced) prisoners had been issued a prison mobile phone, which they could keep with them at all times. They could call a limited number of contacts for a set number of minutes throughout the day. The CPT continues to appreciate this good practice. The high tariffs however, prevented prisoners without external financial support from accessing phones (see also paragraph 82) and allowing them to maintain good contacts with the outside world, including their lawyers.

134. The CPT reiterates its recommendation that further efforts be made to ensure that video and voice calls are allowed with the maximum possible frequency and privacy, with particular attention to the situation of children and prisoners with children living outside the prison.

The process for approving contact lists should be improved to ensure that prisoners are not left without contacts with the outside world for a lengthy period of time.

The Committee also recommends that prisoners with inadequate incomes, including indigent, unemployed or retired prisoners benefit from special arrangements as regards access to and the use of a phone. This may require making extra allowances or subsidies available.

c. security

i. restraints and special interventions

135. Rubber batons were carried openly by security staff and sometimes by reintegration officers, in all three establishments.[101] As indicated in the past, the CPT considers that carrying handcuffs and batons on a routine basis in detention areas is not conducive to developing positive relations between staff and prisoners. It could well be seen as a sign of weakness rather than one of strength, demonstrating a lack of confidence in the ability of prison officers to control a situation without possible recourse to special equipment or means. Conversely, prison officers who are properly trained in control and restraint techniques (namely manual control) are in a position to choose the most appropriate response when confronted by difficult situations, thereby significantly reducing the risk of injuries to both prisoners and staff alike. Moreover, such skills will complement and reinforce the confidence of prison officers in interacting with prisoners.

The CPT recommends that the Hungarian authorities take steps to end the practice of prison officers carrying batons on a routine basis.

136. Positively, the application of means of restraint did not appear to be excessive for most prisoners (namely low and medium risk) inside the three establishments visited. When means of restraint were used in the context of an incident, these instances (mainly physical holds and handcuffs) seemed to be mostly well recorded (albeit with some factual discrepancies in the registers) and reviewed.

However, high-risk prisoners were systematically handcuffed when moved around inside the three prisons (that is outside their cell), including during medical examinations (see paragraph 119). As this practice was considered part of the protocol for the movement of high security prisoners, it was unrecorded.

The CPT is of the view that the practice of systematically handcuffing any prisoner when they are outside their cell is questionable, and all the more so when the measure is applied in an already highly secure environment. Such a measure can only be seen as disproportionate and punitive.

children with imprisoned parents.

101. According to the prison registers of *Nyíregyháza* and *Székesfehérvár Prisons*, rubber batons as well as teargas, firearms, and service dogs were reportedly never used. At *Tiszalök Prison*, medical staff and kitchen staff also wore batons, although they allegedly never had to use them. See also paragraph 121.

137. When moved outside the establishments (to a court, a prosecutor's office or a hospital), hand- and ankle cuffs were used on a systematic basis on prisoners as a "mobility limiting instrument" and their use was unrecorded. In such cases, the 12-hour legal limitation for the use of means of coercion would not apply.[102] This meant that some prisoners could be restrained for excessive amounts of time (including during a long stay at a hospital, see also paragraph 119).

Further, the CPT recommends that the Hungarian authorities take steps to ensure that detained persons are not systematically handcuffed when transferred from prison to an outside facility. Any application of handcuffs (and ankle-cuffs) should be based on an individual risk assessment, should last only for as long as is strictly necessary and should be properly recorded. The use of ankle cuffs should be recorded separately from the resort to handcuffs.

138. Each prison reportedly had a Special Response Team (SRT) on duty at all times.[103] They wore black uniforms, with a number tagged on their uniform, bulletproof vests and balaclavas.[104] Members of the SRT could use the same means of restraint used by ordinary custodial staff and, in addition, firearms, shields, special truncheons, and – when transporting large numbers of prisoners – dogs.[105] None of the interventions of the SRT were recorded in a dedicated register on extraordinary incidents.

139. The CPT wishes to recall that good practice from other European countries shows that there is no need for such intervention groups to be based in each prison accommodating prisoners on a high security regime. Their duties, both preventive and reactive, relating to control and restraint of prisoners following an incident, could easily be carried out by ordinary prison officers. The CPT acknowledges that the ability of prison management to react rapidly to incidents threatening the good order in an establishment is important. However, the establishment of a dedicated intervention squad on stand-by to enter the detention areas, whenever an incident occurs or to manage particular prisoners, is not necessarily the most appropriate way of resolving conflicts. Experience has shown that, in many instances, such units often intervene too late and more forcefully than circumstances require, and that their presence is an aggravating factor rather than a mitigating one. Potentially, a more effective means of coping with incidents threatening the good order of a prison is to ensure that all prison officers are trained in recognised means of control and restraint as well as de-escalation techniques. On each shift, a number of officers could be designated as "first responders" in case of an incident and be able to leave their normal duties in order to help colleagues in the area where the incident is taking place. Such an approach would not only provide a timelier response, but would also empower prison officers to take responsibility for good order within the prison.

The CPT recommends that the Hungarian authorities consider dissolving the intervention groups in each of the prisons where they are currently present. Instead, the staffing complement on the highly secure wings should be augmented and a dynamic security approach adopted, considering the above remarks. Pending the dissolution of the SRTs, the CPT recommends that all interventions by the SRTs are properly recorded in a dedicated register.

ii. searches

140. Thorough searches, including fully naked strip searches, were part of the daily custodial routine at the three establishments visited by the delegation.

Prison cells were searched daily and prisoners were subjected to pat-down searches every time they left and returned to their cells.

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102. Prison Act, paragraph 148.

103. SRT operations are governed by the 26/2022 (XII. 21.) BVOP instruction on the operation of the prison service's operational units.

104. In *Tiszalök Prison*, there was an SRT in every building (nine staff in total, of whom three to four were on duty at all times, including one on stand-by duty at home).

105. The delegation was told that muzzled dogs were also used in drug at *Tiszalök Prison*.

In addition, a random sample of 10 to 30% of prisoners was fully strip searched on any given day during group movements.[106] Strip searches also concerned the movements of prisoners before and after visits despite the strict visiting security measures taken (for example the use of the plexiglass wall, video-recording of the visits, and presence of prison personnel). The two children held in *Nyíregyháza Prison* were systematically strip searched – and sometimes asked to squat - when going to and returning from the yard. This routine practice of strip searches went unrecorded.

Strip searches were usually conducted in a dedicated room, without video-surveillance; sometimes up to four prisoners at a time (in *Székesfehérvár Prison*). Searches were performed by security officers except for body cavity searches which would only be performed by doctors. Prisoners could sometimes keep their underwear on, but most often they would be stripped naked (including in *Tiszalök Prison*) and sometimes asked to squat and cough (in *Nyíregyháza Prison*).

141. The CPT understands the aim of the Hungarian authorities to prevent illicit objects from entering the establishments. However, it considers that the high frequency and extensive use of searches is completely disproportionate. Strip searches are a very invasive measure that should be used with caution, and only when there is a real risk that objects are being smuggled into the prison.

The Committee can see no justification for strip searching prisoners after a closed visit or systematically strip-searching children when moved in and out of their cells. Strip searches should be drastically reduced. They should always be based on a proper individual risk assessment, subject to rigorous criteria and supervision and carried out in a manner respectful of human dignity. Every reasonable effort should be made to minimise embarrassment. Detained persons who are searched should not be required to remove all their clothes at the same time, that is, a person should be allowed to remove clothing above the waist and get dressed again before removing further clothing. Strip searches should be individually recorded.

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that these precepts are effectively implemented in all prisons. To this end, the regulations and practice applicable to searches, including strip searches, should be changed accordingly.

iii. solitary confinement for security purposes

142. Prisoners may still be subjected to security isolation for a maximum of 20 days (that is, a 10 day period which may be extended once by the prison governor, for a maximum of a further 10 days).[107] From the delegation's study of the files, there appeared to be no excessive recourse to solitary confinement for security purposes.[108] However, on average, stays lasted between two and 14 days in 2023 (with one stay of 19 days at *Székesfehérvár Prison* and four cases of 17-18 days in *Tiszalök Prison*).

143. Most placements in isolation concerned inter-prisoner violence, self-harm and behaviour threatening the order of the establishment including refusal to carry out an instruction (such as work).[109] In previous reports, the CPT has made several recommendations regarding security isolation:

1. A prisoner's refusal to work should not be seen as a security concern justifying detention in conditions akin to solitary confinement;
2. Medical personnel should never participate in any part of the decision-making process resulting in solitary confinement for security purposes;
3. Prisoners should be informed in writing about the reasons for segregation.

106. At *Székesfehérvár Prison*, the delegation was informed that prison officers had a routine practice of strip searching (except underwear) remand prisoners every Sunday to check for injuries.
107. Prison Act, paragraph 146 (2).
108. At *Nyíregyháza prison*, there had been 14 cases of security isolation in 2022 and four in 2023, by the time of the CPT visit. At *Székesfehérvár Prison*, there were eight instances of isolation, involving four prisoners in 2022, and four in 2023 by the time of the CPT visit. At *Tiszalök Prison*, there had been 38 cases of security isolation recorded in 2023. In comparison, there were 89 cases in 2021 and 68 cases in 2022.
109. See Prison Act, paragraph 146 (1).

The 2023 visit to Hungary made clear that none of these CPT recommendations had been implemented by the Hungarian authorities.

144. The distinction between the security isolation and a disciplinary sanction was not clear, in law or in practice. Notably, the same cells were being used for both security and disciplinary purposes.

Material conditions of security/disciplinary cells were satisfactory at *Tiszalök* and *Székesfehérvár Prisons*, however they were in a poor state of repair at *Nyíregyháza Prison*.

At *Tiszalök Prison*, conditions in the security and disciplinary wing were adequate overall and similar to the material conditions of the 10 single cells in the HSR Unit, previously described by the CPT.[110] Unlike cells in the HSR Unit, security/disciplinary cells were not fitted with televisions.

At *Székesfehérvár Prison*, the four security and disciplinary cells were of adequate size (around 8.4 m^2 for one person), equipped with CCTV and had sufficient natural and artificial lighting. The bed and stool were fixed to the wall and floor. Each cell had a metal sink and a toilet (not partitioned). In one of the cells, the toilet was visible on the video screen.

At Nyíregyháza Prison, both "disciplinary/security isolation" cells (cells 111 and 301) were designed with a metal door with bars in the middle of the cell. When the barred separation was closed (usually for disciplinary reasons), the inner living space would be reduced significantly, leaving only 4.3 m^2 for cell 111 (total area: 7.5 m^2) and 4.1 m^2 for cell 301 (total area: 5.2 m^2). They were both equipped with a narrow metal bed, a small metal table with an inbuilt stool, and a sink and toilet placed next to the bed, without any separation and in full view of a camera.[111]

When mattresses would be removed from the cells around 05:30, the metal beds were left with only a thin piece of worn cardboard until the end of the day. Both cells were dilapidated and dirty. The walls and floors were crumbling and had holes in them. The ventilation was inadequate (cell 111 smelled of smoke) and there was no TV. In addition, the call-bell couldn't be reached when the middle door was closed. Natural and artificial lighting seemed adequate.

The CPT recommends to the Hungarian authorities that the three special cells at *Nyíregyháza Prison* be redesigned and adequately refurbished as a matter of priority, as they are not suitable for disciplinary or normal accommodation of prisoners, let alone children. The CPT would like to be informed about the scope and timeline of the renovations planned at this prison.

Further, the CPT invites the Hungarian authorities to ensure that the sanitary annexes are pixelated on screens, where they are covered by CCTV.

145. As for the safeguards in place, the prisoners would not always be provided information in writing about the reasons for solitary confinement for security purposes. The delegation could not find any copies of a letter to the prisoner which would indicate the reasons and duration of solitary confinement, for instance.

