

CPT/Inf (2025) 09

## **Report**

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

**from 28 November to 9 December 2023**

The Government of the Slovak Republic has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2025) 10.

Strasbourg, 10 April 2025

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## EXECUTIVE SUMMARY

During the 2023 periodic visit, the CPT delegation examined the treatment and safeguards afforded to persons deprived of their liberty by the police and the treatment of persons in prison and their conditions of detention. Further, it assessed the treatment of persons placed at Hronovce Detention Institute upon whom a measure of detention had been imposed by the court, of involuntary patients in two civil psychiatric facilities and of foreign nationals held at Medved'ov Immigration Detention Facility.

The cooperation received during the visit, both from the national authorities and staff at the establishments visited, was excellent. Further, the Committee welcomes that a number of positive developments have taken place since the last periodic visit carried out in 2018. However, several recommendations made by the CPT after previous visits remained unimplemented.

### *Police custody*

The majority of persons interviewed during the visit stated that they were treated correctly by police officers. However, the delegation did receive some allegations of physical ill-treatment and excessive use of force during apprehension, during the transfer of detained persons to police stations and during their initial registration by police officers. A few allegations were also heard of excessively tight handcuffing and of persons being handcuffed, including to fixed objects, in stress positions for prolonged periods of time in police stations. The CPT recommends that the Slovak authorities pursue their efforts to combat ill-treatment by police officers – unlawful behaviour which undermines the fundamental trust between the police and the public. It also calls upon the Slovak authorities to put an end to the practice of handcuffing detained persons to fixed objects in police establishments.

While noting that the formal institutional independence of investigations into allegations of ill-treatment by police officers (as well as prison officers) has been strengthened since the last visit, the CPT expresses certain reservations whether the new mechanism, the Inspection Service Office, fully complies with the requirement of independence.

As regards fundamental safeguards against ill-treatment, the CPT notes that the information sheets on rights of detained persons have been reviewed and the right of access to a lawyer and the right to notify a third person of one's detention now apply to all categories of person deprived of their liberty by the police, regardless of the precise legal ground for police custody. However, some allegations were heard that detained persons were not duly informed of their rights or that police officers attempted to informally interview them before any information whatsoever had been provided on their rights.

While several persons interviewed by the delegation during the visit confirmed that they had been promptly granted the right of access to a lawyer, a few allegations were received that persons deprived of their liberty had been discouraged by police officers, under various pretexts, from requesting the presence of a lawyer, or that their request had been disregarded.

As regards the right of access to a doctor, the findings of the visit indicate that requests by detained persons to be examined by a doctor were promptly granted by police officers and, in several cases, detained persons were medically examined by a doctor upon the initiative of police officers. However, the information sheets on the rights of detained persons appeared to unduly limit the scope of the right of access to a doctor to cases in which coercive means have been used. Moreover, it was still the case that police officers systematically remained present during medical examinations of detained persons.

The CPT notes that the relevant legislation contains a number of safeguards concerning juveniles deprived of their liberty by the police. However, while juvenile suspects benefit from the general right of access to a lawyer, it remains the case that the obligation to be represented by a lawyer only applies once the juvenile concerned has been formally declared "accused". The CPT reiterates its recommendation that, given their particular vulnerability, juveniles deprived of their liberty are never subjected to police questioning or requested to make any statement or to sign any document concerning the offence(s) they are suspected of having committed without the presence of a lawyer and, in principle, a trusted adult person.

Material conditions in the police custody cells seen by the delegation were adequate. However, despite the fact that so-called “designated areas”, small holding facilities intended for short-term detention, are neither intended, nor equipped for overnight stays, the delegation heard a few allegations that persons had been placed in these facilities overnight.

### *Prison establishments*

The CPT welcomes legal amendments which have been adopted since the last visit and which improved the situation of remand prisoners and life-sentenced prisoners; it requests more information on planned amendments which will concern the situation of sentenced prisoners in general.

Despite the fact that there had been a slight decrease in the prison population since the last visit and that the prison system as a whole operated below its official capacity, the delegation still observed cramped conditions in some cells and the prison population rate belongs among the highest in Europe.

At Žilina Prison, the delegation received no allegations of physical ill-treatment of prisoners by staff. Although a few allegations of physical ill-treatment (such as slaps and kicks) were made by the interviewed prisoners at Hrnčiarovce nad Parnou Prison, the vast majority of prisoners interviewed by the delegation stated that they were treated correctly.

In contrast, the situation at *Ružomberok Prison* was a matter of serious concern to the CPT. A number of prisoners interviewed during the visit made allegations of physical ill-treatment by certain prison officers, including slaps, punches, kicks and blows with telescopic batons. The alleged ill-treatment was said to take place in particular in the unit holding prisoners under the maximum guarding level, internal classification C, in areas not covered by CCTV.

Reference is made in the report to one specific case of a prisoner who had allegedly been the subject of repeated beatings by particular prison officers. Following the request made by the delegation at the end of the visit, the Slovak authorities carried out an inquiry into this case and, more generally, into the situation in this prison. However, the CPT points out that the information provided fails to fully address its concerns and requests a copy of the investigation file. Moreover, the Committee recommends that prison officers at Ružomberok Prison are given a firm message, to be repeated at regular intervals, that any form of ill-treatment of prisoners, including verbal abuse, is unlawful, unprofessional and unacceptable, and will be sanctioned accordingly.

As regards material conditions, the state of repair was adequate at Hrnčiarovce nad Parnou Prison and was acceptable overall at Ružomberok Prison, and the CPT welcomes the plans to refurbish Žilina Prison where material conditions were sub-standard at the time of the visit.

At Ružomberok Prison and in the cells holding remand prisoners at Žilina Prison, most cell windows were fitted with opaque plastic panes which obstructed access to natural light and ventilation, as well as any outside view, generating an oppressive effect. Moreover, at Žilina Prison, prisoners were offered outdoor exercise in small cubicles (measuring between 13 and 16 m<sup>2</sup>) in which any genuine physical exertion was inconceivable.

The delegation gained a positive impression overall of the regime activities provided to the majority of sentenced prisoners held in the three establishments visited. Concerning remand prisoners, those held under the mitigated regime at *Žilina Prison* were free to move within their units during the day and staff made efforts to provide these prisoners with organised activities. However, the regime for remand prisoners who were held under the standard regime in this establishment and for non-working sentenced prisoners under the maximum guarding level at *Ružomberok Prison* remained impoverished; these prisoners were locked in their cells for up to 23 hours per day and, despite efforts made by staff to provide some activities, spent most of the time in idleness. The Committee recommends that the Slovak authorities pursue their efforts in order to increase the number of prisoners engaged in work and organised activities.

As regards the provision of healthcare, it is positive that necessary medication and equipment were available in all three establishments visited and all newly admitted prisoner were thoroughly medically screened. However, several recommendations made by the CPT after previous visits remained unimplemented. This concerned in particular the recording of injuries (which remained incomplete in many cases), the insufficient presence of nurses in the establishments and the resulting problem of distribution of medication by custodial officers, the presence of custodial staff during medical examinations and the provision of healthcare to prison officers by prison healthcare staff.

### *Immigration detention*

The delegation visited the Medved'ov immigration detention centre, which accommodated 78 persons at the time of the visit.

It received two allegations of physical ill-treatment of detained foreign nationals by staff which consisted of punches reportedly inflicted to enforce obedience. Another, similar allegation was being investigated by the criminal police at the time of the visit. The CPT recommends that it be strongly reiterated to staff that all forms of ill-treatment are unlawful, unprofessional and unacceptable, and will be sanctioned accordingly.

As regards material conditions, the facility was of a carceral appearance and the building used for accommodating foreign nationals was in a poor state of repair. While the management had made requests for repair and the delivery of new material, no positive responses had been received at the time of the visit. A rolling programme of refurbishments should be put in place in the centre. Further, the Slovak authorities are asked to offer detained foreign nationals the possibility to wear their own clothes and to improve the variety of meals and portions of food.

Immigration detainees should be afforded a regime which is appropriate to their legal status, with limited restrictions in place and a varied offer of activities. However, no activities were in place at the centre since a project ran by an NGO had ended more than a month before the visit. In that respect, immediate measures must be taken to ensure that activities are made continuously available at Medved'ov as well as in the other immigration centres operating in the country.

While arrangements concerning the provision of healthcare were on the whole satisfactory, detection of injuries upon admission was inadequate. The report formulates several recommendations aimed at improving detection, by *inter alia* recording, of any signs of injuries. Further, at the moment of the visit, access to specialist care appeared to be difficult and the presence of a psychologist in the centre was insufficient. The Slovak authorities are recommended to remedy these shortcomings.

The Committee also recommends that steps be taken to improve access to information to detained foreign nationals regarding the status of their case, and to ensure the presence of staff to communicate with them. While mobile phones were systematically taken away from detained foreign nationals by staff upon arrival, the Slovak authorities are encouraged to ensure that all of them can have daily contact with the outside world and preferably to be allowed to keep their own mobile phones. Finally, measures should be taken to ensure that detained foreign nationals who did not lodge a request for asylum have access to legal aid and that, overall, provision of legal aid to detained foreign nationals is rendered more effective in practice.

## *Forensic psychiatric establishments*

The Committee visited the Hronovce Detention Institute, the first forensic psychiatric establishment of the country built to accommodate persons upon whom a detention measure was imposed by court based on Section 81 of the Slovak Criminal Code.

During the visit, there were 16 patients accommodated in the Institute and the delegation received no allegations of physical ill-treatment of patients by staff. While inter-patient violence occurred, it appeared that staff responded promptly and adequately to these incidents.

Regarding material conditions, the buildings were clean, offering good access to natural and artificial lights. Nevertheless, concrete steps should be taken by the authorities to create a more therapeutic environment, including by providing patients visual stimulation in their rooms and communal areas.

The Committee is particularly critical of the excessive focus on security, with an abundance of CCTV cameras, including in all patients' rooms. The Committee considers that decisions to impose CCTV surveillance in a patient's room should always be based on the existence of serious health or security concerns, established on an individual risk assessment, and should be reviewed on a regular basis. Further, the frequent strip searches of patients should be drastically reduced and based on an individual risk assessment.

The report formulates several recommendations regarding the treatment of patients placed in the two operational treatment units of Hronovce (red and orange treatment units). The Committee calls for an increase in the range of activities offered to patients placed in the red treatment unit, the unit with the highest security level, tailored to their needs. Further, the Committee recommends reviewing the approach of conducting all consultations and activities through bars in the red treatment unit. It should also be ensured that medical examinations of detained patients are always conducted out of the hearing and, unless the healthcare professional concerned expressly requests otherwise, out of sight of staff without healthcare duties.

Concerning the treatment plans for patients, efforts should be undertaken to ensure that they are comprehensively drawn up and regularly reviewed, with the involvement of the patient concerned. In this regard, all relevant information, including collected by other services must be communicated to the management of the institute upon placement of a new patient. Further, the Committee recommends that the pharmacotherapy treatment of certain patients be immediately reviewed, and that free and informed consent be obtained from patients before administering anti-androgen treatment. In general, consent to treatment should be sought from patients, when in a position to give their consent.

The delegation examined resort to means of restraint in the institute, which did not appear to be excessive. However, the report calls for measures to be taken to ensure that every patient subjected to mechanical restraint is under continuous direct supervision by a qualified member of staff.

Concerning safeguards, the Slovak authorities must ensure that all court decisions ordering detention of patients at Hronovce are duly motivated and that all persons subject to such proceedings receive mandatory legal representation. Patients must be better informed about the applicable procedure and the possibility to file requests for discharge as well as the length of their placement in detention. Information brochure setting out the facility's routine and the patients' rights must be drawn up in a simple and accessible language and distributed to all patients upon admission as well as their families and lawyers.

## *Psychiatric establishments*

The delegation carried out a full visit to the psychiatric department of Rožňava Hospital (Rožňava psychiatric department) and a follow-up visit to the psychiatric department of Bratislava University Hospital – Hospital of Saints Cyril and Methodius (Bratislava psychiatric department).

The patients interviewed by the delegation made no allegations of ill-treatment by staff. While inter-patient violence would occasionally occur in both establishments, staff generally reacted rapidly and adequately.

Patients' living conditions were satisfactory in both establishments visited. However, due attention should be paid to the decoration of patients' rooms and measures must be taken to ensure that all patients are provided with a personal, lockable space in which they can store their belongings. At Bratislava psychiatric hospital, the CPT recommends ensuring that all patients are offered daily access to outdoor exercise, with appropriate supervision or security if required.

As regards patients' treatment, the delegation found that patients were offered proper treatment but that their treatment plans lacked an individualised and multidisciplinary approach. Further, patients should be involved in the drawing up of their treatment plans. The Committee recommends that the Slovak authorities address and remedy these shortcomings.

Concerning electro convulsive therapy (ECT), it is positive that the Slovak authorities adopted national guidelines on ECT in 2020 imposing dedicated registers for its use in all psychiatric establishments. However, the Committee finds that at Rožňava psychiatric department, recourse to ECT was frequent, and not always applied in conformity with the applicable national guidelines. The Committee recommends that the Slovak authorities ensure that ECT is used in strict conformity with the national guidelines.

Administering ECT without the patient's consent should only apply in specific defined situations, namely i) when the patient lacks decision-making capacity, ii) when the patient is in an acute life-threatening situation and that ECT is necessary to save the life of the patient, and iii) when all alternative treatments have proven to be ineffective on the patient. These cumulative conditions should be clearly and strictly defined by law.

A new statutory framework on the use of means of restraint had been adopted since the 2018 CPT visit, which foresees that net-beds are to be banned as of 1 January 2025. At Rožňava psychiatric department, there were seven net-beds in use at the moment of the visit. The Committee recommends that the Slovak authorities take the necessary steps to ensure that net-beds are indeed withdrawn from service in all psychiatric hospitals in the Slovak Republic by 1 January 2025 at the latest and to find less restrictive alternatives.

In the report, the Committee also makes several recommendations regarding the application of means of restraints, including to ensure that their duration is for the shortest possible time and that patients subjected to mechanical restraints benefit from the continuous, direct and personal supervision by a qualified staff member. Written guidelines should also be adopted on the use of movement-restricting measures, which were not considered by staff as measures falling within the scope of the legal provisions on the use of means of restraint.



## 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 the Slovak Republic from 28 November to 8 December 2023. It was the Committee’s seventh visit to the Slovak Republic.<sup>1</sup>

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

- Marie Kmecová (Head of Delegation)
- Gergely Fliegauß
- Helena Papa
- Asbjørn Rachlew
- Aleksandar Tomčuk
- Elsa Bára Traustadóttir.

3. They were supported by Petr Hnátík and Vera Manuello of the CPT Secretariat, and assisted by:

- Marzena Ksel, medical doctor, former Head of the Medical Department of the Prison Service, Poland (expert)
- Peter Bajčík (interpreter)
- Dagmar Hajková (interpreter)
- Tomáš Holička (interpreter)
- Ivo Poláček (interpreter)
- Pavol Šveda (interpreter).

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

5. The report on the visit was adopted by the CPT at its 114th meeting, held from 1 to 5 July 2024, and transmitted to the authorities of the Slovak Republic on 4 September 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 Slovak 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.

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

6. In the course of the visit, the delegation held consultations with Pavol Gašpar, State Secretary of the Ministry of Justice, Lucia Kurilovská, State Secretary of the Ministry of the Interior, Michal Štofko, State Secretary of the Ministry of Health, Michal Sedliak, Director General of the Prison Service, and Ľubomír Solák, President of the Police Force, as well as other senior officials from the ministries and services concerned.

The delegation also met Róbert Dobrovodský, Public Defender of Rights (Ombudsperson), Jozef Mikloško, Commissioner for the Rights of Children, and Zuzana Stavrovská, Commissioner for Persons with Disabilities, and senior representatives of their offices. Meetings were also held with representatives of non-governmental organisations active in areas of concern to the CPT.

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

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1. The visit reports and the responses of the Slovak authorities on all previous visits are available on the CPT’s website: <https://www.coe.int/en/web/cpt/slovak-republic>.

7. The CPT received excellent cooperation during the visit, both from the national authorities and staff at the establishments visited. 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 those persons with whom it wished to speak and was provided with the information necessary for carrying out its task.

The Committee also wishes to express its appreciation for the assistance provided to its delegation before, during and after the visit by the CPT liaison officers appointed by the Slovak authorities, Ms Kristína Kročková and Ms Natália Prítyi Kochanová, of the Ministry of Justice.

8. The CPT recalls that the principle of cooperation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in light of the CPT recommendations.

In this respect, the Committee welcomes that a number of positive developments have taken place since the last periodic visit carried out in 2018. In particular, a legal basis has been provided for the establishing of a National Preventive Mechanism, a new security detention institute has been taken into service (see, however, the reservations set out in section II.D. of this report), the institutional framework for investigation into allegations of ill-treatment by police and prisons officers of persons deprived of their liberty has been strengthened, and the legislation concerning remand detention has been amended to improve the situation of this category of prisoner. These developments are discussed in the relevant parts of this report.

However, several recommendations made by the CPT after previous visits remain unimplemented, such as those on handcuffing of detained persons to fixed objects in police facilities, recording of injuries by healthcare staff, distribution of medication in prisons by custodial staff and effective implementation in practice of legal safeguards surrounding involuntary placement in psychiatric facilities (see paragraphs 20, 80, 76 and 290-291).

The CPT trusts that the Slovak authorities will pursue their efforts and take additional steps to implement the recommendations set out in this report, in order to further improve the situation of persons deprived of their liberty and enhance their protection against ill-treatment.

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

9. During the end-of-visit talks with the Slovak authorities, on 8 December 2023, the delegation outlined the main findings of the visit. On that occasion, it made three immediate observations under Article 8, paragraph 5, of the Convention. The Slovak authorities were requested to:

- take urgent steps to ensure that a person held at Medved'ov Immigration Detention Facility is examined by a psychiatrist and provided with adequate care in a suitable environment, within or outside that establishment;
- take immediate steps to guarantee the safety of a particular prisoner held at Ružomberok Prison, for example by transferring him to a different establishment;
- carry out an independent inquiry into the allegations of ill-treatment of prisoners by prison officers at Ružomberok Prison, in particular in the unit holding prisoners under the maximum guarding level, internal classification C.

The Slovak authorities were requested to provide, within one month in respect of the first two immediate observations and within two months in respect of the third immediate observation, an account of the steps taken to implement these requests.

10. The immediate observations were confirmed by letter of 20 December 2023 when transmitting the delegation's preliminary statement to the Slovak authorities.

On 19 January and 15 February 2024, 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 this report.

## **D. Publication of future CPT reports and government responses**

11. The CPT welcomes that the Slovak authorities have systematically followed the practice of requesting the publication of the Committee's visit reports and their corresponding government responses, and of making them available in Slovak.

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 yet done so to request the automatic publication of future CPT visit reports and their related government responses.<sup>2</sup>

**The CPT invites the Slovak authorities to consider authorising in advance the automatic publication of all future CPT visit reports concerning the Slovak Republic and their related government responses, subject to the possibility of delaying publication in a given case.**

## **E. National Preventive Mechanism**

12. At the time of the 2018 visit, the accession of Slovakia to the Optional Protocol to the United Nations Convention against Torture (OPCAT) and the subsequent establishment of a National Preventive Mechanism (NPM) was being considered at national level. In the 2018 visit report, the CPT expressed its trust that the Slovak authorities would continue their steps to accede to the OPCAT and to set up a National Preventive Mechanism which would fully comply with the requirements laid down by the OPCAT and the Guidelines<sup>3</sup> established by the United Nations Subcommittee on Prevention of Torture (SPT).

13. It is positive that through an amendment to the Act on the Public Defender of Rights,<sup>4</sup> a legal basis has been created for the establishing of the NPM. The NPM is composed of three already existing bodies for the protection of human rights: the Public Defender of Rights (Ombudsperson), the Commissioner for the Rights of Children, and the Commissioner for Persons with Disabilities, with the Ombudsperson having a coordinating role.

14. Although the NPM has the authority to carry out unannounced visits to places where persons are or may be deprived of liberty, with a view to strengthening their protection against ill-treatment, the exact modalities of the functioning of the NPM had not yet been clarified at the time of the 2023 visit.

**The CPT would like to be informed of any developments concerning the functioning of the NPM, including as to what measures have been put in place to ensure that the NPM fully complies with the requirements laid down by the OPCAT and the Guidelines established by the United Nations Subcommittee on Prevention of Torture (SPT), most notably as regards the provision of sufficient resources to effectively carry out its NPM mandate.<sup>5</sup>**

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2. For example, reference is made to the recently adopted [Resolution 2528 \(2024\)](#) of the Parliamentary Assembly of the Council of Europe (PACE) on "Allegations of systemic torture and inhuman or degrading treatment or punishment in places of detention in Europe", in which the PACE called on States Parties to the ECPT to agree in advance to the automatic publication of all CPT visit reports, as many states have already done (Section 10.1 of the Resolution).

3. Guidelines on National Preventive Mechanisms: Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 2010 ([CAT/OP/12/5](#)).

4. Law no. [110/2023](#), amending [Law no. 564/2001](#). The amendments entered into force on 1 May 2023.

5. In this connection, reference is made to paragraph 32 of the abovementioned UN SPT Guidelines on National Preventive Mechanisms, which reads 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".

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

### A. Police custody

#### 1. Preliminary remarks

15. Insofar as is relevant for the CPT, the legal provisions governing the time-limits for the deprivation of liberty by the police have remained unchanged since the 2018 visit.

It is recalled that, according to the relevant legislation as in force at the time of the visit, the case of a detained criminal suspect must be brought to the attention of a court within 48 hours of their deprivation of liberty (for criminal offences related to terrorism within 96 hours). When a person is arrested under a warrant issued by a court, their case must be brought to the attention of a court within 24 hours. In both cases, the court must then hear the detained person and remand them in custody or order release, within 48 hours (within 72 hours for certain particularly serious criminal offences).<sup>6</sup>

The police may also apprehend a person according to Section 19 of the Police Act for a maximum of 24 hours, for example if the person poses an immediate threat to their own or another person's life or health, or to property, if the person is caught in the act of committing a minor offence, or if a person is at the scene of the crime immediately after it has been committed and it is necessary to establish their connection with the same. Further, a person may be deprived of their liberty on other grounds, such as for identification purposes, for up to 24 hours (Section 18 of the Police Act) or to provide an "explanation"<sup>7</sup> at a police station (Section 17 of the Police Act).

16. The information gathered during the visit, notably from the relevant registers and individual files of detained persons in the police establishments visited and from interviews with detained persons, confirmed that these time-limits were observed in practice.

#### 2. Ill-treatment

17. The majority of persons interviewed during the 2023 visit who were, or recently had been, in police custody stated that they were treated correctly by police officers. Further, no allegations of physical ill-treatment were received with regard to the time detained persons were being questioned by officers from the criminal police.<sup>8</sup>

However, the delegation heard some allegations of physical ill-treatment and excessive use of force during apprehension, even once the person concerned had been brought under control and had been handcuffed. Further, in a few cases, slaps on the face, punches to various parts of the body and a kick in the ribs were allegedly also received during the transfer of detained persons to police stations and during their initial registration by police officers.

The delegation also heard a few allegations of excessively tight handcuffing upon apprehension and of persons being handcuffed, including to fixed objects, in stress positions<sup>9</sup> for prolonged periods of time in police stations, and of verbal abuse of detained persons by police officers.

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6. Sections 73 and 85 to 87 of the Criminal Procedure Code.

7. That is, in the event that a person is expected to be able to contribute to the clarification of circumstances which are of importance in order to uncover a criminal offence, a minor offence or an administrative offence and to identify its perpetrator, as well as to find wanted individuals or objects. If the person is "brought in" to a police station under this provision, the necessary procedural steps must be carried out immediately and the person must be released or handed over to another authority (see Sections 17 (3) and (7) of the Police Act).

8. See, however, paragraph 36, as regards the conduct of police interviews.

9. For example, handcuffed to a rail above the head.

18. In a few cases, detained persons interviewed by the delegation displayed injuries which were consistent with the allegations of ill-treatment, or injuries consistent with the allegations were recorded upon admission to prison. For example, a person who alleged having been punched in the face by a police officer had displayed a bruise under his right eye at the time of admission to remand prison, which was visible on the picture taken for administrative purposes upon admission); another person who alleged excessively tight handcuffing still had dark red parallel linear marks on both wrists when met by the delegation three months later.

19. In light of these findings, **the CPT recommends that the Slovak authorities pursue their efforts to combat ill-treatment by police officers, unlawful behaviour which undermines the fundamental trust between the police and the public. The authorities should once again deliver a clear message, repeating it at regular intervals, including during regular trainings, to all police officers that:**

- **any form of ill-treatment of persons deprived of their liberty, including verbal abuse, is unlawful, unprofessional and unacceptable, and will be punished accordingly;**
- **no more force than is strictly necessary is to be used when carrying out an apprehension and that, once apprehended persons have been brought under control, there can be no justification for striking them;**
- **when it is deemed necessary to handcuff a person, the handcuffs should under no circumstances be excessively tight<sup>10</sup> and should be applied only for as long as is strictly necessary;**
- **persons deprived of their liberty by the police should never be handcuffed in stress positions (see also the recommendation set out in paragraph 20).**

20. Since its very first visit in 1995, the CPT has repeatedly expressed its serious concern about the continued practice of handcuffing detained persons to wall fixtures or similar objects in police establishments.<sup>11</sup> During the 2018 visit, the delegation once again found such wall fixtures (for example, rings, handles and special rails on benches) in a number of the police establishments visited, sometimes in corridors and, in several cases even inside the so-called “designated areas” (see).<sup>12</sup>

During the 2023 visit, the authorities informed the delegation that the possibility of handcuffing detained persons had been retained in Section 52 (2) of the Police Act. However, pursuant to an Order of the President of the Police issued following the CPT 2018 visit,<sup>13</sup> resort to this measure is only authorised if strictly necessary on the basis of an individual risk assessment, for the shortest possible time, and only if the person concerned cannot be placed in a “designated area”. Moreover, according to the authorities, wall fixtures have been removed from all “designated areas” fitted with bars.

The CPT notes in this respect that, as already indicated above, a few persons met during the visit stated that they had recently been handcuffed to fixed objects in police establishments. Moreover, the “designated area” at Rožňava Police Station was still fitted with a loop on the wall for handcuffing of detained persons.

The CPT must reiterate that, as a matter of principle, the practice of handcuffing a person to a fixed object – especially within a secured area (such as the “designated areas”) is inappropriate and could

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10. It should be noted that excessively tight handcuffing can have serious medical consequences (for example, sometimes causing a severe and permanent impairment of the hand(s)).

11. For example, when detained persons became aggressive or while waiting for police interviews or for police officers to finalise paperwork.

12. That is, small holding facilities intended for short-term detention (see also paragraph 41).

13. Order no. 111/2019 of the President of the Police Force on the implementation of the recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) (further referred to as “Order no. 111/2019 of the President of the Police Force”).

amount to degrading treatment. Moreover, handcuffing detained persons to fixed objects is an outdated practice, impeding the development of contemporary professional policing.

In the event of a person in police custody acting in a highly agitated or violent manner, the use of handcuffs may be justified. However, the person concerned should never be shackled to fixed objects. Instead, the person should be kept under close supervision in a secure setting and, if necessary, police officers should seek medical assistance and act in accordance with the doctor's instructions.

Further, every police facility where persons may be deprived of their liberty should be equipped with one or more rooms designated for detention purposes and offering appropriate security arrangements. Corridors should not be used as *ad hoc* detention facilities.

While noting the steps taken so far, **the CPT once again calls upon the Slovak authorities to take further measures – including at legislative level – to put an end to the practice of handcuffing detained persons to fixed objects in police establishments. All wall fixtures or similar objects for attaching persons should be removed from police establishments, including from all “designated areas”.**<sup>14</sup>

21. Since the 2018 visit, the formal institutional independence of investigations into allegations of ill-treatment by police officers (as well as prison officers) has been strengthened.

As from 1 February 2019, the Control and Inspection Service of the Ministry of the Interior was replaced by a newly created body – the Inspection Service Office (“*Úrad inšpekčnej služby*”). The Inspection Service Office has the status of a special police unit, with territorial competence covering the entire Slovak Republic, and is responsible for the identification and investigation of criminal offences committed by, *inter alia* police and prison officers. Pursuant to Section 4a of the Police Act, the responsibility for the management and functioning of the Inspection Service Office is vested in the director of the Office who reports directly to the Government of the Slovak Republic.<sup>15</sup> Moreover, the competence to supervise their investigations was shifted up from the District to Regional Prosecutor's Office.

While this would appear to be a step in the right direction, the CPT also notes that several interlocutors consulted in the context of the visit considered that the Inspection Service Office was still not fully independent of the Police Force. Moreover, the authorities confirmed that in terms of financial, human and technical resources, the Office operated under the authority of the Ministry of the Interior.

22. As already underlined in the report on the 2013 visit,<sup>16</sup> for an investigation into possible ill-treatment to be effective (and perceived to be effective), it is essential that the persons responsible for carrying it out are independent from those implicated in the events. Ideally, those entrusted with the operational conduct of the investigation should be completely independent of the agency implicated.<sup>17</sup>

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14. See also [Recommendation](#) CM/Rec(2021)2 of the Committee of Ministers to member States on measures against the trade in goods used for the death penalty, torture and other cruel, inhuman or degrading treatment or punishment, which regards, *inter alia* cuffs for restraining human beings, designed to be anchored to a wall, floor or ceiling as “inherently abusive goods and equipment” and requires member states to take measures to prevent and prohibit their import, export or transit, from, to or through their jurisdiction. Further, they should be included on a list of prohibited goods and equipment which should be established by member states and their stock should be destroyed (paragraphs 1.2, 1.3, 1.4 and Appendix 1 to the Recommendation).

15. Under the previous arrangements, the head of the Control and Inspection Service of the Ministry of the Interior was subordinated to the Minister of the Interior.

16. See [CPT/Inf \(2014\) 29](#), paragraph 15.

17. Indeed, such investigations must also comply with the requirement of thoroughness, comprehensiveness, promptness and expeditiousness.

The CPT also refers to the relevant case law of the European Court of Human Rights,<sup>18</sup> in which the Court considered that the fact that the head of the Police Inspectorate (that is, a body carrying out investigation into allegations of ill-treatment by police officers) was appointed by, and responsible to, the Government, and not to the Minister of the Interior, increased the independence of the body. However, the Court also took into account that members of the Police Inspectorate remained police officers who had been called to perform duties in the Ministry of the Interior. This fact alone considerably undermined their independence vis-à-vis the police. Further, the Court noted that while the prosecutor supervising the investigation by the Police Inspectorate was independent from the police, his merely supervisory role was not sufficient to make the police investigation comply with the requirement of independence.

Consequently, the Court concluded that, in that particular case, the investigation did not comply with the requirements of an effective investigation under Article 3 of the European Convention on Human Rights<sup>19</sup> and that there had been a violation of that provision in its procedural aspect.<sup>20</sup>

In light of these considerations, the CPT has certain reservations whether the new mechanism for investigations into allegations of ill-treatment by police officers (as well as prison officers) fully complies with the requirement of independence.

**The CPT would like to receive information from the Slovak authorities whether additional steps are considered to further strengthen the institutional framework of investigations into allegations of ill-treatment by police (and prison) officers and to guarantee its full independence.**

### 3. Safeguards against ill-treatment

#### a. introduction

23. As regards the practical operation of fundamental safeguards against ill-treatment for persons deprived of their liberty by the police (that is, the rights of access to a lawyer and doctor, and the right to inform a third person of the detention, as well as the right to be informed of these rights), the findings of the visit indicate that certain improvements have been made since the last periodic visit carried out in 2018.

In particular, the information sheets on these rights have been reviewed and the right of access to a lawyer and the right to notify a third person of one's detention now apply to all categories of person deprived of their liberty by the police, regardless of the precise legal ground for police custody.

However, further efforts are needed to ensure that these rights can be effectively enjoyed in practice by all detained persons from the very outset of their deprivation of liberty.

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18. See [Kummer v. the Czech Republic](#), no. 32133/11, 25 July 2013, paragraphs 85-88.

19. The Court also expressed concerns about the lack of diligence and promptness of the investigation in this particular case.

20. Moreover, in its [2020 report on Slovakia](#) (paragraph 106), the Council of Europe's European Commission against Racism and Intolerance (ECRI) stated the following: "While the head of the [Inspection Service Office] answers directly to the government, the [Inspection Service Office] is still located on the premises of the Ministry of the Interior and depends on its budget. ECRI regrets finding that this department still lacks independence and is still located within the police, while victims of alleged abuse and violence by the police are generally reluctant to lodge complaints with institutions that cooperate closely and on a daily basis with the police. For that reason, ECRI considers that the authorities should take further measures and substantially reinforce the independence of the [Inspection Service Office] or task an independent outside body, allocated adequate funding, with carrying out investigations in this area."

b. information on rights

24. The relevant legislation contains several provisions which lay down the obligation to inform persons deprived of their liberty by the police of their rights, whether the deprivation of liberty was carried out pursuant to the Police Act or the CCP.<sup>21</sup>

For each legal ground for deprivation of liberty (see paragraph 15), a separate information sheet on rights of detained persons was available in several languages in the police establishments visited. It is positive that these information sheets have been reviewed since the last visit and now, in principle, inform detained persons of all their rights, including the three aforementioned fundamental safeguards against ill-treatment advocated for by the CPT (see, however, paragraph 31). In particular, unlike in the past, the right of access to a lawyer and the right to notify a third person of one's detention is now explicitly mentioned in all information sheets covering the different legal grounds for deprivation of liberty.<sup>22</sup>

Nevertheless, it remained the case that in some of the police establishments visited, information sheets entitled "Information on rights of a suspect" ("*Poučenie o právach podozrivej osoby*") which did not indicate the precise legal ground for the deprivation of liberty, were still available. As already pointed out in the 2018 visit report,<sup>23</sup> these information sheets would appear to be outdated and contain potentially misleading information to the effect that the person concerned only has the right to emergency medical care and that the right to notify a third person only becomes effective if the person is remanded in custody.

**The CPT recommends that these information sheets be either updated to contain comprehensive and correct information.**

25. While several persons interviewed during the visit confirmed that they were informed of their rights in writing shortly after arrival in the first police station and were allowed to keep a copy of the information sheet, this would still appear not to be a systematic practice – some allegations were heard that detained persons were simply given a pile of documents to sign, without having time to acquaint themselves with their contents and without their rights being explained to them, or that they were not allowed to keep a copy of the information sheet.<sup>24</sup> Further, the delegation received a few allegations that written information on rights was only provided after the first interview by police officers. Consequently, detained persons were not fully aware of their rights during police custody and police interviews.

Moreover, a few persons alleged that while they had been transported to a police station upon their apprehension, police officers attempted to interview them informally about the offence of which they had been suspected before any information whatsoever had been provided on their rights and before they had been given the opportunity to exercise them.

**The CPT recommends that the Slovak authorities pursue their efforts to ensure that all persons deprived of their liberty 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 simple and accessible language.**

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21. See, for example, Section 8 (2) of the Police Act and Sections 34 (5) and (6), 121 (2) and 122 (1) CCP.

22. During several previous visit, these rights were not indicated in information sheets for persons deprived of their liberty under other sections of the Police Act than Section 19 and, in practice, these persons were not systematically considered to have these rights.

23. See [CPT/Inf \(2019\) 20](#), paragraph 25.

24. Although information sheets with certain rights of persons placed in a police custody cell were displayed in most cells seen by the delegation, the information concerned the regime and rights and obligations of persons placed in cells, not fundamental safeguards against ill-treatment.



**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 upon 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, by using alternative modes, means and formats of communication.**

Further, **detained persons should be given (and allowed to keep) a copy of the information sheet, including once they have been placed in a police custody cell.**

In addition, **police officers should not seek to interview, whether formally or informally, persons deprived of their liberty about the offence of which they are suspected before the persons concerned are duly informed of their rights (and given the opportunity to exercise them).**

c. notification of custody

26. Under Section 19 (5) of the Police Act, persons apprehended by the police have the right to request that a third person be notified of their apprehension (see also paragraphs 23 and 24).

As regards criminal suspects, Section 34 (4) CCP guarantees this right to persons who have been formally declared “accused” (that is, usually after preliminary questioning by the police). Further, Section 85 (5) extends this right to apprehended persons who are being questioned by police officers but who have not yet been declared “accused”.

However, it remains the case that under Section 34 (4) CCP, exceptions to the right of notification of custody to a third person may be taken under the sole responsibility of the police investigator in charge.<sup>25</sup>

The CPT acknowledges that the exercise of this right could be made subject to certain exceptions designed to protect the legitimate interests of the police investigation, provided those exceptions are clearly circumscribed in law and made subject to appropriate safeguards (for example, any delay in notification of custody to be recorded in writing with the specific reasons thereof, and requiring the approval of a senior police officer unconnected with the case at hand or a public prosecutor, and to be applied for the shortest time necessary). The application of any exception in a given case should be notified to the detained person concerned. When it is envisaged to limit or defer the exercise of this right, notification of custody to another third party designated by the detained person concerned should be first considered.

**The CPT reiterates its recommendation that the Slovak authorities take the necessary steps – including at legislative level – to ensure that these precepts are effectively implemented in practice.**

27. The practical operation of the right to have a third person informed of the detention did not appear to pose a major difficulty. As was the case already during the 2018 visit, the large majority of persons interviewed by the delegation during the visit confirmed that they had been allowed to notify a third person shortly after their apprehension.

However, the delegation received a few allegations that no feedback had been provided to detained persons as to whether a third party had been informed if the notification was done by police officers (despite the fact that information sheets on the rights of detained persons include the right to be provided with such feedback). Moreover, in a few cases, detained persons were allegedly not allowed to search for the phone number of their relatives in their mobile phone which had been confiscated by the police and were thus unable to contact them.

**The CPT recommends that the Slovak authorities remind police officers of their obligation to provide feedback to detained persons as to whether a third person has been notified of the fact of their detention when notification is performed by police officers, in full compliance**

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25. See paragraph 33 as regards the specific situation of detained juveniles.

**with the national legal requirements. Further, police officers should facilitate the efforts of detained persons to have a third person notified of the fact of their detention.**

d. access to a lawyer

28. The right of access to a lawyer is guaranteed to persons suspected of having committed a criminal offence (Section 85 (6) CCP), as well as persons deprived of their liberty under the provisions of the Police Act (Section 19 (5)) (see also paragraph 23 and 24).

Several persons interviewed by the delegation during the visit confirmed that they had been promptly granted the right of access to a lawyer, including the right to consult with them in private.

However, a few allegations were received that persons deprived of their liberty had been discouraged by police officers, under various pretexts, from requesting the presence of a lawyer, or that their request had been disregarded and they had been granted access to a lawyer only once they had been remanded in custody by the court (that is, after having been questioned by the police).

**The CPT recommends that the Slovak authorities take the necessary steps to ensure that the right of access to a lawyer is fully effective in practice from the very outset of the deprivation of liberty.<sup>26</sup> Further, a firm message should be given to police officers that they should not seek to dissuade persons deprived of their liberty from exercising their right of access to a lawyer.**

29. In the report on the 2018 visit,<sup>27</sup> the CPT expressed concerns that the possibility to be granted free legal aid did not apply to persons who had to stay with the police without having been formally accused. Only indigent criminal suspects who have been declared accused were explicitly entitled to a “free defence or a defence at a reduced fee” and had to be instructed about this right. The relevant legal provisions (Sections 34 (3) and 121 (2) CCP) remained unchanged since the last visit.

The CPT notes the information provided by the authorities at the beginning of the 2023 visit that, in practice, the right to free legal aid was interpreted as also applying to criminal suspects (that is, before they were formally accused) who were deprived of their liberty by the police.

However, the relevant information sheets on the rights of suspects deprived of their liberty under Section 85 (2) CCP which were presented to the delegation, whether by the national authorities or in the police establishments visited, did not mention the right to free legal aid.

**The CPT reiterates its recommendation that all criminal suspects deprived of their liberty who do not have sufficient funds to pay for the costs of their defence have access to an *ex officio* lawyer free of charge as from the very outset of their deprivation of liberty, and are duly informed of this right.**

e. access to a doctor

30. Pursuant to Section 44 (2) of the Police Act, police officers are under an obligation to arrange a medical examination before placing an apprehended person in a cell when the person concerned is obviously under the influence of alcohol, narcotic or psychotropic substances or medication, is injured or claims to be injured or seriously ill. Further, under Section 48 (1) of the said Act, if a person placed in a cell falls ill, injures themselves or attempts to commit suicide, police officers are obliged to provide first aid and call a doctor.

As it had already been the case during several previous visits, the findings of the 2023 visit indicate that requests by detained persons to be examined by a doctor were promptly granted by police

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26. Reference is made to Article 3 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.

27. See [CPT/Inf \(2019\) 20](#), paragraph 18.

officers and, in several cases, detained persons were medically examined by a doctor upon the initiative of police officers. Further, it was the understanding of the police officers met during the visit that a request by a detained person to see a doctor should always be granted.

31. Nevertheless, the information sheets on the rights of detained persons indicate that persons deprived of their liberty by the police, regardless of the precise legal ground, are guaranteed the right to receive first aid and medical care if they are injured as a result of the use of coercive means. This information appears to limit the scope of the right of access to a doctor to cases in which coercive means have been used.

Moreover, it remains the case that the right of access to a doctor of the detained person's own choice is still not guaranteed.

**The CPT recommends that information sheets on rights of detained persons be reviewed in order to ensure that they provide comprehensive information on the full scope of the right of access to a doctor of persons deprived of their liberty by the police. In particular, it should be made clear that the right to have access to a doctor applies to all persons who are obliged to remain with the police, from the very outset of their deprivation of liberty.**

Further, **the right of access to a doctor should include, if the person concerned so wishes, the right to be examined 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 person's own choice may be carried out at their own expense). If necessary, the relevant legislation should be amended accordingly.**

32. As already observed during previous visits, police officers systematically remained present during medical examinations. Such arrangements are problematic from the perspective of medical confidentiality and are detrimental to the establishment of a proper doctor-patient relationship. Moreover, it became clear during the visit that they effectively prevented people from reporting allegations of ill-treatment during their medical examinations, in the presence of the same police officers who had allegedly ill-treated them. Alternative solutions can and should be found to reconcile legitimate security requirements with the principle of medical confidentiality. Consideration could be given to establishing secure examination rooms. Another possibility might be the installation of a call system, whereby a doctor 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.

It also remained the case that results of medical examinations (including possible allegations of ill-treatment) were accessible to police officers in the individual detention file of the person concerned.

**The CPT calls upon the Slovak authorities to take the necessary steps to ensure that all medical examinations of persons in police custody take place out of the hearing and – unless the doctor concerned expressly requests otherwise in a given case – out of the sight of police officers. This must be seen as the shared responsibility of police officers and healthcare staff.**

Further, **police officers should only have access to medical information strictly on a need-to-know basis, with any information provided being limited to that which is necessary to prevent a serious risk for the detained person or other persons. There is no justification for giving access to information concerning the diagnoses made or statements concerning the cause of injuries, to staff who have no healthcare duties.**

f. juveniles deprived of their liberty by the police

33. The relevant legislation contains a number of safeguards concerning juveniles deprived of their liberty by the police.

Most notably, pursuant to Section 34 (4) CCP, if a juvenile is detained on suspicion of having committed a criminal offence, the juvenile's parent ("*zákonný zástupca*") and/or appointed guardian

and the authority for the social protection of children must be informed without undue delay.<sup>28</sup> Moreover, according to the information gathered during the visit, in practice, deprivation of liberty of a juvenile was notified by the police to the duty prosecutor.

However, in several files examined by the delegation in the police establishments visited, the fact whether a parent (or another adult person) and the child protection authority were contacted was not recorded.

**The CPT recommends that the Slovak authorities take steps to ensure that when a parent or another adult person and the authority for the social protection of children are contacted in the case of juveniles deprived of their liberty by the police, this fact is always traceable in the relevant records.**

34. While juvenile suspects benefit from the general right of access to a lawyer, it remains the case that the obligation to be represented by a lawyer only applies once the juvenile concerned has been formally declared “accused” (Sections 37 (1) d. and 336 CCP).

In line with these provisions, the examination of the relevant files in the police stations visited showed that juveniles in police custody were given the possibility to waive their right of access to a lawyer. Consequently, they had been questioned by the police without the presence of a lawyer. Moreover, it remained unclear from the files examined by the delegation whether a parent and/or a representative of the authority for the social protection of children was present during these police interviews.

Given the particular vulnerability of juveniles, **the CPT reiterates its recommendation that the Slovak authorities take the necessary steps – including at legislative level – to ensure that juveniles deprived of their liberty are never subjected to police questioning or requested to make any statement or to sign any document concerning the offence(s) they are suspected of having committed without the presence of a lawyer and, in principle, a trusted adult person.**<sup>29</sup> The option “does not wish to use a lawyer” should not exist for juveniles.

35. The authorities informed the delegation that pursuant to Section 121 (5) CCP,<sup>30</sup> some police interviews of juveniles were audio- and video-recorded, most notably in cases in which there were doubts whether the juvenile could understand the aim of the questioning. **The remarks set out in paragraph 37 apply with even greater strength to the police questioning of juveniles.**

g. conduct of interviews

36. During the visit, the delegation had an opportunity to meet several police officers at different levels in various parts of the country and discuss with them police interviewing methodology used when interviewing criminal suspects.

The information gathered from these meetings, as well as from interviews with persons deprived of their liberty, indicates that in many cases, police interviews are based on a confession-driven approach, the aim being to obtain confession or other self-incriminating evidence from a person suspected of having committed a criminal offence.<sup>31</sup> Moreover, several police officers met during the visit stated that they had received no (or only limited) specific training in interviewing criminal suspects and on research-based investigative interviewing techniques, and their knowledge had

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28. Under Section 19 (5) of the Police Act, if a person apprehended by the police is a juvenile, the legal guardian (“*zákonný zástupca*”) of that person must be notified.

29. Reference is also made to Article 6, paragraph 3, of the EU [Directive 2016/800](#) on procedural safeguards for children who are suspects or accused persons in criminal proceedings.

30. The relevant part reads as follows: “If the accused person being questioned is under 18 years of age, the law enforcement authorities shall conduct a questioning using technical devices intended for sound and image recording, if this is appropriate given the circumstances of the case, especially if there is doubt as to whether this person is able to understand the content of the questioning.”

31. For example, a person interviewed by the delegation alleged that during his police interview, there had been four police officers present who had put pressure on him and had shouted at him to confess to the crime of which he was suspected.

been mostly acquired from more experienced colleagues in the course of their professional career as police officers. It also appeared from the interviews with police officers that, if training was provided to them, it was not based on any internationally recognised model (see, for example, the models mentioned in the CPT's 28th General Report, referred to in the recommendation made below).

The CPT must stress that questioning of criminal suspects is a specialist task which calls for specific training if it is to be performed in a satisfactory manner. The aim of the questioning must be to obtain accurate and reliable information in order to discover the truth about matters under investigation, not to obtain a confession from someone already presumed, in the eyes of the interviewing officers, to be guilty. It is self-evident that a criminal justice system which places a premium on confession evidence creates incentives for officials involved in the investigation of crime to resort to coercive interviewing, whether the coercion is physical or psychological.

**The CPT recommends that the Slovak authorities take steps to ensure that training in appropriate police interviewing techniques is developed and provided to police officers, both for those undergoing initial training and for those already in service. Reference should be had in this regard to paragraphs 73-81 of the CPT's 28th General Report, which concerns prevention of police torture and other forms of ill-treatment (including police interviewing methodology),<sup>32</sup> as well as the Principles on Effective Interviewing for Investigations and Information Gathering ([Méndez Principles](#)).<sup>33</sup>**

37. The CPT considers that the electronic (audio and/or video) recording of police interviews represents an important additional safeguard against the ill-treatment of detained persons. Such a measure can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. Mandatory recording of the entire interview process, including the provision of information on the rights of the person being interviewed, is in the interest both of the persons who have been ill-treated by the police, and of police officers confronted with unfounded allegations that they have engaged in physical and/or psychological ill-treatment or psychological pressure.<sup>34</sup> In addition, such practice would indeed contribute to preserving oral evidence in its original form, thereby greatly facilitating the investigation.

During the visit, the authorities informed the delegation that, following the adoption of the Law on victims of criminal offences, which defines the category of "particularly vulnerable victims",<sup>35</sup> the police questioning of these persons is audio- and video-recorded, to avoid secondary victimisation.<sup>36</sup> To this end, 14 dedicated interview rooms had already been established at the level of district police directorates<sup>37</sup> and ten additional rooms were being created at the time of the visit.

While welcoming these efforts, **the CPT encourages the authorities to extend the practice of audio- and video-recording also to police interviews of suspects and use it systematically. Further, the Committee would like to receive updated information on the creation of additional police interview rooms equipped with audio- and video-recording devices.**

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32. See "Preventing police torture and other forms of ill-treatment – reflections on good practices and emerging approaches", Extract from the 28th General Report of the CPT, published in 2019 ([CPT/Inf\(2019\)9-part](#)). See also [A brief introduction to investigative interviewing – A practitioner's guide](#), Council of Europe, October 2018).

33. Reference is also made to [Resolution 2528 \(2024\)](#) on "Allegations of systemic torture and inhuman or degrading treatment or punishment in places of detention in Europe", in which the PACE called on member states and states parties to the CPT Convention to consider drawing inspiration from the model of investigative interviewing based on the principle "from the evidence to the suspect" rather than "from the suspect to the evidence" (Section 8.6 of the Resolution).

34. In the [Resolution 2528 \(2024\)](#) referred to above, the PACE also called on member states and states parties to the CPT Convention to ensure appropriate record-keeping of the detention and police interviews and video-taping of all police interviews and interrogations. Video cameras should be introduced in interrogation rooms, detention facilities, police vehicles and as body-worn video cameras (Section 8.4 of the Resolution).

35. Law no. 274/2017. According to its Section 2 (1) (c), particularly vulnerable persons are, *inter alia* children, elderly persons, persons with disabilities, and victims of trafficking in human beings and domestic violence.

36. See paragraph 35 as regards the specific situation of juveniles.

37. One such room had additionally been created at the Police Academy, mainly for training purposes.

38. One of the interview rooms at the Bratislava Regional Police Directorate was equipped with a small space (measuring approximately 2 m<sup>2</sup>) which was fitted with a metal bench and was separated from the rest of the room with metal bars mounted on the walls, running from floor to ceiling. Transparent plexiglass panes were fixed to the bars. As confirmed by police officers, detained persons who were interviewed by criminal police officers, prosecutors or judges, or who were meeting their lawyers, were occasionally placed in this cage-like space.

The CPT considers that putting persons in a cage-like space during their questioning is likely to impair the quality of the interview and could also be considered humiliating for the persons being interviewed. If the persons concerned become agitated or threatening, they may need to be placed in a secured area. However, the questioning should be interrupted until the person concerned calms down.

**The CPT recommends that the Slovak authorities take steps to ensure that persons deprived of their liberty by the police are not held in such cage-like spaces during their interviews, including meetings with their lawyers.**

h. the use of body-worn cameras

39. According to the information provided by the Slovak authorities, the use of body-worn cameras was tested as a pilot project in Banská Bystrica Region. A bigger project, which would entail the purchase of some 190 cameras, had been prepared but could not be implemented due to a lack of funds.<sup>38</sup>

The CPT considers that the systematic recording with body-worn video cameras of any intervention represents an additional safeguard against abuse by police officers, as well as a protection against unfounded allegations of ill-treatment. **The Committee would like to be informed by the Slovak authorities of any developments concerning the use of body-worn video cameras by police officers.**

#### 4. Conditions of detention

40. In the establishments visited, material conditions in police custody cells were adequate. All the cells seen by the delegation were sufficient in size for the number of persons they were intended to hold, were in a good state of repair, were clean, suitably equipped and ventilated, sufficiently lit and had some access to natural light. Further, unlike during the previous visit, the toilet area was excluded from the picture in cells which were equipped with CCTV cameras.

However, some detained persons met by the delegation complained, and this was confirmed by police officers, that the light in the police custody cell was switched on during the night or could not be dimmed enough for them to be able to sleep. **Steps should be taken to remedy this shortcoming.**

41. As observed during previous visits, several police establishments were equipped with so-called "designated areas" ("*určený priestor*", earlier referred to as "*vyhradený priestor*"), small holding facilities intended for short-term detention.<sup>39</sup>

The CPT notes that since the 2018 visit, the Police Act has been amended and a new Section 49a now provides an explicit legal basis for the use of these facilities. In particular, important safeguards have been introduced in that the placement of the detained person may only last for as long as necessary and a record of the placement must be made, indicating the reasons for the placement and its length. Further, if the person to be placed in the "designated area" is injured or indicates that they are injured, they must be medically examined, and the doctor certifies whether the person may be placed in the facility.

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38. By contrast, the authorities also informed the delegation that police interventions carried out under a unified command were systematically audio- and video-recorded.

39. These facilities often measured no more than 4 m<sup>2</sup> and were equipped with only a stool or a small bench; sometimes they had no access to natural light.

However, despite the legal requirement that the placement may only last for as long as necessary and the fact that the “designated areas” are neither intended, nor equipped for overnight stays, the delegation heard a few allegations that persons had been placed in these facilities overnight. The overnight use of these areas, albeit exceptionally, was also confirmed by several police officers and the records examined by the delegation during the visit.

Moreover, a person interviewed by the delegation alleged that during his overnight placement in the “designated area”, he had been provided with no food or water and was not allowed to use the toilet.

**The CPT once again recommends that the Slovak authorities take steps to ensure that, due to their small size and inadequate equipment, “designated areas” are never used for detention of persons for more than a few hours and never overnight, in full compliance with the relevant legal provisions.**

Further, all persons deprived of their liberty by the police, including those placed in the “designated areas”, should have ready access to drinking water and a toilet, and should be provided with food at appropriate times.

42. The CPT acknowledges the efforts made in the police establishments visited to provide detained persons with daily access to the open air, usually in improvised conditions, for example in the establishment’s car park. However, the police establishments visited were not equipped with a suitable area for detained persons.

**The Committee reiterates its recommendation that the Slovak authorities take measures to ensure that all persons held in police custody for 24 hours or more are, as far as possible, offered at least one hour of outdoor exercise every day in facilities of adequate size and possessing the necessary equipment (such as a shelter against inclement weather and a means of rest). This requirement should be taken into account in particular when the (re-)construction of a police establishment is being planned.**

## **5. Other issues**

43. The information gathered during the visit indicates that persons deprived of their liberty by the police were not systematically strip-searched in police facilities. However, when strip-searching did take place, the detained person was required to strip fully naked and perform a squat or bend forward.

The CPT considers that 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 put it back on before removing further clothing. Request to squat and/or bend forward during a strip search should be exceptional and also based on an individual assessment.

**The CPT recommends that the Slovak authorities ensure that these precepts are effectively implemented in all police facilities in Slovakia, including by instructing police officers accordingly.**

## **B. Prison establishments**

### **1. Preliminary remarks**

44. As regards the legal framework of imprisonment, the Law on the Execution of Remand Detention (LERD) has been amended since the previous visit carried out by the CPT in 2018 (further referred to as “the 2023 amendments to LERD”).<sup>40</sup> The amendments included an increased entitlement to make phone calls, certain changes to the modalities of receiving visitors and of the execution of disciplinary punishments, and an increased possibility to participate in activities; they are discussed in greater detail later in the relevant sections of this report.

Further, the amended Section 12 (1) LERD now guarantees a minimum of 4 m<sup>2</sup> of living space to adult men held on remand if they are held in a cell which is “locked”<sup>41</sup> and 3.5 m<sup>2</sup> if they are accommodated in an “unlocked cell”.<sup>42</sup> The minimum space for women and juveniles held on remand remains 4 m<sup>2</sup> (Sections 46 and 48 (1) LERD).

The Slovak authorities informed the delegation that amendments to the Law on the Execution of Prison Sentences (LEPS), which had already been drafted, were expected to be submitted to the Government in the near future and would introduce similar changes to those for remand prisoners. Pending these amendments, the minimum living space per sentenced adult man remains 3.5 m<sup>2</sup> (and 4 m<sup>2</sup> for sentenced women and juveniles). In this context, see the recommendation set out in paragraph 60.

Further, the internal differentiation groups for life-sentenced prisoners (D1 and D2 regimes) were expected to be abolished<sup>43</sup> and it was envisaged that the prison service would be given the possibility to change the “external security classification” of prisoners.<sup>44</sup>

Moreover, Section 34 (8) of the Criminal Code which provided for the possibility to sentence perpetrators, under certain conditions, to life imprisonment without the possibility of parole has now been abolished, in line with the relevant case law of the European Court of Human Rights.<sup>45</sup>

**The CPT welcomes these developments and would like to receive more detailed information on the proposed amendments to the Law on the Execution of Prison Sentences and the expected timeframe for their adoption.**

45. According to data provided by the authorities, as of 20 November 2023, the overall prison population stood at 9 888 prisoners (1 494 held on remand and 8 394 sentenced), for an official capacity of the prison estate of 10 361 places (calculated on the basis of 4 m<sup>2</sup> per prisoner; occupancy rate 95.4%) and of 11 558 places (calculated on the basis of the above-described legal requirements for living space for various categories of incarcerated persons (that is, 3.5 m<sup>2</sup> or 4 m<sup>2</sup>); occupancy rate 85.6%). This represents a slight decrease in the prison population compared to the situation during the previous visits carried out in 2018 (10 210 prisoners).<sup>46</sup>

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40. The amendments were introduced by Law no. [339/2022](#) and entered into force on 1 January 2023.

41. Prior to these amendments, the entitlement for this category of prisoner was 3.5 m<sup>2</sup>.

42. See paragraph 69 as regards locked and unlocked cells and standard and mitigated regime for remand prisoners.

43. As a result, newly admitted life-sentenced prisoners will not be obliged to serve at least the first five years of their sentence in the extremely restrictive D1 regime, under which they must be accommodated and work alone and cannot participate in activities organised for other categories of prisoner.

44. It is recalled that at the stage of sentencing, the court classifies a prisoner under a minimum, medium or maximum “guarding level – *stupeň stráženia*” (so-called “external classification”). Within each level, sentenced prisoners are further categorised into a “differentiation group – *diferenciačná skupina*” (A, B or C) which is decided by the prison administration (see Sections 13 and 14 LEPS and Section 9 and fol. of the Rules for sentenced prisoners). In previous visit reports, the CPT considered that the classification of prisoners should always be carried out by the prison administration – based on an individual risk and needs assessment – in the light of each prisoner’s behaviour upon their admission to prison and not at the sentencing stage.

45. See, for example, *Vinter and Others v. the UK* [GC], nos. 66069/09, 130/10 and 3896/10, 9 July 2013, and *László Magyar v. Hungary* (application no. 73593/10), 20 May 2014.

46. In 2018, the overall capacity of the prison estate was 10 941 places and the occupancy rate 93%.



However, despite the fact that the prison system as a whole operated below its official capacity, the delegation still observed cramped conditions in some cells, in particular at Ružomberok Prison (see paragraph 60).

Moreover, the prison population rate (186.5 prisoners per 100 000 inhabitants in 2022) belongs among the highest in Europe and stands well above the average value (108.2) among Council of Europe member states.<sup>47</sup>

At the beginning of the visit, the authorities informed the delegation that addressing this issue was one of the priorities of the Government, who intended to develop restorative justice approaches, increase the use of alternative sanctions and develop the probation and mediation service.<sup>48</sup>

**The CPT encourages the authorities to continue their efforts to address the high prison population rate in the country and would like to receive more detailed information on the concrete steps planned in this respect. The Committee trusts that in their efforts, the authorities will take due account of the principles listed in the relevant Council of Europe Committee of Ministers' recommendations.**<sup>49</sup>

46. The authorities informed the delegation that a project had been prepared for the creation of a mother-and-child unit at Nitra-Chrenová Prison, but financial resources had not yet been allocated. Further, a tender to build a new prison at Rimavská Sobota had to be cancelled as the bids did not comply with the legal requirements. A tender to refurbish Žilina Prison, an establishment visited by the CPT during the 2023 visit, had been successfully finalised (see also paragraph 59).<sup>50</sup>

**The CPT would like to receive updated information on the plans to build new prisons or refurbish existing establishments. In addition, the Committee encourages the Slovak authorities to implement their longstanding plans to establish a mother-and-child unit.**

47. During the 2023 visit, the delegation visited for the first time Hrnčiarovce nad Parnou, Ružomberok and Žilina Prisons.<sup>51</sup>

48. *Hrnčiarovce nad Parnou Prison*, located in the southern suburb of the town of Trnava, is the prison with the largest capacity in Slovakia. It was taken into service in 1988 and initially accommodated sentenced women. Since 1991, female prisoners have been gradually replaced by sentenced men. The establishment is composed of a six-storey square structure for the accommodation of prisoners, with outdoor yards in its centre, and an adjacent administrative block. At the time of the visit, the establishment had an official capacity of 1 433 places<sup>52</sup> and was accommodating 1 158 adult sentenced men, all of whom were classified at the “minimum guarding level”. The establishment operated several specialised units, including a unit for persons upon whom a measure of treatment for addiction had been imposed by the court (so-called “protective treatment”), and two units for persons with mental health problems and those who had difficulties adapting to the prison environment.

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47. See the [2022 SPACE I Statistics](#) (Council of Europe Annual Penal Statistics on Prison Populations).

48. The high prison population rate appears among the main challenges identified in the Prison System Concept of the Slovak Republic for 2022 to 2030.

49. See, in particular, 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 CM/Rec(2010)1 on the Council of Europe probation rules, Recommendation Rec(2014)4 on electronic monitoring and Recommendation CM/Rec(2017)3 on the European Rules on community sanctions and measures.

50. See paragraph 158 as regards the newly opened Hronovce Detention Institute, operating under the responsibility of the Ministry of Health, with the prison service ensuring security.

51. It also carried out a brief, targeted visit to Bratislava Remand Prison in order to interview newly admitted remand prisoners who had recently been in police custody about their treatment by the police.

52. If the capacity of the establishment had been calculated on the basis of 4 m<sup>2</sup> per prisoner, the capacity would have been 1 287 places.

*Žilina Prison* was established in 1971 in the premises of a former student dormitory. The establishment is composed of three inter-connected buildings, organised in a U-shape: two four-storey buildings, one for persons held on remand, the other for sentenced prisoners, and an administrative building. At the time of the visit, the establishment was accommodating 245 adults (162 (including eight women) held on remand and 83 (including seven women) sentenced) for an official capacity of 258 places.<sup>53</sup> The majority of prisoners were classified at the “minimum guarding level”.

*Ružomberok Prison* is located in the northern part of the town and was taken into service in 1932. It is one of the oldest prisons in Slovakia. In 2010, the prison was re-profiled from a remand prison to an establishment for the execution of prison sentences. The establishment comprises a central four-storey accommodation building and an adjacent administrative block. At the time of the visit, the establishment had a capacity of 375 places<sup>54</sup> and was accommodating 355 adult sentenced men, of whom 270 were classified at the medium “guarding level” and 85 at the maximum “guarding level”.

## 2. Ill-treatment

49. At *Žilina Prison*, the delegation received no allegations of physical ill-treatment of prisoners by staff. At *Hrnčiarovce nad Parnou Prison*, the vast majority of prisoners interviewed by the delegation stated that they were treated correctly by staff and several persons held in this establishment stated explicitly that they considered that the staff acted professionally. Episodes of inter-prisoner violence were rare in both establishments and usually took the form of verbal conflict or minor physical altercations.

Overall, the delegation gained the impression that the atmosphere in these establishments was not particularly tense. This was confirmed by the examination of the registers of special events – the number of violent episodes (use of force by staff, episodes of inter-prisoner violence which led to serious physical injuries and attacks on staff) was very low. For example, at *Žilina Prison*, in 2023, there was only one case of use of force by staff; in 2022, there was one case of a prisoner-on-staff attack, three cases of use of force and one case of inter-prisoner violence.<sup>55</sup> At *Hrnčiarovce nad Parnou Prison*, in 2023, there were four instances of use of force by staff, one episode of inter-prisoner violence and no prisoner-on-staff attacks. In 2022, there was one case of use of force by staff, one case of inter-prisoner violence and no prisoner-on-staff attacks.

50. However, at *Hrnčiarovce nad Parnou Prison*, a few allegations of physical ill-treatment (such as slaps and kicks) were made by the interviewed prisoners; these allegations concerned in particular prison officers (referred to by prisoners as “intervention teams”) when they carried out cell searches. A few allegations were also heard that during these searches, prison officers threw prisoners’ personal items on the floor and damaged them, which was perceived by the prisoners concerned as a mere demonstration of power. Further, the delegation heard a few allegations of verbal abuse of prisoners by staff, including of a racist and xenophobic nature.

At *Žilina Prison*, the delegation received a few allegations of dismissive attitude of staff to prisoners, such as ostensibly ignoring the requests of the latter.

**The CPT recommends that staff at *Hrnčiarovce nad Parnou Prison* receive a clear message that any form of ill-treatment of prisoners, including verbal abuse, is unlawful, unprofessional and unacceptable, and will be sanctioned accordingly. Further, there can be no justification for damaging prisoners’ belongings during cell searches, it being understood that unauthorised items may indeed be confiscated.**

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53. The capacity based on the requirement of 4 m<sup>2</sup> per prisoner would have been 228 places.

54. The capacity based on the requirement of 4 m<sup>2</sup> per prisoner would have been 319 places and the official occupancy level would have been approximately 112%.

55. As a general rule, whenever force is used by staff, a report is prepared which is reviewed by a senior member of staff and the governor, and the supervisory prosecutor and the Directorate General of the Prison Service are systematically informed. Further, the prisoner concerned is medically examined.

In addition, **the Committee recommends that staff at Žilina Prison be reminded that prisoners should be always treated with respect.**

51. In contrast, the situation at *Ružomberok Prison* was a matter of serious concern to the CPT. In this establishment, the delegation received several allegations of verbal abuse of prisoners by staff, including of a racist nature.

Moreover, a number of prisoners interviewed during the visit made allegations of physical ill-treatment by certain prison officers, including slaps, punches, kicks and blows with telescopic batons. The alleged ill-treatment was said to take place in particular in the unit holding prisoners under the maximum guarding level, internal classification C, in areas not covered by CCTV, most notably in “cultural rooms” (that is, communal rooms) located in the units and in the disciplinary cells. The ill-treatment was allegedly often inflicted as an informal punishment, following episodes of inter-prisoner violence and minor breaches of the house rules. The overall atmosphere in this establishment appeared tense and several prisoners interviewed during the visit expressed their fear of physical ill-treatment by staff, including fear of reprisals for having spoken with the delegation.

52. Reference should be made to one specific case. The prisoner concerned had allegedly been the subject of repeated beatings by particular prison officers. On 11 January 2023, he was involved in an episode of inter-prisoner violence; the prisoners were separated by prison officers and the prisoner concerned was then allegedly thrown to the floor, handcuffed behind his back and punched, kicked and subjected to blows with a telescopic baton. The delegation was told that as a result, he had been bleeding from his nose and mouth. These allegations were supported by the information received during interviews the delegation carried out separately with other prisoners.

Later that day, the prisoner concerned allegedly attempted to commit suicide by hanging, then self-harmed by cutting his forearm and was allegedly beaten again by staff. He was then escorted to the emergency department of the Central Military Hospital in Ružomberok to receive treatment for his cut forearm and then to the psychiatric emergency department of the same hospital. Following the recommendation from the psychiatric department, he was transferred to Trenčín Prison Hospital.

The medical record from the emergency department made on 11 January 2023 at 21:05 describes the self-inflicted injuries (4 cm incised wound in the area of *fossa cubitalis* and several other small wounds around) and the treatment provided (suture of fascia). However, it does not indicate whether the person underwent a comprehensive physical medical examination.<sup>56</sup>

According to the medical record from the psychiatric emergency department of Ružomberok Military Hospital made on 11 January 2023 at 21:33, the prisoner alleged that earlier on that day, he had been repeatedly beaten by prison officers. At 19:20 an officer entered the cell and asked the prisoner concerned to come to the “cultural room”, which he refused, out of fear of further beatings. This situation repeated several times on that day. The prisoner could allegedly no longer bear it and first attempted to hang himself (which was prevented by a fellow prisoner) and then went to the toilet and cut himself. He admitted during the medical examination that he had attacked a fellow prisoner because earlier that day, the fellow prisoner had been swearing at him and his family. The record contains no indication as to whether there was a comprehensive physical medical examination of the prisoner concerned.<sup>57</sup>

While this course of events was also recorded in the disciplinary file,<sup>58</sup> these events were not registered in the extraordinary events register maintained at Ružomberok Prison. It should also be noted that when interviewed by the delegation, the prisoner concerned expressed fear of reprisals for having spoken to the delegation and feared further violence by staff.

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56. When interviewed by the delegation, the prisoner concerned stated that there had been no such examination; only his wounded arm had allegedly been examined and treated by healthcare staff.

57. When interviewed by the delegation, he alleged that there had been none.

58. According to the disciplinary decision related to this incident, the prisoner concerned admitted to having attacked another prisoner and to having self-harmed and, on 18 January 2023, received a disciplinary punishment of a whole-day placement in a closed unit for ten days (see also paragraph 94). The punishment, however, was not executed as he was considered not fit for the punishment for health reasons.

53. At the end of the visit, invoking Article 8, paragraph 5, of the Convention, the delegation made an immediate observation and requested that the authorities take immediate steps to guarantee the safety of the prisoner concerned, for example by transferring him to a different establishment. The delegation requested to receive, within one month, an account of the steps taken to implement this immediate observation.

Further, invoking Article 8, paragraph 5, of the Convention, the delegation made another immediate observation and requested, with a view to supporting the management of Ružomberok Prison in their commitment to keep the treatment of prisoners by staff under closer scrutiny, that the authorities carry out an independent inquiry into the allegations of ill-treatment of prisoners by prison officers in this establishment, in particular in the unit holding prisoners under the maximum guarding level, internal classification C. The delegation requested to receive, within two months, an account of the steps taken to implement this immediate observation.

54. By letter of 19 January 2024, the authorities informed the CPT that, on 12 December 2023, the prisoner concerned had been transferred to Leopoldov Prison and that this establishment was provided with comprehensive information on the needs and risks posed by the prisoner. The CPT welcomes the swift action taken by the Slovak authorities in this respect.

55. By letter of 15 February, the Slovak authorities provided a response to the second immediate observation. According to the response, the Ministry of Justice carried out an inspection at Ružomberok Prison from 8 to 10 January 2024. The “inspection group” examined the relevant documents and carried out interviews with prisoners and staff.

The authorities indicated that, based on interviews carried out with prisoners, “there were no findings that would indicate inhuman or cruel treatment of prisoners”. The CPT is concerned by this conclusion, which is in stark contrast with the findings of the CPT during its unannounced visit. These findings were gathered through confidential interviews with a large number of prisoners who were interviewed separately by the delegation and who made detailed and consistent accounts of ill-treatment by certain members of staff.

56. As regards the incident of 11 January 2023, the inspection group noted that on 20 January 2023, the prisoner concerned lodged a written complaint with the Directorate General of the Prison Service, in which he complained of physical violence. The complaint was transmitted to the Inspection Service Office on 23 January 2023 for further investigation. According to the information provided to the CPT, the investigation by the Inspection Service Office was later discontinued as, following the assessment of medical records, including the aforementioned records from the psychiatric emergency department of the Central Military Hospital in Ružomberok, it was concluded that the allegations made by the prisoner concerned “were not confirmed”.

Further, in the context of the inspection carried out in January 2024, the inspection group once again reviewed the relevant medical records (which contained no record of injuries except for those self-inflicted). However, considering the lapse of time, the inspection group did not have access to any CCTV footage from the unit in which the alleged ill-treatment had taken place. Consequently, the inspection group concluded that the use of physical violence against the prisoner concerned appears to be “improbable”.

The inspection group also noted that the introduction of body-worn cameras “will prevent possible accusations by prisoners related to direct contact, whether physical or verbal, between prison staff and prisoners”.<sup>59</sup> Reportedly, public procurement to obtain body-worn cameras was launched on 13 November 2023.

The CPT must note, however, that it remains unclear from the information provided what steps have been taken in the context of the investigation carried out by the Inspection Service Office to gather

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59. While the CPT agrees with the authorities that the systematic recording with body-worn video cameras of any intervention represents a protection against unfounded allegations of ill-treatment, it must also stress that such recording provides an additional safeguard against abuse by staff.

evidence and clarify all circumstances of the case. In particular, it is not clear whether the prisoner concerned was heard regarding the incident of 11 January 2023. Further, no mention is made of whether the prison officer against whom the allegations were directed was heard by the investigating body, whether CCTV coverage from the prison was secured and whether staff of the emergency and psychiatric emergency department of the Central Military Hospital in Ružomberok were heard regarding the precise circumstances of the medical examinations (that is, whether there had indeed been a comprehensive physical medical examination of the prisoner concerned and whether prison officers remained present) (see also paragraph 81).

Moreover, the CPT must point out that during the 2023 visit, it once again identified several shortcomings in the recording of injuries in prisons (see paragraph 80), which cast doubt on the reliability of these records.

57. The information provided thus far therefore fails to fully address the concerns of the CPT regarding the situation at Ružomberok Prison.

In light of the findings of the visit and the subsequent action and conclusions reached by the Slovak authorities, **the CPT recommends that the Slovak authorities take the necessary steps to ensure that prison officers at Ružomberok Prison are given a firm message, to be repeated at regular intervals, that any form of ill-treatment of prisoners, including verbal abuse, is unlawful, unprofessional and unacceptable, and will be sanctioned accordingly. In this context, the management of Ružomberok Prison should be particularly vigilant as to the situation in the unit holding prisoners under the maximum guarding level, internal classification C.**

Further, **the Committee wishes to stress that any reprisals against prisoners for having spoken to the delegation would be incompatible with the principle of cooperation, set out in Article 3 of the Convention.**

In addition, **the Committee would like to receive a copy of the investigation file, including the final reasoned decision taken in the case, concerning the investigation carried out by the Inspection Service Office into the alleged ill-treatment of the prisoner by staff at Ružomberok Prison on 11 January 2023.**

Moreover, **it would like to receive clarification on how long CCTV footage from prison establishments is kept.**

Finally, **it would be interested to receive updated information on the public procurement process to equip prison officers with body-worn cameras, including the number of cameras to be purchased, which prison officers will be equipped and the expected timeline.**

58. More generally, the CPT must point out that the allegations described in paragraphs 51 and 52 of inappropriate use of a telescopic baton which prison officers systematically carry in detention areas in Slovakia support the position of the CPT that the routine carrying of pepper spray, handcuffs and batons in detention areas is not conducive to developing positive relations between staff and prisoners; prison officers should thus not routinely carry such equipment in detention areas.

### **3. Conditions of detention**

#### **a. material conditions**

59. In all three establishments visited, refurbishments and maintenance works were regularly carried out. On the whole, the state of repair was adequate at Hrnčiarovce nad Parnou Prison (and even very good in three units for persons with special needs) and was acceptable overall at Ružomberok Prison.

However, the material conditions were sub-standard at Žilina Prison. With the exception of the unit accommodating sentenced prisoners who worked, there were visible signs of wear and tear in most

parts of the establishment, walls in cells were dirty and needed whitewashing, and the equipment of the cells was worn out.

The authorities were well-aware of these shortcomings and informed the delegation that financial resources had already been allocated, a tender for a complete refurbishment had been finalised, and the works should start soon. In the first phase, lasting three years, it was planned to construct a new accommodation building to which prisoners would be moved, to be followed by the refurbishment of the existing premises.

**The CPT welcomes the plans to refurbish Žilina Prison and would like to receive updated information on the progress of the works.**

60. At Hrnčiarovce nad Parnou Prison, the living space for prisoners in their cells was adequate. The vast majority of prisoners, allocated to the “ordinary” units, were accommodated in cells with a capacity of eight to nine persons, which measured some 36 m<sup>2</sup> (excluding the fully partitioned in-cell sanitary annexe (containing a sitting toilet and a washbasin)). There were also several smaller cells in various parts of the establishment (for example, in the units holding persons with special needs and in the exit unit): cells measuring a minimum of 27 m<sup>2</sup> were holding five persons and double-occupancy cells measured 18 m<sup>2</sup>.

Žilina Prison contained cells of varying sizes and capacity: for example, double-occupancy cells measuring 10 m<sup>2</sup>, cells with a capacity of five persons measured 17 m<sup>2</sup> and were accommodating four persons and some of the cells with a capacity of six places measured 19 m<sup>2</sup> and were holding five persons. While these cells in principle provided acceptable living space for the number of prisoners which they were accommodating at the time of the visit, conditions would be cramped if the cells were used at their full capacity.

Moreover, the in-cell sanitary annexes in the double-occupancy cells were not fully partitioned (that is, from floor to ceiling).

Persons held at Ružomberok Prison were accommodated in cells with a capacity of either four or eight persons and measuring approximately 15 and 27 m<sup>2</sup>, respectively (excluding the fully partitioned sanitary annexe). At the time of the visit, many of these cells were used at full capacity and provided less than 4 m<sup>2</sup> of living space per person. Conditions in these cells were cramped. This was particularly problematic for those prisoners held under the maximum guarding level who did not work, and who spent up to 23 hours per day locked up in their cells (see also paragraph 70).

**The CPT recommends that the Slovak authorities take the necessary steps to ensure that the minimum standard of 4 m<sup>2</sup> of living space per prisoner in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) is legally guaranteed to all categories of prisoner (regardless of their gender, legal status, security classification, etc.) and fully respected in practice (see also paragraph 44).**

**Further, steps should be taken to ensure that in-cell sanitary annexes in multiple-occupancy cells at Žilina Prison and, as applicable, in other prison establishments in Slovakia, are fully partitioned (that is, from floor to ceiling).**

61. In all three establishments visited, cells were in principle adequately equipped (beds/bunk-beds, lockers for personal items, table and chairs/stool), although the number of chairs/stools was sometimes not sufficient for the number of persons accommodated in the given cell. **This deficiency should be remedied.**

62. At Hrnčiarovce nad Parnou Prison, cells had very good access to natural light and ventilation through large windows.

However, at Ružomberok Prison and in the cells holding remand prisoners at Žilina Prison, most cell windows were fitted with opaque plastic panes which obstructed access to natural light and ventilation, as well as any outside view, generating an oppressive effect. This arrangement, which had already been repeatedly questioned by the CPT during previous visits, was particularly

problematic at Ružomberok Prison, an establishment holding sentenced prisoners who may spend years and even decades under these conditions.<sup>60</sup>

**The CPT recommends that the Slovak authorities ensure that cells at Ružomberok and Žilina Prisons have proper access to natural light and ventilation and that prisoners are, as a rule, allowed to see through windows outside their cells. Cells with opaque windows should not be used for long-term placement of prisoners.**

63. At Ružomberok and Žilina Prisons, the delegation received several complaints about poor heating in some cells. Further, at Ružomberok and Hrnčiarovce nad Parnou Prisons, some allegations were heard that there was not always enough warm water to take showers.<sup>61</sup>

**The CPT recommends that the Slovak authorities take steps to ensure that cells at Ružomberok and Žilina Prisons are properly heated and that at Ružomberok and Hrnčiarovce nad Parnou Prisons, there is a sufficient quantity of warm water for all prisoners to be able to take a shower.**

64. At Hrnčiarovce nad Parnou and Žilina Prisons, cells were not equipped with electrical sockets. While this was somewhat less problematic in the former establishment where most prisoners had access to communal areas during the day, at Žilina Prison, this arrangement meant that those many prisoners who were locked up in their cells for up to 23 hours per day had to use battery-powered radios and TVs and could not boil water to prepare tea/coffee (see paragraph 67 and 69).

**The CPT trusts that in the context of the refurbishment of Žilina Prison referred to in paragraph 59, cells will be fitted with electrical sockets.**

65. Most persons held at Hrnčiarovce nad Parnou and Ružomberok Prisons had access to spacious outdoor exercise yards, which contained sports equipment, a means of rest and a shelter. However, the outdoor yards at Ružomberok Prison offered no horizontal view, allowing prisoners only to look upwards to the sky.

At Žilina Prison, prisoners were offered outdoor exercise in small cubicles (measuring between 13 and 16 m<sup>2</sup>) in which any genuine physical exertion was inconceivable. A similar arrangement was often offered to persons held in the unit for vulnerable prisoners and the high-security unit of Ružomberok Prison.

**The CPT trusts that in the context of the refurbishment of Žilina Prison referred to in paragraph 59, the need for a proper outdoor exercise area will be duly taken into account. Outdoor exercise facilities should be sufficiently large to allow prisoners to exert themselves physically (as opposed to pacing around an enclosed space), should allow a horizontal view to avoid oppressive effect and should, as far as possible, be located at ground level. Further, they should be equipped with a means of rest and a shelter from inclement weather, and should preferably contain some vegetation to provide congenial environment.**

Further, the Committee recommends that arrangements be put in place to allow persons held in the unit for vulnerable prisoners and the high-security unit of Ružomberok Prison to take outdoor exercise in suitable conditions. As much as possible, the large outdoor yards should also be used for these categories of prisoner, while taking appropriate measures to guarantee their safety and that of other prisoners.

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60. These panes were a relic of the times when Ružomberok Prison operated as a remand facility (see paragraph 47).

61. In this context, see Rule 19.4 of the [European Prison Rules](#), as revised in 2020, which reads as follows: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene."

b. regime

66. According to the information provided by the authorities, the 2023 amendments to LERD laid down a basis for an improvement to the regime provided to persons held on remand. In particular, in the whole prison system, the number of remand prisoners held under the mitigated regime (see paragraph 69) increased from 400 before the amendments to 1 000, the posts of coordinators for education have been created and the number of activities offered to this category of prisoner has increased. Further, the staff complement in several establishments has been reinforced to improve the support provided to prisoners (see paragraph 87). The CPT welcomes these efforts.

67. As regards the situation in the three establishments visited, the delegation gained a positive impression overall of the regime activities provided to prisoners at *Hrnčiarovce nad Parnou Prison*. Cells were unlocked during the day (that is, between 5:30 and 21:30 (and 22:00 on Friday)) and persons held in the establishment were free to associate with other prisoners, go to communal (so-called “cultural”) rooms on their wards, watch TV, play board games and table tennis, and use a fitness room. More than 60 % of prisoners eligible to work had a paid job,<sup>62</sup> either in housekeeping (general maintenance, carpenters, cooks, plumbers) or for external companies. The establishment also offered vocational training (for example, cooks and carpenters), general high-school education and other courses, as well as spiritual activities.

However, the management acknowledged that securing work from external companies was increasingly difficult. **The CPT encourages the authorities to continue their efforts to ensure that as many prisoners as possible at Hrnčiarovce nad Parnou Prison are engaged in work.**

68. The delegation also formed a very good impression of the treatment and support provided to persons accommodated in the unit for persons upon whom a measure of treatment for addiction had been imposed by the court (so-called “protective treatment”) as well as the two units for persons with mental health problems and those who had difficulties adapting to the prison environment.

The team of specialised staff working in these units included a psychiatrist, two clinical psychologists and two psychiatric nurses.<sup>63</sup>

Individual treatment plans were prepared for prisoners under protective treatment. The activities offered to these persons included a range of individual and group therapy sessions, and leisure/occupational activities (such as arts and crafts, relaxation sessions, fishkeeping, bibliotherapy and social communication training) and took place in bright, clean, well-equipped and nicely decorated therapy rooms.

Persons with personality disorders and with difficulties adapting to the prison environment benefited from a range of organised activities, including music sessions, sports activities and board game tournaments, as well as discussion clubs and arts and crafts.

69. At *Žilina Prison*, the regime for sentenced prisoners was very good. The vast majority (that is, with the exception of newly admitted persons) were assigned to work (either in housekeeping (kitchen, maintenance) or work in external workshops (automotive industry, leather work). They were never locked in their rooms and, during their leisure time in the afternoon, could associate in suitably equipped communal rooms, watch TV and play board games. They were also provided with some organised activities.

Remand prisoners under the mitigated regime (92 persons at the time of the visit) were free to move within their units during the day, associate with other prisoners and watch TV; staff also made efforts to provide these prisoners with organised activities. However, the fact remained that they were left in idleness for a considerable part of the day.

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62. Prisoners ineligible for work included, for example, those who attended education or had reached the age of retirement.

63. If necessary, they also provided treatment and care to prisoners held in the “ordinary” units.



Despite some efforts to provide organised activities, the remaining 69 remand prisoners who were held under the standard regime were still locked in their cells for up to 23 hours per day, with very little to occupy their time except for one hour of daily outdoor exercise in small cubicles (see paragraph 65).

70. As regards the situation at *Ružomberok Prison*, it is positive that between 60 and 70% of prisoners worked. Further, a range of activities were organised by staff, including sports, arts and crafts, psychological and educational counselling, discussion groups, a relaxation group with elements of art and musical therapy and a counselling group for perpetrators of domestic violence.

Prisoners at the medium guarding level (270 persons at the time of the visit) were free to move within their wards during the day and, in addition to one hour of outdoor exercise, could play table tennis, go to a fitness room, play board games and associate with fellow prisoners and watch TV.

However, despite the efforts to provide some activities, the regime for non-working sentenced prisoners under the maximum guarding level (approximately 40% of prisoners of this category, that is, 30 to 40 people) was impoverished; these prisoners were locked in their cells for up to 23 hours per day and spent most of the time in idleness.

71. The CPT acknowledges the efforts made by the authorities to increase the number of prisoners held under the (more favourable) mitigated remand regime and to provide prisoners with work and other activities.

**In light of the findings of the visit, the Committee recommends that the Slovak authorities pursue these efforts, with a view to increasing the number of prisoners engaged in work and organised activities. Particular attention should be paid to the situation of remand prisoners held under the standard regime at Žilina Prison and non-working sentenced prisoners under the maximum guarding level at Ružomberok Prison. The aim should be to ensure that all persons held in prison (including those on remand) spend a reasonable part of the day (that is, eight hours or more) outside their cells engaged in purposeful activities of a varied nature, such as work (preferably paid work with vocational value), education, sport and recreation/association. An open-door arrangement, although alleviating the monotony of day-to-day life and allowing for more association between prisoners, cannot substitute for a programme of purposeful activities. This may imply hiring additional staff to provide activities.**

72. In several previous visit reports, the CPT was critical of the system of low wages and high deductions, including taxes, insurance premiums, alimony, costs of criminal proceedings and part of the costs of imprisonment. As a result, even prisoners who worked full-time were left with a small fraction of their (already low) net income.<sup>64</sup> Moreover, almost no basic hygiene items were provided free of charge to prisoners who worked (irrespective of the actual money they received) and the prices in prison shops were significantly higher than those outside prisons.

The CPT underlined that, in its view, such a system of low wages and high deductions was not only demotivating but could be perceived as exploitation of the prisoners concerned as a source of inexpensive labour, which was not acceptable.

According to the information provided by the authorities during the 2023 visit, certain amendments had been introduced since the last visit carried out by the CPT in 2018. Under the amended legislation, prisoners' wages were indexed in the same manner as the minimum wage in the community. Moreover, the period for which remand prisoners had to reimburse the cost of their detention on remand (regardless of whether they had worked or not during that period) had been decreased from 180 to 90 days.<sup>65</sup>

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64. For example, prisoners working for a remuneration of €90 to €100 a month received as little as €7 to €11 once all deductions had been taken into account.

65. The daily cost was €4.48, the maximum amount for 90 days of remand custody thus amounting to €403.20.

The authorities also informed the delegation that planned amendments to the Law on the Execution of Prison Sentences (see paragraph 44) will introduce further changes to the system of wages and deductions.

**The CPT would like to receive more information on the changes that have already been introduced and those planned to the system of prisoners' wages and deductions. The Committee reiterates in this respect that the working terms and conditions for prisoners and the system of deductions should be such as to ensure that the remuneration for prisoners' work is equitable.<sup>66</sup> Any deductions should not disproportionately diminish the net income.**

#### **4. Healthcare services**

73. In all three establishments visited, the necessary medication and medical equipment (including an automated external defibrillator (AED), oxygen and an electrocardiogram (ECG)) were available. At Hrnčiarovce nad Parnou Prison, material conditions in the healthcare facility were satisfactory.

However, at Ružomberok Prison, the facility was poorly lit and was equipped with old, dilapidated furniture. At Žilina Prison, the facility lacked space, did not possess adequate furniture and was not equipped with an adequate number of computers for all staff on duty.

**The CPT recommends that the Slovak authorities review the material conditions in the healthcare facilities at Ružomberok and Žilina Prisons and remedy the existing shortcomings, most notably those described above.**

74. At Hrnčiarovce nad Parnou Prison, the healthcare team comprised<sup>67</sup> four medical doctors, a dentist and ten nurses (one post of a nurse was vacant at the time of the visit). Psychiatric and psychological care was provided by the psychiatrist and psychologists working mainly in the three units for persons with special needs (see paragraph 68); the CPT considers that as an establishment accommodating 1 161 persons, the prison should benefit from an increased psychiatric input.

The healthcare team at Ružomberok Prison was composed of a medical doctor, five nurses and a dental technician. The post of a dentist was vacant, but the prison contracted two part-time dentists who attended once or twice a week. A contracted psychiatrist visited the prison two to three times a month. In the CPT's view, one full-time post of a general practitioner is insufficient for an establishment accommodating 355 prisoners, in particular taking into account that healthcare staff also provided care to prison officers (see paragraph 75).

The healthcare staff complement at Žilina Prison included two medical doctors and five nurses. The establishment also contracted a dentist who attended once a week, a psychiatrist who visited twice a month and an X-ray technician who was present twice a week. A pneumologist visited upon request, usually once or twice a month.

**The CPT recommends that the Slovak authorities increase the psychiatric input at Hrnčiarovce nad Parnou Prison and the input of a general practitioner to Ružomberok Prison.**

75. In several previous visit reports, the CPT expressed its reservations about the practice whereby prison healthcare services were responsible for treating not only prisoners, but also prison staff. This practice has remained unchanged since the last visit.

This arrangement increased the workload of healthcare staff considerably and was to the detriment of the time they had available for consultations with prisoners. Moreover, such a dual responsibility may also lead to a conflict of interest, which might ultimately compromise the perception of the professional independence of prison doctors. While it may indeed be necessary that prison healthcare services treat staff in emergency situations, this should not be a systematic practice.

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66. Reference is made to Rule 26 of the European Prison Rules.

67. Unless indicated otherwise, all posts are full-time posts.

**The Committee once again urges the Slovak authorities to generally review the practice of prison doctors treating both prisoners and prison staff, in light of the above remarks.**

76. As in the past, nurses worked from 07:00 to 15:00 on working days (at best, one nurse was on duty until 18:00) and no nurse was present in the evening or at weekends. Consequently, at these times, medication continued to be distributed by custodial staff.

The CPT must stress once again that the distribution of prescribed medication 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. In the CPT's view, medication should as a rule be distributed by healthcare staff.

**The CPT recommends once again that the Slovak authorities take steps to ensure:**

- **the daily presence (including on weekends) of a qualified nurse at Hrnčiarovce nad Parnou, Ružomberok and Žilina Prisons as well as in other prison establishments in Slovakia, as applicable. This should, *inter alia* make it possible to avoid the need for medication to be distributed by custodial staff.**
- **a person competent to provide first aid (who holds a valid certification in training in the application of cardiopulmonary resuscitation) is always present in every prison establishment, including at night and on weekends; preferably, this person should be a qualified nurse.**

**The implementation of this recommendation may require increasing the staffing levels of nurses.**

77. Although each establishment visited employed several psychologists,<sup>68</sup> they were not clinical psychologists and their role was largely limited to carrying out risk and needs assessment of newly admitted prisoners, for the purpose of their security classification. Only a few of them were occasionally involved in clinical/therapeutic work and activities. **The CPT recommends that the Slovak authorities reinforce the provision of psychological care at Hrnčiarovce nad Parnou, Ružomberok and Žilina Prisons; additional clinical psychologists should be recruited as part of the prisons' healthcare teams. With a view to enabling the development of proper therapeutic relationships with prisoners, risk assessment and classification of prisoners should be carried out by a psychologist who is not involved in the therapeutic work with the prisoner concerned.**

78. Specialist care (other than that described already above) was usually provided in nearby civil hospitals to which prisoners were escorted (see also paragraph 81). However, the delegation received several complaints of lengthy waiting times to receive an appointment and the resulting delays (weeks or even several months) in the provision of the necessary care.<sup>69</sup> **The CPT recommends that the Slovak authorities take steps to ensure that prisoners at Hrnčiarovce nad Parnou, Ružomberok and Žilina Prison have access to the necessary specialist care without undue delay, by using telemedicine services, where appropriate.**

79. Every newly admitted prisoner was thoroughly medically screened (usually within 24 hours), including a physical examination for bodily injuries and systematic screening for tuberculosis. Further, prisoners belonging to risk groups (most notably drug users) were systematically offered testing for HIV and hepatitis C. However, screening for HIV and hepatitis B and C was not systematically offered to other prisoners.

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68. At Hrnčiarovce nad Parnou Prison, there were five psychologists (in addition to the two clinical psychologists working in the units for prisoners with special needs who could also provide, albeit to a limited degree, psychological assistance to prisoners from other units), three at Ružomberok and five at Žilina Prison.

69. For example, a prisoner suffering from psoriasis had been allegedly waiting for an appointment with a dermatologist for eight months. During those months, he was left with a small quantity of ointment for his face, but no medication for the rest of his body, which apparently could not be prescribed by a general practitioner, but solely by a dermatologist.

**The CPT recommends that newly admitted prisoners are systematically offered voluntary testing for HIV and hepatitis B and C.**

80. As regards recording of injuries during medical screening upon admission (or following a violent incident in prison), the CPT notes positively that a dedicated register of injuries was maintained at Hrnčiarovce nad Parnou and Ružomberok Prisons. This, however, was not the case at Žilina Prison.

The examination of the registers and of the information contained in individual medical files revealed that in several cases, description of injuries was still cursory.<sup>70</sup> Moreover, the statement of the patient concerned as to the origin of the injuries was sometimes absent, as was *a fortiori* the doctor's observations as to the consistency of any such statement with injuries recorded. Body charts for marking injuries were not systematically completed and no photos of injuries were usually taken. Moreover, the delegation noted that in a few cases, there were inconsistencies between the information contained in various documents in the individual medical file, or that injuries which appeared in the picture of a prisoner taken upon admission to prison were not recorded in their medical file.

The CPT must underline that prison healthcare services can make a significant contribution to the prevention of ill-treatment of prisoners, through the systematic recording of injuries and, when appropriate, the provision of information to the relevant authorities.

**The CPT reiterates its recommendation that the Slovak authorities take the necessary steps to ensure that all newly admitted prisoners are properly interviewed and physically examined by a medical doctor, or a fully qualified nurse reporting to a doctor, as soon as possible, and no later than 24 hours after their admission, and that any signs of injuries are duly recorded. The record 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 the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

**The results of every examination, including the abovementioned statements and the doctor's opinions/observations, should be made available to the prisoner and, with the consent of the prisoner, to their lawyer. Prisoners should by no means be required to pay for the provision of this information.**

**Whenever injuries are recorded which are consistent with allegations of ill-treatment made by the prisoner concerned (or which, even in the absence of an allegation, are clearly indicative of ill-treatment), the record is systematically brought to the attention of the competent prosecuting authorities.**

**In addition, a special trauma register should be kept in which all types of injury observed should be recorded.**

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70. For example, the exact location, size and colour of an injury was not recorded. Some records merely stated, "one small injury", "scratched nose" or "scratch on the left arm".

Further, **with a view to implementing these principles, the CPT recommends that special training on the documentation and interpretation of injuries be provided to healthcare professionals working in prisons.**<sup>71</sup>

81. As regards medical confidentiality, the CPT notes that prison officers were not systematically present during medical examinations of prisoners carried out in the medical units in the three prisons visited.

However, it remains the case that when prisoners were transferred to receive care in an external medical facility, prison officers as a rule remained present during the medical examination. Moreover, the information gathered during the visit indicates that prisoners were often hand- and even ankle-cuffed during these external medical examinations.

The CPT must once again underline that there can be no justification for custodial staff being systematically present during medical examinations. Their presence is detrimental to the establishment of a proper doctor-patient relationship and usually unnecessary from a security point of view. Alternative solutions can and should be found to reconcile legitimate security requirements with the principle of medical confidentiality. Consideration could be given to the establishment of a secure room or ensuring the presence of additional healthcare personnel. Another possibility might be the installation of a call system, whereby a doctor would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination.

Furthermore, to apply handcuffs or even ankle-cuffs to a prisoner undergoing a medical consultation/intervention is not acceptable from the standpoint of medical ethics and human dignity. Practices of this kind prevent an adequate medical examination from being carried out, will inevitably jeopardise the development of a proper doctor-patient relationship, and may even be prejudicial to the establishment of objective medical observations. If, exceptionally, the application of handcuffs is deemed necessary on the basis of an individual risk assessment, the decision on this matter should be taken by the healthcare staff involved.

**The CPT once again calls upon the Slovak authorities to ensure that all medical examinations of prisoners are conducted out of the hearing and – unless the healthcare staff member concerned expressly requests otherwise in a given case – out of the sight of non-medical staff. This must be seen as the shared responsibility of prison officers and healthcare staff.**

**Further, steps should be taken to ensure that external medical consultations of prisoners respect the principle of human dignity, taking due account of the above remarks.**

82. Although medical files in the three prisons visited were partly computerised, there was no link with the medical data of the person concerned prior to their imprisonment. **The CPT considers that interconnecting the relevant electronic systems would ensure swift and easy access to relevant medical information for prison healthcare staff and enable adequate continuity and equivalence of care for prisoners, both when entering and leaving prison.**

83. As far as the delegation could ascertain, no psycho-social support and rehabilitation programmes were available for prisoners with a history of drug use in the three prisons visited (with the exception of the unit for prisoners under protective treatment at Hrnčiarovce nad Parnou Prison – see paragraph 63). The delegation was informed that an estimated 30 to 50% of prisoners had a history of drug use. Further, it remains the case that no opioid substitution treatment programmes were available for opioid-dependent prisoners, including those persons who had been receiving substitution treatment prior to their imprisonment.

In their response to the 2018 report, the authorities indicated that “[t]he community of healthcare professionals in the prison system [was] strictly against introducing substitution programmes for drug

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71. 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.

addicts in prison establishments because prisons [were] one of the few institutions in which the inmates suffering from drug addiction may get out of their addiction through forced abstinence at least for the duration of their imprisonment.”

The CPT is not persuaded by this response. First of all, substitution treatment programmes are evidence-based methods which have now been widely recognised as having their undisputable place in the treatment of opioid-dependent persons. Moreover, the general unavailability of substitution treatment programmes in prison leads to abrupt interruption of substitution treatment which has been started before incarceration, which is neither humane nor best medical practice. Reference is made in this context to the relevant case law of the European Court of Human Rights in which the Court found a violation of Article 3 of the European Convention on Human Rights on account of the lack of continuation of substitution treatment after incarceration.<sup>72</sup>

Moreover, the unavailability of substitution treatment programmes in prison is not in line with the general principle of the equivalence of healthcare in prison with that in the wider community (see also the remarks concerning the equivalence of care set out in paragraph 85).

The Committee reiterates that the management of drug-using prisoners should be varied – combining detoxification, psychological support, socio-educational programmes, rehabilitation and substitution programmes – and linked to a proper prevention policy. It goes without saying that healthcare staff must play a key role in drawing up, implementing and monitoring the respective programmes and must cooperate closely with the other (psycho-socio-educational) staff involved.

**The CPT calls upon the Slovak authorities to develop and implement a comprehensive national policy for the provision of care to prisoners with drug-addiction problems. In this context, substitution and harm-reduction programmes should be made available to prisoners to the same extent as in the outside community.**

84. Urine testing to detect illicit drug use was carried out by the healthcare staff who were the treating staff of the prisoners concerned. The CPT considers that this essentially non-medical task can affect the therapeutic relationship between healthcare staff and their patients. **The CPT recommends that healthcare staff not be involved in the collection and testing of urine samples for administrative purposes (namely, illicit drug use).**

85. As regards the payment for the provision of healthcare, all prisoners, whether sentenced or held on remand, benefit from health insurance which is paid for by the state. This insurance covers care and medication to the same extent as for persons in the community. Consequently, prisoners are obliged to contribute to the costs of medication and care which are not fully covered by the healthcare insurance in the community.

The delegation was informed that if indigent prisoners cannot afford to pay their share for medication and care which is required by their state of health and which is prescribed by a medical doctor, the prison service covers the share to be borne by the prisoner. This debt vis-à-vis the prison service is then, at a later stage of imprisonment, deducted once funds become available on the prisoner's internal account. Any balance due vis-à-vis the prison service is remitted when the prisoner concerned is released.

However, the delegation once again received a number of complaints that it was virtually impossible in practice for indigent prisoners to acquire medication which was not fully (or at all) covered by their health insurance, most notably common medication which did not require medical prescription (over-the-counter medication), such as painkillers. This was the case even for prisoners who worked and had an income, given the high deductions described in paragraph 72.

The CPT wishes to underline once again that the provision of healthcare in prisons is the State's responsibility. Given prisoners' specific healthcare needs – prisons are high-risk environments in terms of morbidity due to the higher prevalence of most diseases and drug addiction – all prisoners, including those without resources, should enjoy at least the same standards of healthcare that are

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72. See [Wenner v. Germany](#), no. 62303/13, 1 September 2016.

available in the community and should always be provided with the healthcare (that is, examinations, medication and treatment) which their state of health requires free-of-charge.<sup>73</sup>

**The CPT reiterates its recommendation that the Slovak authorities take the necessary steps to ensure that these precepts are effectively implemented in all prisons throughout the country. In particular, care should be taken to ensure that all prisoners, including those without resources, have access to the healthcare and medication which their state of health requires free-of-charge.**

86. The delegation was informed that prisoners who had not had health insurance prior to their incarceration were registered as patients of Trenčín Prison Hospital, and acquired health insurance but accrued debts vis-à-vis the health insurance company, which they had to reimburse after their release from prison. **The CPT would like to receive clarification on this issue from the Slovak authorities.**

## **5. Other issues**

### **a. prison staff**

87. At Ružomberok Prisons, the staff complement included 55 prison officers deployed on the ward in direct contact with prisoners (*“referent režimu”*), 11 case managers (so called “educators”) and two psychologists. All these posts were filled at the time of the visit.

The day shift (06:00 to 18:00) on working days was composed of nine prison officers, who were reinforced by two additional officers present from 06:00 to 14:00 and 07:15 to 15:15. Nine educators were present from 07:00 to 15:00 and two from 11:00 to 19:00. The night shift (18:00 to 06:00) included five prison officers. On the weekend, there were seven prison officers present during the day and five at night.

In addition, in the context of a project “Chance to return II” (*“Šanca na návrat II”*),<sup>74</sup> as from 1 October 2023, an additional post of a coordinator of education, a special educator, a social worker and a psychologist were attributed to the facility. Recruitment was underway at the time of the visit.

**The CPT welcomes the reinforcement of the team and would like to receive confirmation that these four posts have now been filled.**

88. Staff at Hrnčiarovce nad Parnou Prison comprised 67 prison officers (three additional posts were vacant),<sup>75</sup> 41 case managers (including one vacant post and one case manager on long-term leave), five psychologists,<sup>76</sup> one special educator and four social workers.

As a minimum, there were nine prison officers on duty in the day shift on working days (who were reinforced by some ten officers working from 07:00 to 15:00) and eight during the weekend. The night shift was composed of a minimum of eight prison officers. In addition, at least one educator was usually present at all times.

Further, two posts of a “pedagogical educator” (*“pedagog vzdelávania”*)<sup>77</sup> were attributed to the facility a few months prior to the visit, and the recruitment procedure was underway at the time of the visit.

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73. See Rule 24 (1) of the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*).

74. In the context of the project, additional support was provided to prisoners before their release from prison, such as training in life skills, contacts with the labour office to secure employment and help with finding accommodation.

75. An additional 17 prison officers were deployed at workshops.

76. In addition to two clinical psychologists working primarily in the three units for prisoners with special needs (see paragraph 68).

77. That is, a staff member with full pedagogical education.

**The CPT welcomes the reinforcement of the team and would like to receive confirmation that these two posts have now been filled.**

89. The team at Žilina Prison included 38 prison officers (five additional posts were vacant), one social worker, four case managers, five psychologists (including one vacant post and one psychologist on long-term leave) and eight members of staff responsible for the provision of activities for remand prisoners.

The day shift was composed of five prison officers in a 12-hour shift who were reinforced by another approximately ten prison officers between 07:00 and 15:00. The night shift was composed of three prison officers. Other categories of staff usually worked between 07:00 and 15:00 (or 18:00).

The management of the prison considered that filling the vacant posts was a challenge, especially given the relatively lower salaries in the prison system and competition with private sector companies, as well as high requirements for the recruitment of prison officers.

**The CPT encourages the Slovak authorities to continue their efforts to fill vacant posts at Žilina Prison.**

b. strip-searches

90. As was the case during previous visits, whenever strip-searches were carried out (for example, upon admission to prison, when prisoners were leaving/returning from work, or during regular weekly cell searches), prisoners were obliged to remove all their clothes and perform a squat.

At Hrnčiarovce nad Parnou Prison, prisoners returning from work were asked to strip to their underwear, their clothes were searched and they then went individually behind a non-transparent curtain to an area not covered by the CCTV where they pulled down their underwear, put it back on and, within a matter of seconds, returned to the table with their clothes.

Nevertheless, strip-searches should not be done routinely but on the basis of an individual risk assessment. Moreover, while taking due note of the above-described procedure, the CPT still considers it preferable if the person being searched is not required to remove all their clothes at the same time, that is, the person should be allowed to remove clothes above the waist and put them back on again before removing further clothing.

**The CPT recommends once again that the Slovak authorities ensure that these precepts are effectively implemented in all Slovak prisons.**

**More generally, the CPT recommends that, in line with international norms,<sup>78</sup> after due risk assessment, the least intrusive approach to body searching should be undertaken, preferably using security technology, such as body scanners, as an alternative, rather than a supplementary, search option.**

c. contact with the outside world

91. The CPT notes positively that the 2023 amendments to LERD introduced important improvements as regards the possibilities of remand prisoners to maintain contact with the outside world. The authorities informed the delegation that planned amendments to LEPS would introduce similar changes for sentenced prisoners.

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78. See the Rule 20 of the “Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the “Bangkok Rules”), which states that “alternative screening methods, such as scans, shall be developed to replace strip searches and invasive body searches, in order to avoid the harmful psychological and possible physical impact of invasive body searches”. See also Rule 52 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the “Mandela Rules”), which encourages prison administrations to develop appropriate alternatives to “intrusive searches”.



The minimum phone entitlement for remand prisoners (Section 21 LERD) has been increased to four 30-minute calls per month. The minimum entitlement for sentenced prisoners remains two 20-minute calls per month. In practice, all persons held in prison were granted considerably more phone calls – at Ružomberok and Žilina Prisons, cells were equipped with phones (which the CPT considers to be best practice) and persons held at Hrnčiarovce nad Parnou Prison had daily access to phones located on the wards.

Further, Section 19 (6) LERD has been amended and now provides that remand prisoners are, as a rule, entitled to receive open visits (that is, without physical partitioning from visitors). The same arrangements applied also to sentenced prisoners at Hrnčiarovce nad Parnou and Žilina Prisons.

However, at Ružomberok Prison, sentenced prisoners classified at the medium guarding level – internal differentiation C, and maximum guarding level still received visits with physical partitioning.

Moreover, the minimum visit entitlement for all categories of prisoner, that is one visit per month for two hours, has remained unchanged since the last visit.

On a positive note, the possibility of making free-of-charge video-calls, introduced during the Covid-19 pandemic, has remained in place.<sup>79</sup>

92. While welcoming the improvements achieved since the last visit, the CPT wishes to reiterate its view that all prisoners (whether sentenced or on remand) should benefit from a visiting entitlement of at least one hour every week. “Open” visiting arrangements should be the rule and “closed” ones the exception, for all legal categories of prisoner. Any decision to impose closed visits must always be well-founded and reasoned, and based on an individual assessment of the potential risk posed by the prisoner.

**The CPT recommends that the Slovak authorities take further steps to ensure that these precepts are effectively implemented in practice.**

d. discipline

93. The most severe disciplinary sanctions for adult prisoners are whole-day placement in a closed department and solitary confinement.<sup>80</sup> In both cases, the maximum duration of the measure is 14 days in the case of sentenced adults and ten days for those held on remand.

The maximum duration of uninterrupted consecutive solitary confinement or whole day placement (that is, in the event that several disciplinary sanctions have been imposed) is 14 days for adult sentenced women, and has been decreased for remand prisoners from 15 to 14 days since the last visit. However, this uninterrupted period remains 21 days for adult sentenced men.

The CPT acknowledges that in the three establishments visited, the whole range of disciplinary sanctions was imposed in order to ensure proportionality between the gravity of the disciplinary offence and the sanction imposed, and that the maximum duration of the whole-day placement or solitary confinement was up to ten days and was often considerably shorter.

Nevertheless, the Committee wishes to reiterate that, given the potentially very damaging effects of solitary confinement, the maximum period for solitary confinement<sup>81</sup> as a punishment should be no more than 14 days for a given offence (as is the case in Slovakia), and preferably less. Furthermore, there should be a prohibition on sequential disciplinary sentences resulting in an uninterrupted period of solitary confinement in excess of the maximum period.

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79. The actual possibility to make video-calls varied and depended on the interest expressed by prisoners. As a minimum, persons held in prison had access to video-calls once a month for 20 minutes.

80. See Sections 40 (3) LERD and 52 (3) LEPS. During the placement in a closed department, there may be two persons placed in the same cell. The disciplinary punishment of solitary confinement entails placement in a disciplinary cell alone.

81. Or any other disciplinary punishment amounting to a placement in conditions akin to solitary confinement.

**The CPT trusts that the planned amendments to the Law on the Execution of Prison sentences will decrease the maximum period of uninterrupted consecutive solitary confinement or of whole day placement in a closed department for adult sentenced men, in light of these remarks.**

94. The examination of the relevant records revealed that acts of self-harm were considered a disciplinary offence and the prisoners concerned received a disciplinary punishment (including solitary confinement). While it is true that in several cases seen by the delegation, the sanction was not executed because of the mental state of the prisoner concerned, the CPT must point out that acts of self-harm frequently reflect problems and conditions of a psychological or psychiatric nature and should be approached from a therapeutic rather than a punitive standpoint. Consequently, **the CPT recommends that the Slovak authorities ensure that acts of self-harm are no longer subjected to disciplinary punishment in prisons. The relevant legal provisions should be amended accordingly.**

95. Disciplinary procedures were well-documented and were surrounded by appropriate safeguards which were respected in practice; in particular, the prisoners concerned were informed of the disciplinary charges they were facing, were heard in person and were offered a written disciplinary decision which informed them of available remedies. Further, witnesses of the disciplinary offence, including prisoners, were heard in the context of the disciplinary proceedings.

96. It is positive that Section 40c LERD has been amended since the last visit and now requires that remand prisoners subjected to whole-day placement in a closed department or in solitary confinement be visited by a member of healthcare staff or a psychologist daily. However, the obligation to visit sentenced prisoners subjected to one of these measures remains once every three days (Section 54 (4) LEPS).<sup>82</sup>

Moreover, prisoners subjected to one of these measures during the weekend were not visited, given the absence of healthcare staff during weekends (see paragraph 76).

**The CPT trusts that the planned amendments to the Law on the Execution of Prison sentences will introduce the requirement that sentenced prisoners subjected to whole-day placement in a closed department or in solitary confinement be visited by a member of healthcare staff or a psychologist daily.**

**Further, full compliance with the relevant national legislation will require the presence of a member of healthcare staff on the weekend, as recommended in paragraph 76.**

97. Sections 54 (4) LEPS and 40c (1) LERD still require prison doctors to certify whether a prisoner is fit to undergo the sanction of solitary confinement (or whole-day placement in a disciplinary department). In practice, once the decision imposing disciplinary sanction became final, the prison doctor filled in a form certifying the fitness of the prisoner concerned to undergo the sanction and then the execution of the sanction began.

In their response to the report on the 2018 visit, the Slovak authorities indicated the following: "We disagree with the contention that the medical examination of prisoners prior to their placement in disciplinary cells means that the doctor takes part in disciplinary proceedings and decides whether this type of disciplinary punishment may or may not be imposed. The role of the doctor is to merely inform the prison authority to postpone the execution of this type of punishment because the prisoner's physical or mental health could be put at risk the moment the prisoner is placed in a disciplinary cell. We therefore see no difference in whether medical examination takes place five minutes before the planned placement or five minutes after the planned placement in a disciplinary cell."

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82. The CPT notes positively that according to the information contained in disciplinary records, whole-day placements or solitary confinement were discontinued for health reasons in several cases following the intervention of healthcare staff.

The CPT wishes to point out in this respect that medical practitioners working in prisons act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship is a major factor in safeguarding the health and wellbeing of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote that relationship. This point was recognised in the Committee of Ministers' Recommendation Rec(2006)2 on the revised European Prison Rules; indeed, the rule in the previous version of the Rules, stipulating that prison doctors must certify that a prisoner is fit to sustain the punishment of disciplinary confinement, has been removed.

For these reasons, the CPT considers that, as a matter of principle, 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. Consequently, they should not be obliged to certify that prisoners are fit to undergo punishment before solitary confinement starts. On the other hand, prison doctors should be very attentive to the situation of prisoners placed in disciplinary isolation/segregation cells, and should report to the prison director whenever a prisoner's health is being put seriously at risk by being held in disciplinary isolation/segregation (as is currently the case, as a general rule, in respect of remand prisoners).

**The CPT recommends once again that the Slovak authorities take steps, including at the legislative level, to ensure that these precepts are effectively implemented in practice.**

98. It is a positive development that the automatic ban on phone calls for remand prisoners serving whole-day placement or solitary confinement has been abolished;<sup>83</sup> it is noteworthy in this context that almost all disciplinary cells seen by the delegation were equipped with a phone.

However, the automatic ban on phone calls still exists for sentenced prisoners (see Section 54 (1) LEPS).<sup>84</sup>

**The CPT trusts that the planned amendments to the Law on the Execution of Prison sentences will abolish the automatic ban on making phone calls for sentenced prisoners subjected to whole-day placement in a closed department or solitary confinement.**

99. Material conditions in the disciplinary cells/closed departments at Ružomberok and Žilina Prisons were on the whole acceptable and do not call for any particular comments (except for the general issue of windows being fitted with opaque plastic panes, as described in paragraph 62).

However, the cells in the closed department at Hrnčiarovce nad Parnou Prison had visible signs of wear and tear and needed whitewashing. Moreover, in-cell toilets in several of these cells which could be used for double-occupancy, were only partially partitioned. **These shortcomings should be remedied.**

100. One of the solitary confinement cells at Ružomberok Prison was equipped with a restraint bed, fixed to the wall. According to staff, the bed had not been used in at least ten years.

The CPT considers that restraint beds should not be used in non-medical setting. **It recommends that the restraint bed in the solitary confinement cell at Ružomberok Prison and, as appropriate, in other prisons in Slovakia, be removed.**

e. admission procedures

101. All sentenced prisoners (whether or not they have been remanded in custody before their conviction) begin the execution of their prison sentence in a remand prison. During a period of approximately two weeks, the initial risk assessment, internal classification and allocation to a suitable prison for sentenced prisoners is carried out. Upon transfer to an establishment for the execution of prison sentences, they are placed in an admission unit, usually for one week; during

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83. See Section 61 of Law [339/2022](#), amending LERD, and the amended Section 40c (4) LERD.

84. The automatic ban to receive visits had already been abolished prior to the 2018 visit.

this time, they are provided with information on their rights and obligations, house rules, regimes and available activities, and are allocated to a suitable unit in the establishment.

However, as far as the delegation could ascertain, there was no gender-specific screening for women entering the prison system.

The CPT considers that a gender-specific screening upon admission for women should be in place in all prisons accommodating women prisoners. Such screening should allow, in addition to identification of the responsibilities of newly admitted women towards their families/children, for the detection of specific needs, including a history of any sexual abuse and other gender-based violence. This information should be duly considered when drawing-up an individual sentence plan for the woman to ensure appropriate care and avoid re-traumatisation.<sup>85</sup>

**The CPT recommends that the Slovak authorities take steps to ensure that gender-specific screening upon admission for women by specifically trained staff (and, preferably, healthcare staff) is introduced in all prisons which accommodate female prisoners.**

102. More generally, the CPT could not get a clear picture during the visit whether the admission procedure included trauma-informed and needs-oriented screening for all prisoners, regardless of their gender (including the identification of suicide and self-harm risks, drug use, mental health needs and previous traumatic experiences) and to what extent this information was taken into account when drawing-up individual sentence plans. **The Committee would like to receive more information on this issue from the Slovak authorities.**

103. Žilina Prison was equipped with two small waiting cubicles (each measuring approximately 1 m<sup>2</sup>) which were used for short-term placement of newly admitted prisoners while the initial paperwork was completed. The cubicles were equipped with a chair and had a small window in the wooden door leading to the corridor; artificial lighting was sufficient in the cubicles. The CPT acknowledges that, according to information provided by staff and prisoners interviewed during the visit, the placement lasted for relatively short periods of time (that is, in the order of minutes).

However, their very small size renders them claustrophobic and oppressive. **The CPT trusts that in the context of the refurbishment of Žilina Prison referred to in paragraph 59, these cubicles will be taken out of service.**

f. complaints and inspection procedures

104. Several avenues of complaint were open to prisoners, including to the governor of the establishment, the director general of the prison service, the supervisory prosecutors or the Ombudsperson.<sup>86</sup> Supervisory prosecutors visited establishments holding remand prisoners every two months and those holding sentenced persons every three months.

The examination of the well-maintained complaints registers in the three establishments visited showed that all complaints were registered, and the prisoners concerned were notified of their outcome. Confidential letter boxes were available to prisoners on the wards.

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85. See also Rule 6 of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules).

86. See also paragraph 13.

## C. Immigration detention

### 1. Preliminary remarks

105. Pursuant to the Law on the Stay of Foreign Nationals, the Slovak police may deprive foreign nationals of their liberty for unauthorised entry or stay in the territory of the Slovak Republic, whenever this is deemed necessary to their administrative expulsion, for reasons of state security or the protection of public order, or in case of a significant risk of absconding. The foreign national may be held for up to 48 hours on police premises and, on the basis of a detention order issued by the Aliens and Border Police Department, may be detained for a maximum of 18 months in an immigration detention facility.<sup>87</sup>

106. The Slovak Republic has two detention centres for detained foreign nationals operating in the country: families with children are accommodated in the detention centre of Sečovce and single men and women are housed in the Medved'ov immigration detention centre (Medved'ov Centre). Under Slovak law, unaccompanied and separated minors cannot be subject to immigration detention. Instead, they are placed in a child protection facility.<sup>88</sup>

107. Alternatives to immigration detention were introduced to the law in 2017,<sup>89</sup> namely the possibility to impose an obligation to report to the police at the place of residence, or to pay bail in lieu of detention. In practice, however, such alternatives to detention are rarely applied.<sup>90</sup>

The CPT has repeatedly stressed that deprivation of liberty under immigration legislation should only be a measure of last resort after the careful and individual examination of each case. **The Committee encourages the Slovak authorities to ensure that the alternatives to immigration detention are actually employed; foreign nationals should not be automatically subjected to immigration detention, and such detention should be exceptional, proportionate and an individual measure.**

108. In the course of the visit, the delegation visited the Medved'ov Centre, previously visited by the Committee in 2009. With a capacity of 200 persons (160 men and 40 women), there were 78 foreign nationals at the moment of the visit: 77 men and one woman. The majority of foreign nationals placed at Medved'ov Centre were held pending their administrative expulsion.<sup>91</sup> The average stay at the facility was between two and three months.

### 2. Ill-treatment

109. The delegation received two allegations of physical ill-treatment of detained foreign nationals by staff. The allegations came from different foreign nationals and concerned one particular police officer working in the facility. The alleged ill-treatment consisted of punches, with one person claiming to have been recently punched in the back and then pushed, while another person had been punched in the stomach. In both cases, the punches were reportedly inflicted to enforce obedience.

Further, the delegation was informed about another allegation of physical ill-treatment which consisted of a police officer punching a detained foreign national. A complaint by this foreign national was filed with the supervising prosecutor who instructed the criminal police to investigate the case.

**The CPT recommends that it be strongly reiterated to staff that all forms of ill-treatment are unlawful, unprofessional and unacceptable and will be sanctioned accordingly. Further, the**

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87. §§ 88 (1), 88 (4) and 88 a (1) of the Law no. 404/2011 Coll. on the Stay of Foreign Nationals.

88. Unaccompanied and separated minors are placed in a children's home in Medzilaborce, which is under the responsibility of the Ministry of Labour, Social Affairs and Family.

89. See § 89 of the Law no. 404/2011 Coll.

90. According to information provided by the Slovak Ministry of Interior, no alternatives to detention were used in the period 2018–2020. In 2021, 155 foreign nationals were imposed the measure to report their place of residence and in 2022, 15 foreign nationals only.

91. 14 out of 78 foreign nationals applied for asylum when in detention.

**Committee would like to receive information on the outcome of the investigation into the alleged ill-treatment mentioned above.**

110. Violence between detained foreign nationals did not appear to be a major problem at the time of the visit. There were some tensions between certain communities over the use of common spaces and equipment, in particular the telephone. However, these tensions were generally resolved, with the prompt and effective intervention of staff.

111. Force did not appear to be overused by staff in the facility. Nevertheless, the delegation noted that data on use of coercive measures (such as physical force, the use of self-defence techniques and use of handcuffs) were entered in general terms in the records, without providing specific details on the reason why force was employed. The data consulted merely quoted the relevant provision of the Police Act, whether the police officer had made a warning before employing force, and whether any injuries were sustained when force was used. **The Committee recommends that the Slovak authorities ensure that any resort to the use of force at Medved'ov Centre, including its justification, is recorded in detail.**

112. Further, the conditions in the Centre, including the lack of access to the outdoor yard, the dissatisfaction of the detained foreign nationals regarding the quality and quantity of food provided,<sup>92</sup> their boredom, the lack of information about the state of play of their legal procedures and uncertainty about the length of their detention, led to friction between foreign nationals and staff. This resulted in a series of protests in the last year or so, including collective hunger strikes. **The CPT trusts that the Slovak authorities address the root causes of these frictions before the situation becomes unmanageable (with references to the recommendations contained in paragraphs 116, 118, 119, 122, 124, 142, 145, 147, 150-151 and 154-155 of this report).**

### **3. Conditions of detention**

#### a. material conditions

113. As was the case in 2009, there were three buildings available to accommodate detained foreign nationals at the Medved'ov Centre, including one specifically reserved for female foreign nationals. At the time of the visit, a single building was used for male detainees, who were accommodated over two separate floors. The single woman was housed in one of the medical isolation rooms opposite the infirmary of the Centre, located in an office building (see below paragraph 125). The other accommodation buildings were not used for the accommodation of detained foreign nationals.

114. The Medved'ov Centre was of a carceral appearance, with bars and wires used to separate buildings, as well as metal bars covering the windows and in the communal corridors to prevent detained persons from exiting their floor. This is inappropriate for immigration detention as, in line with its administrative nature, it must not be punitive in character.

The CPT recalls that persons detained under immigration law should be accommodated in centres offering material conditions, and a regime, appropriate to their legal situation. Care should be taken in the design and layout of such premises to avoid, as far as possible, any impression of a carceral environment.

In light of the above, **the Committee encourages that adjustments be made to the design and layout of the premises of Medved'ov Centre, with a view to rendering it less carceral, such as by removing window bars and barbed wire.**

115. The building accommodating the male foreign nationals was in need of maintenance: the walls were stained; several windows could not be closed properly because they were either broken or did not have handles; there were leaking radiators; the communal showers had broken taps and were missing shower heads; most of the benches in the TV room had been removed and the indoor gym equipment was out of order.

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92. See paragraph 119.

Further, although the dormitories were reasonably clean, the bunkbeds had worn out mattresses and pillows, and almost all metal lockers either did not have doors or were too damaged to be closed. The latter prevented detained foreign nationals from securing their personal belongings.

116. The delegation was informed that the management of Medved'ov Centre had made several requests for refurbishment and replacement material, such as new bedding, but that so far these had not been met. The Committee is of the view that, given the wear and tear in the Centre, also due to the high turnover of detained foreign nationals, a rolling programme of maintenance would assist the authorities in ensuring that the facility is kept in a proper state of repair. **The CPT recommends that the Slovak authorities take the necessary measures to ensure the proper maintenance of the Medved'ov Centre and that mattresses, pillows and bedding are replaced regularly.**

117. Detained male foreign nationals were not allowed to wear their own clothes but were given uniform-style clothing upon admission. All foreign nationals without exception complained about the clothes and footwear provided; the clothes were not warm enough for the winter and the footwear (rubber clogs) not suitable for use for outdoor exercise. Further, only one pair of socks and two pairs of underwear were provided, which were changed every two weeks. This is not acceptable from the perspective of personal hygiene.

Following a recent inspection visit, the supervising prosecutor ordered the director of the Centre to allow foreigners to use their own clothes, as foreseen by Slovak law,<sup>93</sup> but this order had not been implemented at the time of the CPT visit. The practice of confiscating personal clothes had continued, since the director "did not receive foreigners' requests" to keep their own clothes.

118. The Committee very much agrees with the position of the supervising prosecutor on the use of foreign nationals' own clothing in immigration detention. Therefore, **the Committee recommends that the relevant provisions of the Law on the Stay of Foreign Nationals be implemented in practice and that foreign nationals detained at Medved'ov Centre be offered the possibility to wear their own clothes, if they are suitable, and to have their clothes washed and repaired. If they are not suitable, the foreign nationals should be provided with clothes and footwear (adapted to the season).**

119. Food was prepared and provided in a canteen located on the ground floor of the building accommodating the male foreign nationals.

During the visit, the delegation was informed that there were five types of meal prepared at the Centre (notably standard, standard diet, vegetarian, menu with reduced salt and "non-irritating" menu), and that only two foreigners were on a special diet (one with reduced salt and one "non-irritating" menu). While a copy of these menus was requested from the administration, the delegation only obtained one type of menu served for the period 27 November to 3 December 2023.<sup>94</sup> During interviews of detained foreign nationals, the delegation was informed that, in practice, only one menu was served every day and many foreigners complained about both the quality and the quantity of the food provided.

Consequently, food was a source of tension at the Centre. For instance, on 8 November 2023, a protest of detained foreign nationals was held, requesting bigger portions and a wider variety of meals.

In light of the above, **the CPT would like to receive clarification from the authorities on the food provided at Medved'ov Centre. The Committee recommends that the detained foreign nationals are provided with adequate and appropriate food, and that dietary habits and religious requirements are fully taken into account.**

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93. See § 99 (1) of the Law no. 404/2011 Coll., allowing detained foreign nationals to receive unlimited shipments of personal clothing. More generally, the law foresees that only dangerous objects be taken away during immigration detention.

94. The menu consulted by the delegation listed meals which all contained meat, including pork.

120. Passive smoking was also an issue for non-smokers. As there was no designated smoking area in the confines of the facility, detained foreign nationals smoked everywhere, including in the dormitories. **The CPT encourages the direction of the Medved'ov Centre to provide areas which are free from passive smoking, known to have negative consequences for health, for all detained persons who request this, and to include this information in the house rules of the facility.**

b. regime

121. As was the case in 2009, a “corridor” regime was in place in the accommodation buildings, allowing detained foreign nationals free movement during the day and night between accommodation rooms, sanitary facilities and other common areas within the floor of each unit.

122. Concerning access to the outdoors, although the Slovak law foresees that detained foreign nationals have the right to two daily walks of at least one hour each,<sup>95</sup> this right was not enforced at the time of the visit. Detained foreigners only had access to the outdoors once a day, reportedly due to recent cases of escape and a lack of staff to supervise the outdoor area. In addition, until further notice, the foreign nationals could only use the outdoor area surrounding the entrance of their building, which did not have any means of rest, and they could not use the sports field and the outdoor gym equipment located a little further away. In its last inspection report, the supervisory prosecutor stressed that this practice was not in conformity with the law, and ordered the director to take immediate action to remedy the situation, but the order had not yet been implemented when the delegation visited the facility.

**The Committee recommends that the Slovak authorities take immediate steps to ensure that persons detained at Medved'ov Centre enjoy at least two hours of daily outdoor exercise, as provided for by Slovak law, and possibly more, and have access to the outdoor sport fields and equipment. The CPT would also like to be informed whether the foreign nationals detained at the other immigration detention centre of Sečovce are offered outdoor exercise in conformity with the Slovak legislation.**

123. At the time of the visit, there were no organised activities in place for detained foreign nationals. In the recent past, some activities had been provided through a project run by an NGO,<sup>96</sup> which ended more than one month before the visit. While the Slovak authorities were in the process of launching a new project, reportedly starting in February 2024, the foreign nationals were left without any activities other than watching television and reading. On each floor, there was a “day room” available for recreation. As the rooms were only equipped with broken gym equipment, they were in use merely as prayer rooms.

124. In the reports on its visits to the Slovak Republic in 2000 and in 2009, the Committee stressed the need to ensure that activities be offered in detention centres for foreigners.<sup>97</sup> Immigration detention centres should have appropriate means of recreation (such as board games, table tennis, sports), a library and a prayer room. Purposeful activities, in an immigration detention context, can include, *inter alia* language courses, IT/computer classes, arts and crafts, cookery skills and so-called “cultural kitchens”.

The Committee is of the view that the Slovak authorities should not rely solely on projects run by NGOs to provide such activities and therefore **recommends that the Slovak authorities take immediate measures to ensure that the above is made continuously available at Medved'ov Centre, as well as in the other immigration centres operating in the Slovak Republic. Further, the CPT would like to receive confirmation that activities outsourced to NGOs have resumed at Medved'ov Centre. The CPT would also like to receive information about the activities offered at Sečovce immigration detention centre.**

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95. See § 96 (1) of the Law no. 404/2011 Coll.

96. The activities included sports, music and art therapy as well as Slovak language courses.

97. See [CPT/Inf \(2001\) 29](#), paragraph 42; [CPT/Inf \(2010\) 1](#), paragraph 39.



125. The single woman had already been detained at Medved'ov Centre for a few weeks when the delegation visited the centre. She had been accommodated in one of the two medical isolation rooms located opposite the infirmary of the Centre ever since her arrival. She was *de facto* undergoing a regime akin to solitary confinement, as her human contact was limited to the staff of the facility accompanying her outside to take fresh air. In fact, she spent most of the day alone inside her room. On the positive side, she was allowed to keep her personal phone. This was not a unique situation as there had been only one woman detained at Medved'ov Centre in the past.

**The CPT therefore recommends that the Slovak authorities take the necessary measures to provide women in such situation with purposeful activities and appropriate human contact, with staff or with suitably risk-assessed detained foreign nationals. Consideration should be given to accommodating a single woman in Sečovce immigration detention centre, along with families and children.**

#### **4. Healthcare services**

126. Arrangements concerning the provision of healthcare at Medved'ov Centre were, on the whole, acceptable. The medical unit consisted of one examination room which had the essential medical equipment, including basic lifesaving equipment (defibrillator and oxygen) as well as an electrocardiography (ECG) machine. Further, in the vicinity of the medical room, there were two medical isolation rooms, for foreign nationals in need of medical supervision. At the time of the visit, besides the single female foreign national, the other room was accommodating a male foreign national in a state of acute psychotic decompensation (see below paragraph 136).

127. The healthcare team consisted of two full-time nurses, present on workdays only, from 07:30 to 15:30, and one doctor who attended two days per week, as well as upon request. When no healthcare staff were present at the Centre, the facility relied on nearby emergency services. **The Committee recommends that the Slovak authorities ensure that the presence of the doctor is increased when the Centre runs at full capacity.**

128. Contrary to the principle of medical confidentiality, prescribed medication, including for chronic diseases, was often distributed by custodial staff, even when nurses were on duty.

129. Another matter of concern was that the facility did not have a permanent post of a psychologist. Until the end of October 2023, one psychologist employed by an NGO worked at the Centre on a daily basis. According to the healthcare staff, there was a possibility for a psychologist to come to the facility, upon request.

130. In light of the above, **the CPT recommends that the Slovak authorities take the necessary measure to ensure that:**

- **distribution of medication is, as a rule, carried out by nurses;**
- **a person competent to provide first aid (who holds a valid certification in training in the application of cardiopulmonary resuscitation) is always present in the establishment, including at night and on weekends; preferably, this person should be a qualified nurse; and**
- **a psychologist, assisted by interpretation services as required, is regularly present in the establishment.**

131. It was explained to the delegation that all new arrivals undergo a medical screening. This consisted of a physical examination by the doctor and included blood tests, screening for transmissible disease on a voluntary basis,<sup>98</sup> and an x-ray of the chest.<sup>99</sup> However, custodial staff were systematically present during medical examinations of foreign nationals. Moreover, according to the information provided to the delegation, chest x-rays had not been performed "for some time" due to technical reasons.

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98. Including HbsAg, HCV (hepatitis B and C), anti HIV1, anti HIV2 and syphilis.

99. See Regulation of the Ministry of Internal Affairs no. SPOU-031-2019/002923-001 of 4 June 2019.

At the time of the visit, there was no screening upon admission for any possible signs of mental disorder, vulnerability and previous experience of traumatising, violence, or abuse, including torture, sexual and other gender-based violence or human trafficking (see also paragraph 136). **The CPT recommends that the Slovak authorities rectify this shortcoming.**

132. Further, the description of injuries detected upon admission, which was contained in the medical records of foreign nationals seen by the delegation, was insufficient: the descriptions lacked detail, the forms did not contain a section for the persons concerned to make a statement as to the origin of the injuries, there were no doctor's observations and/or conclusions, and no photographs were taken of the injuries. In the instances in which injuries were recorded, there was no system in place for the healthcare staff to inform the prosecutor or other relevant authorities.

133. Given the important role that healthcare staff can play in the detection and prevention of ill-treatment through the timely and accurate recording of injuries, **the Committee recommends that the Slovak authorities take the necessary steps to ensure that all newly admitted foreign nationals are properly interviewed and physically examined by a medical doctor, or a fully qualified nurse reporting to a doctor, as soon as possible, and no later than 24 hours after their admission, and that any signs of injuries are duly recorded.**

The record 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 the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

Further, a dedicated register of the injuries observed on foreign nationals upon their admission (or later during their detention) should be put in place and whenever injuries are recorded which are indicative of ill-treatment of a detained person, the information should be immediately and systematically brought to the attention of the relevant prosecutor. The Committee also encourages the Slovak authorities to provide the healthcare staff at detention immigration centres with specific training on recording of injuries.<sup>100</sup>

In addition, to ensure full respect for medical confidentiality, medical examinations of foreign nationals should be conducted out of the hearing and – unless the healthcare professional concerned expressly requests otherwise in a given case – out of the sight of custodial staff. This must be seen as a shared responsibility of police officers and healthcare staff.

Finally, the CPT trusts that the technical issues are resolved so as to resume performing chest x-rays in the diagnostic procedures upon admission.

134. The consultation of the medical files showed that, in 2023, four detained foreign nationals had hepatitis B, three hepatitis C and one was HIV positive. At the moment of the visit, one foreign national had hepatitis C and it was not possible to ascertain during the visit if the person concerned was receiving treatment for this.

The files also revealed that in 2023, there had been 53 interventions at Medved'ov Centre due to problems of detained foreign nationals with drug addiction. However, the facility did not provide opioid substitution treatment programmes for opioid-dependent foreign nationals.

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100. 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.

In light of the above, **the Committee recommends that arrangements be put in place to ensure that substitution and harm-reduction programmes are available to foreign nationals to the same extent as in the outside community. Further, steps should be taken to ensure that foreign nationals with hepatitis B, hepatitis C and HIV are provided with the necessary treatment.**

135. Access to specialist care appeared to be difficult for detained foreign nationals. Since no medical specialists visited the Centre, foreign nationals had to be escorted outside the facility for consultations. The delegation witnessed during the visit that a high number of detained foreign nationals were having skin problems in the facility. Many foreign nationals complained to the delegation about not being able to consult medical specialists, in particular dermatologists.<sup>101</sup>

136. At the moment of the visit, one foreign national had been kept in one of the medical isolation rooms of the medical facility since his admission, one month prior. Despite displaying acute symptoms of psychotic decompensation, the foreign national had neither been examined by a psychiatrist nor had he been provided with any psychiatric treatment.

During the end-of-visit talks, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention, urging the Slovak authorities to take urgent steps to ensure that the above-mentioned person is examined by a psychiatrist and is provided with adequate care in a suitable environment, within or outside the Medved'ov Centre.

By letter received on 19 January 2024, the Slovak authorities informed the CPT that the foreign national consulted a psychiatrist on 15 December 2023 and that pharmacotherapy with medical check-ups had been prescribed to him. In their response, the Slovak authorities informed the Committee that, if a similar situation occurs in the future, the check-ups and examinations by the psychiatrist would be carried out again.

This is a positive development. Nevertheless, **the Committee would like to receive additional information on the medical check-ups undertaken on the detained foreign national.**

137. In light of the above, **the Committee recommends that the Slovak authorities take steps to ensure that detained foreign nationals at Medved'ov Centre have access to the necessary specialist care.**

138. Despite having had several incidents of collective hunger strikes<sup>102</sup> of detained foreign nationals, there was no specific clinical protocol in place for the management of hunger strikes within the facility. Similarly, there was no specific protocol for suicide prevention, despite having had several cases of self-harm in 2023. **The Committee recommends that clinical protocols and guidelines be established on the management of hunger strikes and the prevention of suicide in detention.**

## **5. Legal safeguards**

139. All foreign nationals were placed at Medved'ov Centre on the basis of decisions issued based on the applicable law.<sup>103</sup>

140. The files consulted by the delegation showed that, upon admission at Medved'ov Centre, detained foreign nationals were given a paper listing their rights and obligations. The document provided, available in either Slovak or English, was to be signed by the detained foreign nationals

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101. In 2023, until the day of the delegation's visit, there had been a total of 33 external medical consultations, including 11 emergency examinations, 12 specialist examinations by surgeons, four by traumatologists, two examinations by psychiatrists, two examinations by pulmonologists, one examination by an internist and one examination by a radiologist.

102. According to the files consulted by the delegation, there had been four instances of collective hunger strikes registered since the end of 2022, namely one in December 2022 (involving 40 detained foreign nationals), one on 15 September 2023 (involving five foreign nationals), one on 15 October 2023 (involving seven foreigners) and one on 18 October 2023 (involving 50 foreign nationals).

103. See § 88 (1) of the Law no. 404/2011 Coll.

and, in the case that they did not speak and understand either of these two languages, by an interpreter.

Information leaflets about asylum requests and free legal aid were available in the rooms for in-person visits. Some information about the house rules, the regime and contact of NGOs and external bodies were also available in different languages, on the boards located in the communal corridors where detained foreign nationals were held.

141. During the visit, the main source of complaints expressed by the foreign nationals was the lack of information provided to them as to their legal situation, the state of their case and the continuation of their detention (see paragraph 112), even though case managers, who were police officers, were available to meet with detained foreign nationals, upon request.

Only one external part-time social worker,<sup>104</sup> provided by an NGO, was working in the facility to assist all 78 foreign nationals with their pending procedures, to explain their rights, and to provide access to telephones and the internet (see also paragraph 150). In a letter dated 19 January 2024, the Slovak authorities informed the CPT that a new project would be starting in 2024 under which “a permanent social worker, a psychologist and a legal representative will be available at the Medved’ov Centre when requested by a detained person.”<sup>105</sup>

142. Considering the problem of communicating information to detained foreign nationals, which contributed to the overall tense atmosphere in the Centre, **the Committee recommends that steps be taken to improve access to information for foreign nationals detained at Medved’ov Centre, and to ensure the presence of sufficient dedicated staff to communicate with them, provide them with information and meet their social needs. This should also apply to other immigration detention centres operating in the Slovak Republic.**

143. From the documents consulted by the delegation, it was clear that, during the proceedings initiated upon apprehension, foreigners were informed several times about their right to be represented by a lawyer. Nevertheless, there was no information provided on how to arrange for legal representation in case the foreign nationals did not know any lawyers. Furthermore, all proceedings were usually completed within one day, which gave the persons concerned little opportunity to seek legal advice.

144. Legal aid was provided by NGOs to asylum seekers, but not to those who did not lodge a request for asylum. Free legal assistance to those who were not seeking asylum status, and did not have the financial means for legal assistance, could be provided by the Centre for Legal Aid, a state-run service,<sup>106</sup> but was to be requested through a formal application, the assessment of which could take up to 30 days.

145. The CPT is of the view that all detained foreign nationals should have access to effective legal representation in order for them to benefit, without undue delay and at every stage of the proceedings, from legal advice on issues related to residence, detention and deportation. For indigent foreigners, such legal representation should be free-of-charge.

Therefore, **the CPT recommends the Slovak authorities review the current arrangements concerning the provision of legal aid to detained foreign nationals, to ensure that they are rendered more effective in practice, in light of the above considerations.**

**In this context, the Committee would like to receive confirmation that the new project mentioned in paragraph 141 has now begun. It would also like to receive more information on the precise modalities of provision of legal advice within the project. All immigration detention centres operating in the Slovak Republic should have a dedicated staff member**

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104. The social worker would come to Medved’ov Centre for two or three hours a day, four days a week.

105. Replies of the Slovak authorities to the immediate observations made at the end of the 7th periodic visit to the Slovak Republic, p. 2.

106. See Law no. 327/2005 Coll. on the Provision of Legal Aid to Persons in Material Need, as amended.

available to assist detained foreign nationals who wish to seek legal advice, including free legal aid.

## 6. Other issues

### a. staff

146. It was foreseen that a total of 45 police officers be employed at Medved'ov Centre, working 12 hour shifts,<sup>107</sup> but only 35 police officers were working at the Centre at the time of the delegation's visit. Several interlocutors stated that the facility had been understaffed for a long time.

At the time of the visit, the Centre relied on 10 members of the Armed Forces to ensure the perimeter security of the facility. This assistance was requested in September 2023 due to several escapes.

**The CPT recommends that the Slovak authorities fill the vacant posts and would like to be informed of the progress in recruiting additional police officers at Medved'ov Centre.**

147. Interpreter services were frequently used for interviewing detained foreign nationals or processing their files. Interpreters could also be called for doctor-patient interviews, providing on-site interpretation. The delegation was informed that in practice, the nurses of the facility, who could also speak Russian and German, would use a cell phone with online translation to communicate with foreign nationals in the languages which none of the staff members spoke. The nurses informed the delegation that custodial staff could also assist with interpretation when foreign nationals understood and spoke English.

Nevertheless, the delegation observed that there was little interaction between the staff and detained foreign nationals due to the language barrier. **The CPT encourages the Slovak authorities to take measures to improve the day-to-day contact between the staff and detained foreign nationals, if necessary via the use of phone interpretation for this purpose. Further, at least some of the staff should have relevant language skills.**

### b. security

148. The delegation was informed that during escorts, foreign nationals were routinely handcuffed, including during external medical examinations.

The Committee is of the view that there is no justification for routinely handcuffing immigration detainees and doing so whenever they leave the detention facility is disproportionate. **The Committee recommends that the use of means of restraint be considered following an individual risk assessment and based on the principle of necessity and proportionality.**

### c. contact with the outside world

149. There was a telephone available to receive phone calls, located on the communal corridor of each floor. The telephone did not offer the possibility to make calls.

150. Mobile phones were systematically taken away from detained foreign nationals by staff upon arrival, and stored. Foreign nationals could use their personal phones upon request only, through the social worker. This was made possible once a week on average by small groups of persons gathered in the social worker's office, in his presence, and during a limited period of time.<sup>108</sup> There was no internet access in the facility, except through the social worker, who could provide internet access on the personal phones of the detained foreign nationals or through tablets which detained foreign nationals could borrow for a limited amount of time, and in the presence of the social worker and other foreign nationals. On the basis of these arrangements, the detained foreign nationals could make free calls through the use of internet.

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107. At least one female police officer was working per shift.

108. According to the social worker, detained foreign nationals could make telephone calls once a week, between 20 and 30 minutes.

The provision of contact with several persons gathered in one room prevented detained foreign nationals from talking to their family and relatives in private. This, as well as the insufficient frequency of access to means of communication with the outside world, created tension between the detained foreign nationals.

Persons held in immigration detention should be granted regular and frequent access to the telephone in order to maintain contact with the outside world. The CPT wishes to recall that the persons concerned are neither convicted nor suspected of a criminal offence. Bearing this in mind, the CPT considers that, preferably, they should be permitted to keep, or at least have regular access to, their own mobile phones, as is increasingly the practice in various other European countries.

**In light of the above, the Committee encourages the Slovak authorities to ensure that all detained foreign nationals are able to have daily contact with the outside world, in a setting respecting their privacy, and preferably be allowed to keep, or at least have more regular access to, their own mobile phones.**

**In addition, it recommends that several pay phones be installed in Medved'ov Centre and in all immigration centres operating in the Slovak Republic.**

**Finally, it recommends that the Slovak authorities allow foreign nationals detained under immigration legislation to use VoIP technologies on a free-of-charge basis to communicate with the outside world, and provide them with internet access on a more frequent basis, preferably daily.**

151. Detained foreign nationals had the possibility of receiving visits at Medved'ov Centre once every two weeks, for a period of 30 minutes per visit.<sup>109</sup> **The CPT recommends that the Slovak authorities amend the legislation to ensure that persons detained for immigration purposes be offered the possibility of regular visits from family and friends. They should be allowed at least one visit of one hour per week, and preferably more.**

d. discipline

152. As in 2009, a “separate detention regime”, consisting of placement in a holding cell, still operated at Medved'ov Centre for the seclusion of detained persons who could “endanger the purpose of the detention, were aggressive, breached the house rules or posed a threat to health.”<sup>110</sup> Placements to holding cells<sup>111</sup> were to be approved by the Director of the facility.

All placements were recorded in a dedicated logbook<sup>112</sup> and the supervising prosecutor was notified of each placement, in accordance with the law.<sup>113</sup>

The house rules provided an indication of the length of placements,<sup>114</sup> which could be extended for up to 28 days. There was no procedure in place for healthcare staff of the facility to visit the person placed in the holding cells. Such procedure was not foreseen by law. Moreover, consultation of the files showed that the persons placed under the separate regime did not receive a copy of the decision imposing placement.

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109. See § 98 (1) of the Law no. 404/2011 Coll.

110. See § 93 (1) of the Law no. 404/2011 Coll.

111. There was one separate building which was used for placement to holding cells. The building was composed of two rooms, each with two beds, a table with two stools, a toilet and a washbasin. Both rooms were equipped with an alarm and with CCTV cameras. The building had its own dedicated outdoor area of 52 m<sup>2</sup>.

112. There had been 18 placements in 2022 and 15 placements in 2023. The longest recorded placement in 2023 due to an “attempted escape” lasted for 13 days.

113. See § 93 (4) of the Law no. 404/2011 Coll.

114. The house rules, in their § 12, stipulated that placement was for “the time strictly necessary, determined by the most necessary periods”, namely: 14 days for placements based on § 93 (1) a) of the Law, three days for rude behaviour and threats of physical harm, seven days for physical assaults to a detained person, without serious injury, 14 days for physical assault to a detainee with serious injury and seven days for violation of internal regulations.

Despite the recommendation formulated in 2009, there was still no time limitation provided in the law or procedure in place including safeguards, review of placement and appeal to a higher authority against the placement imposed.

153. The CPT reiterates its concerns about the unregulated nature of the separate detention regime and the lack of safeguards surrounding it, such as an appeal procedure. Furthermore, healthcare staff should be highly attentive to the needs of all detainees placed in holding cells, which requires not only that they be informed of any placement but also that they visit and provide them with any necessary medical assistance.

**The Committee recommends once again that the relevant legislation be amended to ensure that the use of the separate detention regime (for reasons other than medical quarantine) be made subject to a detailed procedure in the law, providing the persons concerned with the right to be heard, to be provided with the decision on placement and to appeal to a higher authority against any measure of separation imposed.**

**Furthermore, steps should be taken, including at legislative level, to ensure that every placement under the separate detention regime is immediately brought to the attention of the healthcare service. The healthcare staff should visit the segregated person immediately after placement and thereafter, on a regular basis, at least once per day, and provide such persons with prompt medical assistance and treatment as required.**

e. complaints procedures

154. The house rules guaranteed the detained foreign nationals' right to submit requests and complaints to the state authorities. While the delegation was presented with a sample of complaints lodged, they were not able to get a full picture because of the lack of a dedicated complaints register.<sup>115</sup> There were no confidential complaint boxes available to detained foreign nationals within the facility.

**The CPT recommends that the Slovak authorities formalise the operation of complaint procedures at immigration detention centres, so as to make sure that all detained foreign nationals are effectively enabled to send complaints in a confidential manner (and are duly informed of this possibility). Detained persons should be able to make written complaints at any moment and place them in locked complaints boxes (to which the Direction and/or another designated management member has the key) located in each accommodation unit. All written complaints should be recorded in a dedicated register.**

155. Regarding available external complaint mechanisms, information was presented on boards located in the communal areas. However, the foreign nationals did not have the possibility to make full use of these, as they could not get in contact with external bodies, other than through the social worker. **The implementation of the recommendation formulated above concerning access to phones would ensure that detained foreign nationals have efficient access to these bodies (see above, paragraph 150).**

f. inspection procedures

156. The Police Presidium conducted general inspections of immigration detention centres, following which it would issue recommendations.<sup>116</sup> The State Prosecutor also conducted inspections of immigration detention centres twice a year and, when necessary, extraordinary inspections in reaction to special incidents, such as collective hunger strikes.

External monitoring was also carried out by the Ombudsperson, who would come to make visits of the establishment and issue reports.

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115. The forms were archived in the foreign nationals' individual files.

116. Following a visit conducted in June 2023, the Police Presidium recommended increasing the number of positions of police officers for Medved'ov Centre from 45 to 60. It also recommended undertaking urgent reconstruction of the accommodation block and the sport playground.

157. Examination of the inspection reports revealed that the recommendations issued by these authorities were not actually implemented at Medved'ov Centre. **The Committee invites the Slovak authorities to explore ways to ensure that the recommendations issued by inspection bodies are being enforced.**



## D. Forensic psychiatric establishments

### 1. Preliminary remarks

158. In December 2022, the Slovak authorities opened the Hronovce Detention Institute, the first forensic psychiatric detention facility in the Slovak Republic.

Located in the vicinity of the Hronovce psychiatric hospital, the new facility is a high security medical centre under the primary responsibility of the Ministry of Health (in charge of medical care), with the Ministry of Justice responsible solely for internal and external security, which is provided by the Corps of the Prison and Judicial Guards (custodial staff).

159. The Hronovce Detention Institute accommodates persons upon whom a detention measure is imposed by the court,<sup>117</sup> aimed at preventing reoffending through a special treatment regime and strict isolation from society,<sup>118</sup> by providing therapy and education to the person concerned.<sup>119</sup>

160. The measure of “detention” was introduced by Section 81 of the Criminal Code, which provides:

“(1) If a convicted person is found to have a mental disorder while serving a prison sentence, which according to an expert medical opinion, is incurable and his or her stay at liberty is dangerous for society, even taking into account the criminal activity committed, the court, at the proposal of the prosecutor or the director of the penal institution, will suspend the execution of the prison sentence and order his or her placement in a detention centre.

(2) Before the end of the prison sentence, the court may also decide to place in a detention centre a perpetrator of an intentional crime who refuses to undergo protective treatment or for whom protective treatment does not fulfil its purpose due to the patient’s negative attitude, and whose whole stay in freedom is dangerous for the benefit of society; the offender is placed in a detention centre after serving the prison sentence.

(3) If the court deems it necessary, before the end of the prison sentence, it may also decide to place in a detention centre a perpetrator of a crime committed with a sexual motive or a perpetrator who commits a particularly serious crime again; the offender is placed in a detention centre after serving the prison sentence.

(4) Based on an expert medical opinion, the court may decide to place the offender in a detention centre even if the offender, whose stay at liberty is dangerous, is undergoing protective treatment in an institutional healthcare facility and his or her behaviour endangers the life or health of other persons; the court will decide on the proposal of an institutional healthcare facility.”

The CPT has certain reservations as to whether the legal ground for the imposition of the measure of detention prescribed in Section 81 (3) of the Criminal Code is sufficiently precise for the purpose of Article 5 of the European Convention on Human Rights (ECHR) and if the measure of detention imposed pursuant to this provision falls within the justified grounds for deprivation of liberty provided for in the same article.

161. The facility, with an overall capacity of 75 beds, received its first patients in March 2023. At the time of the visit, it was accommodating 16 adult patients, who came from various psychiatric wards or were serving a prison sentence.<sup>120</sup> The patient population included one cisgender woman (see below, in paragraph 203) and one transgender woman (see below, in paragraph 204). The

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117. The institute of detention is regulated by the Law no. 231/2019 Coll. on the Execution of Detention and on amendment and supplementation of certain acts, which came into effect on 1 January 2020, with an amendment effective on 1 December 2022.

118. See § 82 (1) of the Criminal Code of the Slovak Republic (CC).

119. See § 82 (1) of the CC and § 2 (1) of the Law no. 231/2019 Coll. The law provides that detention must be carried out respecting the human dignity of the person in detention, with diagnostic, therapeutic, psychological, nursing, educational, pedagogical, rehabilitative, sociotherapeutic, occupational therapeutic and social interventions leading to the stabilisation of the condition of a person in detention. See § 2 (3) and (4) of the Law no. 231/2019 Coll.

120. Eight of the 16 patients were ordered placement within the facility on the basis of § 81 (1) of the CC, and the other eight on the basis of § 81 (4) of the same Code (see above, paragraph 160).

majority of patients were diagnosed with intellectual disabilities and other diagnoses included disorders of sexual preference, mental disorder due to brain damage and dysfunction, schizophrenia and personality disorder.<sup>121</sup>

The management of the facility was informed that there are 54 potential new patients presently held in psychiatry facilities. Further, the custodial staff reported that 40 prisoners had been identified as potential new patients.

162. In 2026, the Slovak authorities intend to open in Kremnica a second forensic detention facility. The layout of this facility would be identical to the Hronovce Detention Institute, also with an overall capacity of 75 patients. **The CPT recommends the Slovak authorities to take into consideration the recommendations issued in respect of the Hronovce Detention Institute, in particular as contained in paragraphs 167-170, 191-193 and 222-223 of this report, when planning the construction of the new forensic detention institute in Kremnica and drafting its house rules. Further, the Committee would like to receive information on any developments in connection to the construction of this new forensic detention facility.**

## 2. Ill-treatment

163. The delegation received no allegations of physical ill-treatment of patients by staff. On the contrary, the patients talked positively about the staff and the delegation observed that the staff were committed and caring towards the patients.

164. Since March 2023, some instances of inter-patient violence had occurred in the facility but based on the information received, it appeared that the staff reacted promptly and adequately in such cases.

165. At the time of the visit, the Hronovce Detention Institute had two central registers for incidents: the register for serious incidents to be reported to the prosecutor, such as threats to life and major damages to property, which was empty at the moment of the visit; and the register for minor incidents, which included incidents of violent behaviour of patients. Every incident occurring in the facility was duly registered in the central registry as well as in the patient's individual file.

## 3. Patients' living conditions

166. The Hronovce Detention Institute is accommodated in a new building secured by high walls and protective wire fences, placed all around the institution. It consisted of three floors. The premises for patients were located on the ground and first floors, with all patients' rooms arranged around two two-storey atriums. Such premises were monitored from two central monitoring posts. The second (and last) floor of the building was separated and contained the offices for the personnel, administration and management.

167. Concerning material conditions, the new buildings were clean and equipped with central air conditioning, with good access to natural and artificial lighting. The corridors were separated from the atriums by white metal bars, placed from ground to ceiling. Due to this open space and to the fact that the corridors were empty of any furniture or equipment, noise constantly resonated loudly through the whole premises, which may constitute a serious issue for persons with mental disorders and persons with sensory sensitivity. **The Committee recommends that the management of the Hronovce Detention Institute finds a solution to resolve this problem.**

168. Patients' rooms were single-occupancy rooms with an ensuite bathroom equipped with a toilet, a shower, and a sink, which provided sufficient living space.<sup>122</sup> The rooms were equipped with a bed, table and chair, some shelves and each had a functioning call-bell. Each room had at least one large, grilled window, allowing for access to natural light, and had good artificial lighting.

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121. The diagnosis of patients placed at Hronovce Detention Institute during the delegation's visit included: mental retardation, personality and behavioural disorder due to brain disease, damage and dysfunction, disorder of sexual preference, and schizophrenia.

122. The normal room measured 16.2 m<sup>2</sup>, which included a bathroom of 4.37 m<sup>2</sup>.

There were eight rooms designated for patients with physical disabilities, offering more space than the other patients' rooms<sup>123</sup> and featured disability-friendly equipment as well as height-adjustable toilets and shower, which could be used by a patient in a wheelchair. The rooms were also equipped with a television. These rooms were located on the first floor of the facility, and there was only one elevator in the detention area, thus potentially creating complications for persons with disabilities in accessing the outdoor areas and the therapeutic rooms, which were all located on the ground floor, and in case of an evacuation. **The CPT encourages the management of the Hronovce Detention Institute to find a solution to this shortcoming.**

169. In the view of the CPT, the focus on security was excessive. Not only had all patients' rooms a double-door closure system in place, with one blind metal door and one see-through door with bars, all patients' rooms were also equipped with two CCTV cameras, one located in the room and one in the bathroom. The management had pixelated the image to cover the toilets and the shower areas. However, the delegation noticed that cameras located in two rooms<sup>124</sup> gave a full image of the toilets. At the delegation's request, the management committed to pixelate the camera images in question.

The CPT wishes to underline that video surveillance of a patient's room is a gross intrusion into the privacy of patients. Decisions to impose CCTV surveillance on a particular person should always be based on the existence of very serious health or security concerns, upon an individual risk assessment, and should be reviewed on a regular basis. Accordingly, the Committee disagrees with the routine installation and use of CCTV cameras in patients' rooms. If continuous supervision of a patient is considered necessary on the basis of an individual risk assessment, the patient concerned should preferably be placed in a dedicated observation room.

**Therefore, the CPT recommends that the Slovak authorities end the blanket use of CCTV cameras within patients' rooms and remove CCTV cameras, at the Hronovce Detention Institute. If continuous supervision of a patient is considered necessary on the basis of an individual risk assessment, the patient concerned should preferably be placed in a dedicated observation room.**

170. Overall, the establishment was austere and impersonal, without decoration, pictures or plants, and virtually empty beyond some pieces of furniture. The medical personnel indicated that to decorate their rooms, patients had to obtain prior approval from a "committee of experts."<sup>125</sup>

**The CPT recommends that the management of Hronovce Institute take concrete steps to create a more therapeutic environment in the facility. Attention should be given to the decoration, both of patients' rooms and communal areas, in order to give patients visual stimulation.**

171. The two large communal halls of the facility were located on the ground floor. At the time of the visit, only one communal hall was used. It was equipped with a few tables and chairs, where patients would gather to eat together, and with one large TV screen. Further, the facility had two dedicated rooms for smokers, with ventilation.

172. The food offered to patients was prepared in the nearby psychiatric hospital of Hronovce. While the administration told the delegation that several menus were available to patients depending on their prescribed diet,<sup>126</sup> numerous patients complained about not being able to choose dietary options, including vegetarian and non-lactose. Further, the vast majority of the patients with whom the delegation spoke, stated that the food was not provided in sufficient quantity, especially for breakfast.

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123. The room reserved for persons with disabilities measured 23.22 m<sup>2</sup>, which included a bathroom of 6.3 m<sup>2</sup>.

124. Namely, rooms K221 and K211.

125. The committee of experts was composed of a head doctor, a psychologist, a nurse, a social worker and a representative of the custodial staff.

126. Such as standard, diabetic, low fat and low salt, as well as vegetarian.

In light of the above, **the CPT recommends that the Slovak authorities undertake additional efforts to ensure that a wider variety of food is available in the right proportions to enable patients to maintain an adequately nutritious, sufficiently calorific and well-balanced diet.**

173. The outdoor space located between the high walls and the building was divided by gridded and wired fences into smaller yards, for patients' access to fresh air. Outdoor exercise was mandatory for all patients for one hour per day in the morning, in the designated outdoor yard reserved for patients depending on their treatment unit.<sup>127</sup> Upon request, patients could go outside in the afternoon as well.

**The CPT recommends that the Slovak authorities take steps to increase access to outdoor exercise for patients placed in the Hronovce Detention Institute. 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.**

#### 4. Staff

174. Within the facility, the primary care providers were health workers, while security was ensured by custodial staff. Unless there was a security related routine (notably, searches), custodial staff could only act upon instruction from the healthcare staff. To differentiate one from the other, all healthcare staff wore white clothes, while the custodial staff wore prison services uniforms.

175. The overall civil staff complement of the institution envisaged a total of 60 employees, namely 40 healthcare staff, 10 technical staff, eight cleaning staff and two social workers. According to the management, by February 2024, the facility was due to be fully operational in terms of staffing.

176. At the time of the visit, the facility employed four doctors, including one head doctor who were all psychiatrists (1.1 FTE), two psychologists (0.7 FTE), one head nurse, two manager nurses, and 18 nurses (including eight specialised psychiatric nurses (9 FTE) and 10 nurses (10 FTE)), six auxiliary nurses (6 FTE) and five orderlies (5 FTE).

There were also two full-time staff responsible for activities (special pedagogist/ physiotherapist) and two social workers.

In the CPT's view, the number of healthcare staff at the Hronovce Detention Institute was satisfactory for the current number of patients, except for the number of psychologists (see below, paragraphs 179 and 201).

177. The four doctors were working part-time. Two doctors were forensic psychiatrists specialised in sexology. A doctor was present in the facility every working day, for two to five hours. For the rest of the time, including at night, the doctors were on call; they could reach the facility within 30 minutes.

178. As regards nursing staff, the head nurse, manager nurses and social workers were engaged on weekdays. Ward based nurses worked on 12-hour shifts. During a day shift, there were seven nurses and one orderly, while during a night shift there were five nurses and one orderly.

179. The facility employed two psychologists. However, one was on maternity leave at the time of the visit and had not been replaced. The single working psychologist, who had graduated 18 months previously, worked half time at the facility. The vast majority of patients told the delegation they had only had a consultation with a psychologist during admission. In light of the above, **the Committee recommends that the Slovak authorities take immediate steps to increase patients' access to psychological care at the Hronovce Detention Institute.**

180. Specialist medical care was ensured by external services. The majority of these examinations were performed at the nearby hospital of Hronovce which had specialists in the fields of internal

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127. See § 14 (1) b) of the Law no. 231/2019 Coll., stating that a person in detention has the right to take part in a daily walk in the designated open space of the detention centre lasting at least one hour, except in cases where this is not permitted by a special treatment regime.

medicine, neurology, surgery, gynaecology and otorhinolaryngology. Full insured dentist services were also available.

181. With regard to security staff, there was a total of 36 prison officers working at the facility, including six women. Seven officers of the custodial staff, including one woman, worked during a 12-hour shift. Three officers were stationed within the treatment units, while four were positioned at the gate entrance and at the perimeters of the facility.

The number of custodial officers was set to increase progressively with the number of patients. It was planned that a total of 78 officers would be working at the Hronovce Detention Institute, with eventually five officers working within the treatment units.

182. Initial training for employed healthcare personnel had been carried out in the psychiatric hospital of Hronovce. They were trained in working with forensic psychiatric patients, with a particular focus on conflict management by de-escalation. It was positive to see that the healthcare staff appeared to be both qualified and motivated. Approximately half of them were recruited from the psychiatric hospital of Hronovce, while the other half previously worked in psychiatric departments of other health institutions in the Slovak Republic.

Custodial staff also undertook a specialised training course on “detention”, which included modules on how to deal with dangerous behaviour, the use of force, and psychiatric disorders. Further, the custodial staff participated in lectures led by psychiatric experts, including nurses from the Institute.

The investments made in the capabilities of staff are commendable and the Committee encourages the management of Hronovce Detention Institute to continue on this path.

183. Slovak law provides that the Hronovce Detention Centre is obliged, at least once a year, to educate staff working within the facility, with the aim of improving their knowledge, abilities and skills necessary to ensure the purpose of detention, including the use of restraints.<sup>128</sup> The facility continued to cooperate closely with the Hronovce hospital in this regard.

184. The Committee welcomes the steps undertaken in the recruitment of experienced staff and **recommends that the Slovak authorities continue their efforts to ensure that all vacant posts of (healthcare) staff are filled at the Hronovce Detention Institute. Both categories of staff should cooperate closely and custodial staff should be engaged in ongoing training on the specifics of persons with mental disorders, and prevention as well as management of aggressive behaviour.**

## 5. Treatment

185. As provided by Slovak law,<sup>129</sup> the Detention Institute was divided into three treatment units identified by colour coding: red for the “detention unit” (with a planned capacity of 20 patients); orange for the “detention-resocialisation unit” (with a planned capacity for 20 patients); and green for the “resocialisation-detention unit” (with a planned capacity for 35 patients).

Each treatment unit had a specific regime and security level in place, with the red unit having the highest security level and green the lowest. Patients were all admitted in the red unit and would then progress to green, via the medium-security orange unit.

As the facility had only been open for a few months at the time of the visit, only the red unit (with six patients)<sup>130</sup> and the orange unit (with 10 patients) were operational. Patients’ liberties increased when progressing from the red unit to the green unit.

186. For patients placed in the red treatment unit, both the blind metal door and the see-through door with bars were always closed, unless individual consultation or activities were

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128. See § 4 (6) of the Law no. 231/2019 Coll.

129. See § 3 (3) of the Law no. 231/2019 Coll.

130. However, only five patients were subject to the red regime treatment, see below in paragraph 203).

taking place. In this case, except for sport or outdoor activities, the patients would remain inside their room and the healthcare professional behind the closed barred door, with a prison officer nearby.

The outdoor area dedicated to patients placed in the red unit included one open pitch, equipped with a few pieces of outdoor gym equipment, and six outdoor grilled “cubicles” of 15.6m<sup>2</sup> each, resembling cages, for individual use only. These cabins were devoid of any equipment, except for a bench and an ashtray.

Other than one hour of solitary outdoor exercise, these patients spent most of their day on their own in their room, where they would also eat their meals. On the rare occasion that they could leave their room, they would be accompanied by healthcare staff, with custodial staff in close proximity. Upon request, they could also watch television alone.

The patients were offered limited individual psycho- and socio-therapeutic activities, which were organised twice a day, for one-hour session. All patients with whom the delegation talked to complained about the lack of activities in the red unit.

187. The Committee acknowledges that the red unit is intended for patients with acute behavioural disorders. Nevertheless, it has serious misgivings about the way medical, psycho-social and recreational activities were systematically conducted with patients there through metal bars, and with custodial staff nearby. The Committee acknowledges that special security measures might be called for in specific cases. However, systematic contact with patients through bars is a practice which is not conducive to a genuine therapeutic relationship and is potentially degrading to both patients and staff.

Similarly, there can be no justification for custodial staff being systematically present during consultations; their presence is detrimental to the establishment of a proper healthcare staff-patient relationship. Alternative solutions can and should be found to reconcile legitimate security requirements with the principle of medical confidentiality, for instance by installing a call system for healthcare staff to be in a position to rapidly alert custodial staff in case of need.

The CPT is also of the view that the number of psycho-social and recreational activities offered and the frequency of interaction with staff should be increased, in particular considering the solitary nature of the placement and the fact that all newly admitted patients are also submitted to this regime for at least the first two weeks of their placement.

**In light of the above, the CPT recommends that the Slovak authorities fundamentally review the approach of conducting all consultations and activities through bars.**

**Further, all medical examinations/consultations should be conducted out of the hearing and – unless the doctor concerned expressly requests otherwise in a particular case – out of sight of non-medical staff. This must be seen as the shared responsibility of police officers and healthcare staff. If necessary, the relevant regulations should be amended accordingly.**

**In addition, the CPT recommends that the Slovak authorities take the necessary measures to increase the range of activities offered in the red treatment unit of the Hronovce Detention Institute, tailored to the specific needs of various categories of patient. Particular attention should be paid to patients with intellectual disabilities. Further, the length of stay in the red unit of the newly admitted patients should be reduced and limited to the minimum.**

188. In the orange treatment unit, during the day, usually only the barred door was closed and on occasion both doors could even be open.

As compared with the red treatment unit, the patients had access to more activities and could spend more time outside their rooms. They could participate in several group activities, such as one-hour group treatment sessions twice a day, and activities such as board and card games, puzzles, workshops and collective sport activities in the outdoor area.

Unlike in the red unit, the patients were allowed to have contact with one another, and to take their meals together. All patients had a radio in their room and could watch TV in the communal area. Patients placed in the orange unit could go out in groups.

The outdoor areas dedicated to the orange unit included one outdoor gym and a football/basketball pitch. Not all yards were equipped with a shelter against inclement weather.

189. The green treatment unit was not operational at the moment of the visit. Material conditions were identical but it was foreseen that, in the future, patients placed in that unit (up to 35 patients) would be able to move outside their rooms, without being accompanied by staff.

190. There were only two therapy rooms in the entire facility, located on the ground floor of the orange and green units.<sup>131</sup> One of these rooms was completely empty at the time of the visit. The management informed the delegation that furniture and sport equipment had been ordered. The other therapy room was equipped with a large TV screen, a wardrobe, which was empty, and a table with a few chairs. The delegation was informed that, if not held outdoors, group activities for patients placed in the orange unit were organised in this room and, to do so, therapeutic staff would bring material for activities. Kiosks with computers had reportedly also been ordered to be installed in the therapy rooms.

191. Overall, the Committee finds that more could be done to create a positive therapeutic environment for accommodating the patients in light of their needs and for rehabilitation and resocialisation purposes (see also above, paragraph 170), especially in the green treatment unit, which should prepare patients for discharge to a less secure environment. The facility lacked suitable rooms, dedicated to activities and ergotherapy. For instance, there was no kitchen or washing machines available to be used by patients. The CPT regrets that the Centre's design did not foresee dedicated rooms for this.

**The CPT recommends that the Slovak authorities undertake efforts to provide more congenial and personalised surroundings for patients at the Hronovce Detention Institute and arrange more space for activities, as the capacity of the Centre fills up. Further, the CPT would like to receive information about the furniture and equipment ordered and if all these had been delivered to the facility.**

192. Further, the Committee has serious concerns since the treatment regime will be inevitably limited due to the inappropriate environment (see also above, paragraphs 170, 186-187 and 190). Rehabilitation and preparation for eventual discharge require a less carceral regime, and activities aiming at more independence in daily life. **The Committee would like to be informed about when the green treatment unit would become operational. Further, it encourages the Slovak authorities to make rehabilitative plans for the relevant treatment regimes, in line with the aforementioned remarks.**

**The Committee also invites the Slovak authorities to explore ways in which the outdoor yards could be rendered more welcoming, for example by fitting the yard with plants and shrubs.**

**In addition, the CPT recommends that the dedicated yard of the orange unit be equipped with a means of rest and a shelter against inclement weather.**

193. Further, all patients but one wore institutional clothing. There was a possibility to wear personal clothing, but this had to be approved by the committee of experts. The CPT considers that individualisation of clothing facilitates the strengthening of personal identity and self-esteem and should form part of the therapeutic process from the very beginning. Therefore, **the CPT recommends that steps be taken to encourage patients accommodated in the Hronovce Detention Institute to wear their own clothes, and provide the possibility to have them washed. If necessary, patients should be provided with appropriate non-uniform clothing. The law should be amended accordingly.**

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131. There was no therapy room in the red treatment unit, only a room permitting contact with the patient through a glass window.

194. The law foresees eight treatment regimes for persons under the detention measure.<sup>132</sup> The treatment regime is to be proposed by the doctor after an individual assessment and approved by a committee of experts (see footnote 125) taking into account the gender, age, health status, personality characteristics and previous criminal offence of the patient.<sup>133</sup>

The treatment regime should comprise a set of interventions aimed at limiting the danger the patient represents to society, and includes medical, psychological, educational, pedagogical and rehabilitation programmes, which the patient is obliged to complete.<sup>134</sup>

195. Whilst accommodated in the red treatment unit, all newly admitted patients would undergo a psychological assessment, including a risk assessment. Based upon the outcome of assessments and examinations, as a next step, the committee of experts would decide on the treatment plan. The treatment regime is decided no later than 30 days after admission and is reassessed dependent on the progress made by the patient.<sup>135</sup>

196. However, the consultation of the patients' medical files revealed that they did not contain any information on the risk assessments conducted. Clarifications were sought and the management informed the delegation that the Modified Overt Aggression Scale (MOAS) system of assessment of behavioural disorders was used for conducting individual risk assessments, on a daily basis. The delegation was also informed that, in the future, the Historical Clinical Risk Management 20 (HCR- 20) would be used to assess and decide on the placement or transfer of regime of the patient. **The CPT encourages the management of the Hronovce Detention Institute to use an evidence-based structured professional judgement tool for individual risk assessments of patients, to educate its staff on the use of the tool and to include the assessments in the medical files of the patients.**

197. 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 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 their medication.

Patients should be meaningfully involved in the drafting of their individual treatment plans and their subsequent modifications, and informed of their therapeutic progress.

198. The delegation closely examined the individual treatment plans in place for each patient<sup>136</sup> and noted that the plans were very brief and lacked treatment goals. Further, the plans did not contain any timeframes for achieving certain therapeutic goals and for evaluating the achieved therapeutic effects. Also, even though some patients had signed the plans, the plans did not demonstrate the active participation of the patient in its creation, taking into account their perspective. Moreover, the patients did not receive a copy of their treatment plans.

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132. Namely: A = with acute severe behavioural symptoms, B = with intermittent severe behavioural symptoms, C = resocialisation, CS = resocialisation-sexological, CA = resocialisation-addictology, D = free resocialisation, DS = free resocialisation-sexological, DA = free resocialisation-addictology. See § 8 (2) of the Law no. 231/2019 Coll.

133. See § 7 (3) of the Law no. 231/2019 Coll.

134. See § 11 (2) and § 7 (3) of the Law no. 231/2019 Coll.

135. See § 7 (2) of the Law no. 231/2019 Coll., which stipulates that the expert committee decides on the inclusion of a person in detention in a special treatment regime and, on the change of this inclusion, evaluates the prognosis of the behaviour of the person in detention, and their further development of for the purpose of changing the detention to protective treatment, or to release from detention based on a court decision. The expert committee must decide on the inclusion of a person in detention in a special treatment regime without delay, but no later than within 30 days of the person's admission to detention.

136. In the case of one patient, the treatment plan was not created upon admission, as foreseen by law, but three and a half months after the patient's admission.



In some files of patients who had been previously convicted of a criminal offence, the delegation noticed that there was no information about their criminal background. In some cases, the management was unaware of the criminal offence which preceded the court order, which formed the basis on which patients were placed for treatment. Moreover, some patients' files did not contain the expert reports upon which the court imposed placement at Hronovce Detention Institute.

All this created serious difficulties for the management at Hronovce and the healthcare staff to conduct a reliable risk assessment of the patient and to design the appropriate treatment plan for newly admitted patients, which consequently impacted negatively on the patients' chances of eventual discharge from the facility.<sup>137</sup> The majority of patients the delegation talked to did not know which criteria needed to be met for them to be discharged and rehabilitated, and eventually reinserted into society or, for those convicted, to continue serving their criminal sentence.

In light of the above, **the Committee recommends that the Slovak authorities take the necessary measures to ensure that all relevant information and documents be communicated to the management of the Hronovce Detention Institute upon placement of a new patient.**

**Furthermore, the CPT recommends that the Slovak 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 the Hronovce Detention Institute, in light of the aforementioned principles.**

199. The consultation of the patients' treatment plans revealed that treatments at the Hronovce Detention Institute consisted mainly of pharmacotherapy.<sup>138</sup>

The inspection of the pharmacotherapy protocols of the patients placed in the red treatment unit in particular, showed that treatment of five out of six patients included in their regular therapy protocol a combination of medications from the group of benzodiazepines and antihistamines.<sup>139</sup> The delegation interviewed many patients who complained about their medication, in particular that it was causing them muscular weakness and sleepiness.<sup>140</sup>

The CPT is of the opinion that the short-term administration of drugs from the group of benzodiazepines and antihistamines has a therapeutic justification for agitated patients, for whom immediate psychomotor sedation is desired, or for periods until the desired titration of the antipsychotic dose is achieved.

Any prolonged, and continuous, use of a combination of these drugs, with other antipsychotic medication, represents polypharmacy that results in excessive sedation of the patient and a higher risk of side effects. **In light of the above, the Committee recommends that the pharmacotherapy treatments at the Hronovce Detention Institute be reviewed immediately.**

200. All patients with sexual disorders were undergoing anti-androgen treatment.<sup>141</sup> Based on information gathered by the delegation, this treatment was administered without the patients' consent.

The CPT considers that anti-androgen treatment should always be given on a purely voluntary basis. Therefore, **the CPT recommends that the Slovak authorities take immediate measures to ensure that free and informed written consent of the persons concerned be obtained prior to**

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137. According to the report of the prosecutor following an inspection of the facility conducted on 20 October 2023, the Hronovce Detention Institute had difficulties in fulfilling its obligation to place patients in a special treatment regime upon taking into account their personality characteristics and previous criminal activity because the institute often did not receive any specific information about these persons on the day of their admission to the facility.

138. The facility was equipped with a room dedicated to the administration of ECT treatment. At the time of the visit, ECT treatment had not yet been administered in the facility.

139. From the antihistaminic group, Prothazin (Promethazine) tablets were administered with an average daily dose of 75 mg divided into three equal doses. It is a medicine used for sedation in acutely agitated patients.

140. One patient told the delegation that he considered his current therapy was "harming" him.

141. Androcur Depot of 300 mg, for 14 days. Androcur is an intramuscular depot (long acting) injection.

**the commencement of anti-androgen treatment, it being understood that the consent can be withdrawn at any time. In addition, such persons should be given a detailed explanation (including in writing) of the purpose and possible adverse effects of the treatment concerned, as well as the consequences of refusal to undergo such treatment, and no person should be put under pressure to accept anti-androgen treatment.**

201. The delegation was informed that individual psycho-education to patients was provided, and about future plans to establish thematic group sessions on sexual disorders, schizophrenia, relaxation, depression and anxiety. Nevertheless, the delegation heard from the vast majority of patients that the only contact they had with a psychologist was immediately after admission, and that they had not consulted a psychologist since then. **The Committee recommends that the Slovak authorities reinforce the provision of psychological care at Hronovce Detention Institute, especially as regard psychological clinical work with patients, and more generally ensure a multidisciplinary approach to treatment (see also paragraph 179).**

202. At the moment of the visit, the institution faced some challenges regarding provisions of healthcare. First, it was not possible for the institution to access the patients' electronic health records via the network of the public health system. This shortcoming was supposedly going to be solved in the coming months. Second, the institution still did not have a signed contract with a health insurance company. **The Committee would like to receive confirmation from the Slovak authorities that solutions to these shortcomings have been found.**

203. One patient placed in the red unit was a cisgender woman. Although she was under the regime of the orange treatment unit, the chief doctor of the facility decided that she would be housed in the red unit.

Due to the fact that she was the only cisgender woman, she was not allowed to take part in group activities with male patients. However, she informed the delegation that nurses were paying more attention to her because of her separation from the other patients. Nonetheless, the patient spent most of her time alone. In the Committee's view, this patient is *de facto* subjected to a regime akin to solitary confinement. Therefore, **the Committee recommends that the Slovak authorities take efforts to provide female patients in such cases with purposeful activities and appropriate human contact with selective patients or staff.**

204. Another patient was a transgender woman and self-identified as such, but was placed in the orange treatment unit with male patients. She informed the delegation that she was allowed to wear female institutional clothes and underwear, which is positive. However, the patient complained that some staff members did not call her by the name she wished to be called by, and did not use pronouns reflecting her gender identity when addressing her.

The Committee considers that, in detention facilities, staff should be reminded of their duty to respect the gender identity of transgender persons, in particular in terms of accommodation, clothing and the use of their chosen name. Staff should allow for the use of preferred names, titles and pronouns, in all verbal and written communication, irrespective of official documents.<sup>142</sup>

In light of the above, **the Committee recommends that the management of the Hronovce Detention Institute conduct an individual risk assessment of transgender persons placed at the facility, upon admission, as well as a consultation on their initial entry needs before placement decisions are made. The Committee also calls on the management of the Hronovce Detention Institute to ensure that the staff addresses transgender persons placed at the facility using their chosen names, titles and pronouns.**

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142. See [Transgender Persons in Prison](#), Extract from the 33rd General Report CPT/Inf (2024) 16-part, p. 12. While these standards apply to a prison context, they can also apply to other settings, such as in a forensic context.

## 6. Seclusion and means of restraint

205. The means of restraint used at the facility were: fixation to bed with straps (mechanical restraint), pharmaceuticals (chemical restraint) and seclusion.

Means of restraint could be used to the extent necessary for the purpose of protecting persons and objects.<sup>143</sup> Resort to restraint could only be ordered by a doctor, unless in case of acute risk; in that case, a specialist nurse could order to apply physical and mechanical restraints or seclusion, a measure which had to be immediately communicated to the doctor for approval.<sup>144</sup>

Means of restraint were applied by healthcare personnel, with the assistance of custodial staff if necessary.<sup>145</sup> In addition to the statutory provisions in place, the management adopted a Standard Operating Procedure (SOP) on the use of means of restraint at the Detention Institute.

206. Resort to means of restraint was well recorded in a dedicated restraint register as well as in the patients' individual files, in conformity with the Slovak legislation.<sup>146</sup> The examination of the files revealed that the use of means of restraint did not appear to be excessive: there had been 25 episodes used on six patients between March and early December 2023. All cases of restraint were reported to the prosecutor.<sup>147</sup>

207. Mechanical restraint was the most frequently employed means of restraint, while in a few cases it was combined with chemical restraint. The files showed that the average duration of mechanical restraint was 45 minutes, but that it could last up to five hours.

The application of mechanical means of restraint took place in two special rooms<sup>148</sup> each equipped with a bed with cloth magnetic straps, a CCTV camera and a call-bell.

208. The SOP foresees regular doctor's checks of the restrained patient, notably at least every four hours, during which a review of the necessity of the application of the restraint is done. Nurses were under obligation to check the patient's condition every 30 minutes and to take a written record of their observations. There was no direct continuous supervision or assistance provided to the restrained patients. Instead, the patient was monitored via the use of the CCTV cameras installed in the isolation rooms. The delegation was informed that incontinence pads were put on restrained patients to meet their toilet needs.

After the suspension of the measure, the delegation was told that a debriefing took place with the patient, and a record of this debriefing was found in the files, which is positive.

**In light of the above, the CPT recommends that the Slovak authorities take steps to ensure that, at the Hronovce Detention Institute, every patient subjected to mechanical restraint is under continuous direct 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. Patients under restraint should be enabled, as far as possible, to meet the needs of nature in a sanitary facility. Putting patients in incontinence pads may, in the CPT's view, amount to degrading treatment.**

209. According to Slovak law, seclusion could be used when patients endanger their own life or health, or the life and health of others, with unmanageable aggressive behaviour.<sup>149</sup>

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143. See § 12 (1) of the Law no. 231/2019 Coll.

144. See § 12 (4) of the Law no. 231/2019 Coll.

145. It was the case on 26 July 2023 as regards mechanical restraint and several instances of seclusion and administration of injection (according to the records on use of force by the custodial staff).

146. See § 12 (5) of the Law no. 231/2019 Coll.

147. See § 12 (6) of the Law no. 231/2019 Coll.

148. One room was located in the red treatment unit, and another one in the orange treatment unit.

149. See § 13 (1) of the Law no. 231/2019 Coll.

At the Detention Institute, seclusion took place in a dedicated seclusion room called the “compensation room.” There was one such room in the facility, located in the red treatment unit. This room,<sup>150</sup> with a small upper window giving access to natural light, was equipped with a mattress and a floor-level toilet with a short water hose. There was a CCTV camera and a functioning call-bell inside the room.

The internal SOP foresaw that the doctor conducts a check on the patient every eight hours and it transpired from the document that after eight hours, the measure should end unless prolonged on exceptional circumstances. In case a patient would be placed in the compensation room for more than 24 hours, the law provides that the health condition of the patient would be evaluated at least once every 24 hours.<sup>151</sup>

The consultation of the dedicated register showed that in July 2023, one patient was placed in the compensation room for two days, on two occasions.

210. As regards the supervision of staff, reference is made to paragraph 208. In the Committee’s view, if patients are held in seclusion, continuous supervision may be ensured by the staff member being outside the patient’s room (or in an adjacent room with a connecting window), provided that the patient can fully see the staff member and the latter can continuously observe and hear the patient. **Steps should be taken to enhance the standard of the supervision.**

## 7. Safeguards

211. Pursuant to the Criminal Code, placements in the Hronovce Detention Institute are based on a court order. The court is obliged to review the placement on an annual basis.<sup>152</sup>

Under Section 81 (1) of the Criminal Code (see above, paragraph 160), placements of certain convicted persons at the Institute suspends the execution of their criminal sentences. Further, the time spent in detention would not be deducted from a prison sentence. Other persons could be ordered placement in detention after serving a prison sentence.

212. When examining court orders on placement, the delegation found that the vast majority of the court’s decisions lacked a reasoning justifying the imposition of detention and were instead issued in a “simplified form.” Yet, the Slovak Criminal Code of Procedure does not allow, to the CPT’s understanding, that a custodial decision be rendered in simplified form.<sup>153</sup>

213. In addition, in one file consulted by the delegation, the person subject to a placement order was not physically present at the court hearing,<sup>154</sup> but only via videoconference. Further, in at least one case the person had no legal representation.

214. In the view of the Committee, considering the effect such court decisions have on the execution (or suspension) of criminal sentences, they should fully detail the reasons for ordering a placement, so as to guide the implementation of the measure and enable review of its continuation. This is particularly so in cases of preventive detention, which could last indefinitely as no maximum length of detention is foreseen by law. Moreover, strong legal safeguards should be in place for persons subjected to placement in detention.

In light of the above, **the Committee calls on the Slovak authorities to ensure strict compliance by the competent courts with their obligations under Section 176 (3) of the Criminal**

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150. The room measured 9.5 m<sup>2</sup>.

151. See § 13 (3) of the Law no. 231/2019 Coll.

152. § 82 (3) of the CC.

153. Pursuant to § 176 (3) of the Criminal Code of Procedure, the court may draw up a simplified written decision which does not contain the reasons if, after the pronouncement of the decision, the accused or other authorised person and the public prosecutor waive their right to appeal or make such a statement within three working days of the pronouncement of the decision; this shall not apply to custodial decisions. Two-thirds of the court orders consulted by the delegation were issued in simplified form, but no waiver of the right to appeal was found appended to those files.

154. The hearing was held on 1 January 2023.

**Procedure Code, and to ensure, in the context of placement ordered at the Hronovce Detention Centre, that the patients concerned are heard by courts in person. Moreover, the Slovak authorities must ensure that all persons subject to detention proceedings systematically receive mandatory legal representation.**

**In addition, the CPT invites the Slovak authorities to inform the Committee on the steps taken to ensure that persons ordered detention in an institute, such as Hronovce Detention Institute, receive sufficient information, in a language they understand, about their placement and how to challenge the court orders imposing and extending their detention.**

215. Consultation of files in possession of the management of the Institute revealed that, in some cases, the documents delivered to the facility failed to include the report of the expert containing the medical diagnoses of the patients, and their recommendations for placement in detention (see also, paragraph 198 above). When the expert opinion was included in the patients' files, it was not clear to the delegation whether the expert was an independent expert, or an expert from the institution where the patient was held prior to placement at the Hronovce Detention Institute.

It was also unclear to the delegation whether placements based on Sections 81 (2) and 81 (3) of the Criminal Code would require any (expert) medical opinion at all.

**The Committee would like to receive clarification from the Slovak authorities on the procedure applicable for appointing experts to deliver medical opinions on the placement of a person in the Hronovce Detention Institute, on the basis of Section 81 of the Slovak Criminal Code.**

216. Slovak law provides that, at least once a year or as necessary when the health of the patient changes, the expert committee prepares a comprehensive report on the patient, containing an evaluation of the person's condition, an assessment of the reasons for the duration of detention and an evaluation of inclusion in a special treatment regime.<sup>155</sup>

If the committee reaches the opinion that the reasons for detention no longer exist, it submits a recommendation to the director of the facility proposing the release of the patient.<sup>156</sup> A motion for discharge of the patient can also be lodged by the patient, every six months.<sup>157</sup>

217. The vast majority of patients the delegation interviewed did not know for how long they would stay in the Hronovce Detention Institute. At the time of the delegation's visit, all patients had been placed in the Institute for less than a year, and no evaluation report had been prepared by the expert committee. Further, at the moment of the visit, there had been no patients discharged from the Institute. In light of the above, **the CPT encourages the Slovak authorities to take steps to ensure the issuance of a comprehensive report on the patient, and that the patients understand the applicable procedure, the length of their placement in detention, and their possibility to file motions for discharge.**

218. During the visit, the management of the Institute shared their concerns as regards where patients whose prison sentences have not been suspended, are to be released. The law does not allow the court to decide on discharge from the Institute and to impose protective treatment in a psychiatric hospital. However, with regard to the target group, discharge is, in the vast majority of cases, only possible if further treatment or even accommodation in less secure but still protected environment is arranged. The Committee shares this concern and **would like to receive information from the Slovak authorities about possibilities in place for placements of patients discharged from Hronovce Detention Institute and plans, if any, for inpatient and outpatient care facilities for those patients.**

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155. See § 7 (4) of the Law no. 231/2019 Coll.

156. See § 7 (5) of the Law no. 231/2019 Coll.

157. § 463 of the Code of Criminal Procedure.

219. When placed in forensic psychiatric detention, patients are obliged to undergo the special treatment regime decided by the expert committee.<sup>158</sup> Patients are therefore not asked to provide their consent to the treatment which is imposed upon them.

In the CPT's view, all categories of psychiatric patients, including forensic, with or without legal capacity, should be in a position to give their consent to treatment. Dialogue with the patient, providing the relevant information and seeking consent is an important part of the therapeutic process. In addition, every patient capable of discernment should be entitled to refuse a particular treatment, or any other medical intervention. Any derogations from this principle should be set by law as exceptions, and should be accompanied by appropriate safeguards. This does not contest the fact that a lack of sufficient cooperation affects the prospects of an improvement in a person's health and, consequently their discharge.<sup>159</sup> **The Committee recommends that the Slovak authorities take steps to ensure that the applicable rules and practice are amended in line with these principles (see also its recommendation contained in paragraph 200 of this report).**

220. The delegation was informed that patients were instructed about their rights and obligations during admission,<sup>160</sup> and were requested to sign a form certifying this. The discussions held with patients showed they were not all well informed about their rights. It also appeared that the information provided on their rights was not communicated in a way that was easily understandable, including for patients with intellectual disabilities. For instance, during the delegation's visit, certain provisions of the house rules, which was a legal document of 20 pages long, were only displayed on a television screen located in the communal hall.

**The CPT recommends that an information brochure setting out the facility's routine and patients' rights in 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 and lawyers. Patients unable to understand this brochure should receive appropriate assistance including, where necessary, using alternative modes, means and formats of communication.**

221. Concerning arrangements for contact with the outside world, patients were entitled to receive visits, without limitation in terms of number and length, if the special treatment regime, the health status of the person and the protection of society did not exclude it.<sup>161</sup> Several visitation rooms were available to patients, divided in two with plexiglass walls, as direct contact between patients and visitors was not allowed, unless under a special derogation granted by the director of the facility.<sup>162</sup> The rooms were equipped with a microphone placed on both sides to allow for communication. The rooms had CCTV cameras, reportedly without audio recording.

The CPT considers that all persons in detention should have the possibility to exercise their right to visits without partitioning, and that limitations should only apply based on an individual risk assessment of the patient. **The CPT recommends that the Slovak authorities take the necessary measures to implement these precepts including, if necessary, by modifying the legislation.**

222. Patients were offered the possibility to send correspondence and indigent patients could send one letter free of charge every week, which is positive. Patients could also use a phone, on request.<sup>163</sup> However several patients with whom the delegation discussed were not aware that they had the possibility to call their relatives. Moreover, patients were not allowed to use their mobile phones. In the Committee's view, patients' access to a mobile phone should only be restricted based

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158. See §§ 7 (3) and 11 (2) of the Law no. 231/2019 Coll. See also § 6 (9) of the Law no. 576/2004 Coll. on Healthcare, Services related to the Provision of Healthcare and on Amendments to certain Laws.

159. European Court for Human Rights, *Rooman v. Belgium*, GC, appl. no. 18052/11, paragraph 165.

160. See § 9 (3) of the Law no. 231/2019 Coll.

161. See § 14 (1) e) of the Law no. 231/2019 Coll.

162. See § 14 (3) of the Law no. 231/2019 Coll. Furthermore, the house rules foresaw such a permission only in certain treatment regimes.

163. When a patient wanted to make a phone call they would be asked who was the person to be contacted. That person would then be asked by the establishment if they consented to receiving a call from the patient and, if so, the patient then would be able to make the phone call.

on an individual clinical risk assessment (not as an automatic consequence of placement in a treatment unit). The law allows for an individual approach,<sup>164</sup> which should therefore be applied in practice.

In addition, while the law provides that patients have the right to communicate electronically,<sup>165</sup> this possibility was not afforded at the moment of the visit. There was no computer available to patients, although the management of the facility informed the delegation that some had been ordered for the therapy room of the orange treatment unit.

**The CPT would like to receive information if the facility is now equipped with computers and if the patients are able to exercise their right to communicate electronically.**

223. Patients had the right to communicate with a lawyer, without the presence of a third person, and to the extent and under the conditions according to a special regulation.<sup>166</sup> Since the facility became operational, one lawyer had made a visit to a patient. The meeting was held in a private visitation room, which is however equipped with CCTV cameras. **The Committee recommends that the Slovak authorities ensure the possibility that meetings between patients and their lawyers be held in private, out of sight of CCTV cameras.**

224. As regards inspection procedures, the Hronovce Detention Institute was inspected by the prosecutor supervising the facility's operational compliance with the law.<sup>167</sup> The last report of the prosecutor's visit was issued in October 2023. The delegation was not made aware of any visits conducted by the Ministry of Health or the NPM.

225. Regarding complaints, the facility had "complaints boxes" located in the common areas, which were emptied by the social worker before an expert committee meeting was to be held, as complaints were to be dealt by such a committee.

Slovak law grants patients the right to submit applications and complaints to state authorities as well as to international bodies and organisations, in relation to the protection of their human rights.<sup>168</sup> The patients did not appear to be aware of this possibility and the delegation did not see any information available to patients regarding this right. **The Committee recommends that the Slovak authorities ensure that patients placed in the Hronovce Detention Institute be duly informed of their right to file complaints, internally and externally, including of the modalities on how to file these complaints. Reference is hereby made to the recommendation contained in paragraph 220 of this report.**

## 8. Other issues

226. Full strip searches were carried out upon admission of new patients and in connection with every escort of patients outside the premises. Less invasive examinations, requesting the patient to lean against a wall, were done each time patients in the red unit left their room, when patients from the orange unit left their unit to access the outdoor area, and after visits were held in the partitioned visitation room.

227. Moreover, unannounced inspections of rooms also comprised a strip search of the patients (in their room); this happened regularly, approximately every three weeks. However, the custodial staff did not have any disciplinary power over the patients placed at the Hronovce Detention Institute.

While the CPT understands the aim of the Slovak authorities to prevent illicit objects from entering the establishment, it nevertheless considers that the high frequency and extensive use of searches is disproportionate, especially taking into account the existing security level applied in the facility,

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164. See § 14 (2) of the Law no. 231/2019 Coll. which provides for the possibility to restrict patients' possession of personal items on the director's decision, based on a doctor's proposal.

165. See § 14 (1) h) of the Law no. 231/2019 Coll.

166. See § 14 (1) h) of the Law no. 231/2019 Coll.

167. See § 19 of the Law no. 231/2019 Coll.

168. See § 14 (1) p) of the Law no. 231/2019 Coll.

and that visits were held without contact. Strip searches are a very invasive measure, which should be used with caution and only when there is a real risk that objects are being smuggled into the facility.

The Committee can see no justification for strip searching patients after a closed visit or systematically strip searching patients when moved in and out of the building. 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. Patients 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 also be individually recorded.

**The CPT recommends that the Slovak authorities take the necessary steps to ensure that these precepts are effectively implemented at the Hronovce Detention Institute. To this end, the regulations and practice applicable to searches, including strip searches, should be changed accordingly.**

228. Escorts outside the facility were taking place with the presence of one member of the healthcare staff and three custodial staff. During the escorts, the patient was, as a default measure, hand- and ankle-cuffed with a body belt. All escorts recorded in the files were for medical reasons. The officers informed the delegation that they did not remove the cuffs during the medical examination of the patient and that the custodial staff remained inside the examination room.

The CPT is of the view that examining or treating detained patients subjected to means of restraint, is a highly questionable practice, both ethically (it infringes upon the dignity of the patients) and from the clinical viewpoint (it is possibly detrimental to the establishment of an objective medical finding). The decision on this matter should be taken by healthcare staff. In addition, the CPT is of the view that security staff should not be present during medical consultations, as 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. Reference is hereby made to the recommendation contained in paragraph 81 of this report.

**The CPT recommends that the Slovak 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). Further, the CPT recommends to the Slovak authorities to ensure that medical examinations of detained patients 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.**

229. The custodial staff could use force on a patient in accordance with the prison regulations and also assist the healthcare staff, at their request, in applying means of restraint (see paragraph 205 above).<sup>169</sup> Incidents involving the use of force were duly documented and the files revealed that, in all seven instances it followed a request of healthcare staff (use of a shield and/or physical force, without causing an injury).

230. The Committee is concerned by the fact that custodial staff were equipped with tasers; the officers, who were in direct contact with patients, had two such electric discharge weapons at their disposal in their office. Reportedly, it was new equipment, and the staff underwent special training in their use. The CPT underlines that the use of tasers on persons with psychosocial disabilities has inherent risks for their life and should be avoided, as far as possible.<sup>170</sup>

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169. See § 5 (1) of the Law no. 231/2019 Coll.

170. See European Court for Human Rights, [V v. Czech Republic](#), appl. no. 26074/18, 7 December 2023, paragraph 105.



The Committee has major misgivings on the presence and potential use of tasers in the clinical areas of the Hronovce Detention Institute and **recommends such presence and use to be prohibited. Further, as to their presence and use outside the clinical areas, custodial staff authorised to use this equipment should receive adequate training, including on the possible effects of electric discharge weapons on persons with special vulnerabilities or persons with psychosocial disabilities. The relevant rules should be amended to allow the use of tasers vis-à-vis such persons only as the very last resort.**

## E. Psychiatric establishments

### 1. Preliminary remarks

231. During its 2023 visit, the delegation visited two civil hospitals, the psychiatric department of Rožňava Hospital (Rožňava psychiatric department) and the psychiatric department of Bratislava University Hospital – Hospital of Saints Cyril and Methodius (Bratislava psychiatric department), where it met hospitalised patients, including involuntary patients placed under Section 6 (9) d) of the Law on Health Care.<sup>171</sup> The visit at Bratislava psychiatric department was a follow-up visit, aimed at examining the implementation of previous CPT recommendations issued in 2018.<sup>172</sup>

232. *Rožňava psychiatric department*, visited by the CPT for the first time, was located on three floors of one of the main hospital buildings and comprised a unit for acute treatment and a unit for chronic treatment, each divided into three mixed-sex wards. As part of a private regional hospital with a catchment area of approximately 80 000 persons, the psychiatric department had an overall capacity of 180 beds, with a maximum capacity of 110 beds for chronic treatment and 70 beds for acute cases. On average, there were 100 patients placed in the unit for long-term care, and around 50 patients in acute treatment.

On the day of the visit, there were 148 patients, all adults, placed in the psychiatric department, including 95 in the chronic treatment unit and 53 in the acute treatment unit.

All wards in Rožňava psychiatric department except for one were closed units, with patients allowed to leave the unit upon individual assessment.

Four patients of the chronic treatment unit were registered as involuntary patients. Other patients were registered as voluntary patients, but some of them expressed to the delegation their wish to go home, though this was not accepted by the medical staff (see below, paragraph 290). Hospital staff would ask the police to search for and bring back patients who leave the hospital without permission.

233. *Bratislava psychiatric department*, visited by the CPT in 2018,<sup>173</sup> had two mixed-sex closed wards, namely one ward for acute patients (ward A) and one ward for patients who have stabilised (ward B). Since the CPT's last visit, the department had reduced the number of beds from 44 to 36.

During the 2023 visit, the department was accommodating 23 adult patients. The average length of stay for patients admitted in the department was 18 days.

Both units at Bratislava psychiatric department were closed units; patients could be allowed to leave only upon individual assessment by the doctor. Three patients were *de jure* involuntary.

234. It is positive that, since the CPT's previous visit to Slovakia in 2018, the Slovak authorities amended the Law on Health Care,<sup>174</sup> including concerning patients' rights and the abolition of net-beds per 1 January 2025 (see below paragraphs 275 and 298).

Further, the Slovak authorities adopted a series of regulations, guidelines and policy papers in the field of psychiatric care,<sup>175</sup> including standardised guidelines for procedure applicable to involuntary

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171. Law no. 576/2004 Coll.

172. See [CPT/Inf \(2019\) 20](#), paragraphs 99-137.

173. See [CPT/Inf \(2019\) 20](#), paragraph 99.

174. By Law no. 495/2022 Coll., amending the Law on Healthcare.

175. See Concept of healthcare in psychiatry, 29 December 2021; Concept of humanisation of inpatient healthcare in psychiatry, 28 March 2022; Concept of health care in child psychiatry, 29 December 2021; Concept of healthcare in addiction medicine, 18 May 2022; Guidelines of the Ministry of Health on a proposal to place a patient under protective treatment in an inpatient healthcare facility to a detention centre or juvenile detention centre and on the procedure for its submission, 29 December 2022; Statute of the working group on means of restraint and their alternatives in the psychiatry and child psychiatry specialities, adopted on 29 December 2022 and amended on 25 September 2023; Methodology Guidelines of the Ministry of Health on the application of the provisions of § 9b of the Law no. 576/2004 Coll., on the keeping of the register of means of restraint and reporting the use of restraint, 3 November 2023.

hospitalisation<sup>176</sup> (see below paragraph 288) and the management of patients on electroconvulsive therapy (ECT)<sup>177</sup> (see below paragraph 263).

235. In 2018, the Slovak authorities informed the CPT of their plans to set up “secure wards”<sup>178</sup> in five psychiatric hospitals, intended to allow for a decrease in the use of means of restraint including net-beds, for those psychiatric patients whose stay on regular wards was particularly challenging due to the risk they present to themselves or others.

During the 2023 visit, secure wards had still not been set up and the development of standards about material conditions and staffing as well as the nature of care offered was ongoing.<sup>179</sup>

**The CPT would like to receive information on the state of play as to the set-up of secure wards in the Slovak Republic. Further, the Committee trusts that the recommendations made in this report, in particular those concerning the treatment of patients, use of means of restraint and legal safeguards, will be taken into account when developing the secure wards.**

236. In 2018, the Slovak authorities told the CPT that the development of outpatient care and treatment as well as updating protocols for preventive, diagnostic and therapeutic care were key priorities. In 2019, the Ministry of Health approved four “Standard Diagnostic and Therapeutic Processes” (SDTPs),<sup>180</sup> which foresee development of services in the community and more individualised care for patients. The Ministry also presented a concept paper on “humanisation of inpatient healthcare in psychiatry” and encouraged psychiatric establishments to renovate and upgrade the living conditions offered to patients.

237. During the visit, the delegation was informed that the focus remained on the development of psychiatric services in the community. In order to achieve this objective, the Slovak authorities appeared to rely primarily on the initiative of individual care providers. At the time of the visit, psychiatric services in the community were still scarce. In the Committee’s view, more needs to be done to fulfil the longstanding policy objectives, including by introducing both a national strategy and a regulatory and financial framework for the operation of community services.

Further, during the 2023 visit, it was made apparent that cooperation between psychiatric care and social service facilities left much to be desired, due to insufficient residential capacity in social care homes as well as a lack of accessible services in the community. Long waiting lists, in particular for patients with dementia, extended the length of stay of certain patients in hospitals.

**In light of the above, the CPT encourages the Slovak authorities to strengthen their efforts to develop psychiatric services in the community, including by introducing a national strategy and a regulatory and financial framework for the operation of community services, as well as improving access to social services for psychiatric patients. It would like to receive detailed information as regards the steps foreseen to meet the policy objectives.**

238. While in the past it was rare for children to be hospitalised in psychiatric departments for adults, the situation changed following the Covid-19 pandemic with more children in need of psychiatric care, according to the Slovak authorities. During the visit, the delegation was informed of the insufficient number of child psychiatrists in the country as well as the lack of specialised hospital beds for this population. Therefore, children in urgent need of inpatient psychiatric care are placed

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176. See Standard guideline (no. 0105) for procedural management regarding hospitalisation of adult patients in psychiatric departments without informed consent (involuntary hospitalisation), 1 April 2020.

177. See Comprehensive management of patients on electroconvulsive therapy.

178. See [Response of the Slovak Government of 2019](#), CPT/Inf (2019), p. 48 where the Slovak authorities informed the CPT of their plans for construction/reconstruction of premises in five psychiatric hospitals (at Hronovce, Kremnica, Michalovce, Pezinok and Veľké Zálužie) with a view to providing a total capacity of some 100 beds (five lots of 20 beds).

179. See Concept of humanisation of inpatient health care in psychiatry, 28 March 2022, p. 1.

180. The four SDTPs are: the Comprehensive Management of Patients with Schizophrenia, the Comprehensive Management of Patients with Permanent Delusional Disorders, the Comprehensive Management of Patients with Schizoaffective Disorders and the Comprehensive Management of Patients with Acute and Transient Psychotic Disorders.

in psychiatry wards for adults. Since 2022, based on an instruction issued by the Ministry of Health, Rožňava psychiatric department receives juveniles, from the age of 16. Bratislava psychiatric department, in contrast, received only adult patients.

**The CPT recommends that the Slovak authorities end the placement of children in psychiatric wards for adults as soon as possible. In the meantime, the Committee recommends that the authorities ensure that safeguards applicable to children are implemented, including that the best interests of the child shall be a primary consideration. The CPT would also like to receive detailed information from the Slovak authorities about current or short-term future inpatient treatment options for children in need of psychiatric care.**

## 2. Ill-treatment

239. During the visit, the delegation received no allegations of ill-treatment of patients by staff in either of the two psychiatric establishments visited.

The patients with whom the delegation spoke were positive about the staff. As the delegation observed for itself, there was frequent interaction between patients and staff, and the atmosphere on the wards was relaxed, which is commendable.

240. The delegation was informed that inter-patient violence occasionally occurred in both establishments. Through interviews conducted with patients and staff, and from the examination of the files and incident reports, the delegation gained the impression that this concerned occasional altercations between patients, and that the staff generally reacted rapidly and adequately to resolve any issue arising between patients.

241. However, at Rožňava psychiatric department, the delegation was informed that in case of need, the healthcare staff would call the police for assistance to manage aggressive psychiatric patients. Reportedly, one such incident took place 10 days prior to the delegation's visit. Events of this nature were not registered as incidents, which made it impossible for the delegation to get a general overview and assess the frequency of this assistance. At the end of the visit, the management of the hospital promised to take measures henceforth to register such events.

The CPT has reservations about the active involvement of police in the management of aggressive psychiatric patients, including in respect of the application of means of restraint on patients (see also paragraph 281). In the CPT's view, hospital staff should generally be sufficient in number and able to handle violent situations without recourse to the police. Psychiatric institutions should have recourse to the assistance of the police as a means of last resort only and police should act in due coordination with hospital staff.<sup>181</sup>

**The Committee recommends that the management of Rožňava psychiatric department, as well as in other psychiatric institutions in the Slovak Republic, ensures that recourse to the assistance of the police be a means of last resort. The CPT would also like to receive confirmation that police interventions at Rožňava hospital are now recorded in the incident register.**

## 3. Patients' living conditions

242. The material conditions were satisfactory overall in both establishments visited: the premises were in a good state of repair, clean and adequately lit, ventilated and heated. There was some decoration in the corridors of both establishments.

243. In both establishments, patients' rooms were sufficient in size for the number of patients, featuring either double, triple or quadruple-occupancy rooms. All wards visited were mixed-sex, but patients were placed in rooms according to their gender. The rooms were suitably furnished, with wardrobes, beds, bedside tables and chairs.

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181. See European Court for Human Rights, *V. v. The Czech Republic*, appl. no. 26074/18, 7 December 2023, paragraph 100.

However, at Rožňava psychiatric department, patients only had individual bedside tables or shared wardrobes in which to store their personal belongings. No individual lockable storage was at their disposal. Further, in both establishments the patients' rooms were austere and sterile, with no decoration.

244. At Rožňava psychiatric department, patients could wear their own clothes, with the possibility to use laundry services at a certain cost, although many patients were not aware of this possibility and were therefore wearing hospital clothes. In contrast, patients at Bratislava psychiatric department wore their own clothes.

245. In light of all of the above, **the CPT recommends that the Slovak authorities take the necessary measures to improve living conditions at both psychiatric departments visited so that:**

- **due attention is paid to the decoration of patients' rooms, in order to provide visual stimulation. Chronic patients in particular should be encouraged by staff to personalise and decorate their rooms;**
- **all patients are provided with a personal, lockable space in which they can store their belongings; and**
- **all patients are reminded at regular interval, and encouraged, to wear their own clothes.**

246. The Committee is pleased that, with the installation of locks, privacy is now ensured to patients using sanitary facilities in rooms with ensuite bathrooms at Bratislava psychiatric department. This is in line with a previous CPT recommendation.<sup>182</sup>

At Rožňava psychiatric department, sanitary facilities were located in the corridors. In ward 3B, it was not possible to lock the bathroom doors from the inside. As the showers were shared between men and women, this put patients in a particularly uncomfortable position when using the showers. This shortcoming was brought to the attention of the direction of the hospital at the end of the visit and **the Committee trusts that this shortcoming has been remedied.**

247. As to access to fresh air, patients hospitalised at Rožňava psychiatric department could access secured balconies via their rooms. There was also a herb garden and a pleasant park equipped with outdoor furniture, a basketball pitch and other spaces for outdoor sport.

248. At Bratislava psychiatric department, in spite of a previous CPT recommendation to allow for daily access to outdoor exercise,<sup>183</sup> there was still no secure outdoor space. In order to take a breath of fresh air, patients could access the unsecured balconies of wards located on an elevated first floor of the hospital, but only if permitted by the doctor based on an individual assessment and when accompanied by staff.<sup>184</sup>

The delegation met patients in the acute ward who had not had access to fresh air for several days.<sup>185</sup> For patients transferred to ward B, it was possible to access the balconies in the presence of medical staff for 30 minutes a day, which is not sufficient in the CPT's view. There was no possibility to access any area for outside exercise, unless the patient's condition improved and they were allowed by the doctor to temporarily leave the ward supervised by relatives.

The management of the hospital informed the delegation that, in the past, they had applied for fundings to the Ministry of Health to build secured balconies, but that they failed to obtain the necessary funds to do so.

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182. See [CPT/Inf \(2019\) 20](#), paragraph 105.

183. See [CPT/Inf \(2019\) 20](#), paragraph 108.

184. The head doctor informed the delegation that, in the past, some patients escaped the psychiatric wards by jumping from the balconies.

185. One patient in particular had not had access to fresh air for 10 days.

249. The CPT considers that patients hospitalised in psychiatric establishments should have unrestricted access to daily outdoor exercise, unless there are clear medical contraindications or treatment activities require them to be present on the ward.

**The CPT calls on the Slovak authorities to take the necessary measures to ensure that all patients placed at Bratislava psychiatric department are offered daily access to outdoor exercise, with appropriate supervision or security if required. In addition, their time spent in an outdoor area should be significantly increased. If necessary, a secure outdoor exercise yard should be installed at the Bratislava psychiatric department, which should be equipped with a means of rest and shelter against inclement weather.**

250. Food was reportedly good in the two establishments visited, both in terms of quality and quantity, which is positive. Patients also had the possibility of ordering extra food and receiving food from their families.

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

251. At the time of the visit, Slovakia was facing a shortage of healthcare workers at national level, especially psychiatrists and nurses. Nevertheless, staffing levels at both establishments were on the whole adequate.

252. At Rožňava psychiatric department, the staff complement comprised eight full-time positions of medical doctors, including one chief doctor, three specialised doctors, and four general doctors. During the visit, three doctor's positions were vacant but there were two doctors on an internship. Other specialist care was available from doctors who worked in other departments of the Rožňava hospital. The staff also comprised 48 nurses (including 26 general nurses, two head nurses, 12 specialised in psychiatry and eight auxiliary nurses) and 17 orderlies as well as 2 "documentalist nurses" and one social nurse in the chronic treatment unit.

Psycho-social staff included seven psychologists (with an additional psychologist starting on 1 December 2023) and four occupational therapists.

On weekdays, during daytime (07:00 until 15:30), there were two doctors present on every unit; one doctor was on duty during the evening and at night. In addition to the psychiatric units, doctors assisted other departments, and had outpatient services three times a week. On weekends, there was one psychiatrist on duty for the whole psychiatric department, from 07:00 until 12:00, assisted by a second doctor.

Usually, nurses worked 12-hour shifts, with the first shift starting at 06:00 and the second at 18:00. On certain wards, nurses worked shorter shifts. In wards with acute patients, two to three nurses worked per shift during the day as well as the night, while in the chronic treatment unit, there was one nurse, one orderly and one assistant nurse working on each ward during the day shift, and one nurse during the night shift, assisted by an orderly shared between three wards. There would always be at least one male nurse working on each floor.

253. At Bratislava psychiatric department, the health-care team consisted of 11 full-time positions of doctor, including five fully trained psychiatrists, 11.9 FTEs of nurses, and 6.5 FTEs of orderlies. There were two FTEs of psychologists, and one documentation nurse.

Doctors worked on shifts, from 07:00 until 15:30 and one doctor remained on duty until the next morning. During weekends, one doctor was on duty for the whole psychiatric department with one additional doctor from 07:00 to 12:00. Regarding nursing staff, nurses were working 12-hour shifts, with the first shift starting at 06:00 and the second shift at 18:00. Some nurses worked shorter shifts, from 06:00 to 16:30.

254. Concerning training in the two establishments visited, a continuous education of healthcare staff was assured through mandatory online courses. While some trainings courses involved de-escalation techniques, there was no specific training provided to staff regarding the use of means of restraint. This must be remedied. Staff should attend in-person training sessions in relation to both

topics, as they require practice in real life situations. **The Committee recommends that the Slovak authorities ensure that all staff be provided with the appropriate initial and ongoing training on the use of means of restraint, and more generally on the prevention and management of aggressive behaviour in patients with psychiatric disorders.**

255. In both hospitals visited, patients were offered proper treatment overall. This included pharmacotherapy, psycho-social activities, electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS). However, the delegation had some concerns as to the use of ECT at Rožňava psychiatric department (see below in paragraphs 263-268).

256. Patients in both psychiatric departments were free to move around inside their wards during both the day and night. In both hospitals, the wards were equipped with pleasant communal areas, equipped with tables and chairs, sofas and a television set, as well as a canteen, where patients would take their meals together. Some wards visited had an indoor gym, a shared kitchen and coffee corners.

257. Colour risk codes were used by medical staff in each psychiatric ward of both establishments to identify the regime applicable to the patients. At Rožňava psychiatric department, patients with the least severe symptoms were allowed to go to the city twice a week with an occupational therapist, and patients from the “regime ward” of the acute unit could go outside without supervision every day, from 15:00 to 17:00. Some of those patients were allowed to go home, from Friday to Sunday, under the agreement and supervision of family or relatives. At the Bratislava psychiatric department, some patients labelled under the “green” category were entitled to move around within the hospital, if accompanied by staff or visitors.

258. The hospitals visited had all the necessary psychotropic medication available, including second generation antipsychotics and as far as the delegation could ascertain, the prescribed doses of medication were within the therapeutic range. The delegation did not encounter any over-sedated patients in either establishment, which is positive.

In contrast with the findings of the previous CPT visit, there was no practice of *pro re nata* (PRN) prescription (“in case of need”) of tranquilising medication in either psychiatric department.

259. As part of their treatment, patients were attending group sessions of psychotherapy and were involved in several rehabilitative and recreational activities in group sessions, such as ergotherapy (handicrafts, drawing and painting, and making jewellery), sports activities and, at Rožňava psychiatric department only, music relaxation. Some patients also attended individual sessions of psychotherapy. In Bratislava, patients placed in the acute ward (ward A) had fewer activities on offer than those placed in ward B, however the psychiatric department informed the delegation of their plan to recruit a therapeutic educator dedicated to working in ward A. **The CPT would like to receive updated information on the recruitment of the therapeutic educator and on the activities offered to patients admitted to ward A of Bratislava psychiatric department.**

260. In both establishments visited, the medical files of the patients, which were in electronic form, were well kept. The patients’ files contained the outcome of the diagnostic procedures performed, observations of the medical staff, and the treatment plans which were established shortly after admission. Changes in the patients’ mental state were also recorded.

261. The psycho-social staff was actively involved in the patients’ treatment. At Bratislava psychiatric department, it was positive that multidisciplinary staff met regularly, and psychologists participated in doctors’ daily rounds. However, treatment plans of patients were developed solely by doctors. At Rožňava psychiatric department, the delegation noticed that doctors, psychologists and occupational therapists worked independently when treating psychiatric patients. Consequently, the individual treatment plans in both establishments lacked a multidisciplinary approach.

Further, while patients were informed about their treatment, they were not involved in designing their individual treatment plans.

262. The Committee stresses that psychiatric treatment should be based on an individualised approach, which must cover both pharmacotherapy and psycho-social activities. An individual, written treatment plan should be drawn up for each patient considering the special needs of the patient including the need to reduce any risks the patient may pose, indicating the diagnosis, the goals of treatment, the therapeutic means employed and the staff member responsible, with timescales. Further, patients should be involved in their individual treatment plans and progress. In addition, they should be involved in the drafting and implementation of these plans.

For patients accommodated in acute wards, the plans should clearly address the patient's immediate needs and identify any risk factors, and focus on treatment objectives and how, in broad terms, these will be achieved. For patients placed in rehabilitation wards, the plans should identify early warning signs of relapse along with any known triggers, and an action plan that a patient and family members should take in response to relapse. The plan should also identify the objectives to be achieved for discharge and specify follow-up care.

**In light of the above, the Committee recommends that the Slovak authorities take measures to ensure that the aforementioned precepts regarding individual written treatment plans and patients' involvement in their treatment and the establishment of those plans are effectively followed in practice as regards patients in all psychiatric hospitals in the Slovak Republic where this is not yet the case. Further, individual treatment plans for psychiatric patients should be multidisciplinary.**

263. Since the last CPT visit, some progress had been made regarding the procedure for applying and recording electroconvulsive therapy (ECT).<sup>186</sup> In 2020, the Slovak authorities adopted national guidelines on recourse to ECT,<sup>187</sup> and imposed dedicated registers for its use in all psychiatric establishments. It is positive that dedicated ECT registers had been put in place in both establishments visited.

264. Given its potentially harmful effect, the Committee pays attention to whether ECT is being used for the proper indications, to the frequency of the treatment, and to the procedure for obtaining consent to this treatment (see below, paragraphs 266-268).

265. The medical staff at Rožňava informed the delegation that ECT was most often used in very acute cases of patients who were not reacting to prescribed pharmacotherapy.

Consultation of the records on the application of ECT revealed that, in that psychiatric department, recourse to this treatment was frequent.<sup>188</sup> Further, it appeared that the use of ECT treatment at Rožňava psychiatric department was not always done in conformity with the applicable national

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186. See [CPT/Inf \(2019\) 20](#), paragraph 115.

187. See Guidelines no. 0104 of the Ministry of Health, adopted in 2020.

188. From 1 March until 28 November 2023, at the Rožňava psychiatric department, ECT was performed 583 times. The ECT register did not allow the delegation to establish the total number of patients having received this type of therapy. The delegation was informed by the medical staff that the number of applications per patient varied from four to 10 applications, depending on the estimated need.



guidelines.<sup>189</sup> In some cases, ECT therapy was administered before other therapeutic modalities, such as pharmacotherapy, had been exhausted.<sup>190</sup> In one particular striking case, one patient underwent ECT the day after her admission.<sup>191</sup>

In sharp contrast, the application of ECT was infrequent at Bratislava psychiatric department, the policy being not to administer ECT on patients who were involuntarily admitted to the hospital. In this establishment, the application of ECT was done in line with the national guidelines.

**The Committee recommends that the Slovak authorities ensure that ECT is used in strict conformity with the national guidelines on ECT in Rožňava psychiatric department as well as in all psychiatric hospitals in the country.**

266. In the previous CPT report,<sup>192</sup> the CPT recommended to ensure that written informed consent to the use of ECT be obtained from patients, based on full and comprehensible information, and that such consent be kept in the patient's file, save for exceptional circumstances clearly and strictly defined by law.

The national guidelines on the use of ECT, adopted after the 2018 CPT visit, provide that patients must receive comprehensible information about ECT and give consent to the proposed treatment.<sup>193</sup>

The guidelines also foresee the possibility to treat patients with ECT without their consent "in cases where due to the severity of the mental disorder the patient is incapable of making a decision about the proposed treatment", provided that the applicable laws and regulations are complied with.

The law in question (see footnote 224) provides that consent is not required, inter alia, as regards forensic patients and patients with detention as the criminal measure and in situations where the

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189. According to the national guidelines, "[i]ndications can be grouped by predominant clinical symptomatology: – Depression – ECT has therapeutic efficacy in all subtypes of depression disorders and is usually indicated as a second-line treatment after the initiation of appropriate pharmacotherapy; it gains more prominence in the case of severe depressive episodes with melancholic, catatonic and psychotic symptoms, severe psychomotor inhibition or agitation, severe suicidal risk, in the case of eating and drinking disorders, poor response to pharmacotherapy, intolerance to psychotropic medication and in the case of a previous positive therapeutic response to ECT, or in the case of occurrence of associated somatic comorbidities which limit the possibilities of using pharmacotherapy [...]. For less severe forms of depression, ECT is used as a third-line treatment [...], – Mania – ECT has efficacy in all forms of manic episodes [...], – Schizophrenia – ECT is considered a first-line treatment for catatonic schizophrenia, in the case of failure of a benzodiazepine therapy, including at higher frequencies (e.g., daily) in life-threatening cases. ECT becomes a next-line treatment in pharmacoresistant schizophrenia patients with severe agitation that is difficult to control by medication, with a high risk of auto- or hetero-aggressive behaviour, in patients with prominent affective symptomatology; it is also effective in patients with schizoaffective disorder. [...] – Other indications with proven therapeutic efficacy of ECT – neuroleptic malignant syndrome – as first-line treatment immediately after discontinuation of antipsychotic therapy, often as a life-saving treatment; pharmacoresistant deliriums and agitation in dementia [...]."

190. For example, Patient A from the acute unit, diagnosed as ICD 10 F32.2 (Major depressive disorder, single episode, severe without psychotic features), was admitted two days before ECT was administered. Patient B from the chronic treatment unit, who was admitted eight days before ECT, informed the delegation that he was proposed ECT as a therapeutic procedure in the days following his admission. He was diagnosed as ICD 10 F33.1 (Major depressive disorder, recurrent, moderate) and ICD 10 F19.2 (Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances, dependence syndrome). The application of ECT so quickly following admission suggests that the decision to resort to ECT is being made before other therapeutic modalities have been exhausted.

191. The patient was diagnosed with paranoid schizophrenia and behavioural disorder caused by psychotic symptoms. The court's decision says that the patient came to the Slovak Republic from a long stay abroad, only two days prior to her admission.

192. See [CPT/Inf \(2019\) 20](#), paragraph 115.

193. "Comprehensive management of patients receiving electroconvulsive therapy", Guidelines no. 0104, adopted on 1 April 2020: "Prior to ECT, the patient must receive comprehensible information about the planned therapeutic intervention and give consent to the proposed treatment. The consent must be provided in writing in compliance with applicable laws and regulations. Patients who are unable to give consent must also be informed in writing and verbally about the planned intervention (as well as their families)."

person is a danger to themselves or to those around them as a result of a mental illness or symptoms of a mental disorder, or if there is a risk of a serious deterioration in their state of health.<sup>194</sup>

267. The delegation was pleased to observe that in 2023, patients, or their guardians in case the patients lacked legal capacity, were asked to sign a specific consent form to undergo ECT. Moreover, during the visit, the delegation did not meet any patients who had objected to the use of ECT.

However, the consultation of the files at Rožňava showed that in April 2023, one involuntary patient refused ECT but was still subjected to this treatment, and later escaped from the hospital. In September 2023, another patient filed an official complaint to the Commissioner for People with Disabilities due to the patient's disagreement with both involuntary hospitalisation and ECT treatment. The complaint was considered well-founded by the Commissioner.

268. In the CPT's view, ECT should, as a general principle, not be administered until the written informed consent of the patient to the use of ECT and the associated anaesthesia, based on full and comprehensible information, has been obtained on the occasion of each treatment.

However, the CPT considers that, in exceptional circumstances, ECT may be administered without consent of the patient if the following conditions are met cumulatively: i) the patient lacks decision-making capacity, ii) the patient is in an acute life-threatening situation and ECT is necessary to save the life of the patient, assessed prior to each individual ECT treatment session,<sup>195</sup> and iii) all alternative treatments have proven to be ineffective on the patient. The CPT is of the opinion that such resort to ECT should be accompanied by safeguards:

- The decision to apply ECT without the patient's consent requires a second opinion from a psychiatrist not involved in the treatment of the patient concerned; and
- The patients (and/or their representatives) should be able to challenge the decision on the administration of ECT without consent before an independent authority.

Only in these exceptional circumstances, which must be clearly and strictly defined in the law, may ECT be administered without the patient's consent.

**Regarding ECT, the Committee considers that the conditions and procedures for administering treatment without the patient's consent should be clearly and strictly defined by law and thoroughly detailed in the applicable national guidelines in light of the abovementioned precepts. Therefore, the Committee recommends that the legislation is amended accordingly, and that the national guidelines are reviewed to include more precise information on cases where ECT may be administered without consent.**

**Regarding consent to psychiatric treatment generally, reference is hereby made to the recommendation contained below in paragraphs 295-297).**

269. Both establishments offered satisfactory somatic care, which does not call for specific comments.

270. Concerning the deaths of patients, the delegation was informed that 17 patients died in the psychiatric wards of Rožňava hospital during the period 2021–2023. The most common cause of death was cardiac arrest. There was no practice of performing autopsies, even in case of sudden death.

In contrast, in the Bratislava psychiatric department, there had been 10 deaths recorded in the period 2018–2023 and it was positive that in eight of these cases, an autopsy was performed in order to determine the cause of death.

**The CPT recommends that the Slovak authorities take the necessary steps, including at the legislative level, to ensure that, whenever a patient dies suddenly and unexpectedly in a psychiatric hospital, an autopsy is carried out, unless a clear diagnosis of a fatal disease has**

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194. See § 6 (9) of Law no. 576/2004 Coll.

195. For instance, catatonia or severe depression with psychotic symptoms, with food and fluid refusal.

been established prior to death by a doctor and that disease led to their death. In order to prevent any potential conflict of interest, this assessment should be performed by a medical authority independent of the hospital.

## 5. Means of restraint

271. The Committee considers that a policy concerning the use of means of restraint should be drawn up in all psychiatric establishments, stipulating that any use of means of restraint should be either expressly ordered by a doctor or immediately brought to the attention of a doctor for approval, patients should only be restrained as a measure of last resort, restraints should always be used for the shortest possible time (usually minutes rather than hours) and, when the emergency resulting in the application of restraint ceases to exist, the patient should be released immediately.

Additionally, every patient subjected to mechanical restraint or seclusion should benefit from continuous supervision by a trained member of staff. In the case of mechanical restraint, the staff member should be permanently present in the room in order to maintain a therapeutic alliance with the patient and to provide them with assistance. In addition, patients undergoing restrictive measures should be able to satisfy the needs of nature in a dignified manner.

Once the means of restraint have been removed, a debriefing of the patient should take place, explaining the reasons for the restraint, reducing psychological trauma of the experience and restoring the doctor-patient relationship. This also provides an opportunity for the patients, together with staff, to find alternative means to maintain control over themselves, thereby possibly preventing future eruptions of violence and subsequent restraint.

272. It is positive that, in line with past CPT recommendations,<sup>196</sup> a new statutory framework on the conditions for the use of means of restraint was adopted in 2022,<sup>197</sup> accompanied by a ministerial decree providing further details.<sup>198</sup> The new framework came into effect on 1 March 2023 and defines the authorised means of restraint (notably, mechanical, including “protective beds”,<sup>199</sup> pharmaceutical restraints and seclusion) and regulates how means of restraint may be used in institutionalised care.<sup>200</sup> The legislation foresees that restrained patients must be “regularly checked depending on the form of the means of restraint used” and obliges the provider of institutional care to ensure that each resort to the use of means of restraint is recorded.<sup>201</sup>

273. The amended law requires that each establishment report semi-annual statistical data on the use of means of restraint to the Ministry of Health. The first data should have been received by the Ministry around 30 January 2024. **The Committee would like to receive from the Slovak authorities the two reports submitted since the amended legislation on the application of means of restraint entered into force.**

274. While the adoption of this new legislation is a positive development, the law does not place a strong emphasis on prevention of and non-coercive alternatives to the use of restraints. The CPT recalls that the ultimate goal should always be to prevent the use of means of restraint by limiting as far as possible its frequency and duration. The healthcare staff of the establishments visited informed the delegation that, before deciding on the application of any type of means of restraint, staff would use de-escalation techniques in order to avoid their application. While this is positive, **the Committee recommends that the Slovak authorities take proactive steps to develop a strategy of**

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196. See [CPT/Inf \(2019\) 20](#), paragraph 120.

197. Law no. 495/2022 amending the Law on Healthcare and adding new § 9 b.

198. See Decree No. 358/2023 Coll.

199. “Ochranné lôžko.”

200. § 9 b (1) of the Law no. 495/2022 Coll. foresees “only for the time necessary to eliminate the direct threat.”

201. § 9 b (10) and (12) of the Law no. 495/2022 Coll.

**prevention of the use of restraint and that they also engage hospital establishments in this task.**<sup>202</sup>

275. At the time of the visit, there were 211 net-beds registered in psychiatric hospitals throughout the Slovak Republic. However, with the adoption of the new legal provisions, their use is to be banned as of January 2025.

While there had been no net-beds at the Bratislava psychiatric department since 2019, there were seven net-beds at Rožňava psychiatric hospital, which were still in use.<sup>203</sup> At the time of the visit, there was no defined strategy in place at this hospital for phasing out their use. On the contrary, the medical staff expressed concerns and scepticism as to ending the practice of placing patients in net-beds.

**The Committee recommends that the Slovak authorities take the necessary steps to ensure that net-beds are indeed withdrawn from service in all psychiatric hospitals in the Slovak Republic by the latest 1 January 2025. In addition, the CPT would like to receive information about the measures taken to enhance less restrictive means of safe care of patients posing a threat to themselves and/or others.**

276. At Rožňava psychiatric department, a standard operating procedure (SOP) on the use of means of restraint was adopted in September 2023. In contrast, there was no such SOP in place at Bratislava psychiatric department.

277. There were well-maintained registers on the application of means of restraint in place in both establishments visited, which had been in use since March 2023, as required by the amended law.

278. The consultation of the registers at Rožňava psychiatric department showed that means of restraint seemed not to be overused. They were applied to patients who were aggressive and who did not respond to de-escalation techniques employed by staff. The means of restraint used were mechanical restraints, with magnetic belts, placement in net-beds and chemical restraint.<sup>204</sup> However, the Committee is surprised that, despite their ban as of January 2025, the most frequently employed restraint at Rožňava was placement in a net-bed, usually for a period of two to three hours. The longest placement in net-beds registered was for seven hours and 50 minutes in the acute unit<sup>205</sup> and for 11 hours in the chronic treatment unit.<sup>206</sup> The delegation was informed by staff that during the application of means of restraint, patients who were delirious and those with incontinence issues were placed in incontinence pads.

At times, several types of restraint were used at the same time, such as patients who were tied in a net-bed. The law allows for simultaneous use of several forms of restraint “if it was not possible to avert the threat by using restraints individually and such a procedure can help to significantly shorten the length of the restraint or is necessary to manage the situation.” In two cases consulted by the delegation in Rožňava hospital, three different means of restraint were applied simultaneously, namely placement in a net-bed, a strap and sedation. Chemical restraint alone was rarely applied.<sup>207</sup>

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202. See [CPT/Inf\(2017\) 6](#), Means of Restraint in Psychiatric Establishments (revised CPT standards), 21 March 2017, p. 2 stating that: “[I]t is of paramount importance that the relevant health authorities and the management of psychiatric establishments develop a strategy and take a panoply of proactive steps, which should inter alia include the provision of a safe and secure material environment (including in the open air), the employment of a sufficient number of healthcare staff, adequate initial and ongoing training of the staff involved in the restraint of patients, and the promotion of the development of alternative measures (including de-escalation techniques).”

203. The net-beds were located in two rooms adjacent to the nurses’ rooms, and each one of them separated with a folding screen to ensure privacy when more than one patient was restrained at the same time.

204. In the acute unit, from March to November 2023, means of restraint were used 22 times on 21 patients and, in the chronic treatment unit, 14 times from March to October 2023.

205. From 23:10 until 7:00 the next day.

206. On 20 August 2023, a patient was placed in a net-bed and tied to the bed from 16:39 to 03:40 the next day.

207. The most frequently used combination of psychotropic drugs for chemical fixation was Haloperidol amp, Diazepam amp and Triaprime amp, separately or in combination.

279. At Bratislava psychiatric department, there had been 63 instances of application of mechanical and/or chemical restraint between March and December 2023. The delegation was informed that the staff was trained in applying de-escalation techniques, which always preceded a decision to apply restraint measures.

Depending on the assessment of the patient's condition, a combination of mechanical and chemical restraints could also be employed for a patient at Bratislava hospital.<sup>208</sup>

Their use was also well registered, in compliance with the law, which allowed the delegation to observe that chemical restraints were no longer applied routinely as had been the case at the time of the CPT's previous visit to the establishment in 2018. As was the case at Rožňava, incontinence pads were put on some patients during the application of means of restraint.

280. From the consultation of the registers, it transpired that at the Bratislava psychiatric department, mechanical restraint was applied for more than 24 hours in three instances, when patients were fixated for 25, 46 and 53 hours respectively. In the CPT's view, applying means of mechanical restraint for days could amount to ill-treatment. Every effort should be undertaken to prevent prolonged immobilisation, for example by increased attention by medical staff, employing individual adjustments in care, ensuring individual support to the patient and finding appropriate pharmacotherapy.

281. In both establishments, decisions to apply and end restraint were made exclusively by the doctor. The delegation did not find PRN prescription used for the application of means of restraint, which is positive. However, healthcare staff informed the delegation that police officers could on occasion help them to restrain a patient, when the police were present following the escort of the patient to the hospital or in situations when the staff called the police for assistance (see also above, in paragraph 241).

282. The amended legislation foresees that supervision of restrained patients should be done at "regular" intervals.<sup>209</sup> The applicable decree of the Ministry of Health demands personal checks "at least once every 30 minutes", possibly supplemented by monitoring via cameras.<sup>210</sup>

During the application of means of restraint, the patient was not under the continuous direct supervision of staff in the hospitals visited. According to Rožňava's internal regulations, nurses monitored the patient "in the manner and at the intervals specified by the doctor" and doctors were to visit restrained patients and assess the need to pursue the measures at least every eight hours. Further, consultation of the registers revealed that physical checks were performed every hour and that patients were overseen via CCTV cameras the rest of the time.

At Bratislava psychiatric department, although the records showed that nurses would carry out physical checks on the restrained patients at least every 30 minutes, there was no continuous direct supervision of restrained patients through the presence of a nurse.

283. Once the measure was lifted, according to healthcare staff interviewed by the delegation in both hospitals, a debriefing was carried out during which the patient was familiarised with the reasons for applying the means of restraint. The new law only provides that the physician should inform the patient of the purpose, nature, consequences and risks of the restraint.<sup>211</sup>

The delegation was not in a position to confirm if debriefings were indeed taking place. However, the registers consulted at Rožňava contained information on whether the patient received an information sheet about the use of means of restraint. In some cases, such notification had not been performed,

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208. In 19 cases, a measure of mechanical fixation was applied, in four cases a measure of chemical restraint was applied and in 12 cases both measures were applied simultaneously.

209. See § 9 b (10) of the Law no. 576/2004 Coll.

210. See § 2 (5) of the Decree No. 358/2023 Coll. establishing Details on the Use of Restraints and keeping a Register of Restraints, having a special rule for chemical restraint, and § 2 (7).

211. See § 9 b (11) of the Law no. 576/2004 Coll.

as attested to by the lack of the signature on the relevant form of certain patients who had been subject to restraint. The delegation was informed that this had not been done because they were unable to sign the aforementioned document. At Bratislava, the files did not mention if a debriefing had been held with the patient when the measure was lifted.

The CPT considers that the debriefing should not be a mere provision of information about the restraint applied, but rather a therapeutic interview and an opportunity for patients to express their views and to restore the doctor-patient relationship (see paragraph 271).

284. The new law on means of restraint foresees that every use of a restraint must be notified to the supervising prosecutor.<sup>212</sup> Such notifications were done in all files consulted by the delegation.

285. In light of the above, **the CPT recommends that the Slovak authorities take steps, including legislative amendments if necessary, to ensure that:**

- **an internal policy concerning the use of means of restraint is drawn up in Bratislava psychiatric department as well as in all psychiatric establishments of the Slovak Republic;**
- **the duration of the use of means of restraint is for the shortest possible time (usually minutes rather than hours), and is terminated when the underlying reasons for their use have ceased; every effort must be made to prevent prolonged immobilisation, for example by special individual adjustments in care, ensuring the individual attention of a member of staff and appropriate pharmacotherapy. Necessity of duration of the measure should be reviewed by a doctor at short intervals and a second doctor should be consulted if, exceptionally, the measure cannot be lifted after several hours;**
- **the method chosen for controlling agitated and/or violent patients is the most proportionate to the situation encountered. The Committee invites the Slovak authorities to ensure that this precept is respected when applying more than one means of restraint to psychiatric patients;**
- **patients placed under means of restraint have access to water and food and can satisfy the needs of nature in a dignified way;**
- **hospital staff are sufficient in number and able to handle violent situations in principle without recourse to the police;**
- **every patient subjected to mechanical restraints benefits from the continuous, direct and personal supervision of a qualified member of staff; and**
- **all patients receive full information on the establishment's restraint policy and the existing complaints mechanisms.**

286. During the visit to Rožňava psychiatric hospital, the delegation witnessed the use of movement-restricting measures on two occasions, when nurses attached disoriented patients to a chair with a leather belt tied around their abdomen. This was done to prevent them from slipping out of their chairs. Following application of this measure, the tied patients were left on their chairs in common areas, such as in the TV room or in the corridor of their unit, in front of other patients and not always under constant staff supervision.

Since these interventions were not considered by staff as measures falling within the scope of the legal provisions on the use of means of restraint, they were not recorded in the restraint register, as a result of which the delegation was not able to obtain a clear picture on the frequency of their use.

**The CPT recommends that the Slovak authorities ensure that Rožňava psychiatric hospital as well as other psychiatric hospitals in the Slovak Republic, develop written guidelines on the use of movement-restricting measures. Such guidelines should make clear which movement-restricting measures may be used, under which circumstances they may be applied, the need for a preventive risk assessment and the exploration of less restrictive alternatives. They should also contain sections on the involvement and consultation of different categories of staff prior to their application, medical prescription and nursing**

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212. See § 9 b (14) of the Law no. 576/2004 Coll.

intervention, recording of the measure, periodic monitoring and re-assessment, the supervision required and consent forms. Healthcare staff should be provided with initial and on-going training on the use of movement-restricting measures and less restrictive alternatives.

## 6. Safeguards

287. In the Slovak Republic, civil patients may be subjected to involuntary placement in a psychiatric establishment if they pose a danger to themselves or their “surroundings”, or to prevent their state of health from considerable deterioration.<sup>213</sup> Involuntary placement of patients must be reported to the court within 24 hours of admission<sup>214</sup> and the same rule applies if voluntary patients withdraw their consent for hospitalisation.

Within five days of admission the court should hear the patient and must take a decision on the lawfulness of the involuntary admission, which should in principle be delivered to the patient.<sup>215</sup> The patient may appeal against the court decision on involuntary admission within 15 days.

Within three months from entry into force of the first court decision on the legality of admission, a court should decide on continued involuntary hospitalisation. The views of a court-appointed independent expert must be taken into account.

After a maximum period of one year, proceedings concerning review of involuntary stay must be initiated. The patients, their representative, or a relative may request the court to institute these proceedings at any moment. The establishment may also discharge the patient at any moment.<sup>216</sup>

288. In 2020, the Ministry of Health approved standardised guidelines for procedural management regarding hospitalisation of adult psychiatric patients without informed consent.<sup>217</sup> The guidelines are still to be implemented in practice.

289. At Bratislava psychiatric department, the legal procedure for involuntary placements was followed. A register of involuntary patients was kept and records in the individual files examined were detailed, including the time of admission and reporting to court. The vast majority of cases concerned patients who did not consent to their admission.

290. In contrast, the delegation observed that the procedure for initiating involuntary placements was not always properly observed by staff at Rožňava. The delegation met several patients who had signed a consent form for their hospitalisation upon admission but were later prevented from leaving the psychiatric department in spite of their expressed wish to do so. Patients were not asked to withdraw their informed consent, and the healthcare facility did not notify the court accordingly. Further, several patients stated that they had signed a consent form upon admission,<sup>218</sup> without understanding the consequences. For these reasons, the number of civil patients hospitalised involuntarily at Rožňava psychiatric department was low (four out of 95 patients in the chronic

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213. § 6 (9) (d) of the Law no. 576/2004 Coll.

214. § 9 (5) of the Law no. 576/2004 Coll.

215. See §§ 252 to 271 of the Law no. 161/2015 Coll. on Code of non-litigious civil proceedings. The court may decide not to hear the patient and not to deliver the decision to the patient if the questioning would be to the detriment of the patient’s mental state or if the patient would not understand the contents of the decision, unless the patient explicitly requests to be heard.

216. See § 9 (6) of the Law no. 576/2004 Coll.: “If the grounds for taking a person into institutional care for which informed consent is not required no longer exist, the provider is obliged to discharge the person from institutional care or to seek informed consent (§ 6 (4) to (6)).”

217. Guideline no. 0105 entitled “Standard guideline for procedural management regarding hospitalisation of adult patients in psychiatric departments without informed consent (involuntary hospitalisation)”, 1 April 2020.

218. At Rožňava hospital, the form was entitled “Declaration of voluntary entry, compliance with house rules and treatment regime”.

treatment unit and none in the acute unit).<sup>219</sup> Conversely, some involuntary patients were left in detention although their condition had improved; the hospital's reports to the court did not indicate the continued existence of the relevant danger to themselves or their surroundings, or the risk of their health deterioration (see above, paragraph 287).<sup>220</sup>

291. Following a recent visit of the Slovak Commissioner for People with Disabilities at Rožňava psychiatric department, the direction informed the delegation that a set of measures had been adopted to ensure that staff expanded their knowledge about the practical application of legal provisions regarding involuntary hospitalisation.

The delegation consulted recent reports submitted to the courts by Rožňava psychiatric department and found that the hospital only reported the medical grounds for treatment of the patients, rather than the existence of a danger to themselves or their surroundings or a risk that would demonstrate the necessity for coerced placement and a lack of alternatives.<sup>221</sup>

In light of the above, **the Committee recommends once again that the Slovak authorities ensure that the relevant legal provisions concerning involuntary hospitalisation be fully applied in practice.**

292. Overall, court decisions were issued respecting the legal timeframes and judges would visit the psychiatric patients at hospitals to allow them to be heard in person. However, judges mainly relied on the treating doctor's assessments of the need for treatment when reviewing the placement of patients.

**The Committee recommends that, in the context of the review of psychiatric placement, an independent psychiatric expert opinion should be commissioned, independent of the hospital in which the patient is held.**

293. The law allows for psychiatric patients to have legal representation and to apply for free legal aid if in material need,<sup>222</sup> but all of the files studied showed that, in practice, patients were never represented by a lawyer in their proceedings, and they were not aware that they could get any legal assistance. In proceedings held before the Regional Court of Rožňava, all patients were formally appointed guardians *ad litem* who never met with the patients.<sup>223</sup>

In light of the above, **the Committee recommends that the Slovak authorities take the necessary steps to ensure that patients admitted to psychiatric hospitals have access to written information about their rights as parties to proceedings. They must also ensure that all indigent patients or their representatives are informed of this possibility and benefit from free legal representation. Further, the CPT reiterates its recommendation to take steps to ensure that guardians *ad litem* carry out their role effectively.**

294. In both hospitals, if a patient had a legal guardian, the patient's consent to hospitalisation was not sought and hospitalisation was not to be reported to court, even if the patient disagreed. At

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219. The aggregate data on involuntary patients also showed this unusual disparity between the units: In 2021 there were six in acute and 28 in chronic units, in 2022 there were eight and 56 respectively, and in 2023 (until the day of the visit) there were 10 and 63 respectively. A possible explanation is that some of the patients were admitted involuntarily to other hospitals before they were transferred to the chronic unit in Rožňava, where the hospital continued to hold them as involuntary. Nevertheless, involuntary patient numbers are unusually low in the acute unit, considering the total number of admitted patients there: 1 258 in 2021, 1 500 in 2022 and 1 237 in 2023.

220. For example, an involuntary patient fled the hospital after having been transferred from the acute unit to the chronic unit. In connection with the transfer, the hospital informed the court about her condition and unsatisfying lifestyle and concluded "she is not suicidal, aggressive and she has no tendency to hurt anyone". Still, the hospital kept her in involuntary status (and police were called to search for the patient when she left).

221. According to § 264 of the Code no. 161/2015 Coll., "the health facility is always entitled to release the detainee, even if the court has ruled that the admission to the health facility was permissible."

222. It could be provided by the Legal Aid Centre according to the Law no. 327/2005 Coll., on the provision of legal aid to persons in material need.

223. As described also during CPT's previous visit, see [CPT/Inf \(2019\) 20](#), paragraph 130.



Rožňava, the delegation met a patient in this situation, who did not know how to challenge his guardian's consent for his hospitalisation.

**The CPT recommends that the Slovak authorities take measures, including at the legislative level, to ensure that consent to hospitalisation is sought and, in case of refusal, that such disagreement be reported to the court. Further, the CPT recommends that a system be put in place that ensures that patients who are represented by a guardian can challenge their guardian's decision in respect of their hospitalisation.**

295. Regarding consent to treatment, the law explicitly states that informed consent is not required in certain situations, including where the grounds for psychiatric detention are met.<sup>224</sup>

The delegation noticed that, in the hospitals visited, seeking patients' consent only occurred at the beginning of hospitalisation, after a conversation was held with the doctor encouraging patients to undergo a proposed treatment. Many interviewed patients were satisfied with the treatment and the information they received, and described how the doctors, as well as psychologists, were responsive to their requests and needs.

At Rožňava psychiatric department, patients were asked to sign written and general forms upon admission, including on the treatment regime and the administration of medications. This did not apply for the application of ECT, for which the patient was given a separate written consent form to sign (see above, in paragraph 267).

At Bratislava psychiatric department, only one written form was given to patients upon admission, in which the patients were asked to consent to placement and to "all treatments and procedures deemed appropriate by the attending physician".<sup>225</sup>

296. However, the delegation also observed that there was no policy in place guiding staff on how to distinguish between those patients whose refusal of treatment was to be respected and those whose refusal should not, according to the seriousness of the symptoms of the patients and the risks posed to life and health. Further, there was no guidance on how to provide support to patients in order to understand this information and make decisions. In addition, there were no safeguards for involuntary patients, or for voluntary patients who were *de facto* involuntary who opposed a specific treatment. As the doctor explained to the delegation, some patients would be persuaded and others would submit.

297. As a general principle, all categories of patients, 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.

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 proposed, its possible side effects and alternatives, the possibility to withdraw consent, and if the patient concerned has the capacity to give valid consent at the moment when it is sought. If necessary, the patient should be provided with support to understand the treatment proposed and its implications. Obtaining consent may be the end result of a process in which the patient may also express concerns and needs.

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.

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224. According to § 6 (9) of the Law no. 576/2004 Coll., "informed consent is not required in case of (...) b) forensic treatment and detention imposed by criminal court (...), d) outpatient care or inpatient care if the person is a danger to himself or herself or to those around him or her as a result of a mental illness or symptoms of a mental disorder, or if there is a risk of a serious deterioration in his or her state of health (...), e) institutional care until the decision to issue a preliminary order for the placement of a person in a medical institution of institutional health care, if it is a person whose placement in a medical institution of institutional care is decided by a judge according to the Criminal Code."

225. The form was entitled "Written consent to admission to inpatient hospital treatment."

Any derogation from the fundamental principle of treatment upon consent should be based upon law, should 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 consents to the treatment) yet it is considered necessary for such treatment to be administered to prevent danger to the patient or to others. Further, patients should be able to challenge a compulsory treatment decision before an independent outside authority and must be informed of this right in a comprehensible written format.

**The CPT recommends once again that the Slovak authorities take steps to ensure that these precepts are effectively implemented in practice in all psychiatric establishments in the Slovak Republic. To this end, the relevant legal provisions should be amended.**

298. As a result of an amendment to the Law on Health Care, since 1 March 2023 psychiatric facilities are under obligation to put in place house rules and the rights of patients in a single document containing all the obligations and rights of the patients.<sup>226</sup>

The Concept of Humanisation of Inpatient Health Care in Psychiatry adopted by the Ministry of Health is in line with CPT standards, **but more efforts should be undertaken to ensure its implementation.**

299. Many patients with whom the delegation discussed at Rožňava psychiatric department were not aware of their rights and obligations, including as to their status and their freedom or the obligation to stay in the psychiatric wards. "House rules" were displayed in the corridors of the wards, consisting of several pages of very dense and complicated information. However, none of the patients visited by the delegation had an information sheet in their possession, listing their rights and obligations. This information was not provided to them on paper upon admission at the hospital. Even though there were several documents labelled as "patients' rights", there was no written information about consent, rights of involuntary patients, possession of mobile phones or access to computer, or details about how the complaint mechanism worked.

300. At Bratislava psychiatric department, patients were provided with a two-pages long form, similar to those used in other hospital departments. The delegation noticed that the language used in the form was formal and the information contained not always valid.<sup>227</sup>

301. Concerning complaints, boxes for suggestions and complaints were placed in both psychiatric establishments visited by the delegation. The number of complaints filed by psychiatric patients remained low. Most of the complaints consulted by the delegation related to the issue of discharge of patients. Discussions with psychiatric patients revealed that most of them did not know about their right to file complaints. Indeed, at Rožňava psychiatric department, the box was labelled "patient suggestions and comments" and was not accompanied by information that it was also for receiving complaints. This information was not included in the house rules either. In practice, complaint boxes were opened by nurses and passed to the directorate of each hospital. In the CPT's view, boxes on closed units should be opened by staff not related to the provision of care therein.

**302. The CPT recommends that the Slovak authorities take the necessary steps to ensure that an information brochure be drawn up in simple and accessible language, given and explained verbally to newly admitted psychiatric patients and their families and/or legal representatives at all psychiatric establishments in the Slovak Republic, and that patients unable to understand the information brochure receive appropriate assistance. Complaint mechanisms should be accessible to patients and information about such mechanisms should be contained in the aforementioned brochure. Further, the Committee recommends**

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226. See §§ 11 a. and 11 b. of the Law no. 576/2004 Coll.

227. For instance, the form stated that the patients' own clothes had to be stored by hospital during hospitalisation.

**that the Slovak authorities make efforts to explain issues related to placement order and procedure to patients in an understandable manner, repeatedly if necessary.**

303. There was an oversight mechanism, the Health Care Surveillance Authority, which could, *inter alia* conduct surveillance of the provision of health care in hospitals. However, there were no regular periodic inspections made by the Ministry of Health. The Committee invites the Slovak authorities to establish a system by which the Ministry of Health conducts regular inspections of the hospitals under its authority.

At least once a year, psychiatric units were visited by the State Prosecutor to verify the “legality of the institutional care.” The delegation noticed that the visits were regularly conducted, focussing on involuntary placements, complaints and incidents as well as the personal and material conditions of the patients.

304. External monitoring of psychiatric facilities was performed by the NPM, in particular by the Commissioner for People with Disabilities.

## 7. Other issues

305. Regarding patients' contact with the outside world, it is positive that patients placed in psychiatric wards at Bratislava hospital could keep their personal telephone with them.

At Rožňava psychiatric department, the delegation gained the impression that there were no clear rules in place about mobile phones. In the closed wards, patients' phones were taken away and provided only at the discretion of staff, unless permission was granted by the doctor to keep their phones. For those who did not possess a mobile phone, they had the right to make one phone call per day. In the open ward, patients could use their personal phone 24/7. There were also phones freely accessible in the corridors, for receiving calls only. Wi-Fi was also available for use for patients with their own phones.

The CPT fully agrees with this approach; mobile phones can often be an integral part of a person's daily life and are not solely used for recreation but to maintain social and community contact and manage day to day activities. **The Committee recommends that the Slovak authorities ensure that all psychiatric patients are allowed access to 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. 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.**

306. Daily visits were allowed for all patients in all units during the day and, when granted, family members could accompany patients to go outside the hospital building.

## APPENDIX I

### List of the establishments visited by the CPT delegation

#### Establishments operating under the authority of the Ministry of the Interior

- Bratislava Regional Police Directorate
- Bratislava Aliens Police Department
- Nitra Regional Police Directorate
- Rožňava District Police Department
- Trnava Regional Police Directorate
- Žilina Regional Police Directorate
- Žilina – West District Police Department
- Medveďov Immigration Detention Facility

#### Establishments operating under the authority of the Ministry of Justice

- Hrnčiarovce nad Parnou Prison
- Ružomberok Prison
- Žilina Prison

The delegation also went to Bratislava Remand Prison in order to interview newly admitted remand prisoners who had recently been in police custody.

#### Establishments operating under the authority of the Ministry of Health

- Psychiatric department of Bratislava University Hospital (Saints Cyril and Methodius Hospital)
- Psychiatric department of Rožňava Hospital
- Hronovce Detention Institute

## APPENDIX II

### List of the national authorities, other bodies and non-governmental organisations with whom the delegation held consultations

#### A. National authorities and other bodies

##### **Ministry of Justice**

Pavol Gašpar	State Secretary
Michal Sedliak	Director General of the Prison and Court Guard Service
Adrián Baláž	Deputy Director General of the Prison and Court Guard Service
Bronislav Pongrác	Director General of Prison Facilities Department
Juraj Palúš	Director General of Legislative Department
Richard Sviežený	Director General of Criminal Law Department
Michal Kotlárík	Director General of International Law Department
Marián Filčík	Director of Human Rights Division
Nina Chlapečková	Advisor, Judicial Cooperation in Criminal Matters Division
Natália Prítyi Kochanová	Advisor, Human Rights Division
Kristína Kročková	Advisor, Human Rights Division

##### **Ministry of the Interior**

Lucia Kurilovská	State Secretary
Ivana Nagyová	Advisor, International and European Affairs Division
Ľubomír Solák	President of the Police Force
Magda Ružbacká	Director of Control Division, Presidium of Police Force
Milan Polák	Director of Operational Division, Presidium of the Police Force
Jozef Masnica	Director of Office of the Border and Foreign Police, Presidium of the Police Force
Lenka Ondrejkočková	Director of Internal Audit, Office of the Border and Foreign Police, Presidium of the Police Force
Robert Keblušek	Head of Human Rights Division, Presidium of the Police Force
Ľubomír Adamčík	Senior Officer Specialist, Human Rights Division, Presidium of the Police Force
Milan Maškara	Deputy Director of the Bureau of the Inspection Service
Róbert Mikula	Senior Officer, Analytical and Organizational Division, Bureau of Inspection Service
Tomáš Mikuláš	Director of Analytical-Organisational Division, Bureau of Inspection Service
Kristián Kodai	Director of Police Detention Unit for Foreigners in Medveďov

## **Ministry of Health**

Michal Štofko	State Secretary
Peter Čvapek	Director General of Health Department
Mária Dinušová	Director of International Relations and European Affairs Division
Nikola Bakšová	Advisor, International Relations and European Affairs Division
Barbora Maliarová	Head of Modernization of Psychiatric and Psychological Care Division
Katarína Kohýlová	Advisor, Modernization of Psychiatric and Psychological Care Division

## **B. Representatives of the National Preventive Mechanism (NPM)**

### **Office of the Public Defender of Rights (Ombudsperson)**

Róbert Dobrovodský	Public Defender of Rights
Tomáš Čitbaj	Director General of Human Rights and Freedoms Protection Department
Roman Lysina	Director of Human Rights and Freedoms Protection Division
Júlia Šebová	Advisor, Communication and Protocol Division

### **Office of the Commissioner for the Rights of Children**

Jozef Mikloško	Commissioner for the Rights of Children
Martina Jamečná	Advisor, responsible for OPCAT application
Alena Novotná	Advisor, Communication Division

### **Office for the Commissioner for Persons with Disabilities**

Zuzana Stavrovská	Commissioner for Persons with Disabilities
Kristína Čahojová	Director of NPM

## **C. Non-governmental organisations**

Human Rights League