

VISIT REPORT

Bosnia and Herzegovina

September 2024



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

PERIODIC VISIT
2 - 13 September 2024

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KEY OBSERVATIONS

PRIORITY TOPICS

■ Police

CONDITIONS OF DETENTION – Effectively and cogently address ill-treatment of detained persons by law enforcement officials at the FBiH, RS and Cantonal levels.

■ Prison

LIVING CONDITIONS – Reform the legal framework and regime of detention for remand prisoners at Entity level (FBiH and RS) in order to allow for out-of-cell entitlements of eight hours per day.

■ Social Care

ILL-TREATMENT – Prevent ill-treatment in social care homes at Entity level (FBiH and RS), including in terms of recruitment, training and supervision of staff to upgrade their professionalism.

LIVING CONDITIONS – Upgrade the appalling living conditions in Pavilions IV and V in the Višegrad Home, including through regular maintenance and cleaning, and by reducing the reliance on residents to provide cleaning services and care for other residents.

MEANS OF RESTRAINT – Regulate the use of means of restraint, the criteria for their use in social care homes, and the relevant safeguards at Entity level (FBiH and RS) to avoid their inappropriate use, including for prolonged periods.

■ Immigration

CONDITION OF DETENTION – Take action at State level to regulate by law the detention of foreign nationals refused entry into BiH and replace the container used for their temporary placement at the Restricted Zone at Sarajevo International Airport with a suitable holding facility.

HEALTHCARE – Ensure the provision of psychological and psychiatric care for foreign nationals at risk of self-harm and suicide and with mental disorders detained at Lukavica Immigration Detention Centre, based on a more proactive and therapeutic (rather than security-focussed and punitive) approach.

CHRONIC ISSUES

■ Police

CONDITIONS OF DETENTION – Ensure that detainees in police custody are effectively and immediately granted access to a lawyer from the outset of their detention.

■ Social care

HEALTHCARE – Enhance the numbers of qualified and trained unit-based clinical care staff in social care homes at Entity level (FBiH and RS) to enhance the quality and safety of the care provided to residents, including those with severe disabilities.

GOOD PRACTICES

■ Prison

CONDITION OF DETENTION – The extensive out-of-cell entitlements in force for remand prisoners at the State Prison are to be commended.

■ Police

ILL-TREATMENT – The professional conduct of SIPA police officers in the execution of arrests of criminal suspects in terms of the proportionate use of force and compliance with legal safeguards is praiseworthy.

THE CPT AND BOSNIA AND HERZEGOVINA

Bosnia and Herzegovina ratified the ECPT in 2002, and the Committee's first visit took place in 2003.

Since ratification, the CPT has carried out 10 country visits to Bosnia and Herzegovina – 6 periodic and 4 ad hoc – including 86 visits to police establishments, 8 prosecutor's offices, 53 to prisons, 12 to psychiatric institutions, 7 social welfare and educational-correctional establishments, and 3 to border and immigration detention facilities.

All the visit reports have been published. Bosnia and Herzegovina did not accept the automatic publication of the visit reports.

EXECUTIVE SUMMARY

Catus The primary objective of the periodic visit to Bosnia and Herzegovina (BiH) was to examine the treatment of persons apprehended and detained by various police agencies at the State, Entity and Cantonal levels. Furthermore, the CPT delegation also focused on the treatment and conditions of detention of convicted and remand prisoners held in a number of penitentiary establishments under the jurisdiction of the State and Entity Ministries of Justice. The situation of residents of three social care institutions in both Entities was also examined, as was the situation of foreign nationals deprived of their liberty under the State immigration law.

Law enforcement establishments

Despite the majority of persons interviewed by the CPT's delegation during the visit having declared that they had been treated correctly by police officers in the course of police custody (in particular by the State Investigation and Protection Agency (SIPA), the CPT once again received numerous allegations of physical ill-treatment of detained persons by police officers in both Entities. These allegations primarily consisted of slaps, punches, kicks, truncheon blows and blows from the barrel of a pistol or assault rifle to various parts of the body. The aforementioned ill-treatment was primarily inflicted by members of special intervention units, such as the Sarajevo and Tuzla Cantonal Special Intervention Police, the Gendarmerie and the Anti-Terrorist Unit of the Republika Srpska (RS) Police (SAJ), and, to a lesser extent, by criminal inspectors and uniformed police officers of the Federal, Sarajevo Cantonal and RS Police, apparently in order to coerce suspects into confessing to certain offences or providing information.

The Committee concludes that persons deprived of their liberty by the police are at risk of physical ill-treatment and of suffering serious injury, especially those arrested in the course of anti-drug and other anti-organised crime operations. The report provides detailed descriptions of several cases of alleged police ill-treatment, citing specific patterns of conduct, including the tight handcuffing of detainees for extended periods, which can result in severe neurological consequences to their arms. The Ministries of the Interior at the Entity and Cantonal levels should issue a clear statement on zero tolerance for torture and ill-treatment of detained persons, provide targeted training on manual control techniques, notably to members of special intervention police units, introduce audio-visual recording of all police interviews, and better regulate the use of force and the independent assessment of its proportionality.

With regard to the operation of legal safeguards against police ill-treatment, the Committee expresses regret that the majority of persons interviewed by the delegation, with the notable exception of those deprived of their liberty by the SIPA, had been given access to a lawyer only 24 hours or more after their apprehension. The BiH authorities at Entity and Cantonal levels should ensure that this important safeguard is applied from the outset of deprivation of liberty, and to develop a more effective and functional system for the appointment of duty lawyers. Finally, recommendations are formulated to ensure that detained persons are promptly and adequately informed by police officers of their rights in a clear and comprehensible manner, that the confidentiality of detainees' medical examinations is ensured, and that police officers are trained in professional methods of police interviewing.

Prison establishments

The report acknowledges the downward trend in the prison population across the three prison systems at the State and Entity levels, as well as the ongoing efforts to renovate the prison estate. The majority of prisoners interviewed by the delegation reported being treated correctly by the prison staff. However, the report also documents two specific allegations of ill-treatment of prisoners by custodial staff, one at the State Prison and the other at Zenica Prison. The CPT calls for the practice of inmates being placed in padded cells with straitjackets at Zenica Prison to be discontinued. With regard to the material conditions of detention, the report observes that the conditions were satisfactory at the State and Zenica Prisons, as well as at Banja Luka, Doboj and East Sarajevo Prisons. However, it is noted that the conditions at the remand section of Tuzla Prison remain sub-standard, particularly with regard to overcrowding, inadequate ventilation, poor maintenance and hygiene, and the presence of vermin.

With regard to the regime of activities offered to remand prisoners, the Committee highlights that the provision of seven hours of out-of-cell activities at the State Prison could be considered a good practice. The CPT invites the Ministries of Justice at the Entity levels to take the necessary steps to replicate such a model in their respective systems, where remand prisoners continue to be offered the same impoverished regime as in previous visits (i.e. 23 hours or more in their cells with only access to outdoor exercise or poorly equipped gyms).

Turning to the regime offered to sentenced prisoners, the report finds that a satisfactory level of purposeful activities of an individualised nature is being offered at the State, Zenica and Banja Luka Prisons. However, the CPT also expresses criticism regarding certain aspects of the regime pertaining to prisoners who are segregated or isolated for security, disciplinary, or health reasons in these establishments. The regime for inmates in Wing A2 of the State Prison, Pavilion IV of Zenica Prison and the enhanced supervision department of Banja Luka Prison should be subject to adequate legal safeguards, in terms of reasoned legal decisions and effective avenues for challenging their placement, and that they should be provided with a more substantial regime of purposeful activities in order to facilitate their reintegration into the mainstream prison population.

In relation to healthcare provision for prisoners, the report criticises the inadequate presence and deficient staffing levels at Tuzla Prison, where access to medical care was problematic. Furthermore, the Committee also regrets that prisoners from all three penitentiary systems are still not systematically screened for communicable diseases upon their admission to prison and injuries are not adequately described. The CPT also formulates several recommendations, including on the need to preserve the confidentiality of medical examinations of prisoners, the necessity to abandon the practice of mechanical fixation of remand prisoners, the promotion of a reassessment and better therapeutic input to prisoners suffering from a mental disorder, and the adoption of a comprehensive strategy for prisoners with substance use related conditions.

The CPT also identifies the need to reinforce the prison custodial staffing complements and increased entitlements of staff at the level of the FBiH. Furthermore, the Committee once again expresses its disapproval of the practice of lifting the bed fixed horizontally to the wall during the day for prisoners serving a disciplinary sanction of solitary confinement and calls for this to be remedied.

With regard to female prisoners, the report finds that they were mostly treated correctly, with the exception of some recorded incidents of verbal disrespectful behaviour by prison staff at Tuzla Prison. The report also identifies the potential for enhancement of material conditions of detention in cells at East Sarajevo Prison through more personalised cells. With regard to the regime, the report once again criticises the isolation and de facto prolonged segregation to which female remand prisoners are exposed due to the fragmentation of the prison system. While the range of activities available to sentenced prisoners is deemed adequate, the Committee observes that Tuzla Prison could benefit from enhanced vocational and educational opportunities, while East Sarajevo Prison could benefit from increased outdoor exercise opportunities. In addition, the Committee makes several key recommendations regarding healthcare provision for female prisoners. These include the introduction of a specific medical screening for female prisoners, with a view to identifying vulnerabilities such as mental healthcare needs, sexual abuse and other forms of gender-based violence inflicted prior to entry to prison.

Social Care Homes

Many persons with disabilities in Bosnia and Herzegovina continue to live in large institutions, segregated from the community. Such institutions entail major risks of institutionalisation with counter-therapeutic and depersonalising effects on residents. Those with higher support needs often receive insufficient attention and their needs are frequently disregarded. For this reason, the RS authorities should finally initiate, and the FBiH authorities step up, their efforts to effectively advance the process of deinstitutionalisation of residents placed in large social protection institutions in BiH, by creating community-based housing solutions.

The delegation received some allegations of physical ill-treatment (slaps and pushing) of residents by certain orderlies in specific pavilions/units at both the Pazarić and Drin Homes. Some complaints were also received about verbal abuse and improper language by certain members of staff in the three institutions visited. Further steps are required to prevent ill-treatment in social care homes in both Entities, including in terms of recruitment, training and supervision of staff to upgrade their professionalism. The report also notes occasional physical and verbal conflicts between residents in all three institutions and recalls that violence in an institution for persons with disabilities might be hidden, which requires a proactive approach to protect vulnerable persons from other residents who might cause them harm.

In the three homes visited, the living conditions were extremely poor in the pavilions/units for residents with the most severe disabilities, which often lacked basic maintenance, cleaning and hygiene. The worst situation was observed in Pavilions IV and V in Višegrad, where material conditions were appalling, with dilapidated facilities, broken doors and furniture, and dreadful hygiene. Many of the totally bare and austere rooms had a constant stench of urine and faeces, some residents were laying in dirty bedding covered with urine or excrements which had not been changed, while others were not provided with pillows or bedding. Some were found naked. In the CPT's view, residents' living conditions in these two units may amount to inhuman and degrading treatment and require urgent upgrading, including regular maintenance and cleaning.

Further, not all residents in Drin had their own beds and, in Pavilion B-II, 58 residents with mental disorders were crowded in large dormitories. The report also notes the lack of privacy in all three institutions and the inadequate or derelict equipment used in Višegrad and Pazarić. Further, steps are required to ensure that all residents can benefit from daily access to outdoor exercise.

The situation was compounded by insufficient numbers of qualified and trained unit-based clinical care staff (mainly orderlies and nurses) to provide proper individualised and personalised care to residents, with strong evidence of both physical and emotional neglect.

The needs of residents with severe disabilities were not being met in terms of care in any of the three institutions visited, and especially not in the Višegrad Home, and the situation of these residents might, in the CPT's view, be described as amounting to inhuman and degrading treatment. Urgent measures are required to enhance the quality and safety of the care provided to residents with severe disabilities and the dependence upon residents to support staff by providing cleaning services, supervision or even care to other residents must be ended. Further, the number of multi-disciplinary rehabilitation staff was also insufficient to provide a proper range of psycho-social rehabilitative activities.

Moreover, both Entities should take steps to ensure that all types of restraint, the criteria for their use in social care homes, and the relevant safeguards be thoroughly regulated by law and that detailed guidelines for their application with clear safeguards be drawn up in all social care homes. The report finds numerous shortcomings concerning the use of means of restraint, especially in Pazarić and Višegrad. The CPT is particularly concerned about the situation of a female resident who had been almost constantly subjected to mechanical restraint with textile straps around her arms attaching her to a bed, day and night – with only very short periods of de-fixation – for several years, due to an increased risk of self-harm. Such a practice should be immediately ended. The report also contains recommendations on PRN ("as needed") prescriptions for restraint and the use of movement-restricting measures.

The CPT also formulates several recommendations to address the lack of appropriate safeguards in the context of involuntary placement of residents or the placement of residents under guardianship in social care homes in BiH, and particularly the absence of a regular automatic judicial review of the need for their continued placement. The report concludes that further measures are required to comply with the jurisprudence of the European Court of Human Rights.

Immigration detention

The BiH authorities should end the immigration detention of both unaccompanied children and children with their families and clearly regulate by law the detention of foreign nationals refused entry into BiH and placed in the temporary holding area at the Restricted Zone at Sarajevo International Airport (including

the grounds for detention, length of detention and judicial control). This also requires that every foreign national detained there is provided, without delay, with an individual detention order, that a custody register is kept and that they be systematically and fully informed of their rights and the procedure applicable to them.

The material conditions in the holding rooms and sanitary annex inside the prefabricated container located near the tarmac at the Restricted Zone of Sarajevo Airport were extremely poor, with insufficient hygiene and maintenance. The delegation met a mother with children, including toddlers, who had been detained for three days inside the locked container without any activities on offer or even access to outdoor exercise. The conditions of detention in the container were totally unsuitable for holding persons, and particularly children. The CPT urges the BiH authorities to take swift action to replace the container with a suitable holding facility equipped to provide adequate conditions of detention to persons refused entry into the country.

At the Lukavica Immigration Detention Centre, several foreign nationals interviewed provided credible allegations of the deliberate physical ill-treatment (severe beatings) of a detained foreign national with a severe mental disorder by security staff. When met by the delegation, the person concerned was found in a critical state in disciplinary solitary confinement and required urgent psychiatric treatment and care. Healthcare services at the Centre must be improved, particularly to ensure the provision of psychological and psychiatric care, based on a more proactive and therapeutic (rather than security-focussed and punitive) approach for detained foreign nationals at risk of self-harm and suicide and with mental disorders. Further, measures are required to better regulate and review the practice of placement in solitary confinement, notably by ensuring that persons placed there have daily access to outdoor exercise and benefit from immediate and regular checks by healthcare staff.

The living conditions at the Lukavica Centre were poor and carceral, with poor hygiene and maintenance. Urgent steps are required to refurbish and regularly maintain and clean the accommodation areas in all units. Further, all foreign nationals detained at the Centre should be granted access to outdoor exercise for at least two hours a day (and preferably more) and be offered a range of purposeful activities.

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 Bosnia and Herzegovina (BiH) from 2 to 13 September 2024. It was the Committee’s 10th visit to the country.¹

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

- Therese Rytter, 2nd Vice-President of the CPT (Head of Delegation)
- Slavica Dimitrievska
- Ömer Müslümanoğlu
- Slava Novak
- Karin Rowhani-Wimmer
- Aleksandar Tomčuk

They were supported by Christian Loda and Sebastian Rietz of the CPT Secretariat and assisted by Richard Kirk, Clinical Director of Healthcare in Prison in Northern Ireland, United Kingdom (expert).

3. The report on the visit was adopted by the CPT at its 116th meeting, held from 10 to 14 March 2025, and transmitted to the authorities of BiH on 9 April 2025. The various recommendations, comments and requests for information made by the Committee are set out in bold type in the present report. The CPT requests that the authorities of BiH provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report. As regards the recommendation in paragraph 235, the CPT requests that a response be provided within three months.

B. Consultations held by the delegation and cooperation encountered

4. In the course of the visit, the delegation held consultations with senior officials from the Ministries of Security and Interior at the State, Entity and Cantonal levels, the Ministries of Justice at the State and Entity levels as well as the Ministry of Labour and Social Policy of the Federation of Bosnia and Herzegovina (FBiH). In addition, meetings were held with the President of the High Judicial and Prosecutorial Council, and the Presiding Ombudsperson, notably on the establishment of the National Preventive Mechanism (NPM), as well as senior advisors to the Presidency of BiH.

The delegation also met with representatives from the Delegation of the European Union (EU) and the Office of the United Nations High Commissioner for Refugees (UNHCR) as well as various non-governmental organisations active in the field of the CPT mandate.

5. The cooperation received during the visit by the authorities of BiH was excellent at the State level, notably as regards police and prisons, and it was very good in respect of social care and immigration detention. With a few exceptions, the delegation had rapid access to the places of deprivation of liberty it wished to visit, was able to meet in private with those persons with whom it wanted to speak and was provided with access to the information it required to carry out its task.

However, the delegation had difficulties in accessing the holding area at the Restricted Zone of Sarajevo International Airport. While the holding area is under the authority of the private security company of the Airport, the Restricted Zone is under the overall jurisdiction of the Border Police in charge of granting

1. The visit reports and the responses of the authorities of BiH on all previous visits (five periodic and four ad hoc visits) are available on the CPT website: <https://www.coe.int/en/web/cpt>.

access permissions, who should have ensured that the delegation was provided with access to the holding area. Moreover, the work of the delegation was seriously hampered at the Institution for Social Care, Upbringing and Education "Hum" in Sarajevo under the authority of the FBiH Ministry of Labour and Social Policy. The Director refused to grant the delegation access to the institution as the visit had not been announced in advance. He also refused for the juveniles placed there to be interviewed without the prior consent of their legal representatives. Since this matter could not be resolved on the spot, despite consultation with the competent Assistant Minister via telephone, the delegation decided to terminate its visit to the Institution.

6. The CPT recalls that, under the Convention, delegations of the Committee have a right to visit all places where persons are or may be deprived of their liberty, whether the visit is announced or unannounced. Further, the Convention grants unrestricted access to any information that is necessary for the Committee to carry out its task, including the individual files and personal data of all persons placed in these institutions (see Article 8, paragraphs 1 and 2 d), of the Convention). Preventing the CPT delegation from carrying out its mandate is a clear violation of the principle of cooperation under Article 3 of the Convention.

The CPT recommends that the authorities of BiH take the necessary steps to fully implement the provisions of the Convention by ensuring that, during future visits, its delegations will enjoy ready and unrestricted access to all places where persons are or may be deprived of their liberty. Further, CPT delegations should be granted access to all information required to carry out the Committee's task, including those containing the personal data of persons held there. This also requires that the authorities of BiH review the way information is disseminated to ensure that all authorities in charge of places where persons are deprived of their liberty are informed of the CPT visit and its mandate.

7. Moreover, the CPT must recall once again that the principle of cooperation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of visiting delegations. It also requires that decisive action be taken to improve the situation in light of the CPT recommendations.

In this regard, the CPT notes that the authorities of BiH at the State, Entity and Cantonal levels have not taken effective action to combat ill-treatment by police officers since the Committee's previous visits in 2019 and 2021. Decisive steps are required to put in place measures aimed at preventing the recourse to ill-treatment by police officers of persons deprived of their liberty and ensuring that investigations into allegations of such ill-treatment are carried out effectively and expediently. It is regrettable that longstanding CPT recommendations aimed at tackling effectively the persistent and severe physical ill-treatment of detained persons by law enforcement officials, and strengthening the legal safeguards of persons deprived of liberty by the police (notably the right of access to a lawyer from the outset of detention) remain largely unimplemented.

The CPT considers that a continued lack of action by the authorities of BiH to address these matters may result in the Committee opening the procedure laid out under Article 10, paragraph 2, of the Convention.²

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

8. On 13 September 2024, the delegation met representatives of the authorities of BiH at the State, Entity and Cantonal levels to inform them of the delegation's main findings and, on that occasion, it made four immediate observations under Article 8, paragraph 5, of the Convention.

2. Article 10, paragraph 2, reads as follows: "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

The authorities of BiH were requested to ensure, within one month, that:

- The foreign national with a severe mental disorder who was placed in disciplinary solitary confinement at Lukavica Immigration Detention Centre at the time of the visit be transferred to a psychiatric establishment for adequate treatment and care;
- Alternative solutions be found for the accommodation of unaccompanied children and families with children who were refused entry by the Border Police and detained under the authority of a private security company at the Restricted Zone of Sarajevo Airport.

Moreover, the authorities of the *Republika Srpska (RS)* were asked to take immediate steps, within one month to:

- End the practice of requiring residents at the Višegrad Home for Persons with Disabilities to take over the care and cleaning duties of staff due to insufficient staffing levels;
- Gradually reduce the use of means of restraint at the Višegrad Home for Persons with Disabilities to manage a female resident prone to self-harm who had been almost constantly restrained to her bed with textile straps around her arms for a period of several years – with only short daily interruptions – and find alternatives to prevent her from self-harming, including with the help of professional external support.

These immediate observations were confirmed by letter of 26 September 2024 when transmitting the delegation's preliminary observations to the authorities of BiH.

By communication of 18 and 30 October 2024, the authorities of BiH informed the CPT of the actions taken in response to part of these immediate observations. This response has been taken into account in the relevant sections of the present report.

D. National Preventive Mechanism (NPM)

9. BiH ratified the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) in 2008.³ Following the adoption of legislative amendments,⁴ which entered into force on 14 September 2023, the Institution of Human Rights Ombudsman of BiH was officially designated as the country's NPM.

However, the CPT delegation was informed that the failure to approve the NPM's budget in time for 2024 significantly delayed its establishment and operation. Further, the temporary arrangements made by the Ombudsmen Institution to provide for the required financial and staffing resources do not appear to be sustainable for the effective functioning of the NPM in the long term. At the time of the visit, internal consultations on the future operation of the NPM department and the required staffing resources were still ongoing; hence, the NPM was not yet fully operational.⁵

The CPT recommends that the authorities of BiH take the necessary steps to ensure that the Institution of Human Rights Ombudsman of BiH be provided with the necessary financial and human resources to be able to effectively carry out its NPM mandate in accordance with the OPCAT requirements. This also requires regular training for the staff of the NPM, including on working methods, with a view to strengthening their capacities as well as an adequate representation of ethnic and minority groups in the country.⁶

3. It is to be noted that, in 2011, the country made a declaration postponing the designation of an NPM for three years and was thereafter for several years among the list of countries whose compliance with their obligation to establish an NPM was substantially overdue (see Articles 17 and 24 of the OPCAT).

4. See the Law on Amendments to the Law on the Ombudsman for Human Rights of BiH.

5. In September 2024 the BiH Ombudsman Institution adopted a [Methodology of Work of the Preventive Mechanism](#) based inter alia on the input provided by the Council of Europe Office in Sarajevo.

6. See Article 18 (2) and (3) of the OPCAT, which require the State Parties to ensure that the experts of the NPM have the required capabilities and professional knowledge, by striving for adequate representation of ethnic groups in the country, and to make available the necessary resources for the functioning of the NPM.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Law enforcement agencies

1. Preliminary remarks

10. The structure of law enforcement agencies and policing in BiH continues to reflect the complex institutional setting of the country, with 16 different police agencies operating at the relevant territorial and jurisdictional levels, each functioning with its own legislation and secondary regulations.⁷ In this context, the 2024 periodic visit provided an opportunity for the delegation to assess the treatment of persons deprived of their liberty by police agencies at all levels of jurisdiction (State, Entity and Cantonal), notably through interviews with persons held in remand detention and in the police establishments visited.

11. The legal basis for the deprivation of liberty by law enforcement is delineated in the Criminal and Criminal Procedure Codes at the State, FBiH, RS and Brčko District levels. These provisions have remained unaltered since the 2021 visit. To recall, if individuals are deprived of their liberty by the police on suspicion of having committed a criminal offence, they must be brought before a prosecutor within 24 hours.⁸ The prosecutor, in turn, has a further 24 hours in which to either submit a request to the judge on preliminary proceedings to remand the suspect in custody, or order their release. The competent judge must decide within 24 hours of receiving the request from the prosecutor whether to remand the suspect in custody, or order their release; the decision may be appealed to a panel of judges, who must decide on the appeal within 48 hours.⁹

The legal provisions applicable to juveniles are similar, with the exception of the stipulation that the juvenile court judge must decide within 12 hours on the request for remand in custody made by the competent public prosecutor.¹⁰ Further, the police are entitled to summon citizens for up to a maximum of six hours in order to obtain information or verify their identity.¹¹

2. Ill-treatment

12. The majority of persons interviewed by the delegation stated that they had been treated correctly by police officers at the time of their arrest, during their stay in police detention facilities and during questioning, in particular by the State Investigation and Protection Agency (SIPA).¹² However, the CPT delegation once again received numerous allegations of physical ill-treatment of detained persons by police officers in both Entities. The alleged physical ill-treatment generally consisted of slaps, punches, kicks, blows with batons and blows from the barrel of a pistol or an assault rifle to various parts of the body. The alleged ill-treatment was mostly inflicted by members of special intervention units, such as the Sarajevo and Tuzla Cantonal Special Intervention Police, the *Gendarmerie* and the Anti-terrorist Unit of the RS Police (SAJ) and, to a lesser extent, by criminal inspectors and uniformed police officers of the Federal, Sarajevo Cantonal and RS Police, apparently to coerce suspects into confessing to certain offences or to provide information. Persons deprived of their liberty by the police are particularly at risk of serious physical ill-treatment and of suffering serious injury, especially those arrested in the course of anti-drug and other anti-organised crime operations, or those suspected of serious crimes such as murder.¹³

7. It is important to note that each Entity, in addition to the State, possesses its own CC, CCP, and Law on Police and Internal affairs. Moreover, within the FBiH, each of the ten cantons has its own legislation pertaining to misdemeanours and public order. Each police service also has its own instructions regarding the treatment of detained persons.

8. Pursuant to Article 139, paragraph 1 of the CCP.

9. Pursuant to Article 139, paragraph 9 of the CCP.

10. In accordance with Article 347 of the CCP.

11. Pursuant to Article 79 of the CCP.

12. This is in respect of criminal offenses under the jurisdiction of the Court of BiH such as organised crime related ones.

13. As evidenced by the case examples described hereafter.

In a number of cases, the allegations received by the delegation were corroborated by information contained in medical certificates issued when detained persons were taken to hospital, a healthcare centre or when they were admitted to prison. In addition, the delegation's forensic doctor was able to assess the consistency of the injuries observed on some criminal suspects met who alleged ill-treatment and, in some cases, to carry out a physical examination on the detained persons. The cases described below illustrate, by way of example, the threshold of severity, trends, pattern and geographical/jurisdictional focus of the phenomenon of ill-treatment by the police in BiH at the time of the visit.

- i. A remand prisoner whom the delegation met in Zenica Prison alleged that, on 26 August 2024, he had a verbal altercation with a patrol of the Sarajevo Cantonal Police and was punched and kicked in various parts of the body until he fell to the ground to be handcuffed. He also alleged to have been kicked several times by the same police officers while he was on the ground with his hands cuffed behind the back. At the time of his medical examination on admission to Zenica Prison on 28 August 2024, he displayed the following injuries, which the prison doctor described in his medical file: *"He claims to have been beaten by the police. Yellow greenish haematomas on both forearms, and bruises on both knees, several crusts on the left knee"*.
- ii. A person in pre-trial detention met by the delegation in Banja Luka Prison alleged that, at the time of his arrest on 23 April 2024, in a laboratory for the production of narcotics, he had been kicked, punched and received several blows from the barrel of an assault rifle to various parts of the body. He was then transferred to Prijedor Police Station. Upon his admission to Banja Luka Prison on 26 April 2024, he underwent a medical examination, and the following entry was made in his medical file: *"Haematoma 2.5x1 cm on the right eye below the orbit. Haematoma 1x2 cm on the left eye below the orbit. Haematoma 10x10 cm under the right breast. Right forearm, elbow pit scratch 2.5x1 cm, traces of handcuffs, particularly on the right wrist, 15x20 cm pale haematoma on the right side of the handcuffed area and a 10x10 cm haematoma on the right underneath. The detainee stated that these injuries occurred during his arrest by the police in Prijedor"*.
- iii. A remand prisoner suspected of murder met by the delegation in Banja Luka Prison alleged that he had received several blows during his arrest by uniformed police in a district of Banja Luka, on 13 May 2024. Subsequently, after being transferred to the Banja Luka Police Station, he was forced to stand with his face to the wall in a corridor of the police station where, at regular intervals, he was allegedly punched, kicked and subjected to truncheons blows by various police officers. Intermittently, a police officer would apparently ask him who had killed the victim. At the time of his medical examination following his admission to Banja Luka Prison, on 17 May 2024, the following entry was made in his medical file: *"Head, right occipital-parietal region, crust 1 cm in diameter. Left eyebrow, 3 cm crust in the hairline area, visible handcuff marks on both wrists. Right knee, lateral aspect, 10x7 cm haematoma. Right knee, posterior, 4 x 5 cm bruise. Right ankle, superficial scratch. Left knee, lateral aspect, small bruises, 2 x 3 cm. Left knee, posterior, 1 x 2 cm haematoma. These injuries occurred during arrest and at Banja Luka Central Police Station"*.
- iv. A detained person interviewed in Banja Luka Prison alleged that, at the time of his arrest, on 28 May 2024, by a group of the Special Anti-Terrorist Police, he was punched, kicked and subjected to several blows with the barrel of an assault rifle to various parts of the body (that is, the head, back and legs) while he was lying on the ground with his hands cuffed behind the back. He also alleged that the same members of the SAJ fired several bullets into the ground next to his head in an attempt to frighten him. At the time of his medical examination on 2 June 2024, following his admission to Prison, the following entry was made in his medical file: *"He was kicked and punched in the head and all over the body by the police. Small haematoma on the left shoulder on the back and scratches 4 cm and 3 cm. Small bruise 1 cm in diameter on the left shoulder. Two small haematomas on the left side of the head on the back"*. In addition, the medical certificate drawn up when the person was taken to the emergency room of the Banja Luka hospital contained the following entry: *"Laesiones traumaticae regionum corporis multiplicitum superficiales"*. During his pre-trial detention, the detained person complained of hearing difficulties and was referred to an ear nose and throat specialist, who diagnosed a slight lesion of the tympanum.

- v. A remand prisoner met in Banja Luka Prison alleged that, on 24 July 2024, he had been kicked and punched on various parts of the body by police inspectors in an office of the Kotor Varoš Police Station in order to extract a confession. A medical examination was carried out upon his admission to prison and the following entry was made in his medical file on 27 July 2024: "*Beaten by police inspectors at Kotor Varoš Police Station, he has two small scratches below the right knee and his chest is painful on palpation*". The medical file also included a medical certificate issued at the Kotor Varoš Emergency Department on 26 July 2024, which stated: "*He lost consciousness when the inspector hit him. Visible bleeding on the temples and cheekbones, 3 cm long bruise on the left side of the head, small scratches on the right leg below the knee*".
- vi. A person met in Banja Luka Prison alleged that, on 13 May 2024, following his arrest and transfer to the Banja Luka Central Police Station, he was subjected to several blows with a baseball bat to various parts of the body until he momentarily lost consciousness.¹⁴ The purpose of the ill-treatment was apparently to force him to confess to a murder. At the time of his admission to Banja Luka Prison, he underwent a medical examination and the following injuries were described in his medical file: "*Sternum in the middle pale haematoma 4x6 cm, right breast and nipple area pale bruise 3x2 cm, oval shape 3 cm, left lateral chest, two pale bruises, vertical shape, 4x5 cm and 3x3 cm, left shoulder bruise 4x3 cm, right chest lower ribs haematoma 6x5 cm, left upper arm posterior haematoma approx. 8x12 cm, left knee, back, upper side, descending bruise 15x40 cm with various lines, right thigh and back 12x8 cm haematoma*".
- vii. A female remand prisoner in Banja Luka Prison alleged that, following her arrest on 13 May 2024, together with the persons mentioned in cases iii and vi above, she was repeatedly slapped around the head by police officers while standing facing the wall. A medical certificate issued by the Emergency Department of the University Clinical Centre of the Republika Srpska in Banja Luka, on 14 May 2024, contains the following entry: "*She has dark skin in the right orbital area and she stated that she was beaten by police officers*".
- viii. A remand prisoner in Tuzla Prison alleged that, at the time of his arrest on 12 August 2024, in the Živnice shopping centre, several members of the Tuzla Cantonal Intervention Police had punched and kicked him on various parts of his body while he was lying on the ground with his hands cuffed behind his back. The same patrol escorted him to the Živnice Health Centre where, after a medical examination, a certificate was issued on the same day with the following entry: "*Bruise on the left forearm, probably of older origin, haematoma on the left eyebrow, probably older than 24 hours*". After being handed over to the criminal inspectors of the Tuzla Cantonal Police, the person claimed that he was subjected to further physical ill-treatment, consisting of several kicks to his legs and punches to various parts of his body by two criminal inspectors, apparently to extract information. He was then taken to hospital a second time, where a medical certificate was issued with the following statement: "*In the region behind the right ear haematoma 2x2 cm, autoscopic findings are in order. On the right side on the back under the shoulder blade under the scapula haematoma 3x2 cm, on the left side under the ripe arc haematoma 2x2 cm, both upper arms haematoma 1x1 cm each*".
- ix. A remand prisoner met in Tuzla Prison (see also paragraph 88) alleged that, at the time of his arrest on suspicion of murder on 29 August 2024, he was kicked, punched and hit with the barrel of an assault rifle by officers of the Tuzla Cantonal Intervention Police after he had been handcuffed and restrained on the ground. He was then taken to the Gradačac Health Centre, where a medical certificate was issued with the following wording "*Examination at the request of the police. Conclusion: localised contusion on the right shoulder, excoriated skin on both knees*". After being handed over to the Tuzla Cantonal Criminal Police, he further alleged that inspectors at the Tuzla Central Police Station had punched, kicked and slapped him on various parts of his body (the face, thorax and limbs). When he was taken to the Emergency Department of the Tuzla Cantonal Hospital, a second medical certificate was issued on 2 September 2024 with the following entry: "*The patient received several blows to the face and body, diaphragm and legs. He did not lose consciousness, haematoma and excoriation on the left shoulder, haematoma on the face in the area of the right cheekbone*". The delegation's doctor was able to examine some of the traumatic injuries when visiting him, on 7 September 2024, and confirmed their compatibility with their alleged cause.

14. The person was a co-suspect in case iii above.

x. A person in pre-trial detention interviewed in the BiH State Prison alleged that, at the time of his arrest on 5 September 2024 in a Sarajevo apartment, which had been carried out by a unit of the Sarajevo Cantonal Intervention Police acting on an Interpol warrant, he had allegedly been punched, kicked and subjected to, truncheon blows and blows from the barrel of an assault rifle while lying face down on the floor with his hands cuffed behind the back. After being taken to the BiH State Judicial Police, he was refused admission due to his visible injuries and escorted to the Sarajevo Clinical Hospital, where he was examined in the emergency room in front of members of the Intervention Police. The medical certificate issued at that time reads as follows: "*Patient brought in by the police with injuries to the head and chest, allegedly inflicted by third parties. Multiple swellings and haematomas on the head, painful on palpation on the right clavicle and right hemithorax*". At the time of his admission to the BiH State Prison, the following entry was made in his medical file: "*On the head: multiple swellings and haematomas, pain and tenderness over the right clavicle. On the face: multiple scratches, especially on the right cheek, haematoma, especially under the eyes. On the chest: haematoma on the right part, painful to touch*".