It appeared to the delegation that reviews by the prison management and monitoring by the healthcare staff were carried out regularly.[112] A daily visit of prisoners in security isolation at *Tiszalök Prison* appeared to be carried out by health staff (psychologist and/or nurse) and the reintegration officer. Prisoners in isolation in both remand establishments, however, were not always checked by

110. Report on the visit to Hungary (24 March to 2 April 2009), CPT/Inf (2010) 16, paragraph 72. The HSR unit had not yet come into use at the time of the 2009 visit.
111. Although the toilet was covered on the screen, the covering was only partial.
112. Reviews of the justification for the security segregation were usually carried out by the governors or a person acting in their capacity at least every three days, in accordance with the government decree 16/2014 (paragraph 52(4)). The law required that a medical examination be carried out within three days of the start of the isolation, and then at least once a week by the doctor and the psychologist (separately from each other). Prisoners in isolation were to be monitored by a nurse on a daily basis. See Prison Act, paragraph 146 (5), and HPSH regulation (16/2017) on the healthcare service of the prisoners and detainees.

the healthcare staff on a daily basis, which could be particularly problematic for persons at risk of self-harm.

146. Given the potentially very damaging effects of solitary confinement, **the CPT reiterates its recommendation to the Hungarian authorities that action be taken to ensure that the grounds for taking such a measure are strictly limited to security concerns. There should be a clear distinction between administrative segregation and the disciplinary sanction of isolation. Administrative segregation should not be used to replace or completely circumvent the formal disciplinary procedures. Legal provisions should be reviewed accordingly.**

The CPT recommends that the Hungarian authorities closely ensure that safeguards are fully afforded to prisoners in security isolation. Placement should be reviewed regularly on the basis of a thorough risk assessment, and prisoners should be provided with written information on the reasons for segregation. The CPT recommends that the Hungarian authorities ensure that prisoners in security isolation be monitored daily by healthcare staff.

147. The Committee considers that the one exception to the participation of the medical personnel in the decision-making process resulting in solitary confinement, concerns situations where the measure is applied for medical reasons. In case of agitation brought about by the state of health of a prisoner (for example, threatening to self-harm), prison officials should request medical assistance and follow the instructions of the healthcare professional. The placement of a prisoner should be made in an appropriate setting – that is, an observation cell suitable for the person's condition – upon the authorisation of a medical doctor, and only when all other measures are inadequate.

148. The delegation observed that it was common practice to place a prisoner attempting to self-harm in disciplinary/security cells with the risk that this may be perceived as a punishment. As described above, the disciplinary/security cells at *Nyíregyháza Prison* were completely inadequate to hold persons at risk of self-harm (namely because of the several ligature points). Further, the delegation was also told in *Székesfehérvár* and *Tiszalök Prisons* that the disciplinary/security cells were used as they were equipped with vandalism-safe furniture to which prisoners in a state of agitation could be fixated.[113]

The security wing at *Tiszalök Prison* also had two padded cells, checked on a daily basis, despite the fact that these cells had not been used in recent years.[114]

The CPT recommends that the Hungarian authorities stop using the security and disciplinary isolation units in prison establishments – even more so when there are ligature points – for managing prisoners in a state of severe agitation. Solitary confinement should not replace an appropriate self-harm and suicide prevention protocol from being developed and implemented (see also paragraph 113).

149. The regime in security isolation was particularly restrictive. It was characterised by constant custodial supervision and a prohibition from association with others for leisure and sport activities.[115] Very often, prisoners were isolated for 24 hours in the cell, without access to work, education or leisure facilities, including a television, and sometimes allegedly to the yard. At *Tiszalök Prison*, prisoners in security isolation indicated they were not allowed to have videocalls with their relatives. They could only contact their lawyer.

The delegation could observe that mattresses were removed from the security cells during the day in all establishments.

113. 16 places used for the IBP unit and equipped with vandalism-safe furniture could also be used for security isolation.
114. The cells were completely dark, had some ventilation, a ceiling-mounted water sprinkler and cameras. Prisoners could be legally kept in the padded cells for a maximum of eight hours, beyond which time they would have to be transferred to a forensics hospital such as IMEI. See Prison Act, paragraph 146 (6).
115. Prison Act, paragraph 146 (3).

The CPT sees no justification for taking out the mattresses all day long, especially since the prisoners are under constant surveillance.

150. Further, the CPT appreciates that video-surveillance in cells can be a useful safeguard in particular cases, including when a person is considered to be at risk of self-harming or attempting to commit suicide or if there is a concrete suspicion that a prisoner is carrying out activities in the cell which could jeopardise security. However, cameras cannot be a replacement for an active staff presence in high risk medical or security situations. The best method for reducing the risk posed by prisoners with mental disorders or by high-security prisoners is personal interaction between staff and the relevant prisoners. Confinement to a cell for most of the day, little or no contact with staff, and a poor regime, is the exact opposite of the care required; persons presenting a risk of suicide or self-harm should be afforded increased contact with other persons. Indeed, isolation may well increase the risk of suicide rather than decrease it.

The CPT recommends that the Hungarian authorities ensure that placement in security isolation does not prevent prisoners from having access to meaningful contacts and purposeful activities, including being able to spend at least one hour a day outdoors. Further, they should discontinue the disruptive practice of taking out the mattress during the day, without a proper individual risk assessment.

iv. segregation for protection purposes

151. The delegation came across a specific case at *Székesfehérvár Prison*, involving a sentenced prisoner segregated for his own protection. The measure, akin to *de facto* solitary confinement for more than three months, was based solely on the national order to place this prisoner in a single cell for his own protection. The prison administration reportedly did not carry out its own assessment on the person's situation or contact the Prosecutor for further advice.

152. By the time of the delegation's visit, it appeared that no steps had been taken to provide the prisoner with any meaningful human contact and purposeful activities, despite his requests. When taken out of his cell for a shower or a walk in the yard, the prisoner was alone. Reviews carried out – and which the delegation was able to study – provided very limited reasons for preventing the person from having meaningful interaction with staff or other prisoners. The prisoner was able to correspond with his contacts in the outside world, have video calls with his family (a month after his arrival in the prison) and had had two visits by relatives between January and May 2023.

153. Following the CPT visit, the authorities indicated that the "current placement of the prisoner [was] in line with the law and there [was] no reason to review it." They added, that the "prison [would] provide the prisoner with regular, exclusive use of the exercise room, as well as reintegration sessions three times a week, during which the prisoner [could] visit the library, participate in individual creative activities outside the cell, and participate in the EFOP programme in the framework of individual sessions, which also take place in the community room. In addition, the prison [continued] to provide the prisoner with the possibility of regular individual psychological care and psychological interviews, which [were] also carried out outside the prison cell. […] In addition, the competent authority [had] been requested to designate two to three prisoners from among the prisoners accommodated in the establishment with whom the prisoner could have contacts during out-of-cell activities" without posing a security risk to the prisoner's life and physical integrity.

The CPT welcomes these efforts to ensure meaningful human contact and access to purposeful activities, with respect to the particular security arrangements required for the protection of the prisoner. The Committee would like to be informed of any review of the prisoner's situation (including placement and regime) since the last communication from the authorities.

d. disciplinary measures

154. Disciplinary measures imposed on both sentenced and remand prisoners could include verbal warnings (the lightest measures), removal of personal belongings (for periods ranging between one and six months), shopping restrictions (not more than 50%, for up to six months), and restrictions on contact with the outside world or participation in various activities (for up to three months).[116] The most severe disciplinary sanction, namely solitary confinement, could legally be ordered for a period of up to 25 days (30 days previously) for sentenced prisoners subject to a strict regime,[117] and up to 15 days for remand prisoners.[118] Positively, this sanction did not seem to be excessively imposed on prisoners in the remand establishments.[119] The number of disciplinary sanctions slightly increased at *Tiszalök Prison*; within the first five and a half months of 2023 there had been 106 placements in solitary confinement for disciplinary reasons.

155. Most disciplinary placements lasted three to five days in *Nyíregyháza Prison*, and three to ten days in *Székesfehérvár Prison*. There was however, at least one placement at *Nyíregyháza Prison* that lasted 15 days in 2022. Again, the situation varied at *Tiszalök Prison*, where placements in solitary confinement lasted for a duration that could range between three and 20 days.

Cells used for disciplinary purposes were the same cells used for security purposes (see paragraph 144 for a description).

156. The regime for persons in solitary confinement for disciplinary reasons was restrictive. The law prohibits prisoners in solitary confinement from making use of the cultural and sporting facilities, or reading the press.[120] Access to reading material was usually limited to religious books. Despite assurances from the prison management that all the prisoners concerned by disciplinary procedures had access to one hour of outdoor exercise every day, the delegation received several allegations that they had been prohibited from going to the yard (specifically in *Nyíregyháza Prison*). Mattresses were always removed as of 04:00 until the end of the day (around 20:00), across the three establishments visited. The CPT sees no justification for this measure.

At *Tiszalök Prison*, HSR prisoners undergoing a disciplinary sanction would generally be kept in their own cells. In this case, the TV and personal belongings could be removed as an additional disciplinary punishment.

157. Contact with the outside world were also restricted. The prison administration could legally prohibit the person from making phone calls and sending correspondence, except with their lawyer, or deny visits, except from the chaplain. The CPT reiterates its position that the measure of disciplinary confinement should not include a prohibition on family contact during the enforcement of the measure and that any restrictions on family contact should be used only where the offence relates to such contact.

158. Disciplinary procedures were generally well documented, adequately followed and accompanied with appropriate safeguards. Prisoners would be provided with information on rights (including the right to a lawyer) and heard (on occasion witnesses were also heard) by the authority responsible for taking a decision. Minutes of the disciplinary hearing were drawn up, and the prisoner would sign and receive a written copy of the decision. The decisions were signed by the prisoner and the prison administration. At *Tiszalök Prison*, the procedure seemed particularly robust. At *Nyíregyháza Prison*, the delegation noted that the disciplinary incidents were not always mentioned in the disciplinary records. At *Székesfehérvár Prison*, none of the disciplinary decisions in the case files reviewed by the delegation for the past three years were signed by the prisoner or the prison

116. Prison Act, paragraphs 168 on sentenced prisoners and 409 on remand prisoners.
117. Prison Act, paragraph 169.
118. Prison Act, paragraph 409 (1) d) and (2)).
119. There were 16 cases in 2021, 26 cases in 2022 and four at the time of the visit in 2023 at *Nyíregyháza prison*. At *Székesfehérvár Prison*, there were 15 cases in 2021, seven cases in 2022 and none at the time of the visit in 2023.
120. Prison Act, paragraph 168.

administration. The delegation could not verify whether prisoners were given a copy of the disciplinary decision, or given information on their rights (for example, the right to a lawyer and the right to appeal).

159. The disciplinary punishments were generally imposed within a relatively short time, ranging from one week up to a month after the infringement. In at least one case (at *Székesfehérvár Prison*) there was a delay of six weeks. In the Committee's view, when it is deemed necessary to impose disciplinary punishment on a prisoner, this must be done within days rather than weeks after the infringement. The sooner the punishment is imposed and served, the more likely it is to be effective and bring about a change in the prisoner's behaviour.

160. The delegation was also informed that it was a regular practice for prisoners to serve their sanction in another prison, because of a lack of adequate disciplinary facilities in the prison where they were serving their sentence. For instance, the delegation met with a prisoner from *Székesfehérvár Prison* serving a sentence at *Tiszalök Prison.* The CPT is of the view that this disrupts the ability of staff from building a relationship with a prisoner presenting a challenging behaviour.

161. Further, in some situations, prisoners were placed in security isolation (see paragraph 142) pending the outcome of disciplinary proceedings. However, this time was apparently not included in the calculation of the length of the solitary confinement as a disciplinary measure.

162. The delegation noted from consulting the registers in *Székesfehérvár* and *Tiszalök Prisons* that prisoners placed in solitary confinement for disciplinary reasons were reportedly visited by healthcare staff (a nurse) on a daily basis and, in some cases in *Tiszalök*, by the psychologist every second day. At *Nyíregyháza Prison*, however, according to the register, the prison healthcare staff would not visit prisoners in solitary confinement on a daily basis.

163. The role of prison healthcare professionals during disciplinary proceedings remains problematic. While the prison doctor or the psychologist were able to postpone or interrupt solitary confinement on account of the health condition of the prisoner, the delegation observed again that doctors were legally required to certify whether or not a prisoner was fit to undergo solitary confinement as a disciplinary sanction.[121] The delegation was able to observe for itself in the disciplinary files that the doctor and psychologist would have to indicate that the physical and psychological state of the person would not contradict the execution of the measure. In the opinion of the Committee, such involvement in the disciplinary proceedings is not conducive to the development of a positive relationship between healthcare staff and patients. Healthcare staff have an important role to play as a safeguard for the appropriate treatment of prisoners. They should be attentive to their physical and mental health. This requires that they engage regularly with the prisoners concerned, in private and under appropriate conditions, and provide them with prompt medical assistance and treatment whenever necessary.

164. Finally, the CPT has serious misgivings about the placement of prisoners in solitary confinement as a disciplinary sanction for reasons of self-harm. A review of the disciplinary files at *Székesfehérvár Prison* for instance, revealed that a prisoner with a known psychological condition was sanctioned to solitary confinement on several occasions for vandalising the furniture; once for 10 days for swallowing the glass of a lamp he had broken, as well as a razor blade, and on another occasion for 15 days for swallowing a piece of wood he had torn from a grid. The CPT refers to its comments under the section on security isolation (see paragraph 142) with regard to the need to ensure prisoners at risk of self-harm or suicide are dealt with from a therapeutic angle, under suitable medical conditions, rather than punished.

165. The CPT recalls that all disciplinary punishments should be governed by the principle of proportionality. Prisoners should be provided as soon as possible with a copy of any disciplinary decision concerning them, and with straightforward information on their rights,

121 Prison Act, paragraph 169 (6) and (7).

which should inform them of both the reasons for the decision and the modalities for lodging an appeal. Prisoners should confirm in writing that they have received a copy of the decision.

Disciplinary punishment should be imposed within days rather than weeks after the infringement.

The CPT recommends the following to the Hungarian authorities:

1. **The maximum period for solitary confinement as a disciplinary punishment should be no more than 14 days for a given offence, and preferably lower;**

2. **Segregation pending the outcome of disciplinary proceedings should be included in the overall time for disciplinary confinement;**

3. **Medical personnel should never participate (or be perceived to participate) in any part of the decision-making process resulting in any type of solitary confinement, except where the measure is applied for medical reasons;**

4. **Acts of self-harm and attempted suicide should no longer be subjected to disciplinary punishment in prisons;**

5. **Prisoners should be able to serve a sanction in the prison in which they committed the offence;**

6. **The range of permitted reading material should be broadened and not be restricted to religious works;**

7. **Mattresses should not be removed during the day;**

8. **Prisoners should be offered one-hour outdoor exercise every day;**

9. **Any restrictions on visits and phone calls should be strictly limited to the requirements of a given case, applied for as short a time as possible and for a specified period of time.**

Relevant legal provisions should be amended accordingly.

In addition, the CPT also recommends that the Hungarian authorities ensure that a dedicated register is kept of every placement in solitary confinement, recording the name of the prisoner concerned, the reasons for the measure, the date and time of the beginning and end of the measure, the deciding authority, the precise location where the prisoner subject to segregation is accommodated and the time of the daily checks by healthcare staff.

e. complaints procedures

166. Complaint boxes were available in all establishments, including in specific units such as the HSR unit in *Tiszalök Prison*. Prisoners could also submit complaints directly to the reintegration officers. However, complaints were rarely collected in both remand establishments, and generally very few complaints had been recorded in the dedicated register since the last CPT visit in 2018. When complaints were made, replies would often be provided to prisoners with a significant delay (of up to a month) and were usually rejected.

At *Székesfehérvár Prison*, 42 and 34 complaints within the prison's competence were recorded in 2019 and 2020 respectively. There were only five recorded in 2021, one in 2022 and three in 2023, which concerned inappropriate treatment, contacts with the outside world, food, healthcare, finances, and security classification. All of these were rejected.[122]

122. Regarding complaints within the competence of the Hungarian Prison Service Headquarters, there had been an average two to three complaints per year since 2018. Most complaints also resulted in rejections.

At *Nyíregyháza Prison***,** there were two recorded complaints for 2023 (on food and reasoning for a decision), 18 by the same prisoner in 2022 (on issues such as contact with the outside world, bed bugs, food, access to education, prison costs) and one in 2021 (on access to a parcel, placement in a smoking cell, and entitlements regarding phone calls). All complaints were rejected by the governor.

At *Tiszalök Prison*, there were 569 complaints registered in 2021, 426 complaints in 2022 and 350 complaints by May 2023. All complaints were rejected, except one in 2023 which was partially upheld. Complaints concerned staff abuse, inter-prisoner violence, material conditions and placement in security isolation, among other issues.

167. The virtual absence of complaints in the establishments clearly indicates that prisoners lack confidence in the complaints' procedures and, as some prisoners told the delegation, their fear of reprisals and negative impacts on their case if they did complain. A well-functioning complaints system is in the interest of all parties. It can serve as a valuable source of information for prison management about potential problems in the establishment and allay tensions among prisoners by ensuring that their concerns are treated seriously and, where appropriate, that suitable remedies are proposed.

The CPT recommends that the Hungarian authorities ensure that all prisoners (both remand and sentenced), throughout the penitentiary system, are informed about avenues available to them to complain and have safe and confidential access to the bodies authorised to receive complaints.

The CPT also recommends that prison staff receive the clear message that any kind of threats or intimidating action against a prisoner who has complained of ill-treatment, or attempts to prevent complaints or requests from reaching the relevant supervisory bodies, will not be tolerated and will be severely punished.

The internal complaints system should ensure that prisoners receive, within a reasonable time, written acknowledgement of every complaint they make, and reasoned answers in writing to written complaints and that a proper record is maintained of every complaint.

Finally, for complaints within the competence of the Prosecutor's Office, on subjects such as disciplinary proceedings, placement, limitation of rights etc., only one (out of 16) was considered a violation of rights, following investigation.

C. Judicial Observation and Psychiatric Institute (IMEI)

1. Preliminary remarks

168. The Judicial Observation and Psychiatric Institute (*Igazságügyi Megfigyelő és Elmegyógyító Intézet* - IMEI), previously visited by the CPT in 2005 and 2009, remains the only high-security forensic psychiatric hospital in Hungary. It is located on the premises of Budapest Strict and Medium Regime Prison and operates under the responsibility of the Hungarian Prison Service, with healthcare-related aspects of its functioning being supervised by the healthcare authorities.

The establishment consists of three separate buildings and has an overall capacity of 311 beds. At the time of the visit, it was accommodating 291 persons (including 35 women[123]). Most patients had been diagnosed with a psychosis, usually paranoid schizophrenia, and approximately 10% had a learning disability.

Buildings I and III were accommodating persons who formally held the status of patient. The majority, 216 patients, had been declared criminally irresponsible for their act by the court and had been placed under the criminal measure of compulsory medical treatment, given the risk of re-offending which they presented. The usual length of stay of these patients at IMEI was between five and six years, with several patients staying for more than two decades.[124]

23 patients had been subjected to temporary compulsory medical treatment (that is, patients in respect of whom it was expected that a compulsory medical treatment would be imposed during criminal proceedings).

Building II was holding persons who formally held the status of prisoner.[125] This included 29 remand and 22 sentenced prisoners placed at IMEI for psychiatric and neurological observation and in-patient treatment, and one remand prisoner under forensic psychiatric assessment.

While the vast majority of patients were adults, IMEI can also accommodate children from the age of 14. At the time of the visit, there was a 17-year-old boy who had been admitted for compulsory medical treatment at the age of 14, a 17-year-old female sentenced prisoner admitted at the same age and a 17-year-old male remand prisoner who had been held at IMEI for some four months.

169. In the reports on its 2005 and 2009 visits, the CPT expressed reservations with respect to the location of IMEI within the boundaries of Budapest Prison. The Committee considered, *inter alia* that the presence of bars and armed guards created an oppressive atmosphere which was not conducive to the emergence of a therapeutic environment, and that the re-location of IMEI would help to ensure that a medical, rather than a penal, ethos prevails.

This issue was again raised with the authorities during the 2023 visit. By letters of 28 July and 29 August 2023, the authorities, in brief, agreed that the physical location of IMEI within a prison was unfortunate. At the same time, however, they considered that the isolation of persons under compulsory medical treatment could be carried out in a more secure manner in a prison because of the availability of static and dynamic security elements. The execution of the said criminal measure required ensuring the safety of and providing modern material conditions to both patients and staff.

The authorities further stated that a study had been carried out on the complete renovation of IMEI and that, subject to the availability of resources, the premises would be adapted.

123. Women were accommodated in separate rooms from men.
124. See paragraph 192 as regards the six-monthly review of their stay.
125. For ease of reference, from this point onwards in this report, all persons held at IMEI are referred to as "patients", regardless of the building in which they were accommodated and their formal legal status.

Given the aforementioned reservations and the structural shortcomings described in paragraphs 175 and 176, the CPT remains of the view that it is desirable to re-locate IMEI to new premises. The Committee underlines once again that this would help to ensure that persons placed in the establishment are offered a suitable therapeutic and caring environment, including milieu therapy, in which a medical, rather than a penal, ethos prevails. Placing the establishment under the primary responsibility of healthcare authorities would facilitate these efforts.[126]

Further, **the Committee would like to receive more detailed information on the planned renovation of the current premises of IMEI, including its budget and timeframe for its implementation.**

170. The situation of children held in the establishment is a matter of concern to the CPT. The boy subjected to compulsory medical treatment was accommodated separately from adults but could associate with them during the day within the ward. However, the other two children, who formally had the status of prisoner, had always to be held separately from adults. Although staff made efforts to provide them with human contact, including playing ball games and drawing, the fact remained that they spent most of the day alone, locked up in their cells.

Moreover, given that adult patients constituted the vast majority of patients, IMEI was generally geared towards their needs and neither provided suitable material conditions, nor had specifically trained staff to provide support, therapy and care to child patients.

For these reasons, and given the general reservations expressed in paragraph 169, the CPT considers that IMEI is particularly unsuitable for holding child patients.

The CPT considers that child patients should be held in an environment offering appropriate material conditions, support, regimes and therapeutic options tailored to their needs, and with staff specialised in dealing with this age category of patient.

The CPT recommends that the Hungarian authorities take urgent steps to end their policy of placing children in IMEI. Further, **as an immediate and temporary measure, for as long as child patients are placed in IMEI, the CPT recommends that staff continue their efforts to provide them with meaningful human contact and with therapies tailored to their specific needs.**

2. Ill-treatment

171. Patients interviewed by the delegation during the visit made no allegations of physical ill-treatment by staff.

It is also positive that in an incident which occurred on 1 May 2023, immediate action was taken against a male auxiliary nurse who pulled the hair of an agitated female patient. The case was registered in an incident logbook and the auxiliary nurse concerned was subsequently dismissed. Criminal proceedings which had been initiated against the nurse were pending at the time of the visit. **The CPT would like to be informed of the outcome of the criminal investigation, including the sanctions imposed, if any.**

172. However, the delegation did receive a few allegations of verbal abuse of patients by staff (such as shouting). **The CPT recommends that the management of IMEI reiterate to all staff that any form of ill-treatment of patients, including verbal abuse, is unlawful, unprofessional and unacceptable, and will be dealt with accordingly.**

173. As regard inter-patient violence, episodes of minor verbal conflicts sometimes occurred but the information gathered during the visit indicates that staff intervened promptly and appropriately to de-escalate the situation.

126. At the time of the visit, there was no Ministry of Health in Hungary and healthcare related issues were under the responsibility of the Ministry of the Interior.

3. Patients' living conditions

174. The CPT wishes to point out that the considerations and recommendations set out in this section should be read in conjunction with paragraph 169 and the proviso that it would be desirable to re-locate the IMEI to new premises.

175. The CPT acknowledges that patients' rooms on the whole provided sufficient living space for their capacity and the delegation did not observe any overcrowding at the time of the visit. For example, single- and double-occupancy rooms measured between nine and ten square metres, a room with seven beds measured 36 m^2, rooms with a capacity of eight to ten beds measured some 40 m^2 (not counting in the fully-partitioned sanitary annexes in Building II) and the biggest room, measuring approximately 66 m^2, contained 16 beds.

However, as already pointed out in the reports on the 2005 and 2009 visit, the existence of large-capacity dormitories with ten and even 16 beds is not in line with modern standards in psychiatry.

It has been the CPT's long-standing position that large-capacity dormitories have a counter-therapeutic, depersonalising effect on residents, compromise their privacy and dignity, impede the creation of a suitable therapeutic and caring environment and do not facilitate the psychological and social rehabilitation of patients. Moreover, they may make it more difficult to control the spread of infectious diseases and thus present a higher risk for the health of patients. **The CPT recommends that the Hungarian authorities take steps to ensure that, where relevant, patients' rooms at IMEI are partitioned so that patients are accommodated in smaller rooms, respecting their privacy and providing an appropriate therapeutic environment; the aim should be to ensure that no room accommodates more than four patients.**

176. Further, most premises remained austere and impersonal. With the exception of the corridors and communal areas in Building I (most notably on the ground floor accommodating female patients), which were decorated with plants and with pictures on the walls, the rest of the establishment lacked any decoration, was virtually empty of colour and patients' rooms were impersonal. The bleak and unwelcoming atmosphere overall was accentuated by the size of the patients' rooms, as described above.

This was particularly true for Building II in which the distinct prison-like atmosphere has not improved since the CPT's previous visits. In addition to the aforementioned shortcomings, there were metal bars which divided the corridors, patients' rooms were fitted with metal prison doors, and in many of them metal stools and tables were fixed to the floors and walls. Further, two six-bed rooms (measuring approximately 23 m^2) seen by the delegation, which were each accommodating one patient at the time of the visit contained, in addition to the bed used by the patient, five old metal bedframes without mattresses; they gave the impression of storage units rather than rooms accommodating patients with mental health issues.

The CPT once again recommends that the Hungarian authorities make efforts to provide more congenial and personalised surroundings for patients at IMEI, in particular to those accommodated in Building II.

177. Moreover, all patients' rooms in Building II were fitted with CCTV cameras.

The CPT considers that video surveillance is a gross intrusion into the privacy of patients and the decision to impose CCTV surveillance on a particular person should always be based on an individual risk assessment and should be reviewed on a regular basis. Accordingly, the Committee is opposed to the routine and systematic installation and use of CCTV cameras in patients' rooms.

The CPT recommends that the Hungarian authorities end the blanket use of CCTV cameras within patients' rooms at IMEI. If continuous supervision of a patient is considered necessary on the basis of an individual risk assessment, the patient concerned should be preferably placed in a dedicated observation room.

178. On a more positive note, most premises seen by the delegation at IMEI were clean and in an acceptable state of repair, and the delegation was informed that maintenance and refurbishment was taking place on an ongoing basis.[127] Access to natural light, artificial lighting and ventilation were adequate.

Patients' rooms in Buildings I and III were equipped with beds, bedside tables and a washbasin, and most patients had a personal lockable wardrobe, either located in their room or in the corridor nearby. Patients in these buildings were free to move within the wards and access communal areas equipped with tables and chairs, as well as communal sanitary facilities. However, the showers did not have a curtain and therefore lacked privacy. **This deficiency should be remedied.**

179. Patients' rooms in Building II had, in addition to beds and bedside tables, a fully-partitioned sanitary annexe containing a toilet and a washbasin, and were fitted with a call system, as recommended by the CPT in 2009. Some rooms also possessed a table, a few chairs/stools or a bench, however, these were not always sufficient in quantity for all the persons accommodated in the room. Moreover, patients had no personal storage space (except for the aforementioned bedside tables). In this building, patients remained locked in their rooms throughout the day, apart from one hour of outdoor exercise.

The CPT recommends that patients' rooms in Building II be equipped with tables and chairs commensurate with the number of patients accommodated in the room and with storage space where patients could store their personal belongings.

180. It remains the case that patients accommodated in Building II were obliged to wear pyjamas (or a brown institutional uniform) throughout the day. According to management, patients in these building had often been transferred from a prison, did not possess any personal clothing and had to be provided with institutional pyjamas. This arrangement also helped to ensure that the clothes could be properly washed.

The CPT takes note of these arguments. However, it must reiterate that individualisation of clothing facilitates strengthening personal identity and self-esteem and should form part of the therapeutic process. Suitable arrangements may be put in place to ensure that clothing of patients in Building II meets hygienic standards, similar to those in the other two buildings of IMEI. **The CPT once again recommends that steps be taken to enable IMEI patients accommodated in Building II to wear their own clothes, irrespective of their formal legal status. If necessary, patients should be provided with appropriate non-uniform clothing.**

181. Patients in all three buildings were offered one hour of daily outdoor exercise. Those from Buildings I and III had access to spacious and pleasant gardens which were equipped with benches, basketball hoops and a chess table, and contained lawns, shrubs and trees. However, the yard adjacent to Building III had no shelter against inclement weather.

In contrast, the yard adjacent to Building II was rather oppressive – in principle, it consisted of a 50 m^2 cage which was devoid of any equipment, including a shelter against inclement weather and a means of rest.

The CPT recommends that the Hungarian authorities take steps to increase access to outdoor exercise for IMEI patients. The aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day unless scheduled activities require them to be present on the ward. Further, **all yards should be equipped with a means of rest and a shelter against inclement weather.**

In addition, **the Committee invites the Hungarian authorities to explore ways in which the outdoor yard adjacent to Building II could be rendered more welcoming, for example by**

127. For example, communal bathrooms and some patients' rooms in Building III had been recently refurbished, rooms on the first floor of Building II had been whitewashed and it was planned to carry out further refurbishment in Building II.

installing equipment for patients to use (as is the case in the other two yards) and fitting the yard with plants and shrubs.

4. Treatment

182. The delegation gained a positive impression overall of the treatment and activities provided to patients at IMEI. In addition to pharmacotherapy, most patients were offered a range of treatment options by multidisciplinary teams composed of psychiatrists, psychologists, social workers and nurses. The treatment options consisted of various individual and group therapy sessions, including individual supportive therapy, therapies focused on the prevention of re-offending for patients under the compulsory medical treatment and psychoeducational groups to which relatives of patients were invited. There were also social therapy programmes, motivation sessions, and sports and leisure activities (such as gardening and cooking courses, religious and festive activities and a film club).

However, there were still a number of patients who were not involved in any organised activity. This was particularly problematic for those accommodated in Building II, who consequently remained locked up in their cells for most of the day.[128] Moreover, there were no staff specialised in the provision of psychosocial activities tailored to the specific needs of patients with learning disabilities. According to management, one or two staff members with this profile were to be hired soon.

The CPT would like to receive confirmation that staff members specialised in the provision of psychosocial activities to patients with learning disabilities have been hired at IMEI. Further, **the Committee recommends that the Hungarian authorities continue their efforts to provide as many patients at IMEI as possible with a range of therapeutic and recreational activities, tailored to the specific needs of various categories of patient. Particular attention should be paid to patients with learning disabilities and patients accommodated in Building II.**

183. Treatment plans, if drawn up at all for individual patients, did not have a clear structure and did not contain comprehensive information on the health and social situation of the patient, did not clearly define the goals of the treatment and did not include plans for reviewing the treatment. Moreover, patients were neither involved in the drawing up of the plan, nor its review.

The CPT considers that psychiatric treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients including, with respect to the latter, the need to reduce any risk they may pose), indicating the goals of treatment, the therapeutic means used and the staff members responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication. Patients should be involved in the drafting of their individual treatment plans and their subsequent modifications, and informed of their therapeutic progress.

The CPT recommends that the Hungarian authorities take steps to ensure that, with the involvement of the patient concerned, a comprehensive individual treatment plan is drawn up and regularly reviewed for every patient at IMEI, in light of the aforementioned principles.

5. Staff and security-related issues

184. The staff complement included 11 psychiatrists, two neurologists and one doctor of internal medicine. There were also nine psychologists (including five clinical psychologists and three others who were undergoing clinical psychology training) and 36 staff members working in the reintegration and psycho-pedagogical department who were mainly responsible for the provision of therapies and activities to patients, as well as social support and case management. During office hours, there was at least one medical doctor on duty on each ward; the rest of the time (16:00 to 08:00), there was one duty doctor responsible for the whole of the IMEI.

128. Patients in Buildings I and III were free to move within their wards during the day and socialise with other patients.

185. As regards nursing staff, there were at least one nurse and one nursing assistant present on each ward at all times, reinforced by a head nurse during office hours.

The CPT was informed that there were 80 sanctioned posts of nurses, 16 posts of nursing assistants, one post of a dietician and one post of a therapist. However, 15 posts of nurses, one post of a nursing assistant and one post of a therapist were vacant at the time of the visit and the aforementioned presence of nursing staff could only be maintained due to a considerable amount of overtime. By letter of 28 July 2023, the Hungarian authorities considered that due to the measures taken by the authorities, including the increase of salaries and more efficient recruitment and retention policies by the Prison Service and IMEI, it had been possible to recruit new nurses and the number of nurses had been stabilised in recent years. Further, in May and June 2023, eight members of nursing staff (four nurses, three nursing assistants and one social worker) were newly recruited.

The CPT welcomes these steps and recommends that the Hungarian authorities continue their efforts to ensure that all vacant posts of nursing staff are filled at IMEI.

186. In addition, 23 prison officers were assigned to IMEI. Three of them were on duty at any given time in Building II and one officer was at the gate on working days. These officers were also responsible for escorts of patients to courts and external medical facilities.

However, the delegation noted that when deployed in Building II, prison officers systematically carried batons, handcuffs and pepper spray. The CPT considers that the routine carrying of pepper spray, handcuffs and batons on the wards is not conducive to developing positive relations between staff and patients. **The CPT recommends that prison officers deployed at IMEI do not routinely carry such equipment in detention areas.**

More generally, the CPT would like to receive information on any specific training provided to prison officers deployed at IMEI in working with persons with mental health problems.

187. Moreover, the delegation was informed that whenever IMEI patients had to stay overnight in an external medical facility, they would be systematically handcuffed to their hospital bed.

The CPT has held for a long time that prisoners, and even more so forensic psychiatric patients, sent to hospital to receive treatment should not be physically attached to their hospital beds or other items of furniture for custodial reasons. Other means of meeting security needs satisfactorily can and should be found; the creation of a custodial unit in such hospitals is one possible solution.

The CPT recommends that the Hungarian authorities put an end to the practice whereby IMEI patients staying overnight in an external medical facility are fixated to their hospital bed for custodial reasons, in light of the aforementioned considerations.

6. Means of restraint

188. IMEI patients may be subjected to restraint measures in accordance with the relevant healthcare legislation.[129] In practice, the means used at IMEI consisted of fixation to bed with straps,[130] chemical restraint and seclusion.[131]

Resort to mechanical restraint was recorded in a dedicated restraint register and patients' individual files, and did not appear to be excessive. For example, there were 79 episodes of restraint in 2022

129. See paragraph 220.
130. Patients were fixated with a padded leather belt over the torso and soft-cloth magnetic straps for limbs.
131. As regards security-related restraint, patients accommodated in Building II (who had the formal status of prisoner) could be subjected to additional restraint measures in accordance with the provisions of the Prison Act (for example, handcuffs and belts). According to the well-maintained register, these cases were rather rare and usually lasted for a few minutes (there were six such cases in 2022 and the same number of cases between January and May 2023). Further, for escorts outside IMEI, all patients could be hand- and ankle-cuffed and restrained with body belts.

and 43 episodes between January and May 2023. All cases of restraint were reported to the Patient's Rights Advocate and the supervisory prosecutor.
However, patients were often restrained for several hours, and in several cases the episodes of restraint lasted for over 20 hours.[132] At best, restrained patients were repeatedly checked by a member of healthcare staff but there was no direct continuous supervision and assistance provided to patients, who were given adult nappies to comply with the needs of nature. The CPT considers that, at least to a certain extent, these shortcomings are linked with the limited nursing staff resources, described in paragraph 185.

Moreover, patients were often mechanically restrained in their rooms, in view of other patients and, once the means of restraint had been removed, there was no debriefing of the patient.

As already observed during the 2009 visit, resort to chemical restraint was only recorded on the temperature chart in individual patients' files but not in the restraint register (unless used in combination with mechanical restraint).

The CPT recommends that the Hungarian authorities take steps to ensure that, at IMEI:[133]

- **the duration of use of means of mechanical restraint is as short as possible (usually minutes rather than hours), and is terminated when the underlying reasons for their use have ceased;**

- **every patient who is subjected to mechanical restraint is under continuous supervision – a qualified member of staff should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide them with assistance; clearly, video surveillance cannot replace continuous staff presence. Putting patients in adult nappies or having them use a bedpan in view of other patients may, in the CPT's view, amount to degrading treatment.**

- **patients are not subjected to mechanical restraint in the view of other patients;**

- **once the means of restraint have been removed, a debriefing of the patient takes place, to explain the reasons for the restraint, reduce the psychological trauma of the experience and restore the doctor-patient relationship. This also provides an opportunity for the patient, together with staff, to find alternative means to maintain control over him-/herself, thereby possibly preventing future eruptions of violence and subsequent restraint;**

- **all instances of recourse to means of restraint (whether manual, mechanical or chemical) are recorded in a specific register, in addition to the records contained in the patients' personal medical files.**

189. Agitated patients could also be secluded, upon decision by a doctor, in a dedicated seclusion room. However, as far as the delegation could ascertain, and as observed already in 2009, there was no register recording the use of the seclusion room; placement of a patient in seclusion was only recorded in the nurses' logbook.

The CPT reiterates its recommendation that every placement of a patient in the seclusion room be recorded in a special form/register established for that purpose (in addition to the patient's file), which is used for monitoring recourse to seclusion.

132. In accordance with the relevant legislation, the restraint was reviewed every two hours.
133. A more comprehensive overview of the principles which, in the CPT's view, should be respected when resort is had to means of restraint, can be found in the document "Means of restraint in psychiatric establishments for adults (Revised CPT standards)", CPT/Inf (2017) 6.

190. Material conditions in the seclusion room (room no. 13) on the first floor of Building II were very poor – walls in the cell were dirty and scratched and the equipment was limited to a concrete sleeping platform fitted with six metal loops for mechanical restraint of patients, an unpartitioned inox toilet, a washbasin and a CCTV camera.[134] Such an environment was not conducive to calming down agitated patients.

By letter of 28 July 2023, the Hungarian authorities acknowledged that the conditions in the room were inappropriate and stated that the necessary refurbishment would be implemented.

The CPT welcomes these plans and would like to receive more detailed information on the refurbishment that has been carried out.

7. Safeguards

191. As regards patients under forensic psychiatric assessment, their initial court-imposed stay at IMEI (for up to one month) may be extended once by the court for another month.[135]

192. The stay of patients at IMEI under the court-ordered measures of temporary compulsory medical treatment[136] or compulsory medical treatment[137] was reviewed by the court, in compliance with the relevant legislation, every six months. Patients as a general rule appeared before the court, were systematically represented by a lawyer (including one appointed *ex officio*) and received the decision, which contained information on legal remedies. In addition to the expert opinion submitted by IMEI, an independent expert opinion was commissioned by the court in the context of the review.

193. As regards discharge of patients from IMEI, if compulsory medical treatment is no longer necessary, it must be terminated.[138] In addition to the aforementioned possibility to terminate the measure in the context of the six-monthly review, IMEI may lodge a motion with the court for the termination of the measure at any time if it considers that it is no longer necessary.[139]

However, it became clear during the visit that there was a number of patients who no longer required psychiatric treatment but could not be discharged from IMEI as they were unable to cater for their own needs and there was no place for them in social welfare establishments. These patients were placed on a waiting list to be admitted to such an establishment but the delegation was informed that the usual waiting time was at least one year, and often longer. Consequently, the measure of compulsory medical treatment and their stay at IMEI could not be terminated and was repeatedly extended by the court.[140] After the visit, the Hungarian authorities informed the CPT that there was a list of 27 patients awaiting admission to a social welfare establishment. This situation was a source of frustration for patients and staff alike.

Such a state of affairs may well have a detrimental effect on the patients' well-being and undermine their motivation to achieve therapeutic progress. Moreover, patients remain deprived of their liberty for longer than necessary; this contributes to the growing number of patients in the establishment, which affects all patients and staff. As noted already in the report on the 2005 visit, for persons to remain in a secure hospital setting as a result of the absence of appropriate external facilities is a highly questionable state of affairs.

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134. Reportedly, patients placed in the room were provided with a mattress and bedding, which they were usually allowed to keep throughout the day.
135. See Section 195 of the Criminal Code.
136. See Sections 277 (5) and 301 of the Criminal Procedure Code.
137. See Sections 78 of the Criminal Code and Sections 69/B and 329 of the Prison Act.

138. See Sections 78 (2) of the Criminal Code.
139. See Section 327 (1) of the Prison Act.
140. Section 16 (2) of Decree No. 13/2014 (XII. 16.) of the Ministry of Justice, on the implementation of compulsory medical treatment and temporary compulsory medical treatment, and the duties of the Judicial Observation and Psychiatric Institute, provides that if patients are unable to lead an independent life and have no relatives who could take care of them, the director (of IMEI) shall take the necessary measures for further care of the patients before making a recommendation to terminate the compulsory medical treatment.

By letter of 28 July 2023, the Hungarian authorities acknowledged the challenges linked with the placement of patients who no longer require compulsory medical treatment in social care homes. However, they state that it has been decided that, in response to the needs presented by IMEI, the authorities in charge of this type of establishment will proceed to the rapid placement of the elderly in social care homes, following a central assessment of their capacity.

The CPT welcomes the commitment of the Hungarian authorities and recommends that they continue their efforts, involving all relevant interlocutors and services, to ensure that patients who no longer require compulsory medical treatment at IMEI, including those who cannot cater for their own needs, can be discharged and, if necessary, placed in an appropriate establishment.

194. Patients at IMEI who had the formal status of prisoner (that is, those accommodated in Building II) were requested to provide consent to treatment, and certified by their signature that they had been informed of the need for their in-patient treatment, the health risks if they did not receive treatment, the planned examinations, interventions and risks involved, the expected effects and possible side effects of the medication and the fact that the treating physician could provide further information during treatment.

Consent for invasive interventions (such as surgical interventions and vaccinations) was also sought from patients held under the measure of compulsory medical treatment. Moreover, as regards psychiatric treatment, staff made efforts to provide these patients with information on their diagnosis and the treatment proposed.

However, the fact remains that according to the relevant legislation,[141] patients subjected to the measure of compulsory medical treatment cannot refuse treatment; the right to refuse treatment only applies to the method of treatment and the interventions to be used.

In their response to the report on the CPT's 2005 visit, the Hungarian authorities stated that according to legal practice at that time, therapy to patients under compulsory medical treatment was provided on the basis of a court decision. The information gathered during the 2023 visit suggests that this legal interpretation remained valid and that there was no legal requirement to seek consent to treatment from this category of patient. Moreover, patients appeared unaware of their right to refuse a particular treatment method or intervention, as provided for by the legislation.

The CPT considers that, as a general principle, all categories of psychiatric patient, be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis, be that in the context of civil or criminal proceedings, should not preclude seeking informed consent to treatment.

Consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition, the treatment which is proposed and possible side effects, and the possibility to withdraw consent, as well as if the patient concerned has the capacity to give valid consent at the moment when it is sought. Further, it is essential that all patients who have given their consent to treatment are continuously informed about their condition and the treatment applied to them and that they are placed in a position to withdraw their consent at any time. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards.

In particular, the relevant legislation should require a second psychiatric opinion (that is, from a psychiatrist not involved in the treatment of the patient concerned) in any case where a patient does not agree with the treatment proposed by the establishment's doctors (even if their guardian

141. See Section 330 (2) of the Prison Act.

consents to the treatment); further, patients should be able to challenge a compulsory treatment decision before an independent external authority and must be informed in writing of this right.

The CPT recommends that the Hungarian authorities take steps to ensure that these precepts are effectively implemented in practice at IMEI. The legal practice and, if necessary, the relevant legislation, should be changed accordingly.

195. Some of the administrative files of patients seen by the delegation contained information sheets signed by patients which informed them of their rights in the context of remand detention (such as the right to remain silent, to consult with a lawyer and to contact a third person) and a separate information sheet on the use of means of restraint at IMEI. Further, some basic information on the functioning of IMEI was provided verbally by staff to patients upon their admission.

However, as far as the delegation could ascertain, patients were usually not provided with written information on their rights and duties as IMEI patients, nor a copy of the house rules.

As regards complaints and inspection procedures, IMEI was visited every two weeks by a supervisory prosecutor and patients could request to have an interview. However, many patients seem unaware of this possibility.

The CPT recommends that an information brochure setting out the facility's routine and patients' rights in a simple and accessible language – including information on legal assistance, review of placement (and the patient's right to challenge this), consent to treatment, and complaints procedures – be drawn up and issued to all patients on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance including, where necessary, using alternative modes, means and formats of communication.

196. Concerning arrangements for contact with the outside world, patients under compulsory medical treatment were entitled to receive a visit once a week for one hour. They could also use a phone every second day for up to 20 minutes and make free-of-charge Skype calls three times a month, each time for up to one hour. They could also send correspondence and receive a parcel every week.

Patients in Building II had the same visit and phone entitlements as prisoners in general. Reference is made to the considerations and recommendations set out in paragraphs 128 to 134 on contact with the outside world.

All categories of patient held at IMEI were only allowed visits with full partitioning with plexiglass from their visitors. This arrangement is particularly unsuitable for children held at IMEI. Moreover, the visiting facility consisted, on each side of the plexiglass wall, of a row of chairs/benches which were placed close to each other with no separation (except for a one-metre high wall on the visitors' side); this arrangement did not allow for any privacy of the patients' conversations with their visitor and the delegation received several complaints that the room became noisy when several visits took place at the same time.

The CPT considers that "open" visits should be the rule and partitioned visits the exception, based on an individual assessment of the risk which the persons concerned may present. **The CPT recommends that these precepts be effectively implemented at IMEI in respect of all categories of patient.** Further, **the physical layout of the visiting facility should be reviewed to ensure that the privacy of patients and visitors is respected.**

D. Psychiatric establishments

1. Preliminary remarks

197. The CPT visited, for the first time, the psychiatric departments of Flór Ferenc Hospital in Kistarcsa and of Gróf Tisza István Hospital in Berettyóújfalu.

198. The *psychiatric department of Flór Ferenc Hospital* (hereafter referred to as Flór Ferenc Hospital) is located on the ground floor of one of the hospital's buildings and is surrounded by a large park. The department has an overall capacity of 80 beds: 54 beds in the open (rehabilitation) ward and 26 beds in the closed (acute) ward. At the time of the visit, the department was accommodating 53 adult patients (including 24 women): 30 in the open ward and 23 in the closed ward. Both wards were mixed-sex wards; men and women were accommodated in separate rooms (see, however, paragraph 202). 39 patients had been admitted involuntarily, the emergency placement procedure was pending in respect of two patients and 12 were voluntary patients.[142]

The catchment area of the department consisted of the 16th District of Budapest and several towns and villages of Pest County, together having 457 000 inhabitants. There were approximately 900 to 1 000 annual admissions and discharges from the department, and staff estimated that the usual maximum length of stay was from two and a half to three months. The most common diagnoses were various types of schizophrenia, affective syndromes, dementia, substance use mental disorders, personality disorders and learning disability.

199. The psychiatric department of *Gróf Tisza István Hospital* (hereafter referred to as Gróf Tisza István Hospital) occupies a V-shaped three-storey building located within the hospital compound in the town of Berettyóújfalu. Two separate closed (acute) wards (one for men and one for women) were located on the ground floor. The first and second floors each consisted of one open ward for male patients and one for female patients. The overall in-patient capacity of the department was 163 beds, each ward containing between 27 and 28 beds.[143] At the time of the visit, the hospital was accommodating 110 patients, of which two had been admitted under the involuntary placement procedures and the rest were formally voluntary patients. However, the information gathered during the visit indicates that the situation of a number of patients may be regarded as amounting to *de facto* deprivation of liberty (see paragraph 225).

The catchment area of the department covered the southern part of Hajdú-Bihar County, with some 90 000 inhabitants (for alcohol use rehabilitation, the catchment area was larger and covered 1 million inhabitants). There were approximately 630 annual admissions and discharges and the average length of stay was 14 days for acute patients and some 80 days for rehabilitation patients. The most common diagnoses included depression, dementia, various types of schizophrenia, bipolar disorder, and substance use mental disorder and withdrawal symptoms.

2. Ill-treatment

200. The delegation received no allegations of physical ill-treatment of patients by staff in either of the establishments visited.

However, at Flór Ferenc Hospital, the delegation heard a few allegations of verbal abuse of patients by staff. **The CPT recommends that the management of Flór Ferenc Hospital reiterate to all staff that any form of ill-treatment of patients, including verbal abuse, is unlawful, unprofessional and unacceptable, and will be dealt with accordingly.**

142. All voluntary patients were accommodated on the open ward. See paragraph 224 *et seq.* for more details concerning admission procedures and review of patients' stay.
143. Officially, there were 58 acute beds, 35 chronic beds and 70 rehabilitation beds, repartitioned among the six different wards. In addition, there were 35 day-care places.

201. Further, it became clear from interviews with various categories of staff members that they were not sure to whom possible allegations of ill-treatment of patients (for example, by fellow staff members or police officers when escorting patients to the hospital) should be reported. **The CPT recommends that the Hungarian authorities put in place a clear reporting line for allegations of ill-treatment of patients and adopt whistle-blower protective measures (that is, a framework for the legal protection of individuals who disclose information on ill-treatment and other malpractice, including inadequate provision of nursing care, inappropriate use of means of restraint and a lack of patients' access to outdoor areas).** Reference is made to paragraphs 206, 215 to 216 and 221.

202. Episodes of inter-patient violence were very rare at Gróf Tisza István Hospital.

At Flór Ferenc Hospital, some instances of minor physical conflicts between patients occurred. If staff became aware of these, they reacted rapidly and adequately. However, the information gathered during the visit indicates that, given the low staffing levels and inadequate presence of staff on the wards (see paragraph 219), this was not always the case and some episodes remained unnoticed by staff. Further, some female patients on the closed ward indicated that they were afraid of male patients freely entering their rooms.

The CPT must underline that the duty of care which is owed by the authorities to patients in their care includes the responsibility to protect them from other patients who might wish to cause them harm. This means, in particular, that staff should be alert to residents' behaviour and be both resolved and properly trained to intervene when necessary. Further, addressing the issue of inter-patient violence and intimidation requires sufficient staffing levels (including at night-time) to enable staff to supervise adequately the activities of patients and to support each other effectively in the exercise of their tasks.

The CPT recommends that the Hungarian authorities take steps to ensure that staff at Flór Ferenc Hospital are in a position to protect patients from other patients who might cause them harm, in light of the above remarks. Particular efforts should be made to ensure that female patients feel safe in the establishment.

3. Patients' living conditions

203. In both establishments visited, the premises seen by the delegation were on the whole clean, in a reasonable state of repair, well-lit and adequately ventilated.

Patients' rooms were equipped with beds, bedside tables and wardrobes, and were sufficient in size for the number of patients they accommodated: at Flór Ferenc Hospital, most patients were accommodated in rooms for six patients (measuring approximately 34 m^2), and a smaller double-occupancy room measured 17 m^2. At Gróf Tisza István Hospital, double-occupancy rooms measured 11 m^2, rooms for four to five patients measured approximately 23 m^2 and large dormitories for nine patients measured approximately 45 m^2.

204. However, patients' rooms and communal areas in both establishments were generally austere, impersonal and unwelcoming, and lacked colour and decoration.

By letter of 28 July 2023, the Hungarian authorities stated that, to alleviate the "coldness" of the wards, it had been suggested that artwork or photographs of artwork made by patients could be placed on the wards. The authorities also indicated that the existence of nine-bed dormitories is not uncommon in healthcare institutions in Hungary and that, on the positive side, patients benefit from the company of others and can enjoy social life, thus avoiding isolation which could aggravate their state.

The CPT must reiterate in this respect that large-capacity dormitories have a counter-therapeutic, depersonalising effect on residents, compromise their privacy and dignity, impede the creation of a suitable therapeutic and caring environment and do not facilitate the psychological and social rehabilitation of patients. They also may make it more difficult to control the spread of infectious

diseases and thus present a higher risk for the health of patients. Further, while psychiatric establishments should have suitably equipped communal areas where patients can spend time and associate with others, patients should also have an opportunity to retreat to their bedrooms if they so wish.

The CPT recommends that the Hungarian authorities continue their efforts to provide more congenial and personalised environment for patients at Flór Ferenc and Gróf Tisza István Hospitals.

Further, **the CPT recommends that the large nine-bed dormitories at Gróf Tisza István Hospital be partitioned so that patients are accommodated in smaller rooms respecting their privacy and providing an appropriate therapeutic environment; the aim should be to ensure that no room accommodates more than four patients. Consideration could be given to transforming these large dormitories into multi-purpose communal rooms, with direct access to outdoor yards (see also paragraph 206), in which patients could spend time associating with fellow patients and receiving visitors, and in which group therapeutic and recreational activities could take place.**[144] This would imply decreasing the overall capacity of the establishment accordingly.

205. In both establishments, patients accommodated on the closed wards were only provided with spoons to eat their meals and were obliged to wear pyjamas throughout the day. Furthermore, at Flór Ferenc Hospital, the dining room on the closed ward did not have a sufficient capacity and some patients ate their meals sitting in the corridor, with plates on their laps. At Gróf Tisza István Hospital, patients accommodated on the closed ward did not have access to a personal lockable storage space in which to keep their belongings.[145]

The CPT reiterates that individualisation of clothing facilitates the strengthening of personal identity and self-esteem, and should form part of the therapeutic process. Likewise, enabling patients to accomplish acts of daily life – such as eating with proper utensils whilst seated at a table – represents an integral part of programmes for the psycho-social rehabilitation of patients.

The Committee recommends that the Hungarian authorities take steps to ensure that patients accommodated on the closed wards at Flór Ferenc and Gróf Tisza István Hospitals are allowed to wear their own clothes (if necessary, patients should be provided with appropriate non-uniform clothing) and are provided with cutlery to eat their meals. Further, **steps should be taken at Flór Ferenc Hospital to ensure that the capacity of the dining room on the closed ward is sufficient for all patients.** Finally, **patients on the closed ward at Gróf Tisza István Hospital should be provided with personal lockable storage space, to foster their sense of security and autonomy.**

206. In both establishments, patients from the open wards had practically unrestricted access to the parks surrounding the hospitals.

Although there were spacious secure outdoor yards adjacent to the closed wards, with lawns on the ground and equipped with tables, chairs and shelters, patients on these wards had in practice virtually no access to these areas. At Flór Ferenc Hospital, this had been the case (barring some short interruptions) since three years prior to the visit, due to reconstruction works. Although staff at Gróf Tisza István Hospital asserted that patients were taken to the outdoor yards if the weather was nice and if a nurse was available to supervise them, the findings of the visit clearly indicate that this was hardly ever the case due, among other things, to the low number of nurses. Such a state of affairs is unacceptable.

The CPT recommends that the Hungarian authorities take urgent steps to ensure that patients on the closed wards at Flór Ferenc and Gróf Tisza István Hospitals benefit from daily access

144. Outdoor yards attached to the closed wards were accessible through these large dormitories.
145. Wardrobes located in patients' rooms and corridors were mostly used as storage space by staff. Moreover, some locked wardrobes in the rooms were blocked by patients' beds and could by no means be accessed by patients.

to outdoor areas. The aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day unless scheduled activities require them to be present on the ward. Appropriate clothing and footwear should be made available to patients in order to enable them to go outside in all seasons.

207. At Flór Ferenc Hospital, patients who were brought in by ambulance for emergency admission entered through the outdoor yard. The CPT considers that this arrangement is inappropriate as it exposes newly arriving, sometimes agitated patients to other patients who (theoretically) are taking outdoor exercise and may find the situation disturbing.

Moreover, there was no waiting room and, once they had entered the closed ward, new patients had to wait for the arrival of the admitting doctor in a narrow corridor, sometimes handcuffed and held by their arm by a police officer, either standing or sitting on the floor, in full view of other passing patients and staff. Several patients interviewed during the visit stated that such admission had been unpleasant and frightening. Moreover, it may give rise to dangerous situations if new patients are brought in in a state of agitation.

The CPT recommends that the Hungarian authorities take steps to ensure that the arrangements for the admission of new patients at Flór Ferenc Hospital are reviewed, in light of the aforementioned remarks. In particular, newly arriving patients should not be brought in through the outdoor yard adjacent to the closed ward and should not be made to wait in the corridor before their admission medical examination.

208. The communal toilets and shower rooms were in an acceptable state of repair and clean in both establishments. However, most showers seen by the delegation did not have a curtain which would separate them from the rest of the shower room and therefore lacked privacy. **This deficiency should be remedied.**

4. Treatment and care

209. In both establishments visited, patients were thoroughly medically examined upon admission. Reportedly, all injuries observed by the doctor were recorded in their individual medical files. However, the delegation was informed that there was no formal procedure to report injuries indicative of ill-treatment. Reference is made to the recommendation set out in paragraph 201.

210. Patients accommodated on the open ward of Flór Ferenc Hospital were provided, in addition to pharmacotherapy, with a wide range of therapeutic and psychosocial rehabilitative activities. These included psychotherapeutic sessions, sociotherapy, art and bibliotherapy, various creative groups, and movie and relaxation sessions.

211. On the open wards at Gróf Tisza István Hospital, patients were offered sociotherapy groups, occupational therapy (such as minor cleaning duties and maintenance work, work in locksmith and paper workshops, and gardening), creative therapies and music groups.[146] Patients were also offered physiotherapy sessions and traditional festive events were organised for them. However, group psychotherapies had stopped during the Covid-19 pandemic and had not yet restarted at the time of the visit.

Despite these efforts, the fact remained that the majority of patients from the open wards did not participate in any organised activity.[147]

212. The situation was even more problematic on closed wards in both establishments, where treatment was in principle limited to pharmacotherapy and patients spent their days in idleness and sleeping, with TV watching and walking along the corridors being their only activity.

146. There were two smaller separate one-storey buildings close to the psychiatric department which contained workshops and rooms for various group rehabilitative activities.
147. For example, on one particular ward which accommodated 40 patients, only 10-15 of them participated in an organised activity.

Moreover, on the closed ward of Flór Ferenc Hospital, there was no communal room for patients where they could associate with other patients during the day and engage in leisure activities.

213. No treatment plans were drawn up with patients at Flór Ferenc Hospital. At Gróf Tisza István Hospital, nurses prepared care plans but there were no treatment plans prepared by multidisciplinary teams.

214. The CPT considers that treatment of psychiatric patients should involve, in addition to appropriate medication and medical care, a wide range of therapeutic, rehabilitative and recreational activities. It should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients including, with respect to the last-mentioned, the need to reduce any risk they may pose), indicating the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication. Patients should be involved in the drafting of their individual treatment plans and any subsequent modifications, and be informed of their therapeutic progress.

For those patients accommodated in the acute wards, the plan should address the patient's immediate needs and identify any risk factors as well as focusing on treatment objectives and how, in broad terms, these will be achieved. For patients placed in the rehabilitation wards, the plans should identify early warning signs of relapse and any known triggers, and an action plan that a patient and family members/other carers should implement in response to relapse. The plan should also specify the follow-up care.

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that these principles are effectively implemented in practice at Flór Ferenc and Gróf Tisza István Hospitals, and in particular:

- **therapeutic options should be further developed, particular attention being paid to the needs of acute patients; to begin with, and as an absolute minimum, every patient, including those on the closed acute wards, should be offered the opportunity to participate in one organised activity every day and should be motivated by staff to participate;**

- **individual treatment plans should be drawn up for all patients, with the involvement of the patient concerned; a multi-disciplinary approach to the treatment of patients should be adopted and various categories of clinical staff should meet regularly in order to share information and discuss patients' needs and therapeutic progress.**

Further, **the Committee recommends that the necessary arrangement be made on the closed ward of Flór Ferenc Hospital to ensure that patients have a dedicated communal room where they can associate with fellow patients during the day.**

215. With regard to nursing care, at Gróf Tisza István Hospital, there were approximately 14 patients who were confined to their beds, 24 who used adult nappies continually and several patients who required mealtime assistance by nursing staff. These patients were accommodated on all wards.

While the nursing staff made considerable efforts to provide them with the necessary care, it was clear that, given the low staffing levels described below, attending to the very basic needs of these patients occupied a considerable amount of their time. The nursing staff were thus unable to provide sufficient attention and support to other patients, most notably those in the acute phase or recovering from the acute phase. Reference is made to the recommendation set out in paragraph 219 concerning the need to increase staff resources.

Moreover, as acknowledged by staff, patients were assisting nurses in taking care of other patients, including helping with changing adult nappies. The CPT has serious misgivings about the

involvement of patients in taking care of other patients, in particular when this concerns such an intimate task as changing adult nappies. **The Committee recommends that this practice be stopped.**

216. Furthermore, due to the lack of adult nappies, they could only be changed twice a day, rather than whenever necessary. This is unacceptable and may well infringe upon the dignity of the patients concerned.

The CPT recommends that the Hungarian authorities take urgent steps to ensure that a sufficient quantity of adult nappies is available at Gróf Tisza István Hospital and that they are changed whenever necessary.

5. Staff

217. The staff complement at Flór Ferenc Hospital included ten psychiatrists (five fully trained and five residents),[148] four psychologists, 21 nurses (16 of whom worked full-time and five part-time; one nurse was a specialised psychiatric nurse and there were two auxiliary nurses). Seven additional posts of nurses were vacant at the time of the visit. There was also one occupational therapist and it was expected that a "mental health specialist" (that is, a staff member with a university degree who will provide activities and therapies) would be hired as from June 2023 to work 20 hours per week in the establishment.

On working days, the day shift (8 a.m. to 4 p.m.) consisted of eight medical doctors and six members of nursing staff.[149] At night and during the weekend, there was one doctor on duty for the two wards and three nurses.

218. At Gróf Tisza István Hospital, the team was composed of five fully trained and one resident psychiatrists,[150] three psychologists, 49 nurses (including nine psychiatric nurses) and three auxiliary nurses. The department also employed three social workers, one "mental hygiene specialist" and four members of staff who were responsible for the provision of occupational therapy.

The day shift (7.30 a.m. to 3.30 p.m.) on weekdays consisted of four psychiatrists and there was one psychiatrist for the whole department for the rest of the time. Nurses worked in 12-hour shifts; during the day shift (7 a.m. to 7 p.m.), there were three nurses on each of the two closed wards located on the ground floor, three nurses for the two wards on the first floor and the same number of nurses for the two wards on the second floor. At night, there were four nurses on the ground floor, and four together for the first and second floor.

219. The CPT considers that in particular the number of various categories of nursing staff was low in both establishments, which negatively impacted on several areas of their functioning, most notably the staff's inability to intervene in all episodes of inter-patient violence, the lack of access to outdoor exercise, the involvement of patients in the provision of care to other patients, and the frequent use of means of restraint (see paragraphs 202, 206, 215 and 221). This was particularly true for Gróf Tisza István Hospital due to the number of patients confined to their bed and patients who required mealtime assistance by nurses.

By letter of 28 July 2023, the Hungarian authorities informed the CPT that steps were being taken by the establishments to remedy staff shortages and to fill vacancies. More generally, the authorities reassured the Committee that they were committed to ensuring that healthcare workers were valued and that there were ongoing pay rises (the most recent increase having taken place on 1 July 2023) and other incentives to address both retention rates and existing shortages.

The CPT recommends that the Hungarian authorities continue their efforts to address staff shortages at Flór Ferenc and Gróf Tisza István Hospitals. The staffing levels of nursing staff

148. One additional psychiatrist was on long-term leave at the time of the visit.
149. In both establishments, other categories of staff worked during the day on weekdays.
150. Two additional psychiatrists were on long-term leave at the time of the visit.

should be thoroughly reviewed and increased, and the vacant posts of nurses at Flór Ferenc Hospital should be filled.

Further, **the implementation of the recommendation set out in paragraph 214 will require reviewing and increasing the staffing resources of various categories of staff to provide therapeutic and psychosocial rehabilitative activities to patients in both establishments.**

6. Means of restraint

220. The use of means of restraint in psychiatric establishments continues to be regulated by the 1997 Healthcare Act and Governmental Decree 60/2004 (VII.6.) on admission of patients to psychiatric institutions and the use of means of restraint (further referred to as "Decree 60/2004").[151]

This legislation contains a number of important safeguards which should apply when resort is had to means of restraint. In particular, only patients showing "threatening or directly threatening behaviour" may be restrained (with physical, chemical or psychological methods), the restraint may only last for as long as necessary and the least restrictive measure which is necessary to address the threatening behaviour must be chosen. A decision to apply means of restraint must be taken by a doctor, or notified to a doctor immediately, who must then approve the measure within two hours. Throughout the duration of the restraint, the patient's condition must be continuously monitored, which should include the assessment of physical, hygiene and other needs and their satisfaction, according to the patient's condition. The use of means of restraint should be recorded on a data sheet.

In the two establishments visited, patients could be subjected to mechanical restraint (that is, fixation to a bed with belts) and chemical restraint. However, the findings of the visit indicate that the relevant legal provisions were not fully implemented in practice and the delegation identified several additional shortcomings concerning the use of means of restraint.

221. First of all, in the two establishments visited, there was no central register of the use of means of restraint, which would provide a complete and reliable overview of resort to these measures, including its frequency and duration. Instead, use of mechanical restraint was only recorded on individual observation sheets. Chemical restraint was registered on these sheets only if used in combination with mechanical restraint; otherwise, it was merely noted on the temperature chart in individual medical files.

Nevertheless, the information gathered during the visit indicates that resort to means of restraint was relatively frequent in both establishments, an issue closely linked to the low staffing levels of nursing staff.[152] In particular, at Gróf Tisza István Hospital, means of restraint were apparently not always used as a matter of last resort. Instead, restless patients or patients who persistently sought nurses' attention, yet showed no threatening behaviour and did not pose any immediate danger, were mechanically restrained rather than calmed down and provided with professional support and care.

Moreover, at Flór Ferenc Hospital, although the usual duration of mechanical restraint was said to be between 40 minutes and two hours, it became clear during the visit that patients were mechanically restrained for significantly longer periods of time (that is, for up to several hours).[153]

222. It is also a matter of concern that patients in both establishments visited were routinely mechanically restrained in their own multiple-occupancy rooms, in view of other patients.

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151. See Section 192 of the Healthcare Act and Sections 3 to 5 of Decree 60/2004.

152. According to the data provided in the establishments, at Flór Ferenc Hospital in 2023, means of mechanical restraint were used in 143 cases, concerning 47 different patients; in 2022, there were 401 instances of restraint in respect of 157 patients; the figures for 2021 were 308 restraints for 133 patients.
At Gróf Tisza István Hospital, in 2022, there were 118 cases of mechanical restraint (including 73 cases of mechanical restraint combined with chemical restraint). As far as the delegation could ascertain from the examination of a sample of individual observation sheets, the usual duration of restraint in this establishment was up to two hours.

153. A continuous period of mechanical restraint was apparently registered as separate consecutive two-hour episodes.

Although restrained patients were regularly checked by a nurse, there was no direct continuous supervision. Consequently, patients were left fixated to their bed with no therapeutic alliance, no support and care, sometimes alone with their frightening hallucinations and anxiety, and were given adult nappies to comply with the needs of nature. Several patients interviewed during the visit indicated that, when they had been restrained under these circumstances, they felt abandoned, helpless and at the mercy of other patients.

223. The CPT recommends that the Hungarian authorities take the necessary steps to ensure that, at Flór Ferenc and Gróf Tisza István Hospitals, as well as, where appropriate, in other psychiatric establishments in Hungary:

- **patients are only restrained as a measure of last resort to prevent imminent harm to themselves or others. The duration of the use of means of mechanical restraint should be for the shortest possible time (usually minutes rather than hours), and should always be terminated when the underlying reasons for their use have ceased. Means of restraint should never be used for the mere convenience of staff, because of staff shortages or to replace proper care or treatment.**

- **every patient who is subjected to mechanical restraint is under continuous supervision – a qualified member of staff should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide them with assistance. Such assistance may include escorting the patient to a toilet facility or, in the exceptional case where the measure of restraint cannot be brought to an end in a matter of minutes, helping them to consume water and food. Clearly, video surveillance cannot replace such a continuous staff presence. Putting patients in adult nappies or having them use a bedpan in view of other patients may, in the CPT's view, amount to degrading treatment.**

- **patients are not subjected to mechanical restraint in view of other patients;**

- **once the means of restraint have been removed, a debriefing of the patient takes place, to explain the reasons for the restraint, reduce the psychological trauma of the experience and restore the doctor-patient relationship. This also provides an opportunity for the patient, together with staff, to find alternative means to maintain control over him/herself, thereby possibly preventing future eruptions of violence and subsequent restraint.**

- **a specific register is established to record all instances of recourse to means of restraint (including chemical restraint). This will greatly facilitate the management of such incidents, the oversight into the extent of their occurrence and the prevention of similar incidents in the future. This would be in addition to the records contained within the patient's personal medical file. The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered or approved it; staff who participated in the application of the measure; and an account of any injuries sustained by patients or staff.[154]**

Further, **the Committee once again invites the Hungarian authorities to introduce a uniform recording system of any resort to means of restraint in psychiatric establishments.**

154. A more comprehensive overview of the principles which, in the CPT's view, should be respected when resort is had to means of restraint, can be found in the document "Means of restraint in psychiatric establishments for adults (Revised CPT standards)", CPT/Inf (2017) 6.

7. Safeguards

224. In so far as is relevant for the CPT, the legal framework governing the involuntary placement of patients in psychiatric establishments remained unchanged since the visit carried out in 2009.[155]

It should be recalled that under the *emergency medical treatment procedure*, a patient showing "an immediate threatening behaviour" can be hospitalised at a doctor's request; the court should be notified of the hospitalisation within 24 hours of it taking place and must examine whether the doctor's decision was justified within 72 hours of receiving notification. The placement must be reviewed every 30 days.

Under the *mandatory treatment procedure*, the court can order mandatory treatment of a patient showing "dangerous behaviour" but in respect of whom the emergency medical treatment procedure is not justified. The court must render a decision within 15 days of receiving notification and the placement must be reviewed every 30 days.

In the context of the involuntary placement and its review, the court assigns an independent forensic psychiatric expert who is not involved in the patient's medical treatment and hears the patient concerned, who has the right to be represented by a lawyer. If authorised by the patient, the Patients' Rights Advocate may represent the patient. If the patient has no legal or authorised representative, the court assigns a guardian *ad litem*. If involuntary treatment is no longer justified, the patient must be discharged from the establishment.

225. As already stated in the 2009 visit report, the CPT considers that these legal safeguards applicable to involuntary placement in a psychiatric establishment remain satisfactory and the examination of the relevant files showed that they were in principle complied with at Flór Ferenc Hospital.

However, at Gróf Tisza István Hospital, formally voluntary patients were routinely placed on closed wards[156] and even when they wanted to leave the establishment, were prevented by staff from doing so if staff considered that their condition required hospitalisation. If patients "escaped", staff notified the police, who searched for the patient and brought them back, and the patients were placed back on the closed wards, without the involuntary placement procedure being initiated. Moreover, formally voluntary patients were subjected to restraint measures if considered necessary due to their mental state. Reference is also made to the general ban on mobile phones on closed wards described in paragraph 229.

The CPT considers that these patients were *de facto* deprived of their liberty, without benefiting from the legal safeguards accompanying involuntary admission into a psychiatric establishment and its regular review.

Further, the examination of the relevant documentation showed that psychiatrists from the establishment who were not the treating doctor of the patients concerned were routinely appointed as independent court experts in the context of the involuntary placement and its review. This was reportedly due to the lack of psychiatric experts independent of the establishment.

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that at Gróf Tisza István Hospital and, where appropriate, in other psychiatric establishments in Hungary:

- **if the provision of in-patient care to a voluntary patient who wishes to leave the psychiatric establishment is considered necessary, the appropriate involuntary placement procedure provided by the relevant legislation is fully applied;**

155. See Sections 199 – 201 of the Healthcare Act and Section 3 of Decree 60/2004.
156. At the time of the visit, there were 41 patients accommodated on the two closed wards of the establishment. As noted already in paragraph 199, only two of these patients were formally involuntary patients (that is, had been admitted upon a court decision taken under one of the involuntary placement procedures).

- **if the application of restraint to a voluntary patient is deemed necessary and the patient disagrees, the legal status of the patient is reviewed.**

Further, **the Committee considers that, in the context of involuntary placement in a psychiatric establishment and, at reasonable intervals, of its review, commissioning a psychiatric expert opinion independent of the hospital in which the patient is held would offer an additional important safeguard. This is of all the more relevance in respect of patients who have already spent lengthy periods of time in that hospital.**

226. Pursuant to Section 191 (1) of the Healthcare Act, psychiatric treatment should be based on the consent of the patient concerned. However, as long as a patient displays behaviour which gives grounds for involuntary admission, their consent to treatment is not required.

In both establishments, voluntary patients were asked to sign a consent form[157] which included consent to their stay in the establishment and consent to treatment.[158]

However, although staff made efforts in both establishments to provide involuntary patients with information on their treatment, the fact remains that, in line with the aforementioned legal provisions, these patients were not required to give consent to their treatment.

In the CPT's view, consent to hospitalisation and consent to treatment are two distinct issues and patients should be requested to express their position on both of these issues separately.

As a general principle, all categories of psychiatric patient, be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis, be that in the context of civil or criminal proceedings, should not preclude seeking informed consent to treatment. Consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition, the treatment which is proposed and its possible side effects, as well as about the possibility to withdraw consent, and on the condition that the patient concerned has the capacity to give valid consent at the moment when it is sought. Further, it is essential that all patients who have given their consent to treatment are continuously informed about their condition and the treatment applied to them, and that they are placed in a position to withdraw their consent at any time. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances, and should be accompanied by appropriate safeguards. In particular, the relevant legislation should require a second psychiatric opinion (from a psychiatrist not involved in the treatment of the patient concerned) in any case where a patient does not agree with the treatment proposed by the establishment's doctors (even if their guardian consents to the treatment); further, patients should be able to challenge a compulsory treatment decision before an independent outside authority and must be informed in writing of this right.

The CPT recommends that the Hungarian authorities take steps to ensure that the above precepts are effectively implemented in practice at Flór Ferenc and Gróf Tisza István Hospitals, as well as, where appropriate, in other psychiatric establishments in Hungary. In particular, all categories of psychiatric patient, be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment.

157. Admission form for voluntary medical treatment in a psychiatric institution, Annexe No. 1 to Decree 60/2004.

158. The CPT notes positively that admitting doctors were required to assess, in the context of a voluntary admission, and attested with their signature on the consent form, that patients were not incapacitated and that they were not under a guardianship which would exclude the validity of their consent. The delegation was informed that if patients were not considered to be able to give valid consent, an involuntary placement procedure was initiated.

227. The findings of the visit indicate that staff in both establishments made efforts to provide verbally some basic information on the functioning of the wards to patients upon their admission, and house rules were posted on the wards. Moreover, at Flór Ferenc Hospital, voluntary patients were given a "therapeutic contract" to sign, which contained some information on their obligations.

However, no comprehensive written information brochure was provided to patients and their families upon admission and several patients interviewed during the visit told the delegation that they had to rely on the information provided by fellow patients.

Moreover, although patients could lodge complaints with various external bodies, including the Commissioner for Fundamental Rights/NPM (see paragraph 17) and Patient's Rights Advocate (who regularly visited the establishments and with whom patients could request a meeting), several patients interviewed during the visit were unaware of these possibilities.

Furthermore, on 20 October 2022, the NPM carried out a one-day visit to Gróf Tisza István Hospital. However, by the time of the CPT's May 2023 visit, the hospital had not reportedly received the NPM visit report.

The CPT recommends that at Flór Ferenc and Gróf Tisza István Hospitals, as well as, where appropriate, in other psychiatric establishments in Hungary, an information brochure setting out the facility's routine and patients' rights in a simple and accessible language – including information on legal assistance, review of placement (and the patient's right to challenge this), consent to treatment and complaints procedures – be drawn up and issued to all patients on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance, including, where necessary, using alternative modes, means and formats of communication.

Further, **the Committee would like to receive a copy of the report on the October 2022 visit to Gróf Tisza István Hospital carried out by the NPM.**

228. As regards arrangements for patients' contact with the outside world, in both establishments visited, patients could receive visits during several time slots every day, including on the weekend.

However, neither of the establishments had a dedicated visiting facility. This was particularly problematic for patients accommodated on the closed wards, who usually received visits in the ward corridors.[159]

The CPT recommends that steps be taken at Flór Ferenc and Gróf Tisza István Hospitals to set up appropriate facilities in which patients can receive visits. Reference is made in this context to the recommendation set out in paragraph 204 concerning the possible transformation of the large capacity dormitories into multi-purpose communal rooms.

229. Patients on open wards were allowed to keep their mobile phones. However, this was not the case for patients on closed wards who were, as a general rule, only allowed to receive phone calls on the establishments' phones.

Given how much a mobile phone can often be an integral part of a person's daily life, used not just for recreation but to maintain social and community contact and manage day to day activities, unless there are serious security concerns, those patients who have a mobile phone should be allowed at least daily access to it, even if that requires supervision. A patient's access to their mobile phone should only be withheld following a clearly documented clinical risk assessment that confirms its usage would harm the patient's health, place the patient or others at risk of harm or would present serious security concerns.

159. Patients accommodated on open wards could leave the ward and, for example, receive visits in the parks surrounding the hospitals.

In order to offer clarity to patients and staff regarding phone and mobile phone usage on a ward, clinically based guidance via a clear, written, ward-level policy should be adopted and made accessible to patients.

The CPT recommends that the Hungarian authorities ensure that all psychiatric patients are allowed access to a phone or their mobile phone on a daily basis, unless there are serious security contraindications, or there is a lawful and reasoned doctor's order based on an individual risk assessment, or a court order to the contrary. Furthermore, steps should be taken to ensure that there are clear, written and accessible ward-level policies in psychiatric establishments in Hungary.

APPENDIX I

List of the establishments visited by the CPT delegation

Police establishments

- Police Detention Facility in Debrecen (Samsoni Street)
- Police Station in Debrecen (Budai Street)
- Police Station in Nyíregyháza (Stadion Street)
- Police Station in Székesfehérvár (Dozsa György Street)
- Police Detention Facility in Székesfehérvár (Deák Ferenc Street)
- Police Detention facility in Törökszentmiklós.

Establishments operating under the authority of the Hungarian Prison Service

- Judicial Observation and Psychiatric Institute (IMEI), Budapest
- Middle-Transdanubium National Prison (Unit Székesfehérvár)
- Szabolcs-Szatmár-Bereg County Remand Prison, Nyíregyháza
- Tiszalök National Prison

The delegation also went to Budapest Remand Prison (Unit II) in order to interview newly admitted remand prisoners who had recently been in police custody.

Psychiatric establishments

- Psychiatric department of Flór Ferenc Hospital in Kistarcsa
- Psychiatric department of Gróf Tisza István Hospital in Berettyóújfalu.

APPENDIX II

List of the national authorities, other bodies and organisations met by the delegation

A. National authorities and other bodies

Ministry of the Interior

Sándor Pintér	Minister of the Interior
László Felkai	State Secretary for Public Administration
Mátyás Hegyaljai	Deputy State Secretary for European Union and International Affairs
Mónika Herczeg	Head of Department, Department for European Home Affairs Cooperation
Nóra Jakubovich	Head of Unit, Anti-Trafficking and Horizontal Affairs Department
Adrienn Kisné Dr Szabó	Head of Unit, Police Cooperation and Border Management Unit
Melinda Illés	Head of Unit, Public Order Regulation Department
Mátyás Földvári	Expert, Anti-Trafficking and Horizontal Affairs Unit
Cséplőné Gönczi Veronika	Director General, Directorate-General for Social Affairs and Child Protection
Aranka Joó	Deputy Director General, Directorate General for Social Affairs and Child Protection
Ferenc Sidlovics	Head of Department, Department of Institutional Management for Child Protection
Veronika Andráczi-Tóth	Head of Department of Social and Child Welfare Services
Csilla Vizvári	Expert, Department of Social and Child Welfare Services
Noémi Mező	Expert, Department of Social and Child Welfare Services
Ernő Bogács	Head of Unit, Department of Child Protection and Guardianship
Ildikó Pákozdi	Head of Department, European Department of Health, Social Affairs and Public Education
Szilvia Zágori	Head of Unit, Health Care Services Department

National Prison Service

Tamás Tóth	National Commander of the Prison Service

National Directorate General for Aliens Policing

Zsolt Halmosi	Director General
József Seres	Deputy Director General

National Police Headquarters

Róbert Kiss	Deputy Head of Department of Public Order Protection

National Institute of Mental, Neurological and Neurosurgical Medicine

Szabolcs Kéri	Deputy Director General
Zoltán Makkos	Professional Director

Office of the Prosecutor General

András Szűcs	Head of Unit, CPT Liaison Officer

B. Office of the Commissioner for Fundamental Rights (Ombudsperson)

Ákos Kozma	Commissioner for Fundamental Rights (Ombudsperson)
Balázs Könnyid	Secretary General of the Office
Dóra Deák-Kondákor	Head of Department for OPCAT NPM
István Sárközy	Lawyer, Department for OPCAT NPM

C. International organisations

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

D. Non-governmental organisations

Civil Liberties Union (TASZ)
FECSKE Network
Hungarian Helsinki Committee (HHC)
Validity Foundation