13. In addition to the cases of serious physical ill-treatment described above, the CPT delegation also received and gathered corroboration of other forms of ill-treatment which, in view of their reiterated and standardised nature, constituted a pattern across different jurisdictions in BiH. Some detained persons, notably those suspected of certain offences of a sexual nature and of various forms of organised crime alleged that, at the time of their apprehension, they had been violently pushed to the ground by law enforcement officers, resulting in injuries. For example, a remand prisoner [Podgora] at the BiH State Prison alleged that at the time of his arrest on 19 April 2024 he had been violently pushed to the ground by police officers, his chest hitting the ground. A medical certificate drawn up at the time of his admission to the State Prison on 22 April 2024 stated that he had been diagnosed with a pneumothorax (i.e. a collapsed lung).¹⁵

Other persons met who were arrested in circumstances similar to those described above in the context of anti-narcotics or organised crime operations, alleged that they had been subjected to prolonged periods of tight handcuffing of up to two days which, given the intensity of pain, its protracted nature and its deliberate application to inflict pain, may amount to torture. This practice had caused damage to the nerves of the hands with resultant problems with sensation and function in respect of some detained persons as well as serious and lasting neurological damage to their arm(s).¹⁶

Finally, as noted by the CPT during previous visits to Bosnia and Herzegovina, apprehended persons were often forced to spend the entire period of their detention in a police station handcuffed to fixed objects,¹⁷ due to the limited capacity of the detention facilities. This practice was confirmed to the delegation by police officials in the relevant police establishments visited.

14. Once again, several persons made allegations that they had been subjected to various forms of psychological ill-treatment by arresting police officers or criminal inspectors, for the purpose of extracting information or to induce a sense of fear. These included threats of violence, being forced to listen to the screams of other detained persons or suspects being ill-treated, being deliberately deprived of medical treatment by police inspectors in exchange for information, and being told to throw themselves out of an open window from an office situated on a floor above ground level.

15. As mentioned in paragraph 83, the quality of the recording of injuries observed on detained persons upon admission to prison varied at each establishment visited. In principle, at Banja Luka and BiH State Prisons, injuries observed upon admission on newly admitted persons were adequately recorded in terms of description of size and colour, and in some cases there was an assessment of their origin and compatibility with the allegation/statement made by the person (as, for example, in the cases outlined in

15. The relevant custody register examined by the delegation at the Federal Police Administration Headquarters in Sarajevo showed that he had been escorted twice to the hospital by the police during his custody on 20 April 2024.

16. For example, a remand prisoner met in Banja Luka Prison, who claimed to have been tightly handcuffed throughout the 48 hours of police custody on 28 May 2024, was still receiving physiotherapy treatment for the deterioration of his radial nerves at the time of the CPT visit on 6 September 2024.

17. Detained persons alleged that they remained handcuffed in police premises for periods ranging from one to three days attached to items of furniture, or sitting on a chair or bench with their hands cuffed.

paragraph 12). However, at Tuzla, Doboj and Zenica Prisons, injuries upon admission remained very scantly described with generic notes lacking a description of their origin and no qualification of their size and colour. Regrettably, no body charts were in use (except for at Zenica Prison), and injuries were not photographed at any of the prison establishments visited.

Further, detained persons displaying injuries during police custody continued to be escorted to a healthcare centre or hospital for the purpose of issuing a certificate on injuries, in order for them to be admitted by the judicial police.¹⁸ Despite the fact that some police agencies had adopted regulatory provisions stipulating that the escorting of a detained person to a healthcare centre should not be carried out by the police officers who had executed the arrest, it appeared that this still remained the practice in many instances. The confidentiality of those medical examinations was not respected, and at times detained persons were examined by medical doctors while handcuffed. Detained persons told the delegation that they were either reluctant to report their injuries to the healthcare staff, or had been instructed by escorting police officers to provide fictitious explanations for their visible injuries, or not to mention them at all.

Finally, there was no procedure in place at any of the prisons visited on the reporting of injuries observed on newly arrived persons which could be indicative of police ill-treatment.

16. The CPT reiterates its recommendation that steps be taken to ensure that the prison medical services at Tuzla, Doboj and Zenica Prisons, and prison medical services in the rest of the country, fully play their role in preventing ill-treatment by ensuring that, upon admission to prison, every person should undergo a thorough medical examination, following which a detailed record should be established. The same procedure should be followed after a violent incident within a prison establishment, or whenever a prisoner is brought back to prison by the police, after having participated in investigative activities. The record should contain:

- (i) an account of statements made by the person which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them);**
- (ii) a full account of objective medical findings based on a thorough examination;**
- (iii) the healthcare professional's observation in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

The record should also contain the results of additional examinations performed, detailed conclusions of the specialised consultations carried out, and treatment given for the injuries, or any further procedures conducted.

Recording of the medical examination in case of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries, to be kept in the medical file of the prisoner. Injuries should be photographed, and the photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register in which all types of injuries should be recorded.

The existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

18. See for example case viii in paragraph 12.

The healthcare professional should advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report must automatically be forwarded to a clearly specified independent investigative authority, and that such forwarding is not a substitute for the lodging of a complaint in proper form.¹⁹ The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the prisoner and to their lawyer.

The national authorities should offer special training to healthcare professionals on the way medical screening of prisoners is to be performed, on the recording of any injuries observed, and on the reporting procedure. States should ensure that there are no reprisals against any healthcare professionals in their duty to record and report injuries.

Further, the CPT reiterates its recommendation that the police officers charged with escorting the detained person to a medical examination are not the same ones against whom the allegations of ill-treatment are directed. The Committee also recommends that the BiH authorities at the State, Entity and Cantonal levels set up a system of visiting doctors in police stations. These doctors should, in addition to their general medical qualifications, be trained in the identification and recording of injuries.

17. During the 2024 visit, the CPT delegation undertook an examination of the reports on the use of force drawn up by the relevant law enforcement agency, with a view to assessing their legality, the proportionality of the force applied and the quality of the reports' review.

The reports examined by the delegation in respect of the use of force applied in respect of persons arrested by the Tuzla and Sarajevo Cantonal Police as well as the RS Police consisted of a comprehensive account of the circumstances under which the force was applied, accompanied by written statements from the police officers involved, medical documentation pertaining to the injuries sustained, and an evaluation of the legality and proportionality of the use of force. However, the reports did not include a statement from the detained person who was the subject of the use of force or from any witness, nor did it include any relevant medical documentation of the injuries sustained by the arrested person. Further, no attempt was made to retrieve other types of evidence, such as CCTV footage.

18. The assessment of the legality and proportionality of the use of force was conducted by the relevant supervisor of the law enforcement agency²⁰ concerned and consisted of standardised and poorly reasoned statements systematically certifying the legality of the use of force.²¹ The entire file was submitted to the relevant police oversight body (Professional Standards Unit) which, in the case of the Sarajevo Cantonal Police Intervention Unit, for example, had never questioned such reports. Furthermore, the head of the unit informed the delegation that, during his tenure (that is since 1999) he could not recall a single case in which the legality and proportionality of the use of force by members of his unit had been assessed as unjustified or excessive.

19. It should be noted that healthcare professionals are legally obliged to report any injury that may have a traumatic origin to the relevant judicial authorities, as set out in the applicable legislation on healthcare at the State, Entity and Cantonal levels.

20. This is the Head of the Intervention Police Unit of the Sarajevo Cantonal Police, or the Police Commander at the level of the RS Police.

21. The assessment of the legality and proportionality of the use of force comprised a description of the circumstances of its application and justification. It included the use of standard phrases such as the necessity to overcome the passive resistance of the arrested person by referring to the type of force applied and its minimum and necessary nature.

Furthermore, some of the reports examined by the CPT delegation in respect of the persons who had alleged physical ill-treatment also contained no information on the injuries sustained by the detainees. For example, the report on the use of force in respect of the person described in case x above, which was completed on 9 September 2024 and assessed as justified by the immediate commanding officer on 10 September 2024, did not refer to the contents of the medical certificate issued by the Sarajevo Clinical Hospital on 6 September 2024 and the injuries described therein.

19. As during previous visits, several detained persons met by the delegation during the 2024 periodic visit said that they had openly declared to have been ill-treated by the police at the time of their arrest or during police custody, in front of the competent prosecutor at the time of their interview. In some cases, the prosecutors themselves had enquired about the treatment by the police during police custody or the origin of the injuries they displayed. However, when confronted with plausible allegations of police ill-treatment, the vast majority of persons interviewed by the delegation stated that the reaction of the relevant prosecutors had been passive and that, in some cases, they had dismissed their claims by stating that the alleged ill-treatment was a separate matter or sought to justify the excessive use of force by suggesting that the criminal suspects had certainly resisted arrest.²²

As a follow-up to its assessment of the quality of investigations into cases of ill-treatment by the police, the delegation met with the President of the High Judicial Prosecutorial Council (HJPC), in order to discuss their role in ensuring the detection and effective investigation of allegations of ill-treatment. During the meeting, the delegation shared its findings that, throughout the country, prosecutors continued to display a passive attitude or lack of interest when confronted with detained persons who had visible injuries, or who had made specific allegations of physical ill-treatment in police custody. The President of the HJPC agreed that it was necessary to adopt a comprehensive methodology for investigation of allegations of physical ill-treatment, and that there was no justification for their dismissal when prosecutors were confronted with such allegations.

20. As mentioned in paragraph 7, the findings of the 2024 periodic visit to BiH indicate that the treatment of persons deprived of their liberty by the police has not substantially improved since the Committee's previous visits in 2019 and 2021. In particular, criminal suspects arrested by special police intervention units during high-risk police operations run the risk of being subjected to serious physical ill-treatment as well as excessive use of force and restraint, with the clear aim of inflicting harm. Further, allegations concerning the infliction of physical pain in the context of police interviews remain frequent, as do those of psychological pressure.

In particular, without a firm message of zero tolerance from the highest political level on the unacceptability of ill-treatment by the police, any efforts to achieve its eradication will be much more difficult. In addition, training activities on issues such as professional interviewing skills, and on the theoretical and practical aspects of preventing ill-treatment must be more targeted. Further, members of special and intervention police must also undergo training on safe and effective manual control techniques, as well as on the basic rights of persons deprived of their liberty. Moreover, the measures to strengthen the legal safeguards of persons deprived of their liberty have only been partially implemented, while the right of access to a lawyer from the very outset of deprivation of liberty remains particularly chimeric.

In this regard, the Public Prosecutor, as the ultimate initiator of criminal proceedings and the body assigning the police with the task of interrogating suspects, must ensure that such so-called information-gathering sessions are conducted professionally. This entails ensuring that such sessions are carried out in accordance with the relevant provisions of the CCP regarding the suspect's right to be informed of their rights and to have access to a lawyer, and notably as regards the inadmissibility as evidence in proceedings

22. It is also important to note that in paragraph 87 of its Decision No. AP 511615/18 of 10 April 2018 the BiH Constitutional Court had decided that prosecutorial and judicial authorities should immediately start an official investigation into an allegation of ill-treatment of a detained person which is brought to their attention even in the absence of the relevant medical documentation.

of any statements made as a result of torture or other forms of ill-treatment.²³

21. **The CPT calls upon the BiH authorities, and in particular the Ministries of the Interior at the FBiH, RS and Cantonal levels, as well as the State Ministry of Security, to adopt a Strategy on the Eradication of Police Ill-treatment, taking due account of the detailed remarks set out in paragraph 20 above, and notably the need to:**

- **deliver a clear statement from the highest political level to police officers from all police agencies nationwide, that there is zero tolerance of torture and other forms of ill-treatment, and that such acts will be investigated and those responsible will be prosecuted and, where appropriate, sanctioned accordingly;**
- **deliver targeted training for members of special intervention police units on manual control techniques in the context of apprehension of high-profile criminal suspects during special operations;**
- **integrate professional interviewing techniques into the basic training curricula for all police officers, and into the advanced mandatory training curricula for all crime inspectors and operational police officers charged with interviewing suspects;²⁴**
- **introduce mandatory audio-visual recording of all police interviews, including initial questioning by operative officers in police stations;**
- **adopt mandatory instructions at the level of each police agency on the use of force and means of restraint, on the treatment and fundamental safeguards of persons in police custody, and on professional interviewing techniques, all in accordance with "Guidelines on the Treatment of Persons Deprived of their Liberty" developed by the Council of Europe Office in Sarajevo;²⁵**
- **ensure that the reports on use of force are drawn up promptly and accurately by a truly independent oversight body, and that the assessment of the compliance of such force with the principles of necessity, proportionality and legality be conducted with a thorough analysis of all relevant information, including different sources of evidence, with a particular reference to the relevant injuries suffered by the arrested person.**

23. See in this respect Article 15 of the United Nations Convention against Torture (UNCAT) which reads as follows: "Each State Party shall ensure that any statement which is established to have been made as a result of torture shall not be invoked as evidence in any proceedings, except against a person accused of torture as evidence that the statement was made." Further, Article 10 of the CCP reads as follows: "It is prohibited to extract a confession or any other statement from the suspect, the accused, or any other participant in the proceedings. The Court is prohibited from basing its decision on evidence obtained through violations of human rights and freedoms stipulated by the Constitution and international treaties ratified by Bosnia and Herzegovina. Additionally, the Court is not permitted to base its decision on evidence obtained through substantial violations of this Code. The Court is prohibited from basing its decision on evidence derived from the evidence referred to in Paragraph 2 of this Article."

24. See in this respect the "Principles on Effective Interviewing for Investigations and Information Gathering" (the [Méndez Principles](#)) adopted in May 2021 by a group of eminent international legal and police experts in the field of policing and torture prevention. The Méndez Principles have since been welcomed and cited by several United Nations bodies, as well as the CPT. Further, reference is also made to the following publication by Milne, Rebecca and Rull, Ray (1999): "Investigative Interviewing Psychology and Practice", Chichester, United Kingdom: Wiley.

25. In addition to the above-mentioned Guidelines the Council of Europe Office in Sarajevo has also developed a detailed manual on human rights of persons deprived of their liberty and a practical training manual on investigative interviewing skills.

The CPT reiterates its recommendation that when prosecutorial and judicial authorities are confronted with direct allegations of physical ill-treatment by police officials, they take immediate action to record the allegations, order a forensic medical examination of the detained person, and ensure that the allegations are promptly and thoroughly investigated. Further, the HJPC should adopt a Methodology for the Conduct of Investigations into Allegations of Torture and Ill-treatment by the Police (Methodology), as a mandatory instruction by the HJPC, the Ministries of the Interior at the Entity and Cantonal levels, and by the Ministry of Security.

3. Safeguards against ill-treatment

a. introduction

22. The delegation once again examined the application of legal safeguards in the context of deprivation of liberty by the police, with a view to preventing ill-treatment and in the light of the Committee's previous recommendations. In this context, the delegation was informed at the outset of the visit that various police agencies were working with the Council of Europe Office in Sarajevo on projects aimed at strengthening the training curricula for police officers, on issues such as interviewing skills and the application in practice of the relevant safeguards. In carrying out its assessment, the delegation examined, *inter alia* the relevant documentation found in the custody registers and personal files of criminal suspects held in the police establishments where they had been detained.²⁶

b. information on rights

23. The provision of information on the rights of a suspect is regulated by Article 5 of the CCP, and the manner of its instruction is regulated by Article 78 of the CCP which includes, *inter alia* the fundamental guarantee of access to a lawyer.²⁷ Furthermore, the relevant Instruction on the Treatment of Persons Deprived of their Liberty at the level of each police agency regulates the provision of information in terms of modalities and the relevant forms to be completed for this purpose.²⁸

The findings of the delegation during the 2024 periodic visit indicate that the majority of the persons interviewed had indeed been informed, both orally and in writing, of their rights upon their arrest, and that the relevant forms had been duly completed. However, as in previous visits, suspects were only asked to sign the forms and were not allowed to keep a copy. Furthermore, there were no written brochures available at the level of the law enforcement agencies visited, including in foreign languages.

The CPT calls upon the authorities of BiH at the State and Entity levels to invest the necessary efforts in order to ensure that particular care is taken by police officers at the time of arrest and at the subsequent phases of detention, to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case. Further, all persons deprived of their liberty should obtain information about their procedural rights in a format accessible to them, depending on their specific needs, for example, using larger text size, written in simple and accessible language, provided orally etc.

26. Such documentation consisted of the registers on detained persons, the arrest and detention minutes, decisions on deprivation of liberty, the information on detainee's rights and the minutes on police interrogation.

27. See Article 78, paragraph 2b of the CCP.

28. For example, the RS Police and Sarajevo Cantonal Police Instructions on the Treatment of Persons Deprived of their Liberty both stipulate that the police officer responsible for the arrest is obliged to inform the arrested person of the reasons for the arrest, and to inform them of their rights as an arrested person. Furthermore, on the official premises, the police officer must complete two copies of the form on the rights of the person who has been deprived of their liberty: one copy for the arrested person and the other for the file on the deprivation of liberty.

24. In addition, a significant number of persons in pre-trial detention met by the delegation stated that they had not been informed of their rights and that the process of completing the relevant forms had consisted only of an automatic ticking of the relevant boxes to be signed, but not of a verbal explanation of the relevant provisions and their implications in case of its waiver.²⁹ Furthermore, some criminal suspects, particularly in the RS, told the delegation that, at the time of their processing at a police station, the relevant forms³⁰ had been pre-filled by police officers, with options such as "refusing to be assisted by a lawyer" pre-selected.

The Committee considers that there can be no justification for this. Ensuring that persons are fully informed of their rights is pivotal for the effective implementation of legal safeguards against police ill-treatment and requires meticulous attention.

The CPT recommends that the RS Ministry of Interior issue an instruction requiring all police personnel to inform criminal suspects of their rights in a clear and comprehensible manner, and to ascertain their full comprehension of the content and the implications of any waiver. Further, there can be no justification for police officers to pre-fill forms on information on the rights of detained persons on their behalf and this practice should be ended.

c. notification of custody

25. The fundamental guarantee of notification of one's detention to third parties is also regulated by Article 5 of the CCP. As was the case during previous visits, the vast majority of persons in pre-trial detention met by the delegation stated that they had, in principle, been given the opportunity to inform a member of their family or another third party of the fact of their detention. In practice, this took the form of a telephone call made by the police officer in charge, which was recorded in the relevant section of the custody register. However, some persons told the delegation that their request to inform a third party of their detention had been refused, allegedly on the grounds of the need to preserve the integrity of the investigation.

The CPT recommends that the BiH authorities, at the State and Entity levels, ensure that all persons deprived of their liberty by the police, for whatever reason, are granted the right to notify a close relative, or third party of their choice, about their situation as from the very outset of their deprivation of liberty (that is, from the moment when they are brought to the police station). The exercise of this right could be made subject to certain exceptions designed to protect the legitimate interests of the police investigation, provided that those exceptions are clearly circumscribed in law and made subject to appropriate safeguards. Any delay in notification of custody must be recorded in writing, with the reasoning explicitly specified, with the requisite approval of a senior police officer unconnected with the case at hand, or a public prosecutor, and be applied for the shortest time necessary.

d. access to a lawyer

26. The right of criminal suspects to have access to a lawyer has been one of the long-standing issues raised by the CPT in Bosnia and Herzegovina, given its crucial importance in preventing ill-treatment in the very first stages of deprivation of liberty. The wording of Article 5 of the CCP is clear on the unambiguous right to be assisted by a lawyer from the outset of deprivation of liberty.³¹

27. Regrettably, the situation observed during the 2024 visit remained as it had been during the previous visits: the vast majority of the persons met by the delegation, with the notable exception of those arrested by the SIPA, only had access to a lawyer when they appeared before the public prosecutor (that is, 24 hours after the outset of their deprivation of liberty), or in some cases in front of the judge of

29. As stipulated by Article 78, paragraph 3, of the CCP.

30. Such as the information on rights in use by the RS Police.

31. In the commentary on Article 5 of the CCP, it is clear that the provisions set out in the article must be understood as applying from the outset of the deprivation of liberty.

preliminary proceedings.³² Access was delayed by police officers on the grounds that it was not necessary in the early stages of detention,³³ and this approach was confirmed to the delegation at the beginning of the visit by several senior police officers from different law enforcement agencies. Consequently, it was very common for criminal suspects to be questioned in police stations without the presence of a lawyer.³⁴

In addition, as was the case during previous visits, the detention registers indicated that in more than 90% of cases detained persons had decided not to avail themselves of the assistance of a lawyer.³⁵ Further, it also appeared that when criminal suspects did see a lawyer, at the time of either appearing in front of a prosecutor or the confirmation hearing in front of the judge on preliminary proceedings, they were not always permitted to have a confidential conversation with them, as provided for in Article 48 of the CCP.³⁶

28. The CPT recalls that in its experience, including in BiH, it is during the period immediately following the deprivation of liberty – and, *a fortiori*, during which the individual is subjected to police questioning under an investigation procedure – that the risk of intimidation and ill-treatment is at its greatest. Consequently, the possibility for persons taken into police custody to have access to a lawyer, including the possibility to have a confidential exchange during that period, is a fundamental safeguard against ill-treatment. The existence of that possibility will have a dissuasive effect on those minded to ill-treat detained persons; moreover, a lawyer is well placed to take appropriate action if ill-treatment actually occurs. Further, the CPT considers that, in order to fully implement the spirit and the letter of Article 5 of the CCP, police officers need to accept the legitimacy of the procedural rights of suspects and to understand the ways in which providing prompt access to a lawyer can ensure the credibility and reliability of investigative procedures, rather than considering the role of the defence as antithetical to an effective investigation and fair trial.

The CPT calls upon the BiH authorities to take steps to ensure that the right of access to a lawyer applies effectively as from the very outset of the deprivation of liberty by the police and is implemented in practice, in light of the above remarks. Further, the Committee also recommends that the BiH authorities ensure that criminal suspects are able to meet with their lawyers in private during police custody. This must be seen as a safeguard against ill-treatment (as distinct from a means of ensuring a fair trial and it is clearly essential for the lawyer to be in the direct physical presence of the detained person.

29. The CCP clearly provides for *ex officio* lawyers to assist criminal suspects at the stage of criminal proceedings.³⁷

The findings of the 2024 visit again indicated that, in practice, *ex officio* lawyers were usually appointed directly by the judicial authorities in the case where the CCP requests a mandatory defence (that is, in the case of suspicion of the most serious crimes) and exclusively assisted their clients prior to their questioning by the public prosecutor; *ex officio* lawyers did not meet their clients during the initial stages of police custody. This is corroborated by the relevant custody registers, as well as the fact that the lists of lawyers on duty at the relevant bar associations present at police stations would only serve to facilitate their appointment at a later stage of police custody. In terms of their performance when confronted with allegations of ill-treatment, the attitude of the lawyers remained passive or dismissive and, in the vast

32. In particular, in respect of cases of mandatory defence, as stipulated by Article 45 of the CCP.

33. Police officers continue to employ a range of tactics designed to dissuade detained persons from exercising their right to custodial legal advice. These included failing to tell suspects that legal aid advice was free at the point of delivery; telling suspects that requesting a lawyer would result in them spending longer in custody; and telling suspects that they did not need a lawyer if they had nothing to hide, or if the case was straightforward.

34. Police officers told the delegation that such action was justified by the fact that the relevant prosecutor would normally verbally delegate the relevant police inspectors to carry out pre-investigative actions on their behalf.

35. This was the result of various ploys used by police officers to delay access to a lawyer with justifications as referred to in footnote 31, above.

36. Article 48 of the CCP reads as follows: "(1) If the suspect or accused is in custody, he shall immediately be entitled to communicate with the defence attorney, orally or in writing. (2) During the conversation, the suspect or accused may be observed, but his conversation may not be heard."

37. Pursuant to Article 46, paragraph 2 of the CCP.

majority of cases, they advised their clients to remain silent and not to raise any controversy which might jeopardise their case.

The CPT recommends that the authorities of BiH, in cooperation with the Bar Associations at the relevant State, Entity and Cantonal levels, develop a more effective and functional system for the appointment of duty lawyers, such as a call centre, a software solution or central contact point to which the police could turn to propose a duty lawyer.

The CPT also recommends that *ex officio* lawyers should be reminded of their key role in preventing and reporting ill-treatment by attending police stations and intervening at the outset of any deprivation of liberty, by representing to the best of their ability the interests of the persons they are mandated to assist, and by taking appropriate action where there are indications that such persons are being (or may have been) ill-treated by the police. Steps should be taken in consultation with the relevant bar associations to promote, through initial and continuous training, a culture in which it is considered unprofessional not to pursue allegations of police ill-treatment.

e. access to a doctor

30. The right of access to a doctor is still not recognised in the relevant CCPs as a statutory right. However, all 16 relevant instructions on the treatment of persons deprived of their liberty provide for medical assistance to persons in detention in case of an emergency, as well as upon their request. Further, the relevant instructions of the Ministry of Interior of the RS and the Sarajevo Canton provide for criminal suspects to be escorted to a hospital by a police unit different from the one which has carried out the arrest of the suspect. In reality, with the exception of emergency medical assistance, persons deprived of their liberty were provided access to a doctor only on the initiative of the authorities, for the purpose of issuing a certificate on injuries upon the request of the judicial police or in order to include such a certificate in the medical file upon admission to prison. Furthermore, as mentioned in paragraph 15, medical examinations of detainees were almost systematically carried out in front of the escorting police officers (very often the same ones who had conducted the arrest) and very frequently detainees were medically examined while handcuffed.

The CPT once again calls upon the authorities of BiH to adopt specific legal provisions on access to a doctor during police custody and ensure the confidentiality of medical examinations.

31. The CPT must stress that there can be no justification for security staff being systematically present during medical examinations/consultations of persons detained by the police. Their presence is detrimental to the establishment of trust required of the relationship between the healthcare professional and the patient and is usually unnecessary from a security point of view. Moreover, the presence of non-medical staff during medical examinations/consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional, such as information about ill-treatment.

Therefore, the CPT considers that, as a general rule, all medical examinations should be conducted out of the sight and hearing of police officers, under conditions fully guaranteeing medical confidentiality. However, the Committee recognises that the presence of non-medical staff at the request of the healthcare professional may be warranted in exceptional cases.

Such exceptions should be specified in the relevant regulations and should be limited to those cases in which, based on an individual risk assessment, the presence of security staff as the person being examined is considered absolutely necessary to ensure the safety of the healthcare professional. Moreover, an exception should only be permissible if other, less intrusive security measures are considered not to fully contain the perceived risks posed by the detained person. As a possible alternative, consideration should be given to the setting up of a secure room or ensuring the presence in the room of additional healthcare personnel. Another possibility may be the installation of a call system, whereby healthcare professionals

would be in a position to rapidly alert custodial staff in those exceptional cases when a detained person becomes agitated or threatening during a medical examination. The healthcare professional should be duly informed of any relevant prior behaviour on the part of the detained person, the applicable rules and how to react in high-risk situations.

||| **The CPT recommends that the BiH authorities at all levels take the necessary measures, including by amending the relevant regulations, to ensure that the above-mentioned precepts are fully implemented in practice.**

32. As regards the quality of the medical certificates issued, these continued to show several deficiencies. For example, the majority of the medical certificates examined contained scant descriptions of injuries, little or no assessment of their possible origin and in some cases vague formulations which clearly had the intent of exempting the responsibility of law enforcement officers (such as, for example “the injuries in question perhaps date back to the period prior to detention”). The recommendation outlined in paragraph 16 in relation to the need to ensure the accurate description of injuries also applies in this context.

f. conduct of police interviews

33. Several law enforcement agencies were working on the adoption of a manual on investigative interviewing to be introduced in the respective curriculum for the training of police inspectors.³⁸ In the course of the 2024 periodic visit, numerous criminal suspects alleged that they had been subjected to long and extenuating interview sessions with police inspectors while handcuffed and without being offered water or food at regular intervals. Further, criminal inspectors allegedly appeared to be prone to use of force or inviting suspects to jump out of an open window.

In its report on the 2021 ad hoc visit to BiH, the CPT underlined the need for a paradigm shift from a “suspect to the evidence” approach to an “evidence to the suspect” approach. The CPT also noted that the use of investigative interviewing techniques by police inspectors, developed by several police services, improves the flow of information and communication and reduces the risk of human error and false accusations. The findings of the 2024 visit indicate that such a paradigm shift in the interviewing of summoned citizens and criminal suspects has not yet been implemented. Furthermore, the delegation did not get the impression that police officers from various Entity (Federal and RS police) and Cantonal Police agencies were interested in abandoning a system of informal gathering of information clearly based on extracting confessions from criminal suspects. In the Committee's view, such a paradigm shift requires robust measures coming from senior officials, who must become advocates of such change. Further, under Article 11 of the United Nations Convention against Torture, Bosnia and Herzegovina is under the obligation to *“keep under systematic review interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.”*

||| **The CPT calls upon the BiH authorities to actively promote a paradigm shift from the principle of proceeding “from the suspect to the evidence” to one focused on “from the evidence to the suspect”, notably through robust measures such as training in proven scientific professional methods of investigative interviewing. Such training activities should become part of the basic curriculum of all law enforcement agencies in BiH and should also be the subject of cascading training activities (for example, training of trainers).**

34. The CPT has advocated for the mandatory audio-video recording of police interviews as one of the most effective safeguards for the prevention of police ill-treatment. In this respect the BiH legislation foresees such a possibility but in practice it remained confined to very restricted circumstances (for interviewing juveniles or persons with serious disabilities). Further, a very limited number of police establishments were equipped for such a purpose, which rendered the legal provisions difficult to execute in reality.

38. The CPT delegation had been provided with a draft of the relevant manual.

The CPT reiterates its recommendation that the BiH authorities establish a system for the systematic audio-video recording of all police interviews conducted with criminal suspects pursuant to Article 289 of the CCP. This would require the creation of dedicated and fully equipped interview rooms in police stations, the adoption of secondary legislation on data storage and technical requirements, and the training of staff in their use. In principle, systematic recording should cover all stages of police questioning, including the provision of information on rights at the beginning of the interview.

4. Conditions of detention

35. The relevant instructions on the treatment of detained persons contain the minimum standards with which police detention cells must comply in terms of living space, state of hygiene and equipment. Further, at the outset of the visit the delegation was informed about the investments made by the different law enforcement agencies in the upgrading and maintenance of the conditions of detention in police stations. For example, at the Banja Luka Zalužani Detention Unit, the 23 cells, each measuring 10 m² and equipped with a metal bed fixed to the floor, all enjoyed good access to natural light and possessed a fully partitioned sanitary annex equipped with a toilet and inox washbasin and were in very good state of repair. At Tuzla Central Police Station, the three cells, each measuring 6 to 8 m² and equipped with a bunk bed, were clean and in a good state of repair and enjoyed access to natural light. The conditions of the cells at the Federal Ministry of Interior, the Judicial Police of the Sarajevo Cantonal and State Courts had not changed since the previous visits in 2019 and 2021 and were adequate for their detention purposes. The 13 cells of the Novo Sarajevo Police Station Cantonal Police also continued to provide good detention conditions, although the adjoining sanitary facility were in need of maintenance (in terms of dripping water installations).

36. On the other hand, police detention facilities located outside the main urban centres continued to display deficiencies in terms of design, state of repair and poor hygiene conditions. For example:

- at Višegrad Police Station, the single cell, measuring 14 m² and equipped with a concrete plinth and mattress did not have access to natural light, and there was no ventilation or heating system. Further, the cell possessed no call-bell;
- at Prijedor Police Station, the two cells, each measuring 11.5 m² and equipped with two concrete plinths and two mattresses and blankets but no sheets, had limited access to natural light through a metal perforated grille and were poorly ventilated;
- at Kalesija Police Station, the single occupancy cell measuring some 10 m² was equipped with a metal bed fixed to the floor, fitted with a mattress and sheets, and possessed adequate access to natural light through a large window. The sanitary facility of the single occupancy cell was separated by a barred door and detained persons had to request access from police staff. Further, the cell did not possess a call-bell.

The CPT notes once again the efforts made by the BiH authorities at all levels to renovate police detention facilities throughout the country and the progress achieved with the financial support of the Kingdom of Norway.

Nevertheless, the CPT reiterates its recommendation that the BiH authorities take actions to rectify the persistent shortcomings identified by the Committee concerning conditions of detention in police detention areas. These relate in particular to the need to:

- refurbish the sanitary facilities of cells at Novo Sarajevo Police Station and ensure that they are maintained in an adequate state of hygiene;

- remove the perforated metal grille from the windows of the cells of Prijedor Police Station;
- equip the cells of Višegrad and Kalesija Police Stations with call bells. Further, measures should be taken to install a heating system at Višegrad Police Station and to remove the barred metal door to permit unimpeded access from the cell to the sanitary facility at Kalesija Police Station.

37. As regards the provision of food and hygiene items, most of the detained persons told the delegation that, once admitted to a police detention unit they were provided with food respecting their dietary requirements at regular intervals and that this also consisted of a hot meal as well as with personal hygiene items (such as sanitary pads). However, it appeared that only some law enforcement agencies had introduced a dedicated budget line as the provision of food was still funded from the petty cash of the respective police stations. In case of overnight stay at a police station, detained persons were being provided with blankets, pillows and bedding which appeared to be washed regularly. Finally, there was still no arrangement for outdoor exercise at any of the establishments visited in which persons could be detained for periods longer than 24 hours, including those recently constructed such as the Zalužani Detention Unit near Banja Luka.

The CPT reiterates its recommendation that the BiH authorities, at State, Entity and Cantonal levels, ensure that persons in police custody are offered food at regular intervals during their period of detention. To this end a dedicated budget line, endowed with sufficient financial resources, should be established at the level of each law enforcement agency at the national level.

In addition, the CPT reiterates its recommendation that all persons held in a police establishment for 24 hours or more be offered outdoor exercise daily. In this regard, it is important that the need for outdoor exercise areas be taken into account in the design of any new police detention facilities.

B. Prison establishments

1. Preliminary remarks

38. The prison system in BiH consists of three autonomous prison administrations at the State and Entity levels, each governed by distinct legislation. At the time of the visit, the total prison population at national level stood at 2 759 prisoners for a capacity of 3 743 places (that is, an occupancy rate of 73% and an incarceration rate of 78 inmates per 100 000 of the population).³⁹ This followed a consistent trend of decrease in population in all three prison systems⁴⁰ over recent years.⁴¹

In terms of legislation, pre-trial detention is governed by the provisions of the CCPs,⁴² while laws on the enforcement of criminal sanctions regulate the treatment and conditions of detention of sentenced prisoners. Several aspects of prison life are regulated by secondary legislation.⁴³ In this respect, only at the level of the RS has a Law on the Execution of Criminal Sanctions (LECS) been adopted since the CPT last visit in 2021, while at the level of the FBiH no agreement had yet been reached on the adoption of a new LECS.⁴⁴

39. With regard to the prison estate, at the time of the periodic visit in 2024, three new prisons were under construction in both Entities, namely a new EU-funded prison on Mount Igman in Sarajevo (with a capacity of 420 places),⁴⁵ a new semi-open prison in Mostar (with a capacity of 180 places) and a new prison in Bijeljina (with a total capacity of 250 places). In addition, at the time of the CPT visit, the renovation of the old Pavilion I in Zenica Prison and the construction of two new Pavilions in Bihać Prison were being planned.

40. In the course of the 2024 visit, the delegation visited six prison establishments in the three different jurisdictions, with a focus on the conditions of detention of remand and sentenced prisoners, including those affected by such judicial decisions, and the situation of women serving prison sentences and remanded in pre-trial detention in both Entities. To this end, the delegation paid visits to the following prison establishments:

At State level:

The BiH State Prison (State Prison) of a closed-regime type, which became operational in 2020 and is located in the hamlet of Vojkovići, some 10 kilometres from Sarajevo. It was accommodating 223 convicted male prisoners and 63 male prisoners on remand, with a total capacity of 380 places. The prison facilities consisted of four symmetrical two-storey prison modules and an adjoining training centre (see paragraph 96).⁴⁶ At the time of the visit, a separate eight-cell wing was being commissioned to accommodate female prisoners serving sentences issued by the Court of BiH.

39. It would be beneficial if BiH could provide regular contributions to the Council of Europe Annual Penal Statistics, better known as SPACE (*Statistiques Pénales Annuelles du Conseil de l'Europe*), which is not the case at present.

40. At the State level, there were 286 prisoners for an overall capacity of 380 places; at the FBiH level, there were 1 893 prisoners for a capacity of 2 223 places; and in the system under the authority of the RS Ministry of Justice, the ratio was 580 prisoners for an overall capacity of 1 338 places.

41. For example, at the time of the 2019 periodic visit, the total number of prisoners stood at 3 194 (of whom 584 were in remand detention), with a capacity of 3 382 places (equivalent to an incarceration rate of 88 inmates per 100 000 of the population).

42. In particular Articles 192-198 of the RS CCP and 149-153 of the FBiH CCP.

43. In particular as regards the modalities of the classification of prisoners, disciplinary proceedings, use of force and security measures.

44. At the FBiH level, several drafts of the new LECS had been submitted to the parliamentary procedure without adoption of the text. Consequently, the law in force remained the one dating back to 1998.

45. The prison establishment, which was supposed to become the remand prison of reference for the Sarajevo Municipal and Cantonal Court catchment areas in terms of pre-trial detention, was expected to come into service at the beginning of 2025.

46. The four blocks were as follows: Block A – accommodating sentenced prisoners with long sentences as well as a segregation unit and infirmary; Block B – medium security prisoners; Block C – prisoners enjoying prison leave, benefits and a more relaxed regime; and Block D – remand prisoners.

At the Federation of BiH level:

Tuzla Prison, a three-storey block of a closed-regime type located in the centre of the city and dating back to 1936, was accommodating 73 remand prisoners (one of whom was female), and 50 female convicted prisoners. The prison block was operating beyond its full capacity of 120 places. The establishment had a separate site, not visited by the delegation, in the nearby hamlet of Kozlovac, which was accommodating 151 male sentenced prisoners for 181 places.

Zenica Prison, the largest prison establishment in BiH of a closed-regime type, was accommodating 539 sentenced and 189 remand prisoners with a total capacity of 1 069 places.⁴⁷ The facility consisted of nine different pavilions of varying age and state of renovation, arranged in a radial configuration around the oldest Pavilion I, built in 1876, including the recently inaugurated and EU-funded Pavilion IX. The prison management had started preparations for the renovation of Pavilion I into a modern cell system prison block.⁴⁸

At Republika Srpska level:

Banja Luka Prison, classified as a closed-regime type located in Tunjice, was accommodating 148 sentenced male prisoners and 64 pre-trial detainees (four of whom were female) for a total capacity of 410 places. The establishment consisted of a three-storey building for sentenced prisoners and an adjoining, interconnected three-storey detention unit for the accommodation of remand prisoners and those under close supervision in a separate 18-cell section, as well as a 12-cell disciplinary unit. The establishment also had a separate unit for juveniles serving an educational measure within the RS system and an open regime unit.

Doboj Prison, classified as a semi-open regime type located in the centre of Doboj town adjacent to the Police Headquarters, consisted of a rectangular two-storey building and was accommodating 44 sentenced prisoners and 25 remand prisoners (one of whom was female) in a separate dedicated 12-cell wing for a total capacity of 266 places. The facility had been renovated following the flooding of the Bosna River in 2014. The delegation carried out a targeted visit to persons in pre-trial detention.

East Sarajevo Prison, classified as a semi-open regime type and located in the Lukavica Municipality, was accommodating 19 male sentenced prisoners, 11 male remand prisoners and 17 female sentenced prisoners, with a total capacity of 100 places. The establishment consisted of a two-storey block for the accommodation of male prisoners and a separate five-cell detention unit for female prisoners. The establishment also possessed a small facility for girls undergoing correctional and educational measures, and a separate prison farm. The CPT visit focused on the situation of remand prisoners and adult female prisoners.

2. The situation of male prisoners in the prison establishments visited

a. Ill-treatment

41. The vast majority of adult male prisoners met by the delegation in the six establishments visited, stated that they had been treated correctly and professionally by the prison staff. On several occasions, the delegation received unsolicited complimentary remarks from the prisoners about the treatment they had received from staff.

However, the delegation received two specific allegations of physical ill-treatment of sentenced prisoners by prison staff, in the State and Zenica Prisons respectively.

47. 46 of the 539 convicted prisoners were serving alternative sentences, with electronic monitoring in the community.

48. A project proposal for the reconstruction of the building and its transformation from the *kolektiv* system into a modern double occupancy cell block had been submitted to the FBiH Ministry of Justice.

- i. An inmate in the A2 Wing of the State Prison (see also paragraph 66) alleged that, on 23 September 2023, following a verbal dispute with the head warden over the opening of a complaint to be sent to an external supervisory body (see paragraph 107), he had been punched in the face by this senior prison staff member. The inmate alleged to have sustained a visible bruise to his left eye as well as temporary visual impairment, which had not been noted in his medical file at the time of his examination later on that same day.⁴⁹ Following a complaint by the prisoner to the Parliamentary Commission of Bosnia and Herzegovina, he had been heard by the members of the Commission. The complaint was allegedly still being processed.
- ii. A sentenced prisoner from Pavilion IV of Zenica Prison alleged that on 27 April 2023, while he was being transferred from an isolation cell in Pavilion II back to Pavilion IV, where he was serving his sentence, a group of escorting prison officers in full riot gear punched him several times while he was lying on the ground with his hands cuffed behind his back. Although the alleged assault had been reported to the public prosecutor on 28 April 2023 by the prison authorities, on 29 August 2024 the prosecutor decided not to pursue an investigation as it remained unclear whether or not an injury report had been drawn up in the case.⁵⁰

The CPT recalls that any form of ill-treatment is totally unacceptable and must be subject to appropriate sanctions. This requires that all senior and middle managers devote particular attention to the conduct of personnel, notably prison officers, under their supervision and promptly address any indication of mistreatment of prisoners. Failure on the part of supervisory personnel to fulfil this responsibility constitutes a significant breach of duty. Further, the Committee's remarks outlined in paragraph 19 on the need to adopt a methodology for the investigation of allegations of physical ill-treatment of detained persons also apply in the context of episodes occurring within prison establishments.

||| The CPT recommends that the BiH authorities, at State and Entity levels, take steps to effectively prevent physical ill-treatment of detained persons from prison staff in light of the above remarks.

42. As mentioned in paragraph 87, detained persons prone to episodes of excessive agitation or self-harm could be placed in a padded cell/isolation cell for a prolonged period of time in order to de-escalate their behaviour, upon a decision of the medical staff and with the mandatory notification of the competent investigating judge (in the case of remand prisoners).⁵¹ With regard to the modalities of the implementation of such a measure, the situation observed at Zenica Prison, where inmates could be kept for days in a padded cell with a straitjacket (see also paragraph 42), eventually being released to be able to eat or comply with physiological needs, could certainly be described as amounting to inhuman and degrading treatment.

Furthermore, the treatment of a person met by the delegation in an isolation cell in the pre-trial detention unit of Tuzla Prison was likewise unacceptable. The prisoner had been placed on 30 August 2024 in solitary confinement by the prison staff, with the approval of the investigating judge, for his own protection, given the nature of the offence of which he was suspected. At the time of the CPT visit, he had spent eight days in the special solitary confinement cell which, for his own protection, was equipped only with a bed fixed to the floor without sheets and a semi-partitioned toilet. He alleged that he had only been allowed 15 minutes of outdoor exercise since his placement and that he had not been permitted to take a shower or to receive any personal hygiene products in the above-mentioned cell. The CPT delegation requested from the prison management of Tuzla Prison to take urgent measure to allow the remand prisoner in question regular access to outdoor exercise and the shower facility and to be provided with personal hygiene products.

49. Further, a fellow prisoner from Wing A2 interviewed separately confirmed in an unsolicited manner this same alleged episode of ill-treatment.

50. From the relevant documentation examined by the delegation it appeared that the prosecutor had requested the relevant medical documentation on the alleged injuries inflicted on the complainant, but these had not been obtained. Further, it had appeared that insufficient efforts had been made to clarify the discrepancies between the statements of the prison doctor and nursing staff regarding the existence of the aforementioned medical and photographic documentation of injuries in relation to the incident in question.

51. This is pursuant to Article 32 of the FBiH Rulebook on House Rules for the Execution of Remand Detention.

43. The CPT considers that there is no justification for additional means of restraint such as ankle- and handcuffs to be applied to an agitated prisoner placed in a padded cell. Further, the Committee considers that such a practice may well amount to inhuman and degrading treatment inflicted for punitive purposes. It is also contrary to the relevant provisions of the LECS on the application of security measures for the maintenance of good order.

The CPT recommends that the authorities of BiH ensure that prisoners placed in a padded cell are not subject to the application of additional restraints such as hand, ankle-cuffs as well as straitjackets (see also paragraph 42).

Further, the CPT recommends that the management of Tuzla and Zenica Prisons, and the FBiH Ministry of Justice, undertake a review of the current practice of separating inmates following a violation of house rules and as a security measure, in light of the aforementioned remarks.

44. The situation in relation to inter-prisoner violence appeared to have improved since the CPT previous visits, due in large part to the significantly lower numbers of persons in the prisons visited. In the few isolated instances brought to the attention of the delegation, the prison custodial and healthcare staff appeared to have intervened promptly in separating the inmates and providing the necessary medical assistance to those injured.⁵²

b. material conditions

45. During the 2024 periodic visit, the delegation conducted an assessment of the material conditions offered to sentenced and remand prisoners in all the establishments visited, in terms of occupancy rates, state of repair, level of hygiene and equipment. The CPT findings are presented in accordance with the relevant jurisdiction.

The BiH State Prison continued to provide very good conditions of detention for sentenced and remand prisoners in all blocks. The standard double-occupancy cells measuring 11 m² were equipped with a fully-partitioned sanitary annex, table, chair, metal bed, flat-screen television, intercom, air conditioning and underfloor heating, and provided good ventilation and access to natural light through large, unbarred glass windows.⁵³ The communal facilities in each section were well equipped with a kitchenette, tables, chairs, televisions and a separate veranda-type balcony for smokers. Overall, the prison provided a positive example in terms of prison design and state of repair and maintenance at the national level. In this context, the delegation observed that, in some wings, wallpaper had been placed on some of the large windows, both in cells and in communal areas. The delegation was informed that the purpose was to ensure the privacy of prisoners and to protect them from the sun, while the paper blinds in the hallways were meant to prevent prisoners from watching the public road and possibly communicating with outsiders.

46. The conditions of detention in Zenica Prison, a heterogeneous prison complex comprising sections constructed in different periods, exhibited considerable variation. The cells designated for remand prisoners on the first floor of the recently inaugurated Pavilion IX⁵⁴ were found to be in an exemplary state of repair and hygiene.⁵⁵ The 19 cells in Pavilion III (measuring 19 m² for triple occupancy) each exhibited some kind of deterioration (flaky walls, malfunctioning artificial lighting and broken plastic chairs). In the more austere Pavilion II, the recent renovations, which included the partitioning of sanitary annexes and

52. The sporadic episodes of inter-prisoner violence considered by the delegation concerned Pavilion IV of Zenica Prison.

53. The windows in question provided ample access to natural light and in some cases detainees were partially covering them with wallpaper to ensure privacy.

54. Pavilion IX consisted of a total of 86 cells out of which 26 were in use at the time of the visit. Although it was initially conceived to accommodate sentenced prisoners, it was used for the detention of remand prisoners transferred to Zenica Prison following the closure of the old and dilapidated Sarajevo Prison.

55. These cells, measuring 20 m², could accommodate up to four prisoners and were equipped with metal bunk beds, lockers, tables, chairs, a flat-screen television set and a fully partitioned sanitary annex with a metal toilet and lavatory.

the installation of call bells,⁵⁶ had resulted in a standard double-occupancy cell of 9.5 m² with less favourable conditions in terms of living space, access to natural light and quality of furniture. Further, the conditions in the pavilions accommodating convicted prisoners also varied. The most austere of these was Pavilion I, which was characterised by its layout of a collective of interconnected rooms with older design and furniture. The 18-cell Pavilion IV and the 15-cell Pavilion VI offered satisfactory conditions in terms of living space (for example, the 11 m² cells accommodated up to two prisoners and all had a fully partitioned sanitary annex), but there was room for improvement as regards the state of repair in particular as regards the sanitary facilities (namely, dripping water installations). In conclusion, the CPT welcomes the planned renovation of Pavilion I and encourages the full use of Pavilion IX as well as the full refurbishment of Pavilion II.

47. The conditions in the 13 cells of the remand unit on the third floor of Tuzla Prison remained as substandard as had been observed by the CPT during its periodic visit in 2015.⁵⁷ The multiple-occupancy cells were found to be cramped, with three detainees in a cell measuring 10.5 m² and seven in a cell measuring 25 m². They were also poorly ventilated and inadequately equipped (paucity of chairs and locking space). The sanitary facilities, including communal showers, were found to be in a state of disrepair (dripping water installation) and in poor hygienic condition (mouldy and flaky walls), with signs of vermin infestation caused by the poor storage of food in the rooms. Furthermore, detainees expressed discontent with the quality of food, the inadequately stocked canteen, and the malfunctioning laundry service.

48. The CPT recommends that the FBiH Ministry of Justice take effective steps in order to remedy the deficiencies highlighted above and in particular:

- **to improve the state of repair of furniture and sanitary facilities, and hygiene conditions in the cells of the remand detention unit of Tuzla Prison. Further, a rolling programme of general disinfection should be put in place at that unit;**
- **to ensure a proper level of maintenance in cells of Pavilions III, IV and VI at Zenica Prison.**

Further, the CPT recommends that the Pavilion IX be used to its full capacity and Pavilion II be subject to a full renovation. The Committee also welcomes the project related to the entire renovation of Pavilion I and encourages the FBiH Ministry of Justice to ensure its funding and prompt implementation.

49. The material conditions of detention in the three establishments visited under the responsibility of the RS Ministry of Justice were generally of a satisfactory standard and reflected the management's commitment to maintain them in a good state of repair and hygiene.

At Banja Luka Prison, the 34 cells in the remand section (renovated in 2012) continued to offer good conditions in terms of living space (with cells measuring 16.5 m² accommodating up to four prisoners and double-occupancy cells of 9 m²), access to natural light, ventilation, equipment⁵⁸ and state of repair, including common shower facilities. The cells in the block for sentenced prisoners remained as had been observed in 2019,⁵⁹ offering satisfactory conditions in terms of living space (up to six prisoners in 30 m² cells and four in 19 m² cells), hygiene conditions and state of repair in the renovated floors.⁶⁰ However, the six cells on the ground floor, accommodating elderly prisoners, were more austere in terms of older furniture, a poorer state of repair and cramped conditions.⁶¹

56. Following to the recommendations formulated by the CPT in its report on the 2021 ad hoc visit to BiH.

57. See in this respect paragraph 54 of the CPT report on the 2015 periodic visit to BiH (CPT/Inf (2016) 17).

58. The cells were equipped with metal bunkbeds, new mattresses, tables and chairs, concrete shelving units and a television set. They also possessed a fully partitioned sanitary annex including a lavatory and toilet.

59. See in this respect paragraph 81 of the CPT report on the 2019 periodic visit to BiH (CPT/Inf (2021) 21).

60. The second and third floors had been entirely renovated. Refurbishment was planned to include the first and ground floor but for the moment works had been halted due to lack of funds.

61. The cells in question were accommodating seven prisoners in 30 m², the walls bore signs of wear and tear, and the furniture was old and worn. The poor conditions of detention had prompted prison management to transfer some prisoners to the three cells of the enhanced supervision unit as mentioned in paragraph 72.

The 13-cell and nine-cell pre-trial detention units, in Doboj and East Sarajevo Prisons respectively, provided adequate living space (three prisoners in 15 m² cells in Doboj and five in 35 m² cells in East Sarajevo), were adequately equipped⁶² and the fully partitioned sanitary facilities were in an acceptable state of repair and hygiene. However, at Doboj Prison, when the electricity was cut off at night, the refrigerators in some cells were also switched off, resulting in leakage on the cell floors.

50. **The Committee recommends that the renovation works in Banja Luka Prison, which have been going on for several years, be swiftly completed in the remaining part of the detention block for sentenced prisoners. Further, steps should be taken to guarantee that the refrigerators in the cells of Doboj Prison are not disconnected from the electricity supply during the night.**

c. regime

51. The Committee has long been an advocate of improving the regime offered to remand prisoners in Bosnia and Herzegovina, as well as for the progressive transfer of responsibility for the management of pre-trial detainees from the investigative judicial authorities to the respective prison administrations.⁶³ Furthermore, the Committee has devoted attention over the years to the inadequate conditions offered to certain categories of sentenced prisoners or, most notably, to those placed under enhanced security supervision with a view to their reintegration into the general population.⁶⁴ During the 2024 periodic visit, the delegation evaluated the progress made in light of its previous recommendations, as well as the various rules and regulations in force at the level of the prison system concerned.

i. remand prisoners

52. The regime offered to pre-trial detainees in BiH State Prison consisted of out-of-cell entitlements of seven hours per day, which can be considered as good practice. This consisted of two hours in the yard equipped with gym equipment, metal benches and shelters, one hour in the fitness room, and a total of four hours in a special communal facility equipped with a kitchenette, tables, chairs, benches and a TV set, where prisoners prepared food and hot drinks and played board games. In addition, some remand prisoners were engaged in paid work, including several positions as cleaners, which were on offer on a rotational basis.

The Committee notes with appreciation that it is indeed possible to provide a substantial complement of out-of-cell activities for persons in pre-trial detention without compromising the integrity of criminal investigations, including those of a more complex nature, such as those under the jurisdiction of the State Court of BiH.

The CPT considers that this should prompt serious reflection in the other BiH prison systems at Entity level, where a much stricter and anachronistic regime is still imposed on remand prisoners (see paragraph 53). The Committee reiterates its recommendation that the BiH authorities take effective steps in order to ensure that all remand prisoners spend a reasonable part of the day (i.e. 8 hours or more) outside their cells engaged in purposeful activities of a varied nature: work, preferably paid work with vocational value; education; sport; recreation/association, tailored to the needs of each category of prisoner (adult remand or sentenced prisoners, inmates serving life sentences, sentenced prisoners held in special conditions of high security or control, female prisoners, juveniles etc.).

62. At both establishments cells were equipped with metal bunkbeds, tables and chairs, a TV set, shelving unit and fully partitioned sanitary annex with a toilet and lavatory. Further, at Doboj Prison, most of the cells were equipped with air conditioning.

63. See in this respect paragraphs 48 and 98 of the 2015 (CPT/Inf (2016) 17) and paragraphs 54 and 82 of the 2019 report of the visits to BiH (CPT/Inf (2021) 21).

64. See in particular paragraphs 42 and 90 of the 2015 periodic visit to BiH (CPT/Inf (2016) 17).

53. Remand prisoners accommodated in prisons under the authority of both Entities (namely, Zenica, Tuzla, Banja Luka, Doboj and East Sarajevo Prisons) continued to be offered the same impoverished regime as observed during previous visits. They were offered one to two hours of access to outdoor exercise facilities of various design, and irregular access to a small gym or other communal facilities (such as a room equipped with a table tennis set) on an irregular basis and upon explicit request to staff, and no organised activities of a purposeful nature for months on end. There were instances of even more restrictive regime, consisting of very limited access to less than one hour of outdoor exercise in Tuzla Prison (due to the small number of prison staff on duty, see paragraph 94). In addition, the outdoor facilities at Doboj Prison consisted only of a terrace measuring approximately 150 m² covered by a metal roof equipped with benches and water taps. Further, the outdoor facilities at Banja Luka Prison remained very austere, with no vegetation and no shelter from inclement weather.

54. In the CPT's view, restrictions on the programme of activities offered to remand prisoners may only be imposed in cases where the integrity of the criminal investigation may be seriously jeopardised. Such restrictions should be motivated and reviewed on a monthly basis. The need to separate co-suspects in the same criminal cases does not *per se* justify the imposition of an impoverished regime on the entire remand prison population. As the experience of the State Prison in BiH shows, there are effective ways to handle cases of incompatibility between detainees in relation to the criminal case.

55. **The CPT calls upon the FBiH and RS Ministries of Justice to take the necessary steps to provide educational, cultural and sports activities for remand prisoners with a view to enabling them to spend a reasonable part of the day (that is, at least eight hours) outside their cells with a full programme of purposeful activities (including education, sport, and recreation). To this end, the legal regulations governing the regime and rights of remand prisoners should be extracted from the CCP and included in the respective Laws on the Execution of Criminal Sanctions.**

Once again, the CPT must insist that the FBiH and RS Ministries of Justice abide by their own national legislation regarding access to outdoor exercise for prisoners on remand. To this end, it wishes to receive confirmation that all remand prisoners are now offered two hours of outdoor exercise every day, in accordance with the relevant Codes of Criminal Procedure.

ii. sentenced prisoners

56. The regime offered to sentenced prisoners in the fragmented prison system of BiH is, in principle, based on a classification process conducted during the 30-day admission process, after which, based on penological criteria, risk assessment and evaluation by the multidisciplinary team, a draft individual treatment plan,⁶⁵ and subsequently an individual sentence plan,⁶⁶ with a set of objectives to be achieved are drawn up in the line with Rule 103.2 of the European Prison Rules. In recent years, the Office of the Council of Europe in Sarajevo has supported the BiH authorities in developing standard treatment plans for specific categories of prisoners (for example, prisoners serving long sentences, female prisoners, prisoners with substance use disorders etc.) and has trained treatment staff in their concrete implementation.⁶⁷

65. The draft individual treatment plan (*prijedlog programa postupanja*) is adopted at the end of the admission period and is presented to the prisoner at a meeting attended by the multidisciplinary team, the educator and the director. This document contains several aspects such as basic information about the convicted person; information about the offence; the results of the observation process (risk assessment, assessment of the likelihood of recidivism, risk areas etc.); proposed activities, according to the identified need including individual objectives with a deadline for implementation; workplace, special programmes, leisure time, involvement of external organisations; measures to maintain order and safety; and proposed educational activities.

66. The individual sentence plan is drawn up at the end of the admission period when the prisoner is assigned to a specific pavilion/module. The document is drawn up by the relevant educator, signed by the prisoner and, in principle, reviewed on a monthly basis.

67. Since 2017, the Council of Europe Office in Sarajevo had trained 35 members of the treatment staff (including through a Training the Trainers scheme) across all three prison systems.

57. The BiH State Prison has, since the previous CPT visit in 2021, started to realise its architectural potential in terms of large spaces and put into operation several workshops (for example, in journalism, woodcarving, origami and sewing), which increased the number of employed prisoners to 120 (that is, 45% of the total population). A range of recreational activities were also provided, such as access to a well-equipped gym three times per week, a library, and the editing of a magazine. The religious needs of the three main ethnic communities were well catered for in their own dedicated places of worship. In addition, inmates, particularly those accommodated in Wing C, enjoyed regular weekend leave.

The institution is still faced with the management of the aging population of prisoners sentenced for war crimes related to the 1991-95 armed conflict, who represent a challenge in terms of re-socialization activities, and a relatively young cadre of recently recruited educators who require further training (see paragraph 96).

58. At Zenica Prison, the management was making a discernible effort to provide a comprehensive programme of activities for the sentenced population. A significant proportion of the inmates (69%) were engaged in paid work (319 out of 569 in the kitchen laundry, prison restaurant, maintenance and farm), while a range of vocational activities were also organised, as well as educational and training courses in Pavilion V.⁶⁸ The new director was notably dedicated to fostering engagement with the local community.⁶⁹ However, the closure of the metal workshop was having an impact on the offer of remunerated activities, with the majority of available work consisting of maintenance tasks.

59. The situation observed in Banja Luka Prison confirmed the Committee's positive impression from the 2019 periodic visit: a motivated group of treatment officers were making efforts to involve the detained population in paid activities (that is, 76% of the sentenced prisoners were working, vocational courses were offered, and a large outdoor area for sports and other recreational activities was accessible for a considerable part of the day). The establishment had also invested in improving conditions and an individualised approach in the dedicated reception and pre-release units, which were fully operational.⁷⁰ However, there was no provision for on-site school/educational activities.

60. During the 2024 periodic visit, the delegation undertook an examination of the process and quality of the individual treatment and sentence plans drawn up for sentenced prisoners at admission, as well as their periodic review. This included an assessment of their content and the level of individualised, modulated approach of the treatment staff, as well as an evaluation of the process of classification and reclassification of prisoners. The delegation gained a largely positive impression of the level of engagement of treatment staff at Zenica, Banja Luka and the BiH State Prisons in offering sentenced prisoners an individualised approach and a clear path to rehabilitation. However, some concerns remained in relation to the extent of interaction between staff and prisoners regarding the content of the above-mentioned plans. Further, at the BiH State Prison, while prisoners were required to sign the individual treatment plan, they were not permitted to retain a copy, as had been recommended by the CPT.

61. **The CPT remains convinced that in order to ensure the reintegration of prisoners into society after their release, so that they can lead law-abiding and self-supporting lives, they should be provided with a full range of educational, vocational and work opportunities. They should also be provided with other forms of assistance as appropriate and available, including those of a remedial, moral, spiritual, social, health and sporting nature. In this regard, the State, FBiH and RS Ministries of Justice should pursue their efforts to further develop the current work, educational and recreational opportunities available to prisoners, and promote their development, including with external partners such as civil society and the private sector.**
Further, the Committee recommends that inmates be more directly involved in the discussion of the respective sentence and individual treatment plans, in particular as regards their objectives and the periodic review, and that they also be allowed to retain a copy once signed.

68. Inmates would be transferred to Pavilion V upon satisfactory classification by the multi-disciplinary team.

69. Notably in terms of partnership with the local theatre and other folklore groups.

70. Prior to their release, all sentenced prisoners are transferred to the pre-release unit, where they participated in a three-day pre-release programme drawn up with the support of the Council of Europe.

62. In the course of the 2024 periodic visit, the delegation paid particular attention to those persons whose criminological profile, behavioural/disciplinary record or health status meant that they were judged unsuitable for life in the mainstream prison community. The findings of the 2024 periodic visit to BiH as set out in the following paragraphs indicate that the segregation of prisoners across all three prison systems continues to lack legal security in terms of effective safeguards (such as, for example, the receipt of a written decision and the concrete possibility to challenge this through the lodging of an appeal to an independent body) and remains characterised by an impoverished regime. Further, insufficient efforts are being invested in the reintegration of prisoners subject to such measures into the mainstream community.

63. At the BiH State Prison, five inmates had been in segregation in Wing A2 since the opening of the prison in July 2020, with no contact with the rest of the prison population and no regime activities outside the wing.⁷¹ The material conditions in Wing A2 were identical to those of the rest of the establishment (see paragraph 45), and the regime offered consisted of two hours of exercise outdoors with additional out of cell entitlements in the communal facility of up to eight hours per day, where they were mostly associating among themselves.⁷² Further, two of the inmates were engaged in paid maintenance tasks within the wing.⁷³

Their placement was subject to review by the multidisciplinary team every six months. A review of the relevant documentation and interviews with the inmates revealed that they did not receive a reasoned decision regarding the extension of their placement, and that they were only informed orally about the prolonged terms of the placement. Their respective individual treatment plans contained only very scant notes and generic objectives, and inmates told the delegation that treatment staff considered that their continuous placement was justified in light of their criminal offence and perceived incompatibility with the rest of the population. Their placement appeared to be of an indefinite nature, lacked legal certainty as the inmates were not being issued any written decision, and their contact with treatment staff was sporadic. Further, other prisoners who had been released from Wing A2 into the general prison population told the delegation that they had followed a complex and multi-year path, linked, *inter alia* to the lack of acceptance by the receiving prison population in ordinary wings in light of their ethnic affiliation and in relation with high-profile war crimes.

64. The application of an isolation-type regime is a step that can have very harmful consequences for the person concerned and can, in certain circumstances, lead to inhuman and degrading treatment. The CPT is of the firm view that the imposition of such a regime should be based on an individual risk assessment, not as the automatic result of the type of sentence imposed. Support for this position is also to be found in the Committee of Ministers Recommendation Rec (2003) 23 on the management of life sentence and other long-term prisoners. In the CPT's view, placement in conditions of especially high security or control should be based on a full, individualised assessment of the risks requiring such placement. The prisoner concerned should be offered the opportunity to express their views on the matter. Further, continued placement should not be a purely passive response to a prisoner's problematic behaviour. Instead, reviews of placement should be objective and meaningful, and should form part of a positive process designed to address the prisoner's problems and permit their (re-)integration into the mainstream prison population. In addition, it is essential for the management of prisoners whose personality or behaviour is likely to mean that they will spend considerable periods of time in conditions of high security or control, that decisions reached about their management are not only fair but can be seen to be fair. The absence of such an approach is likely to result in an increased sense of grievance and descent into a spiral of deteriorating behaviour.

71. The inmates in question had been placed at Wing A2 since the opening of the establishment following their transfer from the high-security departments of Zenica and Foča Prisons respectively.

72. That is two hours in the morning and the remaining two hours in the afternoon. However, some of them had over the years developed an incompatibility and were not communicating to each other.

73. Namely ironing in a specially equipped room at the same wing.

In the CPT's opinion, the procedure for allocating a prisoner high security status should be refined to ensure that it is only accorded to those who would pose a high risk if accommodated in the mainstream prison population. Reviews of high security status should specify clearly what is to be done to assist the prisoner concerned in moving away from the high security status, and they should provide clear criteria for assessing development. The prisoners themselves should be fully involved in all their own reviews.

65. **The CPT recommends that the placement of prisoners in Wing A2 of the State BiH Prison is to be governed by a clear legal framework in terms of placement, and its periodic revision based on an individual risk assessment. The Committee also recommends that a revised sentence plan be drawn up together with the prisoner upon their placement in Wing A2 of the State Prison, setting out the objectives and goals to be achieved in order to successfully reintegrate into the general prison population. Any review of the prisoner's placement should include a re-evaluation of the plan, and inmates should be heard in person by the internal commission in the course of the periodic reviews of their placement. Finally, inmates placed in Wing A2 should receive a written decision on their placement and its periodic renewal, with a concrete avenue of complaint to an independent body.**

66. One particular prisoner in Wing A2 had been subjected to a stricter regime than the others in recent years.⁷⁴ A notice displayed on the staff office board in the wing indicated that the restrictions, in the form of a reduction of out-of-cell privileges and a decrease of staff interaction with the inmate, were in accordance with his specific profile. The prisoner in question informed the delegation that his correspondence and complaints were being monitored and that his requests to see a chaplain and for more psychological intervention were not being met. He also expressed suicidal thoughts. Additionally, some senior staff members disclosed to the delegation that their efforts to involve the prisoner in a music workshop⁷⁵ had been rejected by the prison management.

66. **The CPT recommends that the situation of the above-mentioned prisoner be reviewed in light of the criteria of legality of placement, positive intervention and periodic reviews outlined in paragraph 63.**

67. At Zenica Prison, the delegation met two inmates who were subject to the Temporary Intensive Treatment Programme (*Program Intenzivnog Postupanja* or PIT) in Pavilion II, which is an enhanced supervision measure imposed by the prison management for a period of three months and subject to review every month, in cases of disruption of the public order, with a view to their reintegration into the general prison population.⁷⁶ The inmates were accommodated in single cells (of the same design as those described in paragraph 46) and were offered outdoor exercise, daily contact with educators and access to a psychologist on a weekly basis. Their respective individual treatment plans included details of the interventions and objectives to be achieved, which appeared to have been clearly explained to them in terms of their reintegration.

68. A follow-up visit was conducted by the delegation to Pavilion IV at Zenica Prison, a free-standing facility comprising 18 cells.⁷⁷ This facility was accommodating 11 prisoners, who had been placed in accordance with a decision of the multidisciplinary team based on their specific criminological profiles⁷⁸ and unsuitability for ordinary regimes, pursuant to the Instruction on the Placement and Transfer of Sentenced Persons to Correctional Pavilions of Zenica Prison issued by the Director in 2018. The prisoners were accommodated in single or double cells measuring 11 m², which offered satisfactory conditions in terms of living space, state of repair and hygiene. These cells had been renovated since the

74. In particular since placement on Wing A2 following transfer from Zenica Prison in 2020.

75. The inmate in question had been involved in a similar activity during his placement at Zenica Prison.

76. The measure in question was imposed in accordance with the provision of the Rulebook on Classification of Prisoners. In practice, the PIT was imposed on inmates following the serving of a disciplinary sentence and prior to their reintegration into the mainstream prison population.

77. See in this respect paragraphs 40-42 of the CPT report on the 2015 periodic visit to BiH (CPT/Inf (2016) 17).

78. In principle, all prisoners serving a sentence of a duration above 20 years of imprisonment are initially accommodated at Pavilion IV.

last visit in 2015.⁷⁹ The regime comprised two hours of daily access to a dedicated yard equipped with exercise equipment and a basketball hoop, with additional hours twice a week in a common room and gym. A dedicated educator was assigned to the pavilion and conducted individual interviews to address the detainees' needs. No specific complaints about their conditions or regime were made by the detainees. However, decisions on their placement and periodic review based on the above-mentioned 2018 Instruction were poorly reasoned,⁸⁰ appeals could only be made to the same prison director, and prisoners could not retain a written copy of the decision but were instead only instructed orally of their content by the relevant educator, and without being heard by the multi-disciplinary commission. Further, their individual treatment plans did not clearly outline their path to rehabilitation into an ordinary regime pavilion. Some of the prisoners had been placed in Pavilion IV for years on end.

69. **The CPT recommends that a revised sentence plan be drawn up in collaboration with the prisoner upon their placement in the high-security Pavilion IV (including as regards persons sent there under PIT), setting out the objectives and goals to be achieved in order to successfully reintegrate into the general prison population. Any review of the prisoner's placement should include a re-evaluation of the plan, and inmates should be heard in person by the multi-disciplinary team in the course of the periodic reviews of their placement. Further, prisoners placed in Pavilion IV of Zenica Prison should receive a written copy of the decision on their placement and its periodic review. Finally, they should be informed in a clear and accessible language of the procedure for lodging a complaint about their placement with an independent body.**

70. At Banja Luka Prison, four prisoners were placed in two double-occupancy cells of the special unit for enhanced supervision on the ground floor of the pre-trial detention block, pursuant to Article 172 of the LECS RS, due to their incompatibility with the ordinary regime.⁸¹ The placement was ordered for an initial period of three months, subject to review by the Ministry of Justice.⁸² In principle, the inmates were accommodated in double cells of the same design and state of repair as those used for pre-trial detention (see paragraph 49). The regime offered consisted of one hour of outdoor exercise in an austere yard and irregular contact with the department's own educator. Further, the detainees did not receive a reasoned decision on their placement, but only a written order⁸³ from the Ministry of Justice, which they could not keep and against which they could appeal to that same authority. Several prisoners appeared to be unaware of the reasons for the extension of their placement and its indefinite nature, despite the fact that an educator was present in the wing on a permanent basis. Further, they complained about the impoverished regime on offer, which consisted solely of access to a courtyard equipped with a basketball hoop and benches for one hour per day.

79. In particular, the cells had been whitewashed, and new mattresses procured.

80. The decisions reviewed by the delegation generally included a brief criminological profile of the inmates, followed by the multi-disciplinary team's proposal that the prisoner be placed, or continue to serve his sentence, in the high-security unit. This proposal was made on the basis of the frequency and seriousness of the inmate's disciplinary offences, and the poor prognosis for future behaviour.

81. Article 172 of the RS LECS reads as follows: (1) In the event that there is a risk of escape, violent behaviour towards other prisoners or items, a risk of endangering discipline and order that cannot be eliminated in any other way, endangering personal safety, or in other justified cases, prisoners may be placed in a department of enhanced supervision and an intensive programme of action. (2) A prisoner may be transferred to the afore-mentioned department even after the implementation of solitary confinement, provided that the circumstances that led to its initial imposition have not been resolved. (3) Based on the recommendations of the security and treatment services, the director of the institution issues an order regarding accommodation. (4) The justification for the individual's continued stay in the department is reviewed every three months, with the possibility of an earlier review in exceptional cases.

82. The review was based on the assessment provided by the management of Banja Luka Prison and the observation of its treatment staff.

83. The order 'uredba' was shown to the inmates in order to be signed but was not handed over to them.

71. The CPT reiterates its recommendation⁸⁴ that the RS Ministry of Justice take the necessary steps to ensure that prisoners are informed in writing of the reasons for their placement and for any extension of placement in an enhanced supervision unit of Banja Luka Prison. Furthermore, the CPT recommends that the relevant authorities guarantee the right of appeal to an independent authority for prisoners who have been placed in such units. Moreover, prisoners should be afforded the opportunity to express their views on the matter of their placement and any extension thereof. Further, it recommends that prisoners placed in enhanced supervision units be provided with a purposeful regime, which should include a diverse range of activities (including work, education, recreation, sport and offender management programmes).

72. At Zenica and Banja Luka Prisons, the delegation met a number of inmates who had been segregated in parts of the establishments on account of their physical or mental condition.

i. At Zenica Prison, 18 inmates were being accommodated on the second floor of Pavilion VI (directly above the infirmary) in individual cells measuring approximately 11 m², based on an assessment by the multidisciplinary team, which was reviewed in light of the inmates' physical disabilities, advanced age and mental status as well as upon their own request in case of incompatibility with other prisoners. The conditions of detention in the cells were generally acceptable, although some showed signs of wear and tear.⁸⁵ The cells were equipped with hospital beds, shelving units, table, chair and locker.

Further, access to a dedicated outdoor area was provided for two hours per day, although no other individual or group activities were offered. The case of a young prisoner serving a long sentence, who displayed symptoms indicative of a mental health disorder, prompted concern among the prison staff and the delegation. The prisoner displayed a proclivity for repeated aggressive behaviour towards staff members. He also exhibited a refusal to accept any form of treatment and access to the yard. As a result, he was confined to his cell for extended periods, often spanning weeks, which led to a deterioration in his ability to maintain personal hygiene. The prison management had endeavoured to effect his transfer to the Sokolac Institute for Forensic Psychiatry,⁸⁶ but had not yet received a response from the sentencing court. Upon meeting with the delegation's doctor, the person showed overt signs of mental illness, including incoherent speech, disorientation in time, poor hygiene and inappropriate clothing.

ii. At Banja Luka Prison, six elderly inmates with specific somatic and mental conditions had been recently transferred to three double cells in the enhanced supervision unit, with the intention of reducing overcrowding on the ground floor of the prison block for sentenced prisoners where they had previously been held. The prisoners were subject to a strict regime consisting of 23 hours per day in a cell, which was the same as that applied to those under enhanced supervision (see paragraph 70). This was having a negative impact on their mental and physical health as the conditions in the cells were more impoverished than in the ordinary regime.⁸⁷ Further, these prisoners required greater care due to their chronic health conditions, such as serious visual impairment and reduced mobility. In the Committee's view, the enhanced supervision unit was not designed for this type of prisoner.

73. The CPT considers that a regime characterised by a paucity of contact with others as described above is not a suitable response to disruptive behaviour in prison, does not allow safe progress towards release, and does not reduce the risk of re-offending following release. Long periods of solitary confinement can seriously affect mental health and greatly reduce the possibility of resocialisation. The

84. See paragraph 96 of the CPT report on the 2015 periodic visit to BiH CPT/Inf (2016) 17.

85. In terms of flaky walls, old linoleum flooring and sometimes malfunctioning sanitary facilities.

86. A letter from the Director of Zenica Prison had been sent to the Sarajevo Cantonal Court on 18 February 2024 detailing several regimental incidents consisting of aggression against staff, refusal to communicate and to take outdoor exercise, inadequate dressing and poor hygiene habits.

87. One of the three cells in question was in fact a disciplinary cell displaying the same liftable beds affixed to the side of the wall as described in paragraph 101.

objective should be to seek to compensate for these effects in a positive and proactive way. It is crucial that prisoners held in special security conditions be provided with tailored activity programmes of purposeful activities of a varied nature (including work, education, association and targeted reintegration programmes). This programme should be drawn up and reviewed on the basis of an individualised needs/risk assessment by a multi-disciplinary team (involving, for example, a psychologist and an educator), in consultation with the inmates concerned. Interaction/association between prisoners should be the norm; conditions akin to solitary confinement should only be used when absolutely unavoidable, in order to deal with a person who is assessed to be acutely dangerous to others, and for the shortest period necessary.

74. **The CPT recommends that the FBiH authorities and the prison management of Zenica Prison review the regime and treatment of inmates placed in Pavilion VI in light of the above-mentioned remarks.**

Further, it also recommends that the RS authorities ensure the transfer of the six physically disabled prisoners out of the enhanced supervision regime into conditions adequate to their specific somatic and mental conditions.

d. healthcare services

75. The system of prison healthcare in BiH is provided by healthcare staffing complements, which provide primary and secondary care to inmates under the responsibility of the relevant Ministry of Justice. The healthcare complement of each prison is linked to the respective health authorities, organised according to the entity (RS) or cantonal (FBiH) level.

At the outset of the visit, the relevant Ministries of Justice informed the delegation that, in their view, the transfer of responsibility for prison healthcare to the respective health authorities was not being considered as a possible option.⁸⁸

The CPT reiterates its recommendation that the State and Entity Ministries of Health and Justice should jointly take the necessary steps to improve the provision of prison healthcare to detainees across the tripartite prison systems, taking due account of the recommendations contained in this report.

i. healthcare staffing and equipment

76. The healthcare staffing complements at the prison establishments visited were as follows:

- the State Prison, where two FTE doctors worked from 07:00 to 15:00 Monday to Friday and eight FTE nurses were working a shift pattern providing cover 24 hours a day, seven days a week. One of the doctors was due to leave to enter higher specialist training one month after the visit and no arrangements for his replacement had yet been made.
- at Zenica Prison the medical team consisted of one FTE doctor (present from 07:00 to 15:00, Monday to Friday) and 14 FTE nurses who worked on a shift system and covered the prison 24 hours a day, seven days a week. Further, there were two contracted psychiatrists who spent one morning in the prison three times a week and other specialist in-reach services as follows: urology, radiology, dermatology, ENT, surgery, orthopaedics and internal medicine.
- at East Sarajevo Prison, two FTE doctors working on a contract basis provided cover for the prison, a contracted consultant psychiatrist was attending twice a week and two FTE nurses worked full time from 07:00 until 15:00 daily.
- at Doboj Prison the healthcare complement consisted of one part-time GP and four FTE nurses working in a shift pattern from 06:30 until 22:00 every day, and one nurse was on call overnight.

88. See in this respect paragraph 60 of the CPT report on its 2019 periodic visit to BiH (CPT/Inf (2021) 21).

- at Tuzla Prison there was one FTE doctor covering both prison facilities (the Tuzla and the Kozlovac sites), who had a reduced amount of time doing clinical work due to his additional management role, an in-reach psychiatrist provided services one day per week and two full-time nurses. There was a vacancy for a doctor and two nurses, but they had been unable to recruit.
- the healthcare team of Banja Luka Prison comprised of one FTE GP who worked from 07:00 to 15:00 Monday to Friday, one in-reach psychiatrist who attended one day per week, one dentist who attended one day per week, four medical technicians and one trained nurse who provided cover from 07:00 to 19:00 seven days a week on a shift pattern.

77. **The CPT recommends that the FBiH authorities reinforce the healthcare staffing complements at the establishments, in particular by:**

- **ensuring that the GP at Tuzla Prison complies with their terms of contract and provides a satisfactory presence at both sites of the establishment and that two additional nurses be recruited;**
- **recruiting an additional full-time general practitioner and filling the vacant post of a full-time psychiatrist at Zenica Prison;**
- **recruiting an additional FTE GP at Banja Luka Prison and a FTE GP at Doboj Prison.**

78. The Sarajevo State Prison Health Care Unit was located on the ground floor of Block A in its own wing. It was a large unit with a wide range of medical and technical equipment.⁸⁹ The exemplary conditions in terms of spaciousness, level of hygiene and equipment, in both the unit and the inpatient rooms, provided a model which should be replicated elsewhere.

At Zenica Prison, the health department consisted of a dental surgery, a medicine dispensing room, a treatment/intervention room, two clinical rooms, a small laboratory, a radiology room with an ultrasound machine and an X-ray machine, and a small staff recreation room. The procedure room was equipped with an ECG machine, oxygen tanks and an oxygen saturation machine, an automated defibrillator, a sphygmomanometer for blood tests and clinical observations, and a wide range of dressings and appropriate medical supplies.

At Banja Luka Prison, the health unit consisted of an examination room with a treatment table and chair, a medication dispensing room, a pharmacy/storage room, a dental surgery with an autoclave (but no dental X-ray). The equipment consisted of blood analysers for point of care testing, an ECG machine and portable oxygen. However, there was no defibrillator.

At the East Sarajevo Prison, the infirmary was equipped with an ECG machine but possessed no oxygen or defibrillator. There was also a large dental room on the ground floor of the remand/detainee section which contained all the necessary dental equipment for a fully functioning dental surgery, including a dental chair, autoclave and dental instruments.

In Doboj Prison, the infirmary had limited equipment for assessing an unwell patient. There was no oxygen, no ECG, no defibrillator and the rooms were not ventilated as there were no outside windows. There was no air conditioning and in general the department was in a state of disrepair.

The most concerning conditions in terms of resources and the state of the premises were observed in Tuzla Prison, where the medical room appeared in disarray with loosely stored and disorganised medicines, patient notes, hospital records and unsheathed needles lying on the worktops and floor. In terms of equipment, there was an ECG machine but no oxygen, no defibrillator and no sign of sharps boxes, confidential waste or any obvious system for organising medicines.

89. It consisted of a pharmacy, a small laboratory, a dental surgery, an ultrasound room with an ultrasound machine and chair, a sterilisation room, a large radiology room with a modern X-ray machine and an orthopantomogram (dental X-ray machine). There was also portable oxygen, an ECG machine and a manual portable defibrillator, a physiotherapy room and an ophthalmology room with a large slit lamp and refractor. An external ophthalmologist and an optometrist visited once or twice a month.

79. The CPT recommends that the FBiH Ministry of Justice take the necessary steps to assure the entire re-organisation and equipment of the infirmary of Tuzla Prison and ensure that it is kept in adequate conditions of hygiene, good order and state of repair. Further the Committee also recommends that the infirmaries of Banja Luka, Doboj, Tuzla and East Sarajevo Prisons be provided with life-saving equipment (such as defibrillators, oxygen and nebulisers) and appropriate training for staff in their use.

ii. access to medical care

80. Sentenced and remand prisoners told the delegation that, in principle, they had immediate access to a doctor, either through a nurse or a confidential mailbox. In some cases, access was managed by prison staff (for example, at the BiH State and East Sarajevo Prisons) and no filtering was applied to such requests. In the event of hospitalisation, all prisons had a well-established and effective interface with local hospitals and, in the case of remand prisoners, the judicial authorities appeared to give prompt permission for prisoners to be transferred. However, at Tuzla Prison, the delegation received numerous complaints from remand prisoners (as well as from female convicts, see paragraph 124) about constant delays in being seen by a doctor upon admission or during their detention, and that they often had to protest or lodge complaints with the prison management about the failure to act on their request or the delay in doing so. The delegation's clear impression was that the prison health service was poorly managed and understaffed, resulting in this lack of attention.⁹⁰

The CPT recommends that the Ministry of Justice of the FBiH take the necessary steps, in view of the reorganisation of the healthcare staff at Tuzla Prison, to ensure that the general practitioner is present at both locations of the establishment and that the needs of prisoners requesting medical assistance are met promptly.

iii. screening upon admission and recording of injuries

81. During previous visits, the CPT has expressed criticism regarding the manner in which medical screening of newly admitted prisoners was conducted in the prisons of Bosnia and Herzegovina. In this regard, the Committee concluded that, despite its precise recommendations, no improvement had been observed. In practice, in all prisons visited, newly admitted prisoners were seen by either a nurse or a doctor on the day of admission or within a few days (with the exception of Tuzla Prison, where the first medical screening could take place weeks after admission).⁹¹ The methodology was similar in all prisons visited: the doctor conducted a brief informal medical assessment and medical history, and routine observations were made. No formal checklist or systematic list of questions was employed. Patients were not medically screened for transmissible diseases and tuberculosis (TB).⁹² In the CPT's view the admission screening process would be enhanced by the use of a systematic checklist of clinical questions and the presence of a body chart to record the presence of injuries.

82. The CPT reiterates its recommendation that the Ministries of Justice, at the State and Entity levels, remind all prison directors and healthcare staff that every newly arrived prisoner should be properly interviewed and physically examined by a doctor or by a fully qualified nurse reporting to a doctor as soon as possible, and no later than 24 hours after admission.

The Committee further recommends that the BiH authorities take the necessary steps to systematically offer screening for communicable diseases to all newly arrived prisoners. In addition, at national level, the current prison population should be

90. The only doctor (that is, a specialist in forensic medicine) was absorbed by managerial rather than clinical duties and one of the two nurses had been on sick leave for several months.

91. In some cases, remand prisoners were being medically examined two weeks after their admission to prison.

92. In the rare case of detection of transmissible disease or TB, inmates would be promptly transferred to a hospital, where they would be provided with the same treatment as available in the community (for example, PEG interferon treatment for inmates affected by hepatitis C).

offered the possibility of such screening, if possible, by means of mobile x-ray machines, as well as testing for blood-borne infections and treatment for hepatitis C in line with that offered to the civilian population. In addition, the medical examination of prisoners on admission to prison should include systematic screening for addiction and substance use, chronic illness, mental health disorders, particularly suicide risk, and prescribed medication.

83. With regard to the recording of injuries, as mentioned in paragraph 15 of the police section, newly admitted prisoners, as well as those who had been subjected to use of force, were in principle asked questions by prison custodial staff about their treatment by the police and underwent a visual inspection at the time of their arrival to the relevant prison establishment. However, with the exception of Zenica Prison, none of the prison medical service in the penitentiary establishments visited used body charts, and the description of injuries remained cursory (that is, with no details on the size and colour of the injuries), with no enquiry as to their origin or indication of possible compatibility with prisoners' descriptions of the same. Furthermore, no photographs of injuries were taken.

The recommendation to ensure a more thorough description of injuries displayed by detained persons upon admission to prison, as set out in paragraph 16, should be applied in every prison in BiH.

iv. *medication*

84. The distribution of medication was conducted by nurses at all visited establishments and did not give rise to concern in terms of supervision or confidentiality.

The storage of medication in lockable cupboards appeared to be well organised at most of the prisons visited and their procurement did not pose problems (contracts were in place for the procurement with local pharmacies). However, at Tuzla Prison the storage of medication was chaotic and unsecured. The medical room was very disorganised with unblistered medication, patient notes, hospital records and unsheathed needles lying on the work surfaces and the floor.

The CPT recommends that, in the context of the required general reorganisation of the healthcare unit of Tuzla Prison, due attention be given to the need for adequate storage of medication, and that the medical room be kept in a state of order and in full compliance with the hygiene and safety standards required by a healthcare facility.

v. *access to specialist care*

85. In terms of access to specialist care for diagnostic or therapeutic purposes, there were various interfaces in the establishments visited, the best in this respect being that of the BiH State Prison, where there was a consistent component of specialists from the various specialities.⁹³ Zenica Prison also had other specialist in-reach services.⁹⁴ In Banja Luka and East Sarajevo Prisons, there was no in-reach specialist component, but a well-functioning interface with local hospitals with prompt transfers and minimal delays.

However, in Tuzla and Doboj Prisons, the situation appeared to be more problematic, and access to specialist care, particularly for remand prisoners, was subject to delays and judicial authorisation.

The CPT recommends that the relevant Ministries of Health at the RS and Tuzla Canton draw up a list of contracted specialists who can visit Doboj and Tuzla Prisons on a regular basis.

93. That is, general surgery, ENT, orthopaedics, cardiology, ophthalmology, psychiatry, addictions and physiotherapy. The specialists regularly visited the facility, minimising the transfer of high-risk prisoners to community hospitals and health centres.

94. Namely, urology, radiology, dermatology, ENT, surgery, orthopaedics and internal medicine. These specialists were brought in from the local hospital as needed.

86. The confidentiality of medical examinations and medical documentation was generally respected at BiH State, Zenica and Banja Luka Prisons.⁹⁵ However, at Doboj, Tuzla and East Sarajevo Prison it appeared that medical consultation of newly arrived prisoners could take place in the presence of custodial staff or within their immediate vicinity or hearing.

||| **In this respect, the precepts and recommendations outlined in paragraphs 16 and 31 of the present report are also valid in a prison setting. Further, immediate steps should be taken to replace prisoners performing nursing duties with qualified healthcare staff.**

87. As mentioned in paragraph 42, prisoners suffering from psychomotor agitation, self-harm or suicidal tendencies could be placed in a padded cell or medical isolation room by prison staff, with the approval of a doctor, until the causes of the disorder ceased.⁹⁶ All the establishments visited, with the exception of East Sarajevo Prison, possessed such facilities. In the State Prison there were two padded cells, both with CCTV cameras, floor-level toilet, a mattress and pillow and a small window, measured 8 m² and were in a very good state of repair and hygiene. At Banja Luka Prison, the padded cell, which measured approximately 10 m² and was equipped with a floor-level toilet, was in pristine condition. At Tuzla Prison, two cells were used for the medical isolation of prisoners in the pre-trial detention unit, one consisting of an ordinary solitary confinement cell identical to the one described in paragraph 46 above, and the second consisting of a cell with linoleum flooring, without any objects other than a mattress, and a floor-level toilet. In Zenica Prison, the two padded cells were 8 m² in size, in a dilapidated state, with the padding partially removed, the linoleum damaged, equipped with a mattress and pillow without sheets, and under CCTV surveillance by healthcare and security staff. Finally, the medical isolation cell in Doboj Prison consisted of an ordinary cell with a metal bed fixed to the floor and a fully partitioned sanitary annex.

88. In practice, the padded cells and medical isolation rooms in Banja Luka, Doboj and State Prisons were seldom used, as evidenced by the relevant logbooks.⁹⁷ Furthermore, the instances of use that did occur were of short duration. At Zenica Prison, the padded cell was utilised on 20 occasions throughout 2024, with detainees placed there for durations spanning from a few hours to 13 days.⁹⁸ Inmates interviewed by the delegation stated that their placement had been ordered and verified by the visiting psychiatrist and that, in some cases, they had been placed in the padded cell with a straitjacket or handcuffed. There was no protocol on the use of the padded cell in any of the establishments visited.

At Tuzla Prison, a remand prisoner had been placed in a padded cell soon after his admission to the prison on 29 August 2024, on the basis of a decision by the prison staff and the approval of the prison doctor, to prevent suicide.⁹⁹ At the time of the CPT visit on 7 September 2024, the detainee had spent a period of nine

95. For example, at the BiH State Prison, prison guards would only be present during a medical examination of an inmate at the request of the relevant doctor.

96. For example, pursuant to Article 168, paragraph 4 of the RS Law on Execution of Criminal Sanctions and the relevant provision at the FBiH and State level. In principle, prisoners who are judged to be likely to commit or have committed an act of self-harm, assault on another prisoner or on an officer may, for medical reasons, be placed in a medical room with intensive supervision. The opinion of the prison doctor on the medical condition of the prisoner placed in a medical room with intensive supervision shall be obtained immediately, at the latest within 24 hours of the time of placement. The order to place a prisoner in a medical room shall be issued by the director of the establishment on the proposal of the prison doctor. Intensive supervision in the medical room shall consist of organised supervision by employees of the security service and the medical service, as well as supervision by technical staff. When the prison doctor issues an opinion on the use of instruments of restraint, the prisoner shall be examined and the decision reviewed every six hours, or sooner if necessary. This measure shall be applied as long as the reasons for its imposition persist.

97. For example, at the State Prison the padded cell had been used twice in the course of 2024 for very limited periods in respect of inmates with suicidal thoughts.

98. Some asserted that they were offered regular outdoor exercise during their placement in a padded cell.

99. The detainee in question was suspected of having committed the murder of an elderly person within the local community.

days in the padded cell, during which time he had only been permitted access to the yard on one occasion, for a duration of 10 minutes. Additionally, the detainee alleged that he had not been afforded the opportunity to shower and that he had not been provided with any personal hygiene products. The cell was observed to be in a deplorable state of hygiene, with rubbish and food leftovers present on the floor and with no sheets.

89. **The CPT calls upon the authorities of BiH at the State and Entity levels to put an end to the measure of mechanical restraint of agitated remand prisoners, notably at Tuzla and Zenica Prisons, in light of its previous comments and recommendations. In particular, agitated prisoners who pose a serious risk to themselves or others could be temporarily isolated in an appropriate cell until they regain control of their behaviour (only as a last resort, when all other reasonable options (such as de-escalation strategies vis-à-vis the prisoner concerned) have failed to contain these risks satisfactorily). Further, in all such circumstances the healthcare staff must be promptly informed by custodial officers in view of the possible transfer of the prisoner in question to a psychiatric establishment.**

viii. *mental healthcare*

90. The needs of inmates with mental disability were addressed by visiting psychiatrists (there were two in Zenica, State Prison BiH, one in each of Banja Luka Prison, Tuzla, Doboj, and East Sarajevo). In cases where inmates require acute psychiatric care, prison healthcare staff may, in principle, transfer them to the Institute of Forensic Psychiatry in Sokolac. However, the therapeutic interventions provided by the mental health professionals were limited to pharmacotherapy. There was no evidence, or possibility, of group or individual psycho-social interventions in any of the facilities visited, except for cognitive behavioural programmes at Zenica and Banja Luka Prisons.

The CPT recommends that the authorities of BiH, at the State and Entity levels, take the necessary steps to ensure that, throughout the prison system, all prisoners suffering from a mental disorder are reassessed and that those in need of in-patient care are hospitalised without delay. In this context, the authorities of BiH should also develop adequate psychosocial rehabilitation activities for prisoners diagnosed with a mental disability.

ix. *substance use*

91. As in the past, convicted and remand prisoners prone to substance use were able to continue their opioid agonist therapy (OAT) without any problems while in prison. The number of prisoners receiving OAT was 20 in Zenica Prison, two in Banja Luka Prison and four in the State Prison. However, in Tuzla Prison, prisoners admitted with substance use disorders were not allowed to continue their OAT treatment and were only given painkillers (tramadol) to relieve their withdrawal symptoms. In addition, it was still not possible to initiate OAT in a prison in any jurisdiction. Finally, there was still no clinical psychology service in any of the prisons visited. Prisoners with opiate dependency were usually offered participation in one of the cognitive-behavioural group programmes developed in cooperation with the Council of Europe Office in Sarajevo.

92. The CPT considers that admission to prison is an opportunity to address a person's substance use-related problems. Consequently, appropriate health care should be available in all prisons. The assistance should be varied; detoxification programmes should be combined with substitution programmes for opiate dependent prisoners who are unable to stop taking drugs. An OAT should not be discontinued upon imprisonment, regardless of any barriers to continuity of care. Finally, all health care staff (and prison staff in general) should receive specific training on drug-related issues.

The CPT calls on the RS authorities to develop a comprehensive strategy for prisoners with substance use related problems (as part of a wider national drug strategy). In any event, substitution treatment should not be abruptly terminated.

93. At the State Prison and other prison establishments under the authority of the RS Ministry of Justice, prison healthcare staff were not involved in the certification of inmates to undergo punishment in a disciplinary cell. This is in accordance with the relevant legislation.¹⁰⁰ However, this was not the case at the level of the prison establishments under the authority of the FBiH Ministry of Justice (that is, Zenica and Tuzla Prisons), where the relevant prison doctors were still issuing "fit for punishment" certificates prior to the serving of solitary confinement, notably in light of the still existing legal provision in the Law on Execution of Criminal Sanctions.¹⁰¹

The CPT recommends that the FBiH Ministry of Justice ensure that prison doctors are not involved in the certification of inmates' fitness to undergo punishment, as this might seriously jeopardise the doctor-patient relationship. Furthermore, pending the adoption of the new legislation, steps should be taken to ensure that this practice is discontinued, as is currently the case in the rest of the prison establishments nationwide.

e. other issues

i. prison staff

94. The prison staffing complement appeared to be satisfactory at the BiH State Prison as well as at the level of the RS prison system (that is, Banja Luka, Doboј and East Sarajevo Prisons).¹⁰² However, as concerns the FBiH prison system, despite some recent recruitments, the Zenica and Tuzla Prisons exhibited elevated vacancy rates and custodial staff complements appeared to struggle to ensure adequate supervision, notably of the remand population.¹⁰³

The situation at Zenica Prison was of particular concern to the prison management, as the closure of Sarajevo Prison and the transfer of remand prisoners to this facility had not been followed by an adequate increase in staff, resulting in the diversion of important resources from the supervision of convicted prisoners. Similarly, at Tuzla Prison, the lack of personnel has allegedly compelled staff to work overtime and to restrict leave on several occasions in order to ensure supervision at both locations. The aforementioned understaffing has also resulted in very limited rights to exercise outdoors.

The CPT recommends that the number of prison officers in Tuzla and Zenica Prisons be reviewed in order to ensure that staff are in a position to maintain effective control over the establishments, to ensure a safe environment for themselves and for prisoners, and to provide a regime of activities for prisoners.

95. With regard to the status and entitlements of prison staff, it would appear that only at the level of the RS have prison staff been granted full civil service status, including pension rights and other social benefits. A number of senior prison staff at Zenica and Tuzla Prisons conveyed to the delegation their perception that FBiH prison staff were not on an equivalent footing with their counterparts in other law enforcement agencies with respect to remuneration, benefits and legal status. This discrepancy was identified as a significant factor influencing motivation and contributing to a sense of neglect in the context of challenging tasks and frequently suboptimal working conditions. Further, prison staff at the BiH State Prison expressed discontent over their comparatively inferior remuneration in comparison to their counterparts employed at the Entity level.

100. See, for example, Article 162 of the RS LECS which stipulates that the doctor should mandatorily carry out a medical examination of the inmate prior to the serving of a measure of solitary confinement.

101. Article 98, paragraph 2 of the LECS FBiH reads as follows: "*The disciplinary sanction of solitary confinement may not be executed if its implementation poses a threat to the health of the convicted individual, as determined by the institution's medical practitioner in writing.*"

102. At Banja Luka Prison, the rate of vacant posts was very low with 145 prison officers out of 152 budgeted posts (95.4% posts occupied). Similarly, at Doboј Prison there were 66 prison officers out of 82 budgeted posts (80.5% posts occupied).

103. At Zenica Prison, 194 custodial staff were working out of a total of 287 budgeted posts (67.6% posts occupied). At Tuzla Prison, there were 96 prison staff (including 11 female prison officers) out of a total of 124 budgeted posts (77.4% posts occupied).

In this respect, the CPT wishes to point to the importance that should be attributed to the status of prison officers as set out in the revised European Prison Rules, in particular Rules 76 (a status that civil society can respect), 78 (appointment on a permanent basis with public-service status and with security of employment) and 79.2 (benefits and conditions of employment).

The CPT recommends that the FBiH Ministry of Justice take effective steps in order to fully comply with the above-mentioned provisions of the European Prison Rules in terms of the status of prison staff. Further, steps should be taken at the State level in order to ensure that the salaries of prison staff are increased in order to equalise the disparities at the level of the prison systems.

96. The Committee has long advocated the establishment of a training centre for prison staff working under the different prison systems. The construction of the BiH State Prison, funded by the CEB, included a training centre for prison staff initially intended to serve the needs of the three prison systems at the national level, which has begun to provide specialist courses for staff working in the neighbouring prison establishment. Prison staff from the FBiH and RS were stated to be attending induction courses at Zenica and Banja Luka Prisons, but neither system had its own permanent training centre with dedicated staff and a precise curriculum.

The CPT reiterates its recommendation that the authorities of BiH, at the State and Entity levels, take steps to establish a multi-year programme of initial and ongoing training activities for prison staff using the facilities of the Prison Staff Training Centre. Further, such a programme should be overseen by one or more permanent, staff training managers based at the Prison Staff Training Centre.

ii. security measures and means of restraint

97. In addition to the placement of inmates in padded cells or in the enhanced supervision unit, other security measures and means of restraint could be used in the prisons visited, such as solitary confinement for security purposes, testing for illicit substances, and use of force including with rubber batons. The records and interviews confirmed that their use was indeed limited; for example, in Zenica Prison, from the beginning of 2023 until September 2024 there had been four recorded instances of use of force against inmates, in Banja Luka two and at the BiH State Prison two each.

98. At the time of the CPT visit, the delegation found that the practice of strip-searches of inmates upon admission varied. Some prisoners told the delegation that they had been searched by prison staff upon admission and had been asked to expose different parts of their bodies at different stages; at the same time, many others claimed to have been subjected to a full strip search with a squatting position upon admission or return from leave in all the prisons visited.

The CPT considers that a strip search is an intrusive and potentially degrading measure; its use should be based on an individual risk assessment, be subject to strict criteria and supervision, and be carried out in a manner that respects human dignity. Strip searches should not be a routine measure. In addition, every reasonable effort should be made to minimise embarrassment; persons being searched should not normally be required to remove all their clothing at the same time, for example, a person should be allowed to remove clothing above the waist and put it back on before removing any further clothing. In addition, prisoners should never be required to undress in front of other prisoners (or staff of the opposite sex). The involvement of healthcare staff who are treating a particular patient in security matters relating to that patient should be avoided, in the interest of safeguarding the therapeutic relationship between the patient and the healthcare staff concerned.

The CPT recommends that the authorities of BiH, at the State and Entity levels, ensure that the arrangements concerning the carrying out of strip-searches of prisoners are urgently reviewed, in light of the above-mentioned principles. In particular, the BiH authorities should explore alternatives for strip searches, including the use of security technology, such as body scanners, in line with the relevant provisions of the United Nations Standard Minimum Rules on the Treatment of Prisoners (Nelson Mandela Rules) and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).¹⁰⁴

iii. discipline

99. An area of divergence between the jurisdictions was the manner in which disciplinary proceedings against prisoners were conducted and enforced. To illustrate, while the maximum period of solitary confinement for a disciplinary offence at the State level was 10 days, the legislation in both Entities still provided for a threshold of 20 days for the same type of serious disciplinary offence. A review of the disciplinary files and registers in all the prisons visited revealed no evidence of excessive use of disciplinary sanctions and evidenced a balanced approach to their application.¹⁰⁵ Nevertheless, it was not uncommon for prisoners who had committed a serious disciplinary offence to receive a disciplinary sanction of 20 days of solitary confinement.¹⁰⁶

The CPT recommends that the authorities of Bosnia and Herzegovina at the State and Entity levels harmonise the provisions regulating the sanction of solitary confinement. In this context, until such time as the laws have been harmonised, the CPT considers that the disciplinary commissions in each prison should restrict themselves to a limit of 10 days. The CPT recalls that the maximum possible period of solitary confinement as a disciplinary sanction should be no higher than 14 days for a given offence, and preferably lower.

100. With regard to the procedure, prisoners met by the delegation indicated that they had been afforded an oral hearing before the relevant disciplinary commission, wherein they were permitted to receive legal assistance and to present witnesses, to receive written notification of the commencement of proceedings, and to review and challenge the rationale behind the proposed sanction. However, they were not afforded the opportunity to retain a copy of the written decision and, in some instances, asserted that they had signed it in a perfunctory manner, lacking a full comprehension of the legal recourse available to them.

The CPT recommends that inmates subject to disciplinary sanctions be allowed to retain a written copy of the relevant decision and be fully informed, in a clear and accessible manner, of its content and grounds, as well as of the possibilities for lodging an appeal, in accordance with the applicable legislation.

101. As regards the implementation of the sanction of solitary confinement for disciplinary purposes, all cells visited were found to provide generally acceptable conditions of detention in terms of living space, access to natural light and ventilation. They were equipped with beds, stools and tables, as well as semi-partitioned and, in some cases, fully partitioned sanitary facilities.¹⁰⁷ Medical examinations were conducted on a regular basis, and detainees were permitted to engage in one hour of exercise daily in a designated outdoor area. However, the beds in solitary confinement cells in all the facilities visited remained affixed to the wall to ensure that they could be securely locked, and were, in practice, lifted during the day (apart from a two-hour period in the afternoon). Additionally, solitary confinement cells at Tuzla and Doboj Prisons did not have call bell equipment.

104. See in this respect Rule 52 (1) of the Mandela Rules and Rule 20 of the Bangkok Rules.

105. For example, at Zenica Prison, there had been 288 disciplinary proceedings initiated in the course of 2023, of which 11 had resulted in a sanction of solitary confinement of up to 20 days.

106. For example, at Banja Luka Prison, a sanction of solitary confinement for disciplinary purposes of a duration ranging from five to 20 days had been imposed in five instances in the course of the first nine months of 2024.

107. Such as at Banja Luka, Tuzla and Zenica Prisons.

The CPT recommends that the BiH authorities, at the State and Entity levels, replace in all cells used for the execution of the measure of solitary confinement for disciplinary purposes the bed fixed horizontally to the wall with beds fixed to the floor. Such a modality of executing a sanction of solitary confinement is anachronistic and has no legal basis in the relevant national legislation. The solitary confinement cells at Tuzla and Doboj Prisons should be equipped with call bells.

iv. *contact with the outside world*

102. The legal entitlements for access to a telephone varied according to the legal status and classification of the prisoner and, to a limited extent, according to their jurisdiction. In principle, remand prisoners could make telephone calls daily for five minutes to a list of pre-approved contacts.¹⁰⁸ However, in some cases it took several weeks for the list to be approved. Sentenced prisoners could, depending on their classification, make telephone calls for 15 minutes daily.¹⁰⁹

The CPT recommends that the High Judicial and Prosecutorial Council (HJPC) convey through appropriate channels relevant guidelines to all Courts, at the State, Entity and Cantonal levels, in order to ensure that the list of contacts for telephone calls of remand prisoners are approved without delay upon admission.

103. Pre-trial detainees in the BiH State Prison received open visits on a weekly basis for a period of 30 minutes to one hour after the raising of the indictment. However, the entitlements and configuration of visits for remand prisoners at Entity level remained the same as observed during past visits: pre-trial prisoners received a visit of 15 minutes per week behind a glass screen and with the use of an interphone, and open visits continued to be granted at the discretion of the investigative judges only on an exceptional basis.

The CPT recommends that all prisoners, as a rule and irrespective of their regime level and classification, be offered the equivalent of at least one hour of visiting time per week and preferably be able to receive one visit per week. Only in exceptional cases should an investigative judge place a restriction on visits to a remand prisoner. However, any such restrictions should be strictly limited to the requirements of a given case and be applied for as short a time as possible. Moreover, remand prisoners should have open visits unless there are specific security reasons for not doing so. Further, the CPT recommends that the BiH authorities consider introducing the use of VoIP communication (Voice Over Internet Protocol or internet telephony) for foreign national prisoners to maintain contact with their families abroad.

104. The visiting rights of convicted prisoners depended on their classification and consisted in principle of two to four regular visits of one hour per month behind a glass partitioned screen, two extraordinary visits per month of a duration of one hour in an open setting, and one conjugal visit every two months as a benefit in case of favourable classification.¹¹⁰

105. In the CPT's view, all sentenced inmates, irrespective of their regime and classification, should be entitled to an ordinary visit of at least one hour every week in an open setting (without a glass partition).

The CPT reiterates its recommendation that the BiH authorities, at the State and Entity levels, revise the entitlements and modalities of the conduct of visits for sentenced prisoners in light of the aforementioned remarks.

108. This was in accordance with Article 63 of the Rulebook on House Rules for Remand Detention in the FBiH and Article 31 of the Rulebook on House Rules for Remand Detention in the RS.

109. In relation to the relevant provisions of the relevant LECS of the respective jurisdiction.

110. The visiting arrangements for sentenced prisoners in the establishments visited were overall satisfactory for those inmates classified as Category A: one hour per week with close relatives. However, sentenced prisoners are initially classified as Category B which enables them to benefit from three hours of visits per month, which would be reduced to one hour if they regressed to Category C following a disciplinary sanction.

106. On a positive note, the delegation noted that apartments equipped with a kitchenette, sofas, children's corners and a playground had been set up in the State Prison of BiH and Banja Luka to enable families to spend an unsupervised visit in a family-oriented and family-friendly environment. The Committee takes note of this positive and innovative practice in the context of Bosnia and Herzegovina. At Zenica Prison, unsupervised visits typically took place in the staff restaurant, where inmates could have a meal with their respective families. The normal visitation rooms in Zenica, State and Banja Luka Prisons consisted of halls equipped with tables and chairs, and the conjugal visitation rooms were adequately equipped, in a good state of repair and in good hygienic conditions. However, the room in use for conjugal visits at Tuzla Prison (for both male and female prisoners) consisted of one single bed with a worn-out foam mattress, a table and two chairs and the sanitary facility (consisting of a toilet, sink and shower) appeared to be neglected and in a poor state of repair.

||| **The Committee recommends that the room in use for conjugal visits at Tuzla Prison be equipped with a new mattress and the annexed sanitary facility be renovated, and maintained in an adequate state of repair.**

v. *complaints*

107. Pretrial detainees and convicted prisoners could submit complaints to various bodies – the director, the Ministry, the Ombudsman and international bodies, and boxes for this purpose were available in all establishments. In addition, representatives of the prisoners, grouped in so-called prison committees, held regular monthly meetings with the prison governors to raise issues of general concern to the prison population of the establishment concerned. However, at the State Prison in BiH, the delegation received allegations that prison staff insisted on checking the content of correspondence before it was placed in the box and processed.¹¹¹

||| **The CPT recommends that steps be taken at the BiH State Prison in order to ensure that the confidentiality of complaints is preserved and that inmates are allowed to lodge their complaints in an effective and unimpeded manner. There is no justification for custodial staff to filter, scrutinise or impede the lodging of complaints by inmates.**¹¹²

vi. *supervision and inspections*

108. The respective presidents of the cantonal courts or their deputies, as well as the BiH courts, regularly visited the pre-trial detention facilities and entered their observations in the relevant registers.¹¹³ However, BiH still did not foresee the institution of judges for the enforcement of sanctions, and their task was carried out by the respective Ministry of Justice.

||| **The Committee invites the BiH authorities at the State and Entity levels to seriously reflect on the need to introduce the institution of judge for the enforcement of criminal sanctions, as has been the case in some neighbouring countries. Such judges should be tasked to pay regular visits to prison establishments, receive prisoners' complaints and carry out spot checks of practice and conditions.**

109. With regard to institutional monitoring, each Ministry of Justice had its own inspection service, which carried out regular visits to penitentiary institutions. Finally, at the level of the Parliament of Bosnia and Herzegovina, the Commission for the Enforcement of Sentences continued to operate as mentioned in the previous paragraph.

111. This was due, *inter alia* to the wording of Article 192 BiH LECS which stipulates as follows: "Prisoners serving long-term prison sentences shall have their correspondence and telephone conversations overseen."

112. See in this respect paragraphs 89-89 of the [27th General Report of the CPT on its activities CPT/Inf\(2018\)4](#).

113. The relevant notes consisted in principle of remarks over the occupancy levels, general situation and issues raised by detainees.

110. As mentioned in paragraph 9, the NPM was in the process of being established and the Ombudsman carried out regular (announced) visits to penitentiary institutions to follow up on specific issues, including those arising from the processing of complaints, and prepared thematic reports on these visits.

3. The situation of female prisoners in the prison establishments visited

111. As mentioned in paragraph 40 above, the 2024 periodic visit provided an opportunity to examine the treatment and conditions of detention of female remand and convicted prisoners.¹¹⁴ To this end, the delegation visited the two prison establishments at the Entity levels designated for this purpose.¹¹⁵ At the time of the visit, a special eight-cell wing was being set up in the State Prison for the accommodation of female sentenced prisoners under the jurisdiction of the BiH State Court.

a. Ill-treatment

112. The vast majority of female prisoners met by the delegation in Tuzla and East Sarajevo prisons, as well as remand prisoners in Zenica, Banja Luka and Doboj Prisons, stated that they had been treated correctly by prison staff. Nevertheless, in Tuzla and Zenica Prisons, the delegation received two allegations from female prisoners who, following episodes of agitated behaviour, claimed to have been slapped by prison staff before being handcuffed and transferred to a medical isolation/padded cell in the respective establishments. One remand prisoner from Zenica Prison also alleged that she had been placed in a straitjacket during her stay in the padded cell in Pavilion II of Zenica Prison (see also paragraph 42).

113. The delegation also received several allegations from female prisoners in Tuzla Prison concerning frequent episodes of verbal disrespect by the prison doctor at the time of medical examinations or in relation to insistent requests. It had the distinct impression that several female prisoners were intimidated by such behaviour and thereby discouraged from requesting medical assistance.

The CPT recommends that the FBiH Ministry of Justice deliver and regularly reiterate the clear message to all prison officers serving in the female detention unit of Tuzla Prison, that they should treat prisoners with respect at all times and take full account of the need to challenge and combat discrimination generally. It should be made clear that all forms of ill-treatment, including verbal abuse and threats, are not acceptable and will be the subject of appropriate sanctions. Prison management should encourage prisoners to report such behaviour, making it clear that such complaints will be effectively investigated.

114. Episodes of inter-prisoner violence were very rare in East Sarajevo Prison. At Tuzla Prison, the delegation found evidence of some such incidents in the records and observed a few, which nevertheless appeared to be dealt with promptly by the prison staff.

b. material conditions

115. The female detention unit of Tuzla Prison, consisting of 16 cells, had been renovated and upgraded since the CPT previous visit in 2015 (following the release of space as a result of the transfer of juveniles to the special facility in Orašje). Cells of various sizes (that is, double and multiple occupancy of various sizes and intended to house three persons in 15 m²), equipped with beds, tables, chairs, storage space and refrigerators, small appliances for heating beverages and televisions, were in an acceptable state of repair and hygiene, as were the fully separated sanitary facilities and communal showers. However, some cells showed signs of wear and tear in the form of worn-out mattresses.

116. The five cells in the standalone women's unit of East Sarajevo Prison generally provided satisfactory conditions of detention in terms of their state of repair, equipment and level of hygiene, and had ample access to natural light and good ventilation.¹¹⁶ The shared sanitary facilities, consisting of a lavatory, five

114. Notably, 50 sentenced prisoners at Tuzla Prison, 17 at East Sarajevo Prison, four remand prisoners at Banja Luka Prison and one each at Doboj and Tuzla Prisons respectively.

115. That is, Tuzla in the FBiH and East Sarajevo Prison in respect of the RS prison system.

116. The cells were equipped with metal bunkbeds, lockers and shelving units.

toilets and three showers, were in a good state of repair and hygiene conditions. However, the conditions in the cells were rather cramped and the living space was reduced (that is, five inmates in 16 m²), which was partly compensated by the fact that the prisoners spent most of the day in the communal facilities. In addition, the cells appeared to be rather austere in terms of decoration, as the prison administration restricted the display of photographs, posters and other personal decorations.

The conditions of detention of female remand prisoners in Zenica Prison (Pavilion II), Banja Luka Prison and Doboj Prison were identical to those described for male remand prisoners. In Tuzla Prison, the only female remand prisoner was accommodated on the ground floor in a cell with relatively more living space and better conditions in terms of state of repair and hygiene than in the male detention unit.

At the BiH State Prison, the delegation visited the wing that will be destined for the accommodation of female prisoners located on the ground floor of Wing F,¹¹⁷ which consisted of eight double-occupancy cells of the same size and design as those in the male wing. The unit also had a communal facility with a kitchenette and a separate yard of the same design as those in the adjacent male wing (see paragraph 450).

In the Committee's view, there is also a need to improve the personalisation of spaces by allowing female prisoners to have a personal locker in their cells and to freely dispose of their personal belongings.

The CPT recommends that, in the context of the renovation of the female detention unit at East Sarajevo Prison, due attention be given to the fact that female prisoners should be provided with the necessary possibility to personalise and decorate their cells, as well as adequate locking space to store their belongings. Further, the CPT has already expressed its preference for accommodating female prisoners in smaller living units, which allow for an approach which is better tailored to their particular needs.

117. At Tuzla Prison, a mother was accommodated with her newborn child,¹¹⁸ in a special cell equipped with a baby bed, a baby cot and a separate sanitary facility with a baby bathtub. Another woman, who shared their cell, was appointed as carer to support the mother in looking after the baby. Further, the mother was receiving milk substitution, diapers, and baby clothes from the prison management free of charge. At East Sarajevo prison, an empty cell in the special detention unit was designated for the accommodation of mothers with children in case of need.¹¹⁹ The cell was of the same design as the others, except that it had its own sanitary facilities. None of the facilities could be considered as proper separate units for mothers and children as they were integrated into the main detention facilities, and lacked a separate entrance and dedicated yard.

118. The CPT considers that mothers and their babies/young children should be accommodated in an appropriate, non-carceral environment in terms of space, facilities and access to cooking and washing facilities. The equivalent of a crèche or nursery should also be provided, together with the support of staff specialised in postnatal and paediatric care.

The CPT recommends that the authorities of BiH, at both State and Entity levels, take steps to ensure that all prison establishments classified for the accommodation of female prisoners are equipped with mother and baby units which meet the above requirements.

117. The section in question was not originally designed to accommodate female prisoners but was simply obtained by converting part of the male disciplinary quarter.

118. The child was 14 days old at the time of the visit.

119. For a period of five years, the prison had not provided accommodation for mothers with children. In the event of such prisoners being admitted, they would be accommodated in a cell located at the extremity of the corridor. The layout of this cell was identical to that of the other cells, with the only difference being that it had its own fully separate sanitary annexe with a sink, toilet and bathroom. However, it was not separated from the other cells and did not have a dedicated yard.

||| **In addition, reference should be made to Rule 61 of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), regarding the need to take into account women's caring responsibilities and typical backgrounds when imposing judicial sentences of imprisonment.¹²⁰**

As regards the provision of sanitary towels and other feminine hygiene products, such provision was systematic upon admission, and female prisoners were expected to purchase them in the canteen during their detention if they were engaged in remunerated activities. The delegation was informed that, in the case of non-working prisoners, these were systematically provided by the prison administration. Furthermore, as regards access to showers, there was no obstacle for sentenced prisoners to have access to sanitary facilities and, in principle, female remand prisoners were granted more frequent access to a shower by prison staff than their male counterparts.

||| **The CPT recommends that sanitary pads be provided free of charge to all female prisoners, irrespective of their working status.**

c. regime

i. remand prisoners

119. The CPT has in the past criticised the poor and impoverished conditions in which female remand prisoners spend their pre-trial detention in prisons which are largely populated by and designed for the male population, as well as their frequent exposure to long periods of *de facto* solitary confinement when they are the only female remand prisoners accommodated in a given facility. At the time of the 2024 visit, the situation in this respect had not changed and, in principle, remand prisoners continued to be accommodated in the most sub-standard pavilions of Zenica Prison (see paragraph 46), were provided with the same or even fewer out-of-cell entitlements than their male counterparts due to the lack of female prison staff, and additional activities, such as gyms or table tennis sets, were not aligned with their habits and gender profile. Furthermore, the two female remand prisoners in Doboj and Tuzla Prisons had been held in *de facto* solitary confinement for several weeks,¹²¹ without any compensation in the form of increased treatment input or additional out-of-cell entitlements.

||| **The CPT recommends that the authorities of BiH, at the State and Entity levels, develop a gender-specific approach towards female remand prisoners at Zenica, Tuzla, Doboj and Banja Luka Prisons and, where appropriate, in other prisons, offer them more meaningful human contact, psychological assistance and other purposeful activities in order to compensate for the prolonged periods of *de facto* solitary confinement to which they might be exposed.**

ii. sentenced prisoners

120. At Tuzla Prison, it was positive that an open cell regime was in place throughout the day, during which female prisoners had unrestricted access to the outdoor area (a gazebo with tables, chairs and flower beds), where they could socialise freely. In terms of activities, half of the population was involved in work activities (22 out of 50 prisoners, mainly in the prison kitchen and doing maintenance work) and the sewing workshop described in the report on the 2015 visit continued to operate.¹²² In addition, the prison administration offered a number of folklore recreational activities. However, the offer of vocational and educational courses was poor due to the architectural limitations of the facility and, as regards sport, there was only access to the same poorly equipped gym used for remand prisoners located on the ground floor of the prison block (see paragraph 53).

120. Rule 61 of the Bangkok Rules reads as follows: "*When sentencing women offenders, courts shall have the power to consider mitigating factors such as lack of criminal history and relative non-severity and nature of the criminal conduct, in the light of women's caretaking responsibilities and typical backgrounds.*"

121. In particular, for periods of up to seven weeks due to the absence of other female prisoners on remand.

122. See in this respect paragraph 50 of the CPT report on the 2015 periodic visit to BiH (CPT/Inf (2016) 17).

||| **The CPT recommends that the FBiH Ministry of Justice take steps in order to increase the level of educational and vocational opportunities for female prisoners at Tuzla Prison.**

121. At East Sarajevo Prison, female prisoners spent most of the day in the dedicated communal facility of the detention unit, equipped with sofas, television set, reading room and small library, and were regularly involved in their own workshops (lectures, sewing, drama). However, despite the fact that the prison was classified as a semi-open unit, female prisoners had limited access to the well-equipped outdoor facilities, for only two hours a day.¹²³ This was due to the fact that the perimeter of the prison was not considered to be secure and that there were insufficient staff to supervise the prisoners on a permanent basis.

The Committee is aware of the classification of East Sarajevo Prison as an establishment of a semi-open regime (see paragraph 40) and considers that female prisoners accommodated therein should not be limited in their regime of activities by the architectonic limitations of the facilities.¹²⁴

||| **The CPT recommends that the management of East Sarajevo Prison take measures to guarantee that female prisoners are allocated greater outdoor exercise privileges in accordance with their classification.**

122. The individual treatment plans and sentence plans of the female prisoners examined in both establishments included basic and specific objectives set by the relevant treatment staff and demonstrated the efforts made to ensure an individualised approach to treatment and to assess the progress and classification of women in accordance with the parameters set out in the relevant legislation (see also paragraph 56).

d. healthcare services

i. screening upon admission

123. The medical screening of female prisoners upon admission to the facilities visited was the same as that described in respect of male prisoners (see paragraph 81). Consequently, the medical examination was not based on a prepared admission checklist. There was no screening for blood-borne and sexually transmitted diseases, testing for HIV, assessing the presence of mental health care needs and the risk of suicide and self-harm, the existence of substance use disorders, sexual abuse and other forms of violence that may have been suffered prior to admission.

||| **The CPT recommends that the BiH authorities, at the State and Entity levels, further develop the admission process at Tuzla, Zenica, Banja Luka, Doboj and East Sarajevo Prisons in order to take into account the gender-specific needs of women prisoners. This should include screening for blood-borne and sexually transmitted diseases, for mental healthcare needs, sexual abuse and other forms of gender-based violence inflicted prior to entry to prison (such as post-traumatic stress disorder and risk of suicide and self-harm, as well as sexual abuse or other forms of violence suffered prior to admission), and ensuring that such information is considered in the drawing up of a care plan for the woman in question.¹²⁵**

123. This included a greenhouse, lawn benches and a volleyball court.

124. The establishment's status as the sole facility designated for the accommodation of female sentenced prisoners under the jurisdiction of the RS Ministry of Justice also allowed it to hold female prisoners serving long sentences (that is, above five years).

125. See, in this respect, Rule 6 of the Bangkok Rules.

ii. *specialist care*

124. In East Sarajevo Prison, a gynaecologist made regular visits to the prison facilities. In Tuzla Prison, female prisoners were referred to the Tuzla Cantonal Hospital and its services in case of need. In particular, preventive healthcare measures of particular relevance to women such as screening for breast and cervical cancers and the Papanicolaou test, were not offered, and female prisoners were referred to an outside health facility only if there was a suspected disease. This is not in compliance with Rule 18 of the Bangkok Rules. At Tuzla Prison, the delegation received several complaints from female inmates about the passivity of the doctor in responding to their requests for diagnostic and specialist medical care.

This was illustrated by the case of a female prisoner, diagnosed with cervical cancer and awaiting the execution of her suspended sentence, who alleged that she had not received full information from the doctor about the scheduling of a surgical operation.

||| **The CPT recommends that the FBiH and RS Ministries of Justice take appropriate steps in order to ensure that preventive healthcare measures for female prisoners, such as Papanicolaou tests and screening for breast and gynaecological cancer, are offered to women prisoners on an equal basis with women in the community.**

125. With regard to prenatal and postnatal care, the delegation noted that the female prisoner it met in Tuzla Prison, who had recently given birth, had received the necessary vitamin supplements and dietary integration and was being monitored by the medical staff with regard to her breastfeeding and milk intake. In addition, the newborn child accommodated in the prison was regularly monitored by an external nurse from the cantonal health service with regard to healthcare needs and vaccinations.

iii. *confidentiality*

126. As in the case of male prisoners, the confidentiality of medical examinations was not systematically respected in the prisons visited and it was not uncommon for prison staff to be present in the consultation room or within hearing during visits. In addition, the female prisoner who had recently given birth in the Tuzla Cantonal Hospital claimed to have been under constant surveillance by prison staff, including male staff, during her hospitalisation.

||| **The recommendation outlined in paragraph 31 in relation to the necessity for guaranteeing the confidentiality of medical examination of prisoners in a police and prison settings is also valid in this context.**

iv. *medical isolation*

127. In East Sarajevo Prison, there was no padded cell/medical isolation room. At Tuzla Prison, records showed that such a measure had not been used for female prisoners in recent years. As mentioned in paragraph 42, a female prisoner had been placed in medical isolation in the special padded cell in Pavilion II of Zenica Prison in view of her self-harm and suicidal thoughts. The measure had been ordered by the psychiatrist on 14 July 2024 at 21:35 and lasted until 15 July 2024 at 13:30. The prisoner claimed that she had been placed in the cell in a straitjacket (see also paragraph 42), which was denied by the prison management, who claimed that in such a scenario a strait jacket would not be used. The placement in the cell was imposed by the doctor and was subject to review by the visiting psychiatrist.

||| **The recommendation outlined in paragraph 42 in respect of the placement of male prisoners in padded cells/medical isolation also applies in this context.**

v. *mental healthcare*

128. The psychiatric care provided to female prisoners was the same as that provided to their male counterparts and included transfer to the Institute of Forensic Psychiatry in Sokolac. However, there were no specific psycho-therapeutic care activities for female prisoners in any of the prisons visited. In East Sarajevo Prison, a female prisoner with a history of suicidal thoughts had requested individual psychotherapy and had just received her first visit from an external psychotherapist at the time of the CPT visit.

||| **The CPT recommends that individualised, gender-sensitive, trauma-informed and comprehensive mental health care and rehabilitation programmes be offered for female prisoners with mental healthcare needs at Tuzla and East Sarajevo Prisons on a systematic basis, as foreseen by Rule 12 of the Bangkok Rules.**

e. other issues

i. security measure and means of restraint

129. The most frequent security measure applied to female prisoners in Tuzla Prison consisted of increased supervision in the form of more frequent visual checks by prison staff as well as placement in a solitary confinement cell of the detention unit on prisoners who had been involved in breaches of house rules or who had self-harmed.¹²⁶ Further, a measure of administrative solitary confinement¹²⁷ from 11 December 2023 to 3 April 2024 had been imposed on a female prisoner in view of her repeated violations of the house rules. The measure had been enforced in the special solitary confinement cells measuring 11 m² and equipped with a metal bed fixed to the floor, a stool and a table, and a separate sanitary annex, and in respect of which a written decision had been issued by the prison director with the relevant avenues of complaint to the Ministry of Justice.

||| **130. The recommendation outlined in paragraph 99 in relation to the adverse effects of solitary confinement is also valid in this context. In particular, when imposing such measures, the FBiH and RS Ministries of Justice should take into account the generally lower risk posed by female prisoners to others, as well as the particularly harmful effects that high-security measures and increased levels of isolation can have on women prisoners.¹²⁸**

131. With regard to searches of prisoners in East Sarajevo Prison, female prisoners were searched only after a conjugal visit or upon transfer to external facilities. At Tuzla Prison, however, the practice was for female prisoners to be strip-searched by female staff at each conjugal visit or upon re-entry to the prison after an outside transfer.

||| **The recommendation outlined in paragraph 98 in respect of the modalities to conduct searches in relation to male prisoners is also valid in this context.**

ii. discipline

132. As mentioned in paragraph 99, the use of disciplinary procedures and the imposition of sanctions on convicted prisoners was not disproportionate, and this was confirmed in Tuzla and East Sarajevo Prisons.¹²⁹ However, it also appeared that the maximum sanction of 20 days of solitary confinement was also imposed on female prisoners and was carried out in disciplinary cells (such as those described in paragraph 101) with the same modality of lifting the bed during the day as described in paragraph 101.

||| **The recommendation outlined in paragraph 101 in relation to the modality of the serving of the sanction of solitary confinement for disciplinary purposes also applies in this context.**

126. For example, female prisoners had been placed in isolation as a security measure for periods of up to five days by order of the prison doctor in five instances since the beginning of 2022 up to September 2024.

127. That is, *usamljenje*, pursuant to Article 145 of the FBiH LECS.

128. See in this respect Rule 41 of the Bangkok Rules.

129. For example, at Tuzla Prison, 13 sanctions of solitary confinement for disciplinary purposes had been imposed upon female prisoners from January 2022 to September 2024.

133. The visitation rights and modalities for female remand and convicted prisoners were the same as those described above in respect of male prisoners (see paragraph 104). Further, the use of VOIP services for video-calls of prisoners was only available at Zenica Prison.

At Tuzla Prison, female prisoners had unlimited access to the telephone in the telephone booth during the day and had private, open and conjugal visits in the respective visiting rooms, which were equipped with tables and chairs and a children's corner.¹³⁰

At East Sarajevo Prison, access to the telephone was regulated in accordance with the House Rules, and female prisoners met with their families in the special facilities, which included a children's corner. However, as mentioned in paragraph 104, the dedicated room for conjugal visits, located directly above the entrance office, was poorly equipped, with a single bed with a worn-out mattress and in a poor state of repair.

In particular, in light of the country's geographical conformation and specific institutional setting, as well as the difficulty of reaching the facilities by public transport, the prison administration allowed, in principle, the grouping of visits to female prisoners.

The CPT considers that women prisoners' contact with their families must be encouraged and facilitated; women who are disadvantaged by the physical distance between their home and the prison must be offered compensatory measures.¹³¹

||| **To this end, the CPT recommends that the use of VOIP (Voice Over Internet Protocol or internet telephony) be further generalised for women whose families live a long way from the prison, for indigent prisoners and for prisoners whose families live abroad.**

130. This consisted of soft carpet, tables and chairs and various items of indoor soft play equipment.

131. See also Rule 4 of the Bangkok Rules.

C. Social Care Homes

1. Preliminary remarks

134. The delegation examined the situation of residents deprived of their liberty in social care homes in both the FBiH and the RS. The focus was on persons with intellectual and mental disabilities, many of whom also had physical and sensory disabilities, placed in one of the larger Entity-run social protection institutions.

135. The legal framework for social care homes is regulated by the Entities.¹³² In the FBiH, the Law on Social Protection¹³³ entered into force in 2022. It regulates the system of social protection, provides for the rights of service users, defines safeguards and relevant procedures, and describes the functioning, financing, and supervision of social care homes.¹³⁴ In December 2023, the authorities also adopted a new Rulebook on Minimum Standards for the Provision of Social Protection Services and Social Support in Social Protection Institutions of the FBiH.¹³⁵ The latter prescribes minimum requirements for federal social care homes in terms of living conditions, care services and personnel, as well as monitoring and evaluation of the quality of the services provided.

In the RS, the system of social protection and the operation of social care homes is governed by the Law on Social Protection, as amended in 2022.¹³⁶ The law prescribes the procedure for placing a person in social care homes in the RS and sets out the rules for their functioning and funding. Further, the Rulebook on the Conditions for the Establishment of Social Protection Institutions in the RS¹³⁷ prescribes the required minimum standards in terms of living conditions and care provided to residents in social care homes.

136. In the FBiH, the competence for social protection is exercised jointly by the Federation and the Cantons (in cooperation with the different municipalities). At Federal level, there are five large social protection institutions for the long-term care of persons with disabilities, children and elderly persons, which operate under the authority of the Federal Ministry of Labour and Social Policy. In addition, there are over 120 social care homes that were founded by the Cantons, municipalities or NGOs.

In the RS, the Entity alone is competent regarding social welfare (the responsibility is exercised in cooperation with the different municipalities). There are two larger Entity-funded social protection institutions which are under the authority of the Ministry of Health and Social Welfare. **The CPT would like to receive information from the RS authorities about the total number of social care homes in the RS, with a breakdown of the different categories of residents placed therein and the bodies responsible (Entity, municipalities, etc.).**

137. Many persons with disabilities in Bosnia and Herzegovina continue to live segregated from the community in large institutions intended for persons of different ages and with varying degrees of disability, including severe and profound levels, as well as bedridden residents, making it difficult to respond to their individual needs.¹³⁸

132. BiH ratified the United Nations Convention on the Rights of Persons with Disabilities in 2010.

133. Law on Social Protection of the FBiH (Official Gazette of the FBiH, no. 64/22).

134. In its Section 4 (1), the Law on Social Protection of the FBiH lists the five Federal institutions.

135. Rulebook on Minimum Standards for the Provision of Social Protection services and Social Protection Institutions of the FBiH (Official Gazette of the FBiH, no. 96/23).

136. Law on Social Protection of the RS (Official Gazette of the RS, nos. 37/2012, 90/2016, 94/2019, 42/2020, and 36/2022).

137. Rulebook on the Conditions for the Establishment of Social Protection Institutions in the RS (Official Gazette of the RS, no. 24/2013).

138. In the FBiH, about 1 200 residents with disabilities were placed in the five social care institutions at Entity level. Data on the number of persons accommodated in Homes founded by the Cantons, municipalities or NGOs are not updated regularly. In the RS, some 350 residents live in the two institutions at Entity level.

In essence, these homes are long-term care institutions, and many residents have been placed there for decades, with most of them expected to spend the rest of their lives in these institutions. For example, only 28 residents have been discharged from the Višegrad Institution (capacity of 211 places) in the past 20 years, and it was not foreseen that the remaining residents would be reintegrated into the community anytime soon.

138. From the outset, the CPT would like to reiterate its concern that large-capacity establishments entail major risks of institutionalisation and have counter-therapeutic and depersonalising effects on residents. These adverse effects are reinforced by mixed-gender or multi-occupancy accommodation in dormitories, combined with an often-impersonal atmosphere, cramped facilities, lack of privacy, inadequate or derelict equipment, as well as insufficient meaningful occupational activities for all residents, and are compounded by insufficient numbers of qualified and trained staff. The Committee would like to draw attention to the fact that residents considered to be particularly vulnerable, that is, those with higher support needs, receive insufficient attention in these settings, and their needs are frequently disregarded.

As frequently emphasised by the CPT in its reports, the availability of community-based care options for persons with disabilities, associated with out-patient mental health services as required, are essential in this regard and their number should be increased. They allow both shortening and avoiding stays in large institutions and can hence reduce the risk of ill-treatment and violence. They also offer a more personalised approach, improved care, and better chances for the re-integration of residents into the community, provided they are appropriately staffed with professional and well-trained personnel to satisfy the care needs of the residents in a decent environment. Such accommodation should consist of small living units for supported or independent living in the community, with a reduced number of residents, and ideally be located in urban areas where all the relevant facilities are close at hand, as opposed to units situated on the grounds of the existing large institutions (which do not allow for genuine de-institutionalisation).

139. Based on the findings of the delegation, it became clear that more efforts are required to ensure that deinstitutionalisation becomes a reality in the FBiH. The Federation had initiated a first phase of deinstitutionalisation of social care residents, based on the Strategy of Deinstitutionalisation and Transformation of Social Protection Institutions (2014-2020) and the related 2017 Action Plan. The delegation was informed that, during this phase, the Federal authorities had provided support to various actors (Cantons, municipalities, and civil society organisations) that were able to open several community-based housing units.¹³⁹ However, the Federal authorities indicated that the Deinstitutionalisation Strategy had not been reconducted. Instead, a new Strategy for Improving the Rights and Status of Persons with Disabilities in the FBiH (2022-2027) and a Strategy for the Development of the System of Social and Child Protection in the FBiH (2024-2030) had been adopted, which only contain one chapter on deinstitutionalisation.

In the RS, apart from the adoption of the Strategy for Improving the Social Status of Persons with Disabilities in the RS (2017-2026) and the Social Protection Strategy of the RS (2023-2029), which include as one of their goals the deinstitutionalisation of social protection institutions for accommodating persons with disabilities, the process of deinstitutionalisation had not yet started and no concrete action had been taken by the RS authorities to achieve this objective.

140. Hence, in the FBiH, the process remains slow, and the resources invested to gradually increase the number of housing units in the community are largely insufficient to meet the demand,¹⁴⁰ with an overreliance on civil society and international funding. In the RS, community-based care remains a mere objective and no resources had been allocated in this sense.

In addition, a number of residents or their families were unwilling to engage with this process, notably due to a lack of sufficient and individualised support services in the community and the persistent stigma and prejudices regarding persons with disabilities.

139. In this regard, the operation of the seven residential housing units in the Ramići I and II sites of the Pazarac Institution and the nine housing units for independent living of the Drin Institution, eight of which were effectively located in the community, presents a welcome step in the right direction.

140. The delegation met several residents who were sufficiently trained or equipped to consider a possible transfer into supported living solutions in the community, some of whom explicitly expressed the wish to do so.

141. The CPT recommends that the RS authorities finally initiate, and the FBiH authorities step up their efforts to effectively advance, the process of deinstitutionalisation of residents placed in the large social protection institutions in BiH, by creating community-based housing solutions. To this end, the authorities in both Entities should adopt and implement action plans for the transformation of these institutions, based on needs-assessments, with clear timeframes, benchmarks, and sufficient financial resources to achieve the overall goal of deinstitutionalisation and allow for the gradual integration of all residents into the local community. This will also require further investment in appropriate support services for persons with intellectual and mental, but also physical and sensory disabilities in the community (including a full range of residential, day-care, and out-patient services), as well as the additional support of the Cantons, municipalities, and civil society organisations active in this area.

Further, the CPT would like to receive detailed information on the plans and concrete steps envisaged by the authorities in both Entities to advance the deinstitutionalisation process.

142. The CPT would like to stress that the social care homes in both Entities require significant additional financial resources. The delegation was informed that, in the FBiH, despite the reduction of their debt and changes recently introduced whereby social protection institutions can now receive some funding from the Federal budget, they are still more than 90% financed by the income received for the care services they provide to residents. In practice, this requires that the establishments must collect the financial contributions from social work centres in the different territories where the residents were originally registered. Further, the delegation was informed that healthcare services were only reimbursed when the residents concerned physically returned to these Cantons or municipalities. These financial arrangements in support of family and community care of persons with disabilities had adverse consequences for the institutions, which had to cover the costs, creating large budget deficits.

In the RS, the method of funding for social care services is similar, although the Višegrad Home received monthly subsidies from the competent ministry.

All managers of the institutions visited considered that this method of financing was extremely risky, as it required the timely and full payment of the accommodation fees by all social work centres, and therefore did not guarantee the long-term financial stability of the institutions. The current funds generally only covered basic expenses and the salaries of existing staff, but were insufficient for major renovations, necessary investments, or for hiring the additional qualified and trained staff required. The CPT findings confirm this information (see paragraphs 160 and 173).

In parallel with further deinstitutionalisation, the CPT recommends that the authorities in both Entities review the method of funding of social care homes to ensure that they are provided with sustainable financial resources. It would like to receive the comments of the authorities of both Entities in this regard.

143. In the FBiH, the delegation made a follow-up visit to the Institution for Social Care and Healthcare Drin in Fojnica¹⁴¹ and visited, for the first time, the Institution for Social Care, Healthcare, Upbringing and Education in Pazarić. As the delegation was refused access by the Director, which presents a clear violation of the principle of cooperation under Article 3 of the Convention (see paragraphs 5 and 6), it could not examine the situation in the Institution for Social Care, Upbringing and Education "Hum" in Sarajevo. In the RS, it carried out a follow-up visit to the Home for Persons with Disabilities in Višegrad.¹⁴²

144. The Institution for Social Care and Healthcare "Drin" is situated in a semi-rural area on the outskirts of the town of Fojnica. Created in 1955, the Drin Home remains the largest and most complex long-term care institution in BiH. It accommodates a heterogeneous mix of residents (adult men and women, as well

141. See paragraphs 116-127 of the CPT report on its 2011 visit to BiH (CPT/Inf (2012) 15).

142. See paragraphs 108-138 of the CPT report on its 2007 visit to BiH (CPT/Inf (2009) 25).

as children) with various forms of disability. The capacity of the Drin Institution had been slightly reduced to 495 places (compared to 525 in 2011).¹⁴³ At the time of the visit, a total of 485 residents were being accommodated in 22 housing units in different buildings,¹⁴⁴ allocated according to the nature of their disability and the degree of support they required, which ranged from 24/7 intensive care to independent living.¹⁴⁵

145. The Institution for Social Care, Healthcare, Upbringing and Education in Pazarić comprised four different locations, three of which were operational (Resnik, Ramići 1, and Ramići 2), located in a valley in the municipality of Pazarić. Like the Drin Home, the Pazarić Institution housed a great variety of residents (men, women and children of all ages) with various degrees of disability. At the time of the visit, 332 residents were living at the institution with an official capacity of 345 beds.¹⁴⁶ Of these, most were placed in the seven intensive care pavilions or the three so-called "Lamela" units for supported living, while the others were accommodated in residential housing units for independent living.¹⁴⁷

146. The Home for Persons with Disabilities in Višegrad is located on a hill overlooking the city. Founded in 1960, the institution had stopped operating in 1992 during the war and was only re-opened in 2004. It exclusively provides care services for women and girls with various forms of disability.¹⁴⁸ At the time of the visit, the home accommodated 193 female residents in the five (mostly two-storey) pavilions, for an official capacity of 211 places.¹⁴⁹ The residents were placed in the different pavilions according to their degree of disability, with the more mobile and autonomous residents usually accommodated on the first floor.

147. All three social care homes visited were *de facto* closed institutions for the majority of residents (except some units for supported living in the community), although many pavilions/units were usually unlocked during the day. However, as a rule, residents could only leave the institutions accompanied or with authorisation and, in all three institutions, some units were even locked during the day, mostly due to the profile of residents and lack of staff. The homes in Pazarić and Višegrad were surrounded by a fence and had a locked gate. Entrance/exit was controlled at all three institutions by security guards at the main entrances.¹⁵⁰

143. Four new units and nine residential housing units for independent living in the community had been created. Further, a pavilion had been closed and demolished and was being replaced by a new modern building which was still under construction.

144. Department A consisted of six intensive care units (A-I to A-VI) in two multi-storey buildings, connected with an accessible ramp, as well as four units (A-VII to A-X) for supported living, which were all situated at the central location together with the administration, canteen and workshops. Residents with mental disorders were kept in the two remaining units of the nearby Department B (Units B-I and B-II) which were former military barracks (also called the "Urلنike" site). Department C consisted of nine different housing units for independent living, located in several locations, eight of which were in the community.

145. Of the 485 residents, 457 were considered voluntary, 28 had been placed at the Drin Institution by court order, and 480 had an appointed guardian. There were 281 male and 204 female residents, of which 15 were children below 18 years, and 52 residents were over 65 years old. 272 residents had been living for more than 10 years at the Drin Home and the resident with the longest stay had been living there for 51 years. 30 residents were immobile/bedridden and 95 were incontinent.

146. Of these 332 residents, 229 were considered voluntary residents, while three residents had been placed by court order, and 206 had been deprived of their legal capacity. There were 191 male and 141 female residents, of whom 47 were under 18 years old and 34 were over 65 years old. 219 had been staying at the Pazarić Institution for over a decade and the resident with the longest stay had already been there for 57 years. 46 residents were immobile/bedridden. Although the Home should, according to its new legal basis, only accept individuals up to 30 years of age, large numbers of older residents had remained at the Institution after 2022, due to a lack of alternative accommodation.

147. The delegation was informed that the institution had engaged in a plan of transformation towards greater deinstitutionalisation and "humanisation", implemented with the assistance of UNICEF.

148. The second home in the RS, which only accommodates men and boys with disabilities, is in Prijedor.

149. All 193 residents were considered voluntary residents, 137 had no legal capacity and for another 20 the procedure for removing their legal capacity was underway. This included eight girls below 18 years and 25 women over 65 years; several residents had been placed before the Višegrad Institution started operating again in 2004 and 130 residents had already been staying there for more than 10 years. 23 residents were immobile/bedridden resident, five were blind, and 75 were incontinent.

150. If a resident managed to leave the home, they were first searched by staff before the police were alerted.

2. III-treatment

148. Many residents interviewed in the three homes visited spoke positively about staff and several praised their caring attitude. This is especially commendable considering the low numbers of unit-based clinical care staff and the variety in profiles and needs of the residents. The delegation observed that many staff members did their utmost to create a positive and relaxed atmosphere on the units, despite this challenging situation.

However, the delegation received some allegations of physical ill-treatment of residents by certain orderlies in specific pavilions/units at both the Pazarić and Drin Homes, which consisted of residents being slapped and pushed. Some complaints about verbal abuse and improper language by certain members of staff of the three institutions were also received. The CPT also points out that instances of ill-treatment in such large institutions, where persons with severe disabilities are placed, may very well remain undetected, due to their social isolation and limited ability to communicate and complain.

149. The CPT is particularly concerned about various reports that were brought to its attention documenting the severe ill-treatment of children with mental disabilities in the Pazarić Institution. In 2019, several photos and videos of children being tied to radiators and furniture were published by the media. It was also reported that, due to insufficient staff, children were routinely being sedated and subjected to mechanical restraint at night.

In this regard, the CPT takes note that, in July 2023, three former directors of the Pazarić Institution were each sentenced to four years and six months of imprisonment for negligent conduct in the performance of their duties.¹⁵¹ This is the first time that a criminal sentence was pronounced because of ill-treatment in a social care home in BiH. Following the public attention in this case, a Code of Conduct was developed by the home, frequent unannounced inspections were carried out and additional orderlies were hired. Several safeguards concerning the use of means of restraint, supervision, and sanctions aimed at preventing ill-treatment were introduced in the 2022 Law on Social Protection, while Rulebooks on the procedures for recording and reporting abuse by employees and residents, and on the disciplinary responsibility of employees, were adopted at Pazarić.

150. The delegation was informed that, over the last year, at both the Pazarić and Višegrad Homes, disciplinary proceedings had been initiated against three orderlies (two in Pazarić and one in Višegrad), involving lack of intervention and assistance provided to a resident who self-harmed and reported/documenting ill-treatment of residents (slaps, insults, and verbal abuse).¹⁵² All staff members had received a disciplinary sanction, and the employment contracts of both orderlies in Pazarić, were ended.¹⁵³ At the time of the visit, criminal investigations in these cases were ongoing.

III The CPT would like to be informed of the outcome of these investigations.

151. Despite these important steps in the right direction, the findings of the delegation indicate that further efforts are required to promote ethical conduct amongst all members of clinical care staff and an institutional culture in which ill-treatment and abuse are seen as unprofessional. Ill-treatment of residents by staff also appears to be closely linked to the very low numbers of unit-based clinical care staff, insufficient qualifications of some personnel, and lack of training for staff to ensure that residents are cared for professionally (see paragraphs 173 and 174). Further, working with persons with severe disabilities can be challenging for all categories of staff involved. Therefore, proper managerial control is essential to the prevention of ill-treatment.

152. The CPT recommends that the authorities in both Entities pursue their efforts to prevent ill-treatment in social care homes. To this end, the authorities should reiterate, at regular intervals, to all staff at the Pazarić, Drin and Višegrad Homes that any form of ill-treatment of residents, including verbal abuse, is

151. Due to the failure of professional and medical staff to supervise and constantly monitor the physical and mental state of the residents.

152. Video footage of one incident of ill-treatment at the Pazarić Home had been revealed to the media.

153. However, one employee was since reinstated by court decision.

unacceptable, will not be tolerated and will be the subject of appropriate sanctions. The prevention of ill-treatment also requires increased efforts in terms of recruitment, training and supervision of staff in social care homes to upgrade their professionalism. As regards the need for sufficient staffing resources, the Committee refers to its recommendation in paragraph 173.

153. As regards inter-resident violence, the findings of the visit indicate that some physical and verbal conflicts did occasionally occur between residents in all three institutions. This was notably the case in the overcrowded Units A-III, A-X and B-II in the Drin Home where altercations between residents reportedly took place regularly, as well as in the women's unit in Pavilion VIII in Pazarić. In this pavilion, a woman broke her leg after she had been pushed by another resident and the delegation itself observed an incident of inter-resident violence.¹⁵⁴ Further information was difficult to obtain, as none of the three institutions had a central incident register (any incidents were only recorded in the residents' individual files). As far as the delegation could ascertain, when they happened to be present, staff usually intervened swiftly and adequately to separate residents, calm tensions and prevent escalation.

154. It is important to remember that violence in an institution for persons with disabilities might be hidden and is often directed against vulnerable residents, such as persons with severe disabilities. As mentioned above, institutionalisation carries inherent risks for residents' safety and wellbeing (for example, mixed-sex pavilions or units, frequent shortages of staff to provide adequate supervision, lack of organised and therapeutic activities, involvement of residents in the care of other residents, social isolation of some residents and their limited ability to communicate and complain, etc.). In this regard, the delegation also observed a power imbalance among residents in some units visited, where staffing levels were clearly inadequate. For example, a few residents who were called upon by staff to assist them in their care work occasionally gave orders and intimidated or even pushed and were verbally abusive with other residents.

Therefore, not only a reactive but also a proactive approach is required. In the CPT's opinion, the authorities' obligation to care for residents includes the responsibility to protect them from other residents who might cause them harm. This means that staff should be alert to residents' behaviour and be both resolved and properly trained to intervene when necessary. Likewise, an adequate staff presence should always be ensured, including at night and during weekends. Further, appropriate arrangements should be made for vulnerable residents, by taking care, for example, not to leave them alone with residents identified as being potentially aggressive towards others.

155. **In light of the above, the CPT recommends that the authorities in both Entities take appropriate steps to ensure that residents are protected from other residents who might cause them harm. To this end, staff should receive training regarding the prevention of inter-resident violence, including de-escalation techniques and the protection of the most vulnerable residents.**

Bearing in mind that the prevention of ill-treatment and violence is fully effective only if residents are enabled to communicate and to express their feelings and needs, programmes should be developed to enable residents to express themselves and to be understood. In this regard, information about various forms of violence and protection against these should be made accessible to all persons with disabilities (in this regard, see also paragraphs 175 and 210).

Further, the management at the Drin, Pazarić and Višegrad Homes should establish a central incident register, in which all relevant incidents, including incidents of inter-resident violence are properly recorded, in line with the legal requirements.

154. At the Pazarić Home, a total of 32 cases of inter-resident violence were recorded in 2023 and four cases in the first eight months of 2024.

156. The CPT would also like to stress that the cumulative effect of poor living conditions in certain units (see paragraphs 158 to 159), combined with inadequate care (see paragraphs 176 to 178) and the absence of any therapeutic activities or even access to outdoor exercise for many residents with severe disabilities in the three homes visited, may in themselves amount to inhuman and degrading treatment. This also applies for the excessive use of mechanical restraints, which were applied for punitive and non-medical reasons or due to lack of staff, or their prolonged application, almost constantly for years, as was the case of one resident met in Višegrad (see paragraphs 193), and which may amount to a violation of Article 3 of the European Convention on Human Rights.

3. Residents' living conditions

157. Residents' living conditions varied substantially both between and within the three social care homes visited. The CPT generally gained a positive impression of most of the pavilions/units for mobile residents with mild disabilities and residential housing units for supported/ independent living, in which the material conditions ranged from acceptable to very good. Dormitories and rooms in these units provided for sufficient space (especially in rooms where no more than two or three residents were accommodated), lighting, and ventilation. They were usually clean, hygiene was adequate, and most provided a homely living environment.

For example, residents in the three Lamela Units and the two locations in Ramici were living in two- or three-person bedrooms, which were often personalised, each having access to some lockable space and wardrobes (some housing units had a sanitary annexe in the rooms), and most living rooms or common areas were well equipped and decorated.¹⁵⁵ Further, Pavilion I for children in Višegrad had been entirely renovated and the material conditions were very good (spacious rooms, two dining rooms and a living room with colourful paintings on the wall, board games, and two computers), providing for proper living conditions for the girls accommodated there.

158. However, the living conditions observed during the visit were extremely poor in the pavilions/units for residents with the most severe disabilities, including bedridden or incontinent persons. Facilities in most of these pavilions in all three social care homes visited were only sparsely furnished, and often lacked basic maintenance, cleaning and hygiene.

At the Drin Home, although the material conditions in terms of repair and hygiene in the wards for residents with severe disabilities were much better than in the other institutions, the units for intensive care were characterised by a more hospital-like design and overcrowding was a problem in several units (see paragraph 161). Parts of the wall and ceiling in the sanitary facilities of Units A-II were covered in black mould and required urgent refurbishment. Further, Pavilions B-I and B-II were in an extremely poor state of cleanliness and repair and lacked privacy (see also paragraph 162).

In Pazarić, the material conditions were poor in the two Units for bedridden persons in Pavilion VI and VII. In particular, the sanitary facilities were in urgent need of repair. Although clean, the few pieces of furniture were mostly damaged. On the day of the delegation's visit, bedridden persons from one of these two pavilions were moved to allow for its refurbishment.¹⁵⁶ The conditions were extremely poor in the Unit for women in Pavilion VIII. Most of the rooms of the women's unit had no doors, some smelled of urine and faeces, and they contained broken cupboards, dirty and mouldy drawers, and unhygienic toilets, some of which were broken and required urgent repair.

159. The worst situation was observed in Pavilions IV and V in Višegrad, where material conditions were appalling. The two pavilions and sanitary facilities were dilapidated and lacked repair, with broken floors¹⁵⁷ and broken furniture, or toilets that had no doors. Due to the absence of sufficient cleaning personnel (only one cleaner was employed at the entire home), care staff and residents were charged with keeping the pavilions clean, including deep cleaning of the rooms and sanitary annexes, but also cleaning up residents'

155. The Lamela-III Unit even had some carpets, birds and plants.

156. The bedridden residents were temporarily being moved into the Psychiatric Unit in Pavilion VIII, during the refurbishment of Pavilion VI. The residents with mental disorders were being placed in the sports hall.

157. According to the management of the Višegrad Home, three floors in Pavilion V have since been replaced.

faeces and urine, changing their bedsheets and incontinence pads, etc. Consequently, hygiene in these two pavilions was dreadful. Many of the totally bare and austere rooms had a constant stench, the floor of one room was covered with urine and that of another with faeces. Some residents were laying in dirty bedding covered with urine or excrements which had not been changed, while others were not provided with pillows or bedding. Some were found naked. The delegation also observed dirty incontinence pads left lying on the floor and used bedpans that were not collected for prolonged periods. In the Committee's view, residents' living conditions in these two units for persons with severe disabilities may amount to inhuman and degrading treatment. As regards the urgent need to enhance the quality and safety of the care provided to residents with severe disabilities, see paragraphs 176 to 178.

160. **The CPT recommends that the authorities in both Entities take the necessary steps to ensure that the material and hygiene conditions in the pavilions/units for residents with the most severe disabilities at the Drin, Pazarić and Višegrad Institutions are urgently upgraded. This includes regular maintenance and cleaning. In particular:**

- **Pavilions B-I and B-II and the sanitary facilities of Unit A-II at the Drin Home should be refurbished;**
- **efforts to repair Pavilions VI, VII and VIII, including the sanitary facilities, at the Pazarić Home should be pursued, and damaged or dilapidated furniture should be replaced;**
- **Pavilions IV and V at the Višegrad Home should be refurbished and regularly cleaned, which requires the hiring of at least three additional cleaning staff (if necessary, the job requirements must be reviewed considering the actual needs).**

161. Moreover, as was the case during the CPT visit in 2011, overcrowding in certain units remained a problem, notably at the Drin Home, but also in Pazarić. The Committee was particularly concerned that, at the time of the visit, not all residents in Drin had their own beds and twelve persons in different units or pavilions were sleeping on the sofas in the communal living rooms at night, for different reasons.¹⁵⁸ This is unacceptable.

162. In these two homes, residents with both moderate and severe disabilities were usually placed in dormitories for between five and seven persons, which were often austere and crowded. The situation was problematic in Units A-III (43 residents) and C-X (43 residents) in Drin and in most of the units in Pavilion VIII (up to 29 residents per unit) in Pazarić, where residents had insufficient living space and privacy, with beds standing close to each other. In Višegrad, several bed-ridden residents in Pavilions IV and V were also accommodated in bare, five-person dormitories which contained only the residents' beds.

Residents' living conditions were dreadful in Pavilion B-II at the Drin Home.¹⁵⁹ At the time of the visit, 58 residents with mental disorders were crowded in the ward that was suitable for 30 persons. All residents were placed in large six- to 10-person dormitories which were austere and poorly equipped, with barred windows and insufficient wardrobes for the number of residents and without bedside tables or personal lockers. The two 10-person dormitories measured between 30 and 34 m², with beds aligned next to each other on both sides of the room, and were totally inadequate for the needs and profile of residents. According to the management, up to 100 persons had been placed in this pavilion several years ago.

158. Five residents in Unit A-V, three in Unit A-II, one in Pavilion B-II, one in Ramović House and two users in Tereza House.

159. The pavilion was used as an admission ward for residents with mental disabilities, some of whom had remained there for years.

This situation in the above-mentioned pavilions/units both in Drin and Pazarić but also in Višegrad was not in compliance with the applicable regulatory framework on minimum standards.¹⁶⁰ It is therefore not surprising that the delegation received complaints about tensions and incidents of inter-resident violence from residents placed in these units or pavilions.

163. In the Committee's view, such accommodation is totally inappropriate for a social care establishment and confirms the CPT long-standing position that large-capacity dormitories have a counter-therapeutic and depersonalising effect on residents, which compromises their privacy and care. Instead, residents should be accommodated in smaller rooms in a caring environment. The aim should be, in advance of further de-institutionalisation, to ensure that the occupancy level is significantly reduced to prevent overcrowding and that no room accommodates more than four residents. All residents should be able to sleep in their own beds.

The CPT recommends that the authorities of both Entities take the necessary steps in both the Pazarić and Drin Homes, especially in the above-mentioned pavilions/units, but also at the Višegrad Institution, to reduce the current occupancy levels in the residents' rooms/dormitories to provide them with sufficient living space per person, as per the minimum standards approved by the FBiH Ministry of Labour and Social Policy and the RS Ministry of Health and Social Welfare; the aim should be to ensure that no room accommodates more than four residents.

Further, all residents should have their own bed, have access to personal lockable storage space for their belongings, and residents' rooms should be equipped with bedside tables and wardrobes commensurate with the number of residents accommodated in the room.

164. The delegation also observed that, in some pavilions/units in the two social care homes visited in the FBiH, bedridden residents with severe disabilities were mixed in gender and age, and placed together in the same dormitories.

The CPT considers that children should, as a rule, be accommodated separately from adults and women should not be placed in the same room with men. As regards mixed-gender wards, particular precautions are required to ensure that residents are not subjected to inappropriate interaction with other residents which threaten their privacy; female residents should have their own protected bedrooms and sanitary areas.

The CPT recommends that these precepts be implemented at the Drin and Pazarić Homes.

165. The delegation noted that the lack of privacy was a problem in all three institutions visited, especially (but not only) in the mixed-gender pavilions or units. For example, in Unit A-VI at the Drin Home, toilets were shared by all residents but had no doors or separation, which also presented an increased security risk for the women. Further, at the Višegrad Home, several incontinent women were regularly seated on assisted toilets in the dormitories in front of other residents and had to wait for lengthy periods to be cleaned. Such situations should not be allowed to occur.

Moreover, residents were regularly undressed and receiving personal care (washing etc.) in full view of other residents and staff not involved in the task, with open doors and without any visual barriers or protective screens. The Committee is notably critical of the way showers were given in the Unit for women in Pavilion VIII in Pazarić, one after another, undressed, in the shared bathroom, with an open door, opposite the main entrance to the pavilion and in full sight of other (including male) residents and staff. In the CPT's view, this practice can be considered as degrading and should be ended immediately.

160. See notably Section 47 of the Rulebook on Minimum Standards for the Provision of Social Protection Services and Social Support in Social Protection Institutions of the FBiH and Sections 26 and 52 of the Rulebook on Rules on Conditions for the Establishment of Social Protection Institutions of the RS.

The CPT recommends that the authorities of both Entities ensure that the privacy of residents is respected, particularly when they dress, undress, wash, shower or when they receive personal care or comply with the needs of nature. This might, for instance, be achieved by installing flexible privacy screens in multi-occupancy rooms for the time during which residents receive care-related services or by closing the doors to ensure privacy. Particular attention should be paid to the specific needs of residents with severe disabilities, including immobile or bedridden residents.

166. The beds and equipment at the Drin Home were generally adequate. For instance, beds of bedridden residents were equipped with padding or pillows to prevent injury, and they could be placed in multifunctional wheelchairs. According to the management, the institution had electric hoists for mobilising bedridden residents. However, these were not in use, allegedly due to the lack of space.

In contrast, at the homes in Višegrad and especially in Pazarić, the delegation observed dilapidated and broken furniture or care equipment, which was often not adapted to the residents' needs. For instance, in the latter institution, the delegation observed beds that were broken or with damaged bed-side rails, some of which were repaired with tape or used without any cover or protection (regarding movement-restricting measures, see also paragraph 200). Further, several children with severe disabilities were accommodated in beds that were too small. Other equipment, such as chairs and wheelchairs, were dilapidated or defective, with flat or brittle tires. The situation in terms of equipment was similar in Višegrad. Either home had no mobilisation aids, such as reclining wheelchairs that could provide immobile residents with the support they needed while sitting and preventing the risk of decubitus.

The CPT recommends that both Entities take the necessary steps to replace broken, dilapidated or unsuitable beds and equipment with suitable beds and equipment, including chairs and wheelchairs, at the Pazarić and Višegrad Homes, and ensure that all immobile residents can benefit from mobilisation aids.

167. As indicated above, several pavilions/units for mobile residents with mild disabilities and residential housing units for supported/independent living in all three homes visited provided for an individualised environment. Some residents had decorated their rooms with personal items and many common areas in these units had at least some decoration. Residents in these units usually had their individual lockable space, where they could keep their personal belongings. It was positive that even bedridden women accommodated in Unit A-IV at the Drin Home had their own handbags, could dye their hair, and could have manicured nails if they wished so. There was also a hairdresser in Višegrad.

However, most of the residents' rooms and dormitories as well as common rooms in the three institutions were bare and austere, and lacked personalisation. The dormitories for residents with severe disabilities in particular, did not have any personal belongings or decoration, and some did not even have curtains or any other items apart from residents' beds; therefore, they did not provide adequate living conditions. Many residents also did not have their own clothes, and many women in the Pazarić and Višegrad Institutions did not even have personal underwear, including bras. Moreover, the delegation noted that many residents in Pazarić had the same, uniform, short haircuts.¹⁶¹

168. In the CPT's view, social care homes should provide a homely and individualised environment. Every resident should have a personal, lockable space in which to keep their personal belongings. The Committee is critical of the practice of requiring residents to have the same, uniform, haircuts. Similarly, practices such as having a pool of clothes which is re-distributed after each laundering does not help to generate a sense of autonomy. Clothes are a way of expressing personal choices; choosing and caring for one's own clothes enhances responsibility.

161. The explanation given by the management was that this was a preventive measure, due to residents' skin diseases and risk of self-harm.

Therefore, the CPT recommends that the authorities of both Entities take steps at the Drin, Pazarić and Višegrad Homes to create a less austere environment with greater visual stimulation and personalisation in residents' rooms/dormitories. Greater efforts should be invested to ensure that communal facilities are decorated more pleasantly. Further, all residents should have access to personal lockable space in which they can keep their belongings and be allowed and encouraged to wear their own clothes or be provided with appropriate personal clothing of their choice, including underwear.

169. The three homes visited generally provided for a suitable environment in terms of outdoor space. All had several well-maintained grounds and green areas with flowers or trees and a number of smoking spaces, seating spots and benches, some of which had shelter. In Pazarić (both at the Resnik and Ramići I site) and in Višegrad, there were also greenhouses where residents could plant and grow vegetables. Children, mobile residents with mild disabilities and those living in units for supported/independent living usually had sufficient or ready access to outdoor exercise throughout the day. In this regard, it was positive that the accessible connecting ramps in Department A in the Drin Home was adapted to the special needs of wheelchair users and allowed most residents to benefit from regular outdoor exercise.

However, in all three institutions, some pavilions/units were locked throughout the day due to the profile of residents and insufficient staff for supervision. Moreover, especially in the institutions in Pazarić and Višegrad, the delegation interviewed numerous bedridden residents who were confined to their beds for months or even years without ever being granted access to fresh air. This is notably due to the insufficient staffing resources and lack of equipment, such as special mobilisation wheelchairs, which would allow immobile residents to be provided with the support necessary to benefit from regular outdoor exercise. In the home in Višegrad, the ramps to most of the pavilions were also not barrier-free for wheelchair users, which did not facilitate their access. Further, the staircase leading to Unit C-VIII in Drin was too steep, especially for elderly residents or those with physical disabilities, some of whom could not leave the unit alone during winter.

The CPT recommends that the authorities of both Entities take steps to ensure that all residents in the Drin, Pazarić and Višegrad Homes can benefit from daily access to outdoor exercise. The aim should be to ensure that all residents benefit from unrestricted access to the outdoors during the day unless scheduled activities require them to be present on the units. In particular, all residents with reduced mobility and immobile/bedridden residents should be provided with the necessary assistance and supervision to this end. This requires the provision of both the necessary staffing resources and adequate equipment (such as special mobilisation wheelchairs or electric hoists).

Further, the Pavilions at the Višegrad Home should be adapted to recognised standards of accessibility (ramps) for wheelchair users, and a suitable solution in terms of access should be found for residents with reduced mobility placed in Unit C-VIII in the Drin Home to allow them to continue to benefit fully from supported living.

4. Staff and care provided to residents

170. As regards staff resources, the Drin Home employed a total of 276 staff members, organised by the three departments, including 132 orderlies and 18 nurses working 6.5-, 8- and 11-hour shifts for a total of 485 residents. During the day, there were between one and three orderlies per unit/pavilion, depending on the level of assistance required by residents, as well as one nurse per department. One orderly per unit and two nurses covered the night shift. However, between 10 and 15% of clinical care staff were on extended sick leave. The rehabilitation staff included four social workers, six educators and 10 occupational therapists.

171. At the Pazarić Home, there were a total of 163 staff members, including 64 orderlies (12 vacancies) and 15 nurses (five vacancies) working eight- and 12-hour shifts to provide care for the 332 residents. There was usually at least one orderly per pavilion/unit, day and night, who was supported by one nurse and one educator for several hours a day (both responsible for several pavilions/units or activities). In some pavilions/units, there was an additional orderly but, on the day of the visit, several clinical care staff were absent due to training activities or sick leave. As regards rehabilitation staff (five vacancies), there were four social workers, 12 educators, 15 therapists (including eight occupational therapists). The management indicated that there had been regular increases of salary in recent years but that the recruitment was on hold at the time of the visit, until the requirements for positions were clearly defined at FBiH-level.

172. At the Višegrad Home, a total of 94 staff members, including 24 orderlies and 14 nurses working eight- and 12-hour shifts were employed for 193 residents. During the day, there were usually one orderly per pavilion and two nurses for several pavilions on duty. The rehabilitation staff consisted of two social workers, five educators and six occupational therapists. The management indicated that the staff complements was in conformity with the official requirements, according to the professional job classification but, in practice, they were largely insufficient and several positions for rehabilitation staff were vacant at the time of the visit.

173. In summary, in all three institutions, the number of unit-based clinical care staff (mainly orderlies and nurses) was generally insufficient to provide proper individual and personalised care to the large number of dependent residents with severe disabilities and different needs under their responsibility, many of whom required intensive care or were incontinent or bedridden. At the homes in the FBiH, staffing numbers were not in line with the regulatory requirements; at the Višegrad Home, they mostly complied with the existing minimum standards in the RS which, however, did not foresee minimum staff complements for care staff depending on the degree of disability, and should be reviewed.¹⁶² The number of multi-disciplinary rehabilitation staff was also insufficient to provide a proper range of psycho-social, pedagogical, therapeutical, occupational and recreational input to *all* residents. The CPT is of the view that many of the serious systemic problems occurring in social care homes in BiH will only be solved, in advance of further de-institutionalisation, when adequate numbers of professional clinical care staff (orderlies and nurses) and multi-disciplinary rehabilitation staff with appropriate qualifications are deployed therein.

The CPT recommends that the authorities of both Entities further increase the quotas of unit-based clinical care and rehabilitation staff in all social care homes, and further improve the recruitment (including by reviewing the terms and conditions in the RS and by increasing salaries) of such staff to ensure that there are always sufficient numbers of qualified staff across all grades and disciplines per unit/pavilion, in line with the actual needs. As a first step in this direction, all vacant positions should be swiftly filled in the three homes visited.

The CPT would also like to be informed whether the general requirements for positions of clinical care and rehabilitation staff have now been issued at the FBiH-level. The regulatory minimum requirements for staff should be reviewed.

174. The delegation noted that most unit-based care staff had received no initial, on-going, or specialised training and therefore lacked the basic knowledge and skills necessary to provide professional care for residents with disabilities. They notably did not have the necessary skills to deal with persons with severe disabilities, and to prevent and manage challenging behaviour. Moreover, staff were not equipped with the means to enhance residents' autonomy in view of preparing them for supported and independent living in the community, supported decision making, accessible information provision, as well as easy-to-read or sign language and other forms of supported communication.

In this regard, the CPT notes that the FBiH Ministry of Labour and Social Policy had started to support the provision of training to staff in social protection institutions. For example, in Pazarić, the 2024 plan for

162. See notably Section 76 *et seq.* of the Rulebook on Minimum Standards for the Provision of Social Protection Services and Social Support in Social Protection Institutions of the FBiH and Section 57 of the Rulebook on Rules on Conditions for the Establishment of Social Protection Institutions of the RS.

professional development and training included training activities for employees of the social service and clinical staff, as well as those orderlies who did not have the basic care certificate.¹⁶³ In contrast, none of the orderlies at the Drin and Višegrad Homes had received any training.

175. In the Committee's view, in addition to basic initial professional training for all categories of staff, specific on-going training is important to enable them to provide professional care to residents with severe disabilities and diverse needs, to enhance their autonomy, as well as to enable those residents with speech/language impairments to communicate by making use of alternative communication methods. If persons are not enabled to communicate, their needs might not be properly identified, and this may lead to frustration, social isolation, and challenging behaviour. Further, it might affect staff's ability to detect and prevent abuse and/or aggression.

Bearing in mind the challenging nature of their work in large social protection institutions, it is also of crucial importance that ward-based clinical care staff receive adequate supervision and support in preventing the risk of burn-out and demotivation.

The CPT recommends that the authorities of both Entities take urgent steps to provide basic initial training to all categories of staff in social care homes, to ensure the provision of professional care to residents. Further, specific on-going training should notably be provided to ward-based clinical care staff caring for residents with severe disabilities, to ensure that their specific needs are met. This should include training in supporting residents to acquire greater autonomy, supported decision-making and communication for persons with disabilities, as well as supervision and support of staff to prevent the risk of burn-out. Reference is also made to the CPT remarks and recommendations in paragraphs 155 and 196.

176. The lack of ward-based clinical care staff had an adverse impact on the quality of care provided to residents in all social care homes visited and was incompatible with the needs of residents with severe mental and intellectual, and also physical and sensory disabilities, who were given little or no attention and for whom the care provided was poor, with strong evidence of both physical and emotional neglect. This resulted in residents being given food or water too hastily and in a way that increased the serious risk of food or water aspiration, with several residents choking. Numerous residents remained unchanged or without having received personal nursing care for prolonged periods, and rooms or dormitories were left uncleaned, with bedding or floors covered in urine and faeces for hours. This was especially the case in Pavilions IV and V in the Višegrad Home, where the delegation observed a resident who was lying in her bed, without any clothes and only covered by a urine-soaked blanket; another resident whose unemptied catheter was placed next to her bed on the floor; a third resident with open wounds from superficial skin abrasions from scratches at her arm without receiving nursing care; and a fourth resident who was found naked in the common room or even outdoors without any immediate reaction by staff. Further, in the Women's Unit in Pavilion VIII in Pazaric, the delegation observed a female resident who experienced an epileptic seizure; it took more than 10 minutes for the nurse to arrive, with insufficient staff present even to unlock the door of the ward.

Moreover, the delegation witnessed numerous situations where the necessary care for those in need could not be guaranteed by professional and trained staff, and where residents were therefore asked to care for other residents, including by assisting them in taking food or in their mobilisation, accompanying them to the bathroom, or helping them to dress and undress, changing their incontinence pads and cleaning their beds and rooms. This led to situations where residents with contractures were in pain as they were lifted by other residents in an unprofessional manner, or where residents assisted the nurse in providing nursing care, putting residents' health and safety at risk. In Višegrad, residents had to clean Pavilions IV and V for persons with severe disabilities, including the toilets, and to remove other residents' urine and faeces. This is unacceptable.

163. A first group of 15 care and educational staff had started attending a nine-month training cycle on professional care for residents, funded by the Ministry. The aim was to provide such training to all care and educational staff.

177. At the end-of-visit talks, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention and asked the RS authorities to end the practice of requiring residents at the Višegrad Home to take over the care and cleaning duties of staff, with a response on the action taken to be provided within one month.

The CPT regrets that the RS authorities did not provide a response. In their correspondence of 18 October and 10 December 2024, the management of the Višegrad Home informed the CPT that residents participate in maintaining hygiene according to their own abilities and desires, as a form of work engagement, and that an assessment will be made of the abilities and desires of each engaged female resident, the duration of their engagement, and the type of tasks they perform. Further, the deep cleaning of the pavilions is now scheduled during weekdays to ensure a greater supervision by staff.

178. The CPT would like to express its strong reservation about this practice. In the Committee's view, it is problematic that residents are required to care for other residents, as this can present a risk for their safety and health, which can also lead to neglect, lack of care or the risk of injury and abuse. Moreover, the core part of occupational therapy should not be dedicated to residents assisting clinical care staff to care for other residents, including their hygiene and supervision.

Consequently, the needs of residents with severe disabilities were not being met in terms of care in any of the three institutions visited, and especially not in the Višegrad Home, including due to the lack of sufficient, trained ward-based staff. The situation of these residents might, in the CPT's view, be described as amounting to inhuman and degrading treatment.

||| The CPT recommends that the authorities of both Entities take urgent measures to enhance the quality and safety of the care provided to residents with severe disabilities in all social care homes. To this end, dependence upon residents to support staff by providing supervision or even care to other residents must be eradicated.

179. Regarding the daily regime for residents, mobile residents with a low degree of intellectual or mental disability were generally involved in different occupational activities in all three institutions. It was positive that in Pazarić, for example, 28 residents attended school in four different educational institutions, and there were also different educational rehabilitative activities for children and young adults with intellectual disabilities (such as speech therapy or activities to develop cognitive and functional skills). Further, in both the Drin and Pazarić Homes, many residents were involved in some sort of psycho-social and rehabilitative activities, ranging from individual and group sessions, to gardening and maintaining outdoor spaces, or various occupational workshops (such as textiles, woodworking, natural cosmetics or weaving and tapestry). Several residents also participated in sport activities (with some having participated in external sport competitions in BiH and abroad), in recreational activities such as a music or folklore group, or in outings or recreational trips.

However, many other residents did not participate in these activities and spent much of their days wandering around, sitting in noisy and crowded rooms, occasionally listening to a radio, staring at a television, or waiting for the next meal, rather than having any stimulation or engaging in any meaningful pursuit. Particular attention should be paid to further development of rehabilitative and resocialisation programmes aimed at preparing residents for more independent living and possible deinstitutionalisation. Despite some workshops, the possibilities for psycho-social and occupational activities were limited in Višegrad, and a large part of residents' activity seemed to be assisting staff in maintaining a minimum level of hygiene in the pavilions and providing care to dependent residents.

Apart from physiotherapy, hardly any rehabilitative and occupational activities were provided to residents with severe disabilities, including bedridden persons, who were often merely warehoused, in a state of emotional neglect. Activities and stimulation specifically tailored to residents with severe disabilities should be developed. These activities should be personalised and focus on maintaining normality in daily regime, including getting outdoors regularly and developing basic abilities and skills with a view to improving the quality of life of these residents. Care and support should integrate with the input of physiotherapists and occupational therapists. In the CPT's view, as an absolute minimum, every resident

should be offered the opportunity, and the encouragement to participate in one organised activity every day.

||| **The CPT recommends that steps be taken to further enhance the programmes of psycho-social rehabilitative activities and their coverage and develop activities and stimulation specifically tailored to residents with severe disabilities in the three social care homes.**

180. Most residents in Višegrad had no individual care plans and the residents' initial and annual care plans in Pazarić all contained standard language with a list of activities but lacked specific, personal objectives, with relevant timelines and expected outcomes.¹⁶⁴ They often did not contain proof of the multidisciplinary teams' and residents' participation in drawing up these plans (the latter also applies to individual plans at the Drin Home, which however contained clear objectives). Further, basic information on the management of challenging behaviour and violence prevention measures, or the use of movement-restricting measures, etc. was not included in these plans. **The CPT recommends that the authorities in both Entities take steps to address these shortcomings.**

181. As regards somatic healthcare, a general practitioner visited the Drin Institution three times a week and a neuropsychiatrist came twice a week. Three physiotherapists, two psychologists and one pharmacy technician were also employed. Further, an internist visited the home once a week, a physiatrist and a pulmonologist came once or twice a month, and a surgeon was called as needed. The coverage provided for good access to healthcare for residents at the Drin Home.

A general practitioner visited the Pazarić Home twice a week and a neuropsychiatrist, a dentist and a specialist in physical medicine came once a week. There were also four physiotherapists, three psychologists and one pharmacy technician present throughout the week and several specialists (in internal medicine, pulmonology, gynaecology and dermatology) performed examinations twice a month. Hence, the level of somatic, psychiatric and other specialist healthcare was adequate at the Pazarić Home.

However, in Višegrad, a general practitioner was contracted to provide healthcare services but was only available on call and visited the institution only occasionally to consult immobile residents. There were also two psychologists, and a psychiatrist visited the home once a week. All other specialist consultations were carried out at the local health centre or in Foča. Further, medical examinations by the GP and the psychiatrist were not part of the standard admission procedure and were carried out only several weeks or even months later. Based on the information available (in the absence of a central medical register for keeping record of medical examinations carried out), somatic, psychiatric and other specialist healthcare were reduced to the minimum and only provided when necessary; the level of access to a medical doctor was therefore insufficient at the Višegrad Home.

||| **The CPT recommends that the RS authorities ensure that all residents at the Višegrad Home benefit from regular medical check-ups, as well as follow-up, including as part of the standard admission procedure, if necessary, with the aid of enhanced terms, conditions and salaries. Further, a central register for medical examinations carried out by doctors visiting the institution should be established.**

182. Residents did not benefit from regular specialist examinations and preventive health screening, such as mammographic and gynaecological screening for women, in any of the three social care homes visited. Further, although social care residents are more prone to physical health problems such as malnutrition, diabetes etc., blood tests were not performed, and residents were not medically screened for transmissible diseases such as TB as part of the standard admission procedure.¹⁶⁵

164. In contrast, the annual reports to the social work centres about the activities/treatment carried out and the results achieved in terms of rehabilitation were more comprehensive than the individual care plans.

165. Blood tests were usually carried out once a year and, at the Drin Home, they were performed if existing findings were more than six months old. In the rare case where a transmissible disease or TB were detected, residents would be transferred promptly to a hospital.

The CPT recommends that the authorities in both Entities take steps to ensure that all residents and, in particular, residents with severe disabilities, including bedridden residents in the Drin, Pazarić and Višegrad Homes undergo a regular and systematic monitoring of important health indicators. Further, blood tests should be part of the standard admissions procedure and there should be systematic screening for chronic and transmissible diseases for all newly admitted residents.

183. Only the Pazarić Institute was equipped with a dental clinic and a dentist regularly visited the home. The delegation noted positively that the Institute had developed an internal Rulebook on "Supervision of Tooth Brushing and Storage of Toothbrushes", that each resident had their own toothbrush, and that the level of dental hygiene of residents was adequate.

However, at both the Drin and Višegrad Homes, residents' oral hygiene and dental care was very poor, and most residents did not have a toothbrush. It is also problematic that there was no preventive/conservative dental treatment available and interventions at the dentist were limited to tooth extractions. Hence, some residents in both homes were almost toothless.

The CPT recommends that the authorities in both Entities take steps at the Drin and Višegrad Homes to improve daily dental hygiene routines, and provide all social care residents with adequate dental care, including preventive/conservative dental treatment.

184. As regards pharmacotherapy, most residents in all three homes visited had prescriptions of psychotropic medication. The individual doses were within the reference therapeutic ranges and, during the visit, the delegation did not observe any over-sedated residents.

However, at the Višegrad Home, the treatment of residents with severe disabilities was almost exclusively based on pharmacotherapy, with first-generation anti-psychotics¹⁶⁶ being predominantly in use. The practice of preparing medication in various bottles according to the type of medicine for an entire two-week period, and for all residents of a Pavilion, which were thereafter distributed altogether to them, is highly problematic and should be reviewed, as it is unsafe and entails a high risk of error. In their response of 18 October 2024, the management of the institution indicated that this practice was implemented due to the lack of adequate dispensers and that efforts will be made to procure adequate dispensers for medication.

The CPT would like to receive the confirmation that the method of preparing and distributing medication has been reviewed and individual dispensers have been purchased at the Višegrad Home.

185. The CPT also notes with concern that about half of the residents at the Višegrad Institution had prescribed benzodiazepines included in their daily therapeutic protocol for prolonged periods. The Committee recalls the long-term effects of such treatment, including drug dependence as well as the possibility of adverse effects on cognitive function, and both physical and mental health.

The CPT recommends that, at the Višegrad Home, benzodiazepines be prescribed only according to clearly established protocols and for certain acute conditions and be limited to the shortest period possible and the lowest effective dose possible.

186. In all social care homes visited, the delegation found that residents receiving Clozapine were not having blood tests with the regularity recommended in international guidelines (at Pazarić, almost half of the residents had Clozapine prescriptions, but no routine counts of white blood cells were conducted, whereas at the Drin Home, they were performed only once or twice a year).

The CPT would like to reiterate that Clozapine can have severe side-effects such as a potentially lethal reduction of white blood cells (granulocytopenia, with substantially reduced resistance to infection).

166. Especially Promazine and Haloperidol.

Therefore, the CPT reiterates its recommendation that the authorities of both Entities take urgent steps to render regular blood tests of residents treated with Clozapine mandatory in all social care homes, in line with international guidelines. Further, staff should be educated about the early signs of the potentially lethal side-effects of Clozapine.

187. The medical clinics at both the Drin and Pazarić Homes were equipped with life-saving equipment (defibrillator and oxygen) and staff were trained in its use. However, the delegation was informed that the relevant legal provisions only allowed for their use in a medical setting and not in a social care institution. Further, the Višegrad Home did not have a defibrillator. **This shortcoming should be remedied. Further, the CPT would like to receive the confirmation of the FBiH authorities that there are indeed no legal obstacles to the use of life-saving equipment in a social care context.**

188. The examination of relevant documentation revealed that, autopsies were still not being carried out following the death of a resident, contrary to the recommendations of the Committee of Ministers of the Council of Europe¹⁶⁷ and the CPT. As in the past, a death certificate was just established by a coroner and autopsies were reportedly only performed upon family request. For instance, not a single autopsy has been performed over the last two years for the 40 residents who passed away at the Drin Home. For residents who died in a hospital, the cause of death was not communicated back to the home.

189. The CPT reiterates its view that, just as for all establishments in which persons are or may be deprived of their liberty by a public authority, when a resident in a social care home dies unexpectedly, an autopsy should follow, unless a medical authority independent of the establishment indicates that an autopsy is unnecessary, and there should be an internal inquiry and an independent external investigation. Further, when a social care home resident dies after having been hospitalised in an external health facility, the clinical causes of their death (and if an autopsy is performed, its conclusions) should be systematically communicated to the social care home.

The CPT reiterates its recommendation that the authorities of both Entities take the necessary steps – including at the legislative level – to ensure that these precepts are effectively implemented in practice at the Drin, Pazarić and Višegrad Homes, as well as in all other social care homes.

5. Means of restraint

190. In the FBiH, the 2022 Law on Social Protection now regulates the “means of mechanical restraint” of persons with intellectual and severe mental disabilities, which shall only be applied exceptionally on persons presenting an immediate risk of harm to themselves or to other persons and if non-coercive measures have been unsuccessful. According to the law, a psychiatrist shall decide on the application of means of mechanical restraint; in case of extreme urgency, the decision can be taken by a nurse in consultation with the psychiatrist, who must examine the person concerned as soon as possible thereafter and without delay. The law sets out that persons subjected to such a measure be constantly monitored by professional staff. Further, both social care homes visited in the FBiH have detailed internal regulations on the application of means of mechanical restraint, and employees were obliged to fill in incident reports or record sheets when these measures were used.¹⁶⁸ However, the law and the internal regulations did not regulate the resort to other means of restraint, including the administration of chemical restraint and the use of seclusion.

167. See Recommendation Rec(99)3 of the Committee of Ministers of the Council of Europe to member States on the Harmonisation of Medico-legal Autopsy Rules.

168. The incident reports/record sheets contained all necessary information, including the reasons for, type and duration of the measure, as well as the vital parameters monitored and the names of the staff members who ordered the measure or monitored the resident concerned during the application of the measure.

In contrast, in the RS, the use of means of restraint in social care homes is not specifically regulated by law.¹⁶⁹ Further, at the time of the visit, no internal regulation on the use of means of restraint existed in Višegrad. After the visit, in their response of 10 December 2024, the management of the Višegrad Home informed the CPT that a (two-page) internal “Instructions on the method of mechanical restraint for residents” had been adopted since, of which the CPT takes note.

The CPT recommends that the authorities in both Entities take steps to ensure that all types of restraint, including mechanical and chemical restraint and seclusion, the criteria for their use in social care homes, and the relevant safeguards, be thoroughly regulated by law and that detailed guidelines for their application are drawn up in all social care homes.

191. At the three homes visited, resort was had to mechanical restraint (mostly two-, four- or five-point fixation with textile (magnetic) straps) and seclusion. Fixation and seclusion were either applied in a dedicated room (such as those in Unit A-III or Pavilion B-II in Drin or in Pavilion IV in Višegrad¹⁷⁰), or in residents' rooms (Pazarić did not have separate seclusion rooms). The measure was generally prescribed and approved by the psychiatrist and did not normally exceed two hours. Based on the central restraint registers, mechanical restraint was applied in 233 instances in 2023 and 68 times in 2024 in Drin, on 123 occasions in 2023 and 68 times in 2024 in Pazarić, and 46 times in 2023 and on 41 occasions in 2024 in Višegrad. In all the homes, the actual number of residents to whom this measure was applied, was much lower.¹⁷¹

However, it transpired from the interviews with several residents and staff conducted in all three homes that not all instances of mechanical restraint and seclusion of residents were recorded. For example, there were no written records on the use of means of restraint in Pavilion B-II in Drin, despite the frequent application of mechanical restraint and seclusion in this ward, in practice. Further, in both Pazarić and Višegrad, two-point-fixation (hands restraint) for shorter durations were not registered. The delegation was also unable to gain an overview on the use frequency of the resort to seclusion in Višegrad and Drin, due to the absence of any written records on the application of this measure. It can therefore be concluded that mechanical restraint and seclusion were applied more frequently than recorded in the three social care homes visited.

192. Moreover, the delegation noted with concern that, at the Pazarić Home, mechanical restraint (two-point fixation) and seclusion were also applied regularly due to the lack of staff or as a punishment. This is unacceptable. For example, a male resident placed in Pavilion VI was found by the delegation in his bed, subjected to two-point fixation and segregated in his dormitory without any staff supervision. According to staff, he was subjected to this measure every day for up to 15 minutes during lunchtime, as he was regularly agitated or aggressive and there was insufficient staff in the Pavilion to serve lunch to residents and, at the same time, control the behaviour of this resident. There were no records kept of the use of this measure. Further, shortly before the visit, another resident had been subjected to mechanical restraint following an attempt to escape from Pazarić, in contradiction to the internal regulation. A few residents claimed that they had been restrained or secluded, as a punishment, including for having been verbally aggressive to staff.

It also transpired that mechanical restraint was regularly applied in full view of other residents, in both Pazarić and Višegrad. The delegation also noted that, in Višegrad, several residents were subjected to mechanical restraint without any written decision by the institution's psychiatrist and without having been examined by him after the application of the measure. In addition, the delegation met two female residents in the seclusion room in Pavilion V in Višegrad and was informed that one resident was placed in seclusion due to her frequent attempts to escape from the pavilion, while the other resident was assigned the role of supervising and monitoring the behaviour of the first resident. In practice, both were confined in the seclusion room. This is totally unacceptable.

169. The use of means of restraint in psychiatric establishments is regulated in the Law on Mental Health Protection (Official Gazette of the RS, no. 67/2020) and is applied accordingly for social care homes.

170. The CPT was informed that, after the visit, Pavilion V had also been equipped with a seclusion room.

171. For example, in 2024, mechanical restraint was only applied to five residents in Drin and to 14 residents in Višegrad.

193. The CPT is particularly concerned about the situation of a female resident placed in Pavilion IV met by the delegation, who had been almost constantly subjected to mechanical two-point restraint with textile straps around her arms attaching her to a bed, day and night – with only very short periods of defixation – since her admission to the Višegrad Institution, several years prior, due to an increased risk of self-harm. Upon review of her medical records, the delegation's medical doctor noted that the psychiatrist's decision regarding the need for continuous fixation of the upper limbs was dated 3 December 2020, almost four years prior to the visit, and this type of fixation had not been recorded in the central restraint register. The delegation did not find any proof that the institution was searching for any alternatives and systematic steps to provide the resident with some relief. In the CPT's view, such a practice could amount to a violation of Article 3 of the European Convention on Human Rights and should be immediately ended.

At the end-of-visit talks, the delegation made an immediate observation according to Article 8, paragraph 5, of the Convention and requested that the authorities take urgent steps to gradually reduce the use of means of restraint to manage this resident and that alternatives to prevent her from self-harming be found, including with the help of external professional support, with a response on the action taken to be provided within one month.

194. In their responses of 18 October and 10 December 2024, the management of the Višegrad Home indicated that her bed had been replaced by a more suitable hospital bed with net protections at either side which allow her to remain unrestrained for longer periods, and that she is taken outside for walks with a wheelchair in the grounds of the institution several times a day under the constant supervision of staff. Steps were also taken, in agreement with the institution's psychiatrist, to modify her medication to better address her impulsive behaviour and self-harm attempts.

||| **The CPT recommends that the management and staff of the Višegrad Home continue their efforts to search for alternatives and systematic steps, with the aim to gradually phasing out resort to means of restraint in her case. It would like to be informed about the measures taken in this regard.**

195. Moreover, none of the staff in the three social care homes visited had received training in the application of means of restraint, or in the use of de-escalation techniques to prevent recourse to such means, or how to carry out debriefings after the application of such a measure. Urgent steps are required to provide training to the staff involved. In this regard, the relevant provision of the Rulebook at the Pazarić Home is problematic, as it requires staff to apply mechanical restraint quickly and without hesitation, without attempting to communicate with the resident and explaining the need for their use. Such a provision prohibits any de-escalation attempt with a view to avoiding recourse to mechanical restraint and should therefore be amended.

||| 196. **In view of the above, the CPT recommends that the authorities in both Entities take immediate steps at the Drin, Pazarić and Višegrad Homes, as well as in all other social care homes, to put in place a comprehensive policy and approach towards the use of means of restraint. The policy should aim at avoiding resort to mechanical restraint in a social care context. The CPT recommends that, if means of restraint are applied exceptionally, the following safeguards should be in place:**

- **de-escalation techniques are always applied first to avoid the need to resort to means of restraint;**
- **residents are only restrained as a measure of last resort, to prevent immediate harm to themselves or others;**
- **every resort to means of restraint should always be expressly ordered by a doctor after an individual assessment, or immediately brought to the attention of a doctor with a view to seeking approval. To this end, the doctor should examine the resident concerned as soon as possible;**
- **restraints are always used for the shortest possible time (usually minutes rather than hours) and terminated when the underlying reasons for their use have ceased. Applying mechanical restraint for days, months or years on end cannot have any justification and could, in the CPT's view, amount to ill-treatment;**

- means of restraint are never applied as punishment, for the convenience of staff, because of staff shortages or to replace proper care and treatment;
- residents are never involved in the restraint of other residents and/or in their supervision;
- every resident who is subjected to mechanical restraint or seclusion benefits from continuous supervision and regular checks of their vital parameters by a qualified member of healthcare 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 resident and provide them with assistance. If residents are held in seclusion, the staff member may be outside the room (or in an adjacent room with a connecting window), provided that the resident can fully see the staff member and the latter can continuously observe and hear the resident;
- the restraint does not occur in view of other residents, which is undignified, potentially unsafe and may be threatening to other residents;
- a debriefing of the resident (and other residents who have witnessed the measure) takes place to explain the reasons for the restraint and reduce the psychological trauma of the experience once the means of restraint have been removed. This also provides an opportunity for the resident, together with staff, to find alternative means to maintain control over themselves, thereby possibly preventing future outbreaks of violence or self-harm and subsequent restraint;
- all instances of restraint, including physical holding, mechanical restraint, seclusion and chemical restraint, are recorded in a dedicated central restraint register, in addition to the records contained in the residents' personal medical files. The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered or approved it; and an account of any injuries sustained by residents or staff. Such registers should be comprehensively completed;
- regular inspections are carried out to supervise the application of means of restraint in practice;
- nursing staff involved in the application of restraint measures receive adequate training and refresher courses at regular intervals both in the application of means of restraint, as well as in de-escalation techniques and debriefings.

||| The CPT would like to be informed of the steps taken in this regard and receive a copy of the policy on the use of means of restraint applied in the three social care homes.

197. Moreover, in Pazarić and Drin, the delegation found that agitated children were also immobilised (either two- or four-point fixation) in their bed for up to two hours by means of magnetic textile straps. In Pazarić, mechanical restraint was applied to five minors accommodated in Pavilions II and III on 11 occasions in 2024, while, in the Drin Home, a girl was restrained twice in 2023.

Given the special vulnerability of children, the CPT is of the view that, as a matter of principle, persons under 18 years of age should not be subjected to mechanical restraint. The risks and consequences are indeed more serious considering the vulnerability of minors. Where it is deemed necessary to intervene to avoid harm to the residents themselves or others, staff should preferably resort to less intrusive measures.

||| The CPT recommends that the FBiH authorities immediately end the resort to means of mechanical restraint for agitated minors accommodated in social care homes. Instead, pedagogical interventions and de-escalation techniques should be privileged and alternatives to restraints be applied.

198. Moreover, at both the Pazarić and the Drin Homes, more than two thirds of the residents had PRN prescriptions (*pro re nata* – “as needed”). For the majority, the prescribed medications were from the anxiolytic, antipsychotic or hypnotic group in tablet form. However, there was no specific central register for the application of PRN medication in either institution.

During the examination of resident's medical records in Pazarić and Višegrad, the delegation noted that several residents had PRN prescriptions authorising the application of means of mechanical restraint in their regular therapeutic protocol and/or could be subjected to chemical restraint (that is, injections of rapid reaction tranquilisers) based on PRN prescriptions.¹⁷² Nursing staff indicated that they would normally consult the institution's psychiatrist to seek his medical authorisation over the phone before applying either mechanical or chemical restraint for an agitated or aggressive resident, which obviously was not the case for all restraint measures applied.

In the CPT's view, mechanical restraint should never be used as part of the regular therapeutic protocol on the basis of a PRN prescription without the explicit reconfirmation of a medical doctor, due to the risks related to such a procedure.

||| **Reference is made to the precepts outlined in paragraph 196 as regards the use of means of mechanical restraint, which should be strictly adhered to.**

199. The CPT must also underline that the injection of rapidly acting tranquilisers is a form of chemical restraint which is associated with significant risks to the health of the patient, in particular life-threatening cardiac arrhythmia, low blood pressure and respiratory depression. Their use therefore requires close medical supervision and adherence to strict protocols by all staff involved, as well as the necessary skills, medication and equipment. The application of rapid tranquilisers on the basis of a PRN prescription without the explicit re-confirmation of a medical doctor may place too much responsibility on nurses as regards the assessment of the residents' mental state and the provision of an adequate response in the absence of a medical doctor, to potential complications. It may also reduce the nursing team's motivation to attempt de-escalation of the situation by other means and consequently open the door for abuse.

In the Committee's opinion, in the event of a resident presenting a state of agitation which cannot be dealt with by the nursing staff, the resident's psychiatrist (or a duty psychiatrist) should be called immediately and intervene promptly to assess the state of the resident and issue instructions on the action to be taken. When a resident's agitation cannot be controlled by nursing staff and the intervention of a psychiatrist or an ambulance is not possible within minutes, may the administration by nursing staff of rapid tranquilisers under a "conditional" PRN prescription be justified, meaning that a medical doctor must be contacted (for example, by phone) and must confirm the prescription prior to its use. Further, a medical doctor must arrive without delay to monitor the resident's response and deal with any complications.

Moreover, the use of a PRN prescription for rapid tranquilisers must be accompanied by specific safeguards: as a minimum, any such PRN prescription should be drawn up by an experienced doctor after having thoroughly assessed the resident's physical status, should only be valid for a limited time (this is weeks rather than months) and should be re-assessed each time it is used or where there is any change in the resident's medication.

||| **The CPT recommends that the authorities in both Entities ensure that, at the Pazarić and Višegrad Homes, a clear protocol on the injection of rapidly acting tranquilisers (chemical restraint) based on PRN prescriptions is drawn up and that the above-mentioned precepts are effectively implemented in practice.**

200. Moreover, the delegation observed that movement-restricting measures, such as the use of bedside rails, protective bedside nets, holding straps or seatbelts were used in all three homes visited. However, the delegation was not able to obtain a clear picture of the frequency of their use and the procedure applied in practice, as decisions and dates of decisions concerning movement-restricting measures were not properly recorded, and in the absence of relevant information in the central restraint register, since none of the centres had internal guidelines or instructions regarding the use of such

172. In Pazarić, this concerned 21 residents with PRN prescriptions for mechanical restraint and 29 residents with such prescriptions for chemical restraint (Haloperidol, 2.5-5 mg intramuscular). In Višegrad, the delegation could not establish the exact number of residents with PRN prescriptions for the use of mechanical and/or chemical restraint (usually Diazepam, 10 mg intramuscular), due to the absence of a central register, but it found proof of such prescriptions in the medical files of some residents, including the above-mentioned case of long-term mechanical restraint.

measures. As for means of restraint, staff had not benefitted from training in movement-restricting measures in any of the three social care homes visited.

In many instances, orderlies told the delegation that they applied movement-restricting measures as they see fit. In some cases, means such as bedside panels were used in a dangerous manner, with large gaps observed at the head end of the bed, broken panels in use or metal panels without any protection, which considerably increased the risk of residents getting stuck and injuring themselves, as a consequence.

The CPT recommends that the authorities in both Entities ensure that all social care homes develop written guidelines on the use of movement-restricting measures. Such guidelines should make clear which movement-restricting measures may be used, under what 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 intervention, recording of the measure, periodic monitoring and re-assessment, the supervision required, and consent forms. Staff should also be provided with initial and on-going training in the use of movement-restricting measures.

Further, when using bed rails, due consideration should be given to protecting residents from entangling and injuring themselves as a result (bed bumpers or side rail protectors should be used for this purpose).

6. Safeguards

201. In its previous reports,¹⁷³ the CPT repeatedly expressed its concern about the lack of appropriate safeguards in the context of the involuntary placement of residents or the placement of residents under guardianship in social care homes in BiH. In particular, the Committee expressed its concern about the absence of a regular automatic judicial review of the need for their continued placement. The findings of the 2024 visit indicate that this situation has not changed substantially.

202. It remains the case that the placement of residents in social care homes is decided by the social work centres of the municipality or Canton where the person is registered. In practice, an application for placement of the resident is examined either by the institution (FBiH) or by a commission from the social work centre following a social and medical assessment. If the placement in a specific institution is accepted,¹⁷⁴ a contract for the provision of social protection services is signed between either the residents' family or the social work centre and the institution.

Following a review of all placements in the FBiH, the procedure now requires written consent to placement in all cases. For all recently admitted residents, they had either given consent themselves or their guardian had agreed to the placement (usually the social work centre or a relative). However, the consent of those who had been previously admitted to the social care homes and their guardians was not sought. Further, in Pazarić, based on a review of a selection of the residents' records, the delegation found that several residents (usually legally incapacitated), who had been placed for lengthy periods (several decades) in the home, still did not have a signed contract. In these cases, the consent of the resident or their legal guardian had not been sought.

The CPT recommends that the FBiH authorities take steps to swiftly regularise the situation of these residents at the Pazarić Home, by seeking the consent to placement of the person concerned and their guardian (for incapacitated residents).

203. At the Višegrad Home, the delegation noted that a few residents who were deprived of their legal capacity were placed under the guardianship of a member of staff of the institution. This is particularly relevant when assessing the continued need for placement.

173. See paragraphs 164 *et seq.* of the CPT 2019 visit to BiH (CPT/Inf (2021) 21).

174. The delegation was informed that there were considerable waiting lists in all three Institutions visited.

In the Committee's view, entrusting guardianship to staff of the same establishment within which the resident is placed may easily lead to a conflict of interest and comprise the independence and impartiality of the guardian.¹⁷⁵

III Alternative solutions that would better guarantee the independence and impartiality of the guardian should be found for the residents concerned at the Višegrad Home.

204. In the three institutions visited, all residents were formally regarded as voluntary. However, as indicated above, the CPT considers that most residents were *de facto* deprived of their liberty (see paragraph 147). Many residents had also been transferred from mental healthcare facilities or were subject to involuntary placement proceedings under mental health legislation, which are initiated by a social work centre under the Law on Extrajudicial Proceedings of the Entity concerned.

Based on a review of the resident's individual records, which were especially well maintained at the Drin Institution, the delegation found in all three homes that residents did not benefit from appropriate safeguards linked to their *de facto* deprivation of liberty. The records only contained annual reports on the state of the residents drawn up by the institutions. However, there was still no regular automatic judicial review of the need for the continued placement for *all* residents in social care homes in BiH. The delegation noted that an annual judicial review of the placement had only been ordered for some of the residents who were placed by court order at the Drin Home, in accordance with the requirements of the *Hadžimejlić* judgment of the European Court of Human Rights.¹⁷⁶ None of the other residents benefited from a regular automatic judicial review of their placement.

Even for the residents who had benefited from a judicial review, the delegation found, for example, that whereas the annual assessments of Pazarić Home found some improvements in the overall state of a resident and considered that he was capable to live in the community with support, the independent external expert opinion did not find any improvement and recommended that his stay in Pazarić be prolonged, due to the lack of alternative accommodation and sufficient adequate structures for supported living in the community. Further, these residents had not been heard in person by the judge and had not been represented by a lawyer. In all cases, the court decided in favour of the continued institutionalisation of the residents concerned and the renewal of their placement.

205. Consequently, discharge from a social care home was only possible with the approval of the social work centre or a family member who, in the case of legally incapacitated residents, were appointed as the resident's guardian. As during the 2019 visit, the delegation met several residents who indicated that they no longer wanted to stay in the social care home and preferred to live elsewhere or return home to their families. As far as the delegation could ascertain, in addition to the three applicants of the *Hadžimejlić* judgment, at least nine other residents placed at the Drin Home had challenged the lawfulness of their continued placement there and submitted successful appeals to the Constitutional Court of BiH. The latter had found that the applicants had been deprived of their liberty in a social care establishment without a valid legal basis and that they did not benefit from judicial review of the lawfulness of their deprivation of liberty. They nevertheless continued to be placed at the Drin Institution following either a review of the need for their continued placement or a new placement order by a court. Further, not a single court proceeding has been initiated by all other residents placed under the guardianship of a social work centre to challenge the need for their continued placement.

175. The CRPD requires that any measures relating to the exercise of legal capacity should be free from conflict of interest to avoid decisions contrary to the wishes and preferences of individuals.

176. It is recalled that, in 2015, the Court found a violation of Article 5 (1) of the ECHR in the case of *Hadžimejlić and Others v. BiH*, application nos. 3427/13, 74569/13 and 7157/14, 3 November 2015. The case concerned the involuntary placement of the applicants who complained that they were held in the Drin Home against their will and could not obtain release. It concluded that FBiH legislation did not contain an involuntary placement procedure in social care homes and that the applicants' placement had not been approved by a court, as required by the relevant mental health legislation, and that there was also no judicial review of the lawfulness of their continued placement. The Court repeated its findings in 2018, in its judgment in the case of *Salihović v. BiH*, application no. 6056/14, 6 February 2018.

206. In light of the above, further measures seem to be required to comply with the *Hadžimejlić* judgment of the European Court of Human Rights.

III The CPT would like to receive the comments of the BiH authorities.

207. The CPT reiterates its position that involuntary placement and stay of residents (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty) in social care homes should be regulated by law and accompanied by appropriate safeguards. In particular, placement must be made in light of an objective medical assessment, including of a psychiatric nature. Further, all residents who are involuntarily placed in such institutions, no matter whether they have a legal guardian, must enjoy an effective right to bring proceedings to have the lawfulness of their placement and stay decided speedily and reviewed regularly by a court and, in this context, must be given the opportunity to be heard in person by the judge and to be represented by a lawyer. If it is considered that a resident who has been voluntarily admitted, and who expresses the wish to leave the establishment, still requires care to be provided in the establishment, then the involuntary placement procedure provided by the law should be fully applied. Further, all persons who are subject to the procedure of deprivation of legal capacity must be personally heard by the court, must receive a copy of the court decision and must be informed, verbally and in writing, about the possibility and method of appealing the decision by which they are deprived of their legal capacity.

The CPT reiterates its recommendation that the authorities of both Entities continue their efforts to establish a clear and comprehensive legal framework governing the involuntary placement and stay of residents (including situations in which the restrictions imposed amount to *de facto* deprivation of liberty) in social care homes. This should include the right to benefit from a regular automatic judicial review of the need for their continued placement and ensure that the above precepts are applied in practice in all social care homes in BiH.

208. Moreover, none of the residents in the three social care homes had provided their consent for treatment, which was not sought, as it was considered to be covered by the placement contract.

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

The CPT recommends that all residents (and their guardians) be provided systematically with full, accurate and comprehensible information about their condition and the treatment which is proposed and its possible side effects, and that doctors be instructed that they should always seek the resident's free and informed consent to treatment prior to its commencement. This could be done by means of a special form for informed consent to treatment, signed by the resident and (if they are incompetent) by their legal representative. If a resident is competent and refuses treatment, legal provisions should guarantee the possibility of another, independent, medical assessment to authorise administration of specific medication on an involuntary basis if deemed medically necessary. Relevant information should also be provided to residents (and their legal representatives) during and following treatment, including on the possibility to withdraw their consent. Even for persons from whom fully informed consent cannot be ensured, attempts should be made to provide some understanding of the treatment they are receiving, including the name of the medication, its purpose and possible side effects.

209. The delegation noted that there were no restrictions for residents' contact with the outside world in the institutions visited. Those residents who were still in contact with their families had regular access to a telephone, or were allowed to keep their own mobile phones and could in principle receive visits.

210. Upon admission, residents of all three social care homes visited as well as their families and guardians were informed verbally of the establishments' routine and of some of their rights. However, no written information was provided to them by means of an easy-to-understand information brochure, setting out the institution's routine, relevant rules and the residents' rights. This was justified by

the fact that most residents were illiterate or had severe intellectual or mental disabilities. Information brochures were usually outdated, and information provided was not accessible. The CPT notes, however, that some efforts were made by the Višegrad Home to provide easy-to-understand information with visual signs about the institution's routine.

Moreover, despite the existence of complaint boxes at the entrance of the administrative buildings at the three homes, the complaint procedures were not accessible for most residents with severe disabilities. Hence, the existing internal complaints system was neither accessible nor effective and residents in all three homes visited showed little to no awareness of their right to complain or of possible external means of complaint, such as the Ombudsman Institution.

The CPT reiterates its recommendation that the authorities of both Entities take steps to develop an information brochure setting out, in an easily accessible language and format that residents can understand, the institutions' routine, the rules for admission and discharge, residents' rights, and the possibilities for lodging formal complaints on a confidential basis, both internally and externally with clearly designated outside bodies. This brochure should be issued to all residents and their families/guardians upon admission at the Drin, Pazarić and Višegrad Institutions. Any resident unable to understand the brochure should receive appropriate assistance and communication support in order to be informed of their rights.

211. The legislation in both Entities provided for inspections and professional supervision. However, the delegation was informed that, at the time of the visit, the regulatory framework for the establishment of an Inspectorate for Social Protection Institutions had not yet been established.

The CPT would like to stress the importance of effective inspection procedures as basic safeguards against the ill-treatment of residents. All social care homes should be visited on a regular basis by an independent external body, which should be authorised, in particular, to talk with residents in private, inspect individual documentation and registers, and make recommendations to improve the care and conditions afforded to them.

The CPT recommends that the FBiH authorities finalise the regulatory framework for the establishment of an Inspectorate for Social Protection Institutions. Further, the authorities of both Entities should ensure that inspections are conducted regularly in all social care homes.

D. Immigration detention

1. Preliminary remarks

212. In the period since 2016, large numbers of foreign nationals have entered BiH in an attempt to reach the European Union (EU) via Croatia. According to the United Nations High Commissioner for Refugees (UNHCR), in 2023, with over 34 400 persons, the country received the largest number of foreign nationals ever recorded by the authorities, exceeding the 2019 peak of 29 200 persons considerably.

Since 2018, the responsibility for migration, border security and the detention of foreign nationals has gradually been transferred to the State Border Police and the Service for Foreigners' Affairs (SFA). Both services are operating under the authority of the Ministry of Security, at State level.

213. The legal framework is governed by the 2015 Law on Foreigners, as amended,¹⁷⁷ and distinguishes between short-term detention to prevent unauthorised entry and detention with a view to removal. Foreign nationals who do not meet the entry requirements when trying to enter the country can be refused entry into BiH by the Border Police.¹⁷⁸ They can be detained for a maximum of six hours by the police to establish their identity and investigate the circumstances under which the (attempted) irregular border crossing took place.¹⁷⁹

For foreign nationals temporarily detained in the transit area at Sarajevo International Airport, the legal "fiction of non-entry" into BiH applies.¹⁸⁰ This means that the foreign national concerned is prohibited from entering the territory and obliged to leave the border-crossing area. A border-crossing operator (carrier) which brought a foreign national who is refused entry because the individual does not meet the entry requirements is obliged to return the person concerned and cover the costs of the foreign national's stay in BiH.¹⁸¹ In these circumstances, the person concerned can be placed in temporary short-term detention until the next return flight is available.

The grounds for detention and the maximum length of detention in these cases was not regulated by law, because the authorities of BiH consider that foreign nationals placed there have not entered the state territory and are therefore not officially detained. Given that the next return flight often departed only after several days and, occasionally, persons were required to stay locked-up in the holding area for periods of a week or even longer,¹⁸² the CPT considers that foreign nationals placed in the temporary holding area at the Restricted Zone of the Airport (see paragraphs 230 and 231) are *de facto* deprived of their liberty. In practice, the authorities of BiH have shifted their responsibility for the return and detention of these persons to the public company "the International Airport Sarajevo" and to the private security and flight companies.¹⁸³

177. Law on Foreigners (Official Gazette of BiH, nos. 88/15, 34/2021, and 63/2023).

178. Sections 15 (4), 19, 23-25 of the Law on Foreigners. This also includes the requirement for persons to provide evidence of possessing sufficient funds to support their living during the intended stay, and for leaving the country (see also Section 23 of the Law on Foreigners).

179. Section 14 (4) and (5) of the Law on Foreigners.

180. Section 15 (7) of the Law on Foreigners.

181. Sections 18 (2) and 19 of the Law on Foreigners. The obligation for carriers does not apply to a foreign national who comes to the territory of BiH directly from a territory where the person's life and freedom is threatened and who requests international protection (Section 18 (3)).

182. This information was confirmed by officers of the Border Police, UNHCR and the NGO Vaša Prava.

183. See Article 6 (6) of the Rulebook on the Obligations of Carriers Bringing Foreigners to Border Crossings in BiH (Official Gazette of BiH, no. 23/18), according to which it is the obligation of the border crossing operator (the public company "the International Airport Sarajevo") to provide appropriate facilities for the temporary accommodation and detention of foreign nationals who do not meet the entry requirements for BiH, as well as supervision and security measures over such individuals. The same provision stipulates that the carrier who brought such individuals to the border crossing is obliged to provide food, minimum hygiene needs, and medical care necessary while the individuals wait for their return.

The CPT recommends that the Ministry of Security and the Service for Foreigners' Affairs take the necessary steps, including by amending the relevant legislation, to clearly regulate by law the grounds for the detention of foreign nationals refused entry into BiH and placed in the temporary holding area at the Restricted Zone of the Airport. This should include the maximum length of detention as well as judicial control of, and possibilities for appeal against, their detention.

214. In this regard, the CPT wishes to recall that the authorities of Bosnia and Herzegovina cannot repudiate their responsibility for the foreign nationals who are subject to a non-entry decision and detained in the temporary holding facilities at the Restricted Zone of Sarajevo International Airport. The case law of the European Court of Human Rights is clear in the sense that the responsibility of a state may be engaged in the case of persons held in transit zones or points of entry holding facilities who are under their jurisdiction.¹⁸⁴ Further, access permission to the Restricted Zone was granted exclusively by the Border Police, which underscores the jurisdiction and overall responsibility of the authorities of BiH.

215. Moreover, foreign nationals can be placed under "supervision" with a view to their removal, which comprises the two options of restriction of movement with reporting obligations or detention in an "immigration centre".¹⁸⁵ Grounds for detention include the risk of absconding, threats to public order, peace and security, and doubts about the person's identity. Foreign nationals can be detained for a period of 90 days by decision of the SFA, which can be extended for an additional 90 days at a time and, exceptionally, up to a total of 18 months if they do not cooperate with the removal procedure. According to the law, immigration detention with a view to removal shall be used as a measure of last resort, following consideration of alternatives to detention.

A foreign national deprived of liberty can challenge the detention and extension orders by submitting an appeal to the Ministry of Security within the three days following notification of the decision; if the Ministry does not revoke the decision or fails to decide within three days, the person concerned can file a lawsuit before the Court of BiH within the next three days. The Court must then hear the person and render a decision within a further three days.¹⁸⁶

216. In its report on the 2011 visit to the country, the CPT had been critical about the immigration detention of children.¹⁸⁷ Regrettably, the Law on Foreigners continues to allow the detention of both unaccompanied and accompanied children.¹⁸⁸ In this regard, the Constitutional Court of BiH had ruled in August 2023 that the rights of an unaccompanied child who was detained together with unrelated adults at the male section of Lukavica Immigration Detention Centre had been breached, that his detention was not in his best interests and had violated the European Convention of Human Rights.¹⁸⁹ Indeed, as far as the delegation could ascertain, there were no records of unaccompanied children held at the Lukavica Immigration Detention Centre since the Constitutional Court decision.

The authorities informed the delegation that accompanied children continue to be occasionally held together with their families at the Lukavica Centre. In 2023, 17 children were detained with their families at the Centre and one accompanied child was held there between January and August 2024. At the time of the visit, the conditions of detention in the unit for families remained poor (see paragraph 239) and the Centre was not equipped to cater for the specific needs of children.

184. See European Court of Human Rights (ECtHR), *Amuur v. France*, application no. 19776/92, 25 June 1996, paragraphs 41, 43-45, and 52-54; *Z.A. and Others v. Russia*, application nos. 61411/15 and 3 others, 28 March 2017, paragraphs 129-132 and 156; and *Iliaš and Ahmed v. Hungary* [GC], application no. 47287/15, 21 November 2019, paragraphs 54-56 and 68.

185. Sections 117-118 of the Law on Foreigners. Immigration centres are "specialised institutions for the reception and accommodation of foreign nationals who have been placed under supervision".

186. Sections 119-120 of the Law on Foreigners.

187. See CPT/Inf (2012) 15, paragraph 79.

188. Section 123 (3) and (4) of the Law on Foreigners.

189. Constitutional Court of BiH, Case no. AP-267/23, August 2023.

217. The above applies *a fortiori* to the temporary holding facility at the Restricted Zone at Sarajevo International Airport, where the conditions were unacceptable and particularly unsuitable to meet the specific needs of children (see paragraphs 230 and 231). According to information provided by the Border Police, in the absence of a proper detention register, 386 children were detained there after they had been denied entry into BiH in 2023, and 91 in the first eight months of 2024, for several days and, occasionally, for periods of a week or longer. While most children were accompanied by their families, unaccompanied children were also regularly held there without any written decision on refusal of entry, raising serious questions about the legality of their detention.

218. The CPT considers that the detention of children in a migration context is never in the best interests of the child as formulated in Article 3 of the United Nations Convention on the Rights of the Child. On the contrary, it is harmful to a child's physical and mental health and can have long-term negative consequences and increase the risk of (re)traumatisation.¹⁹⁰ Hence, children and families with children should, as a rule, not be detained in a migration context but instead offered suitable accommodation and support in an open (or semi-open) reception centre.

Further, the Committee remains of the view that both the Lukavica Immigration Detention Centre and especially the Restricted Zone at Sarajevo International Airport are not at all appropriate places to hold children, be they accompanied or unaccompanied, as they are not adapted to their specific needs.

219. **The CPT recommends that the Ministry of Security and the Service for Foreigners' Affairs take the necessary steps, including by amending the relevant legislation and regulations, to end the immigration detention of unaccompanied children and children with their families at the Lukavica Immigration Detention Centre, at the Restricted Zone at Sarajevo International Airport, and anywhere else in BiH, if applicable. Given their particular vulnerability, they should always be provided with special care and accommodated in an open (or semi-open) establishment equipped to cater for their specific needs.**

2. III-treatment

220. At the Lukavica Immigration Detention Centre, the delegation received credible allegations from several foreign nationals interviewed of the deliberate physical ill-treatment of a detained foreign national by security staff. The allegations concerned a foreign national with a severe mental disorder who was found in a critical state in disciplinary solitary confinement and who required urgent psychiatric treatment and care (see also paragraph 258).¹⁹¹

The reported incident occurred in August 2024, after the foreign national concerned became aggressive, reportedly due to a psychotic decompensation, and he was therefore unable to comply with the instructions of security staff. According to information provided by staff, he attacked a security officer with items of broken glass and pieces of furniture.¹⁹² He was then brought under control and allegedly subjected to severe beatings in retaliation by several members of security staff.¹⁹³ Thereafter, he was placed in solitary confinement for almost three weeks (see also paragraphs 258 and 265). Since this incident, he remained unresponsive and was placed most of the time in solitary confinement, both for disciplinary reasons and under observation, without the necessary medical checks and the psychiatric care and treatment required by his condition.¹⁹⁴

190. See United Nations Committee on the Rights of the Child, United Nations Global Study on Children Deprived of Liberty, 11 July 2019.

191. At the time of the delegation's visit on 7 and 11 September 2024, his psychiatric condition had visibly and drastically deteriorated since his admission on 23 March, due to the lack of any support and treatment for his psychotic disorder, and he was unable to establish any verbal contact.

192. He had previously, on 5 July, attacked another security officer and had thereafter spent a total of 18 days in solitary confinement, both for disciplinary reasons and under medical observation.

193. The delegation could not assess the relevant CCTV footage, which had been routinely deleted after 14 days of storage.

194. He was held in disciplinary solitary confinement since 5 September following another incident at night, during which he had flooded his room.

||| The CPT recommends that it should be made clear to security staff at the Lukavica Immigration Detention Centre that foreign nationals must be treated with respect and that any form of ill-treatment of detained persons is not acceptable and will be punished accordingly. As regards the lack of psychiatric treatment and care of the above-mentioned person, which in itself might amount to inhuman and degrading treatment, the Committee refers to its recommendation in paragraph 260.

3. Safeguards against ill-treatment

221. In the Committee's view, as with other categories of persons in detention, foreign nationals detained under immigration law should enjoy from the very outset of their deprivation of liberty three basic rights, namely: to have access to a lawyer, to have access to a medical doctor, and to be able to inform a relative or a third party of one's choice about the detention measure. Moreover, detained foreign nationals should be expressly informed, without delay and in a language and format that they can understand, of their rights and the procedure applicable to them. To this end, they should be systematically provided with a document setting out this information; the document should be available in the languages most commonly spoken by those concerned and, if necessary, the services of an interpreter should be made available. The persons concerned should confirm in writing that they have been informed of their rights, in a language and format that they can understand.

222. Persons at the Lukavica Centre were usually provided with a telephone to make a phone call to inform their relatives or the consular authorities and were able to occasionally access their mobile phones. At the temporary short-term holding facility at the Restricted Zone at Sarajevo International Airport, foreign nationals refused entry had access to their mobile phones and they could therefore have some contact with the outside world using the Wi-Fi of the airport.

223. Based on the findings of the delegation, while emergency healthcare was guaranteed, the rights to access a lawyer and information on their rights appeared problematic.

According to the Rulebook on Standards of Operation of the Lukavica Centre, detained foreign nationals have the right to legal assistance at their own expense. Those who do not have the financial means to hire an attorney are provided with free legal aid.¹⁹⁵ While representatives of the NGO Vaša Prava BiH regularly came to the Centre to provide free legal aid to those persons who had contacted them, several foreign nationals complained that they had not been provided with information about this possibility and that they had therefore not yet been granted legal assistance during their stay at the Centre.

Persons who had been refused entry generally had no effective opportunity to either contact a lawyer or access free legal aid in good time at the Restricted Zone of Sarajevo Airport. This was partly due to the lack of information on their rights, or contact information provided to foreign nationals which would allow them to effectively make use of their rights in practice. It was also due to the lack of access to the Restricted Zone afforded to the above-mentioned legal aid provider, the NGO Vaša Prava BiH, as well as to other external or independent organisations, including UNHCR.

224. According to the Law on Foreigners, the SFA must inform foreign nationals of their rights and obligations arising from the law, including by providing for interpretation services for all proceedings initiated *ex officio*, such as issuing expulsion or detention orders.¹⁹⁶ Further, the Rulebook on Standard of Operation of the Lukavica Centre provides for an obligation of security staff to inform all newly admitted persons about their rights and obligations, in a language the person understands, orally or by means of an information leaflet.¹⁹⁷

However, both at the Restricted Zone of Sarajevo Airport and at the Lukavica Centre, there were no posters or information leaflets available in the detention areas at the time of the visit. Many detained persons met by the delegation complained about the lack of information on their rights and about the procedure

195. Section 5 of the Rulebook on Standards of Operation and Other Issues of Importance for the Work of the Immigration Centre (Official Gazette of BiH, no. 55/16).

196. Section 12 (1) and (2) of the Law on Foreigners.

197. Section 18 of the Rulebook.

applicable to them, and indicated that they were unaware of the reasons for their detention or for how long they would remain detained. This state of uncertainty and stress manifested itself over time in deep frustration and increased their level of anxiety. This was strikingly evident at the Restricted Zone of Sarajevo Airport. The persons interviewed by the delegation had only been issued a refusal of entry decision in the Bosnian language and were not granted the assistance of an interpreter. Further, the house rules of the Lukavica Centre were not displayed in the detention areas but only in a communal area to which the detained foreign nationals were no longer allowed access.

225. In their communication of 18 October 2024, the authorities of BiH indicated that all foreign nationals would be informed orally upon their arrival about the house rules of the Lukavica Immigration Detention Centre, and about their rights, including their right to free legal aid. The authorities acknowledged, however, that the information leaflets and brochures had not been available at the time of the visit, as these were often destroyed by the persons held at the Centre. They informed the delegation that the leaflets were now kept by the security officers and would again be made available to the persons detained, upon request.

226. **In light of the above, the CPT recommends that the Ministry of Security and the Service for Foreigners' Affairs take the necessary steps to ensure that all foreign nationals deprived of their liberty be systematically and fully informed, without delay and in a language and format that they can understand, of their rights and the procedure applicable to them. This information should be provided by means of posters and information freely available in the detention areas and, if necessary, in an accessible format and with the assistance of an interpreter, in line with the above-mentioned requirements.**

Further, they should especially be informed of their right to have access to a lawyer, which includes access to free legal aid, and be placed in a position to effectively exercise this right in practice as from the very outset of deprivation of liberty. To this end, a list of organisations providing legal aid should be made available in all detention areas, and these organisations should be granted full access to places of deprivation of liberty and notably the Restricted Zone at Sarajevo International Airport.

227. The CPT is concerned that none of the foreign nationals who had received a refusal of entry decision by the State Border Police and were detained in the holding area at the Restricted Zone at Sarajevo International Airport for up to several days or even weeks (as regards their *de facto* detention and presence on the territory within the jurisdiction of the State authorities, see paragraphs 213 and 214), had been provided with a detention order. Further, unaccompanied migrant children were reportedly not even issued with a proper refusal of entry decision. In addition, no detention register for the holding area could be shown to the delegation upon request.

228. The Committee wishes to recall that every instance of deprivation of liberty should be covered by a proper individual detention order, readily available in the place of deprivation of liberty where the person concerned is being held, which should be drawn up at the outset of deprivation of liberty or as soon as possible thereafter. This basic requirement applies equally to all foreign nationals deprived of their liberty under immigration law, including to persons subject to a refusal of entry decision. Further, the fundamental safeguards against ill-treatment are reinforced if a single or comprehensive custody record is kept for each person, recording all aspects of their deprivation of liberty and all related action taken.

The CPT recommends that the Ministry of Security and the Border Police ensure that every foreign national subjected to a refusal of entry decision and detained at the holding area of the Restricted Zone at Sarajevo International Airport be provided, without delay, with an individual detention order and that a custody register be kept for these persons. As regards the detention of children and children with their families, the Committee refers to its remarks and the recommendation made in paragraph 218.

4. Holding facilities at Sarajevo Airport

229. Foreign nationals entering the country who were suspected of having committed a criminal offence, such as the possession of forged documents, or those subject to an international arrest warrant, could be arrested and detained at the holding facility located on the ground floor of the main building of the Border Police at Sarajevo International Airport. The holding area, which was empty at the time of the visit, comprised two holding rooms, each equipped with a bed. They were clean and new sheets and blankets had been provided. One of the two rooms was also equipped with a chair and a CCTV camera, and there was also a separate sanitary annexe. However, neither room had access to natural light, ventilation, or a call bell.

According to Border Police staff, persons would usually be detained in these holding rooms for no longer than a few hours, and never for periods exceeding 24 hours, until they were transferred by the competent police authorities. An analysis of the custody registers showed that 62 persons had been held in the holding rooms in 2023 and 66 in 2024, for periods not exceeding 12 hours.

||| **The conditions of detention were acceptable for detaining persons for a few hours only, but the CPT recommends that both holding rooms be equipped with call bells.**

230. However, foreign nationals who were refused entry into BiH by the Border Police during their passport control upon arrival at the Airport because they did not meet the entry requirements were brought to another temporary holding facility located near the tarmac at the Restricted Zone of the Airport, where they were detained until the next return flight was available, which usually took several days and, occasionally, a week or even longer. The holding area consisted of a prefabricated container that was locked at all times (there was no outdoor exercise yard available) and which contained a corridor with a table, a few chairs, a CCTV camera (which was out of order), an air conditioning unit, and a telephone (connected to airport security), four rooms with barred windows and a total of 14 beds, as well as a sanitary annexe with two toilets, a shower, and two sinks.

The holding rooms were dirty, and equipped with between two and five beds, many of which were broken, with worn-out mattresses, and dirty bedding and blankets. The walls showed damage and graffiti, with sharp-edged metal strips sticking out of the walls near the beds, posing a potential risk of injury for the persons held there. Hygiene and maintenance in the sanitary annexe were extremely poor; the shower and the floor were extremely dirty and damaged, water was leaking, and exposed electric wires stuck out of the wall, which presented a risk for detained persons. There was no hot water or provision of sanitary products and using a shared bathroom was problematic when unrelated single men or women, as well as families, were detained together inside the holding area, which was reportedly happening.

231. The delegation met a mother with her four children, including three toddlers, who had been refused entry into BiH and who had already been detained in the holding rooms for three days, without having been issued with a proper detention order. During that time, the family had remained inside the locked container under the above-described poor material and hygiene conditions, and without any activities on offer or even access to outdoor exercise.

Staff from the security company of the airport tasked with the custody of the persons detained there only came twice a day to the holding area to deliver food, which essentially consisted of bread and sandwiches, and bottled water (insufficient in quantity), as well as milk for the children. Detained foreign nationals were held without any support or supervision, were not provided with interpretation services, and had no information regarding access to asylum or legal aid. Further, no vulnerability assessment was carried out.

232. According to the Border Police, in 2023, almost 1 200 foreign nationals including children (see paragraph 216) had been detained in these conditions, after having been subject to refusal of entry decisions and, between January and August 2024, more than 550 persons had been held there. The authorities informed the delegation that persons refused entry into the country were only detained in the holding area until the next return flight was available, which usually departed within several days but, occasionally, foreign nationals could be held for periods of a week or longer. These figures therefore suggest that the container was regularly crowded or even overcrowded.

233. In the CPT's view, the conditions of detention in the container at the Restricted Zone of Sarajevo Airport were totally unsuitable for holding persons, due to the poor material and hygiene conditions, non-existent regime and lack of access to daily outdoor exercise, as well as the lack of supervision, information, and support provided. The container facility should therefore be replaced by a proper holding facility which can guarantee suitable conditions of detention to persons who are refused entry into the country. At the end-of-visit talks with the authorities of BiH, the delegation stressed that it was particularly unacceptable to detain children, both unaccompanied and accompanied, as well as other persons with vulnerabilities in these conditions. It therefore made an immediate observation under Article 8, paragraph 5, of the Convention requesting immediate steps to find alternative solutions for the accommodation of unaccompanied children and children with families refused entry by the Border Police.

234. In their response of 18 October 2024, the State Border Police declined any legal responsibility regarding the provision of temporary accommodation and detention of foreign nationals denied entry into the country, as this responsibility would be the exclusive obligation of the border crossing operator (the public company "the International Airport Sarajevo"; see in this regard paragraphs 213 to 214). The specific situation of children with or without families was not addressed and no steps were taken to find alternative solutions for their accommodation.

235. **In light of the above remarks and keeping in mind that this temporary holding facility falls under the jurisdiction and overall responsibility of the authorities of BiH (see paragraph 214), the CPT urges the Ministry of Security, together with the Border Police and the Service for Foreigners' Affairs, to take swift action to replace the container at the Restricted Zone of Sarajevo International Airport with a suitable holding facility equipped to provide adequate conditions of detention to persons refused entry into the country. The Committee would like to be informed of the steps taken within three months.**

In the meantime, the current holding facilities at the Restricted Zone of Sarajevo International Airport need to be urgently refurbished and regularly cleaned. If adult persons refused entry into BiH are placed there, they should be provided with adequate material and hygiene conditions (including ready access to sufficient clean drinking water, adequate food – both in quantity and nutritional value – and hygiene products), as well as daily access to outdoor exercise, and they should be adequately supervised. If these minimum conditions of detention cannot be provided at the holding facilities of the Restricted Zone of the Airport, foreign nationals deprived of their liberty exceeding 24 hours should be transferred to another, suitable holding facility.

As regards children and families with children, reference is made to the CPT recommendation made in paragraph 218. In addition, all legal safeguards mentioned in paragraphs 226 and 228 should apply to persons placed in these holding facilities.

5. Lukavica Immigration Detention Centre

a. preliminary remarks

236. The delegation carried out a follow-up visit to Lukavica Immigration Detention Centre, which is the only immigration detention facility with a view to removal in Bosnia and Herzegovina.¹⁹⁸ Opened in 2008, the Centre is situated in a wooded area in Lukavica in East (*Istočno*) Sarajevo and has an official capacity of 142 places. Following the construction of a third level of accommodation on top of the existing two floors, which was completed in May 2024 but not yet operational at the time of the visit, the capacity of the male detention block has now reached 120 places (40 per floor), whereas the operational capacity was 80 places. In addition, the delegation was informed that the Centre had an additional capacity of 22 places, both for

¹⁹⁸ See paragraphs 79-91 of the CPT report on its 2011 visit to BiH (CPT/Inf (2012) 15).

women (12 beds) and families (10 beds) in the two units located in a separate pavilion.¹⁹⁹ At the time of the visit, 38 foreign nationals were detained at the Centre, including 37 men in the male section and one woman in the unit for women.

237. In 2023, a total of 683 foreign nationals (625 adult men, 41 adult women and 17 accompanied minors) were held at the Centre and, in the first eight months of 2024, 317 persons (295 adult men, 21 adult women and one accompanied minor) were detained there. According to security staff, the average length of detention at the Centre was between three and five months. Most persons held there had been admitted to the Centre shortly before the delegation's visit. Five persons had been detained for more than six months (the longest stay being seven months). Most had been transferred from one of the four open transit reception centres, for public order and security reasons, while awaiting their removal.

b. living conditions and regime

238. The living conditions at the Lukavica Centre were poor and carceral, in contrast to the situation observed during the CPT 2011 visit, when the Centre had only been operating for about two years. The two operational floors in the male section each contained 10 rooms, usually with four beds, personal cupboard space, a table and chairs, and a fully partitioned sanitary annexe with a shower, toilet and sink. Although of sufficient size and ventilation, the rooms and corridors were untidy and poorly maintained, with worn out (or even mouldy) mattresses, damaged floors, broken bulbs and non-functioning electrical installations, and there were no call bells to allow detained persons to alert security staff at night, as these had apparently been destroyed by them. Most sanitary annexes were extremely dirty and unhygienic, many lacked shower heads or had broken toilets, and some were mouldy. Detained persons complained that they had insufficient access to hot water. Further, the delegation received many complaints about the quality of the food, which they were required to eat in their rooms, despite the contrary indications in the Rulebook on the Functioning of the Lukavica Centre, as common meals had been prohibited for security considerations, following the unruly behaviour of some detained foreign nationals. The communal spaces in the corridors were only equipped with a table and a few chairs.

239. The conditions were even worse in the two units for women and families, which lacked hygiene and maintenance. Some of the furniture and equipment in the common kitchen area and in the rooms, many of which were crowded and only equipped with bunk beds and cupboards, was damaged. Several of the rooms contained five or even six beds (three sets of bunk beds) for 17 m². Paint was peeling from the shabby walls, and floors were dirty and some were damaged. The sanitary areas were in an appalling state of hygiene and some toilets and showers were broken. Both units, which were empty on the first day of the delegation's visit, had not been cleaned and only when a woman was admitted at the Centre was the unit for women rudimentarily cleaned.

240. **The Committee has consistently held that, where it is deemed necessary to detain persons with a view to removal, they must be held in a non-carceral environment offering decent material conditions. To this end, the CPT recommends that the authorities of BiH take urgent steps to ensure that the accommodation areas in all units, including the sanitary annexes, at Lukavica Immigration Detention Centre be refurbished and regularly maintained and cleaned. This includes that every room should be equipped with a call bell, and persons held at the Centre should be provided with clean mattresses, food of sufficient quality and nutritional value, and daily access to hot water.**

Further, in the units for women and families, additional beds or bunk beds in rooms that contain more than two sets of bunk beds should be removed so as to provide sufficient living space per person, in line with the relevant regulations. For the detention of families with children, the CPT refers to its remarks and the recommendation in paragraph 218.

199. The delegation was informed that, if required, the capacity could be extended in these two units by placing additional beds there. It found 14 beds in the three rooms of the unit for women and 16 beds in the two apartments for families.

241. In terms of regime, the Rulebook on the Operation of the Lukavica Centre requires that detained persons be granted daily access to outdoor exercise for at least two hours, and preferably more.²⁰⁰ However, access to outdoor exercise was severely restricted in practice and not granted daily, and – as already criticised by the CPT in 2011 – there were no organised recreational or sporting activities on offer, this time reportedly due to security considerations and the insufficient number of security staff. The delegation received numerous credible complaints from detained foreign nationals that they often had access to the outdoor courtyards only twice a week and for no more than 20 minutes. This is unacceptable. Solutions must be found urgently to ensure that there is always sufficient staff available to allow detained persons to have daily access to outdoor exercise for at least two hours, and preferably more, in line with the requirements of the Rulebook. Moreover, although there were some benches at the entrance of the male section, the fenced courtyards lacked benches and shelters.

The rooms were locked at night and for two hours in the afternoon, and the doors were open for some 10 hours per day, where detained persons could either linger in their rooms or in the empty corridors. However, all emphasised that there was nothing to do to occupy their days.

242. In their communication of 30 October 2024, the State authorities indicated that some of the rooms and the equipment in the communal spaces in the Centre had been mostly destroyed by the detained foreign nationals themselves. These rooms had been closed until their refurbishment. Some repair works had already taken place in the women's unit and an additional cleaner had been recruited since the delegation's visit. Further, persons held at the Centre would benefit from daily access to fresh air and sports activities, with time allowances adjusted depending on the security assessment and profile of the detained foreign nationals concerned.

243. The Committee wishes to recall that the conditions of detention for foreign nationals held under immigration law should reflect the nature of their deprivation of liberty, with limited restrictions in place and a varied regime of activities. The longer the period for which persons are detained, the more developed should be the activities offered to them.

The CPT recommends that all foreign nationals detained at Lukavica Immigration Detention Centre be granted access to outdoor exercise for at least two hours per day (and preferably more) and be offered a range of purposeful activities (educational, recreational and vocational) as well as access to radio/television, newspaper/magazines, as well as other appropriate means of recreation (such as board games, table tennis, sports) and a prayer room. Further, the two outdoor exercise yards should be equipped with a means of rest, and shelters providing shade and protection from inclement weather.

244. Moreover, given that far fewer women are detained at the Lukavica Centre, it is not unusual that, at times, only one woman will be held at the establishment. This was the case of the woman who had just been admitted to the Centre at the time of the delegation's visit. Special attention should be taken to ensure that women who are detained alone are not held in conditions akin to solitary confinement.

The CPT recommends that, whenever a single woman is held at Lukavica Immigration Detention Centre, steps are taken by staff to ensure that she is offered purposeful activities and is provided with meaningful human contact for more than two hours every day.

c. healthcare services

245. The healthcare staff of the Lukavica Centre consisted of a nurse working full-time (present during weekdays from 8:00 to 16:00) and a contracted medical doctor²⁰¹ from the local health centre, who was only occasionally present and did not hold regular consultations but who was available on call. The position of an additional nurse was not filled at the time of the visit. The Centre had agreements with a local health

200. Section 60 of the Rulebook.

201. A GP with specialisation in psychiatry.

centre, a nearby hospital and an emergency service for the provision of emergency healthcare services outside the nurse's working hours, for diagnostic needs, and specialist or hospital treatment of foreign nationals.

246. Access to a doctor and to specialist healthcare services were clearly insufficient and reduced to the absolute minimum at the Centre.²⁰² Based on the findings of the delegation, the available resources did not allow for the provision of quality healthcare or for a regular and timely medical follow-up (see paragraphs 249 to 260). Healthcare services at the Centre can be summarised to the provision of reactive and emergency healthcare, for which the Centre relied on calling an ambulance.

247. **Therefore, the CPT recommends that the State authorities take the necessary steps at the Lukavica Immigration Detention Centre to arrange for the regular presence (at least two days a week) of a medical doctor and a daily nursing presence, including during weekends, by filling the additional nursing position. This would allow for the timely initial medical screening and vulnerability assessment of all new arrivals, the regular presence of nursing staff inside the detention units and the distribution of prescribed medicines by them, as well as a regular and timely medical follow-up with improved medical documentation.**

248. The healthcare unit was only fitted with basic medical equipment. However, at the time of the visit, the ECG machine was out of order and there was no oxygen, defibrillator or nebuliser, which could be detrimental for the foreign nationals detained at the Centre.

The CPT recommends that the Lukavica Immigration Detention Centre be provided with adequate medical equipment (including life-saving equipment, such as defibrillators, oxygen and nebulisers) in working order, and that staff be trained in their use.

249. Newly admitted foreign nationals were generally seen by the medical doctor who was called to the Centre within the first 24 hours of admission. However, persons who arrived during the weekend would only be seen on Mondays.

The initial medical screening upon arrival included an anamnesis (questions related to the person's medical history), taking of some basic measurements (weight, height, blood pressure) and a physical examination. The delegation was, however, informed that there was no systematic screening of transmissible diseases, assessment of vulnerabilities, or recording of injuries upon admission.

250. The Committee has long considered that routine medical screening of all newly arrived foreign nationals is in the interest both of detained persons and staff alike. Particular attention should be paid to the possible existence of mental disorders, acute and chronic diseases, transmissible diseases (specifically, systematic TB screening and voluntary testing for hepatitis B/C and HIV), medication needs, and to ensuring the timely recording of any injuries. The medical examination should also detect any possible signs of addiction, risk of self-harm, particular vulnerabilities, psychological distress, and previous experience of traumatisation, violence, or abuse, and take into account the specific needs of detained persons (in terms of gender, age, etc.). Such information should be considered when drawing up a care plan for the persons concerned to ensure their regular follow-up, treatment, and support.

The CPT recommends that the Ministry of Security and the Service of Foreigners' Affairs ensure that all newly arrived persons benefit from comprehensive medical screening in line with the above-mentioned principles by a doctor, or a fully qualified nurse reporting to a doctor, as soon as possible after their arrival (within 24 hours) at Lukavica Immigration Detention Centre.

202. The doctor was only rarely present in the Centre and there were only seven external consultations in 2024, all of which, moreover, only concerned emergency healthcare.

||| **The recommendation formulated in paragraph 16 on adequate recording and reporting of injuries also fully applies in this context and a dedicated register of injuries observed on detained persons during admission and detention should be put in place.**

251. The individual medical records of the persons detained at the Centre were poorly kept and contained insufficient information about the outcome of the physical examination; they usually contained a single sentence for almost all patients, indicating that the examination findings were normal, including for individuals who had refused to be examined.

||| **This shortcoming should be remedied.**

252. The delegation was concerned to learn that all medical examinations at the Centre were carried out in the presence of security personnel, which did not allow for them to take place in conditions of medical confidentiality.

||| **The remarks and recommendation outlined in paragraph 31 also fully apply in this context.**

253. The distribution of medication was mostly done by security staff, including at times when the nurse was present at the Centre. Security staff also dispensed additional medication (simple painkillers) upon request, without a prior medical examination and approval by healthcare staff.

||| **The CPT recommends that the State authorities ensure that medication is distributed by nursing staff.**

254. When inspecting the premises of the healthcare unit, the delegation noted that the medicine cabinet contained several medicines for which the expiry date had passed, and which were mixed with the remainder of the medication in use.

||| **Care should be taken to ensure that expired medication is never used and is properly disposed of.**

255. Detained foreign nationals with substance use disorders could benefit from opioid agonist therapy and five persons had effectively received such treatment in 2024. The Rulebook on the Operation of the Lukavica Centre provided for the necessary medical monitoring, and action in case of risk of self-harm or suicide, including possible transfer to a specialised medical or mental health institution.²⁰³

256. The delegation found that the provision of psychological and psychiatric care appeared problematic. In addition to the medical doctor, who was only available on call, a psychologist had been contracted since March 2024 but was present at the Centre for only a few hours per week. Further, the civil society organisation BH Women's Initiative also provided some psychological support, once a week, but their focus was exclusively on vulnerable foreign nationals (mostly women and families).

257. In the CPT's view, the healthcare team should take a more proactive approach in dealing with persons at risk of self-harm or suicide, as an analysis of the records indicated that several such incidents had occurred in 2024.²⁰⁴ No written records were made in the persons' medical files regarding these incidents and there were no indications that their situation had effectively been monitored and closely followed by healthcare staff.

203. Sections 58 and 59 of the Rulebook.

204. In June 2024, a man was hospitalised in a psychiatric hospital following his suicide attempt by hanging – he had previously been restrained following another incident of attempted self-harm/suicide. In August 2024, a woman was restrained with Velcro straps as she had threatened to commit suicide.

258. Moreover, the delegation was particularly concerned about the situation of a detained person with a severe mental disorder placed in disciplinary solitary confinement. From his medical file, it transpired that he had been left without adequate psychiatric care and treatment since his admission to the Centre in March 2024. Thereafter, the person had not received any medical attention for the next four months, when the psychiatrist eventually diagnosed a "persistent paranoid personality disorder" and indicated that he repeatedly refused to take his medication. Although he underlined that the person concerned could not be treated at the Centre and that his continued stay there would only worsen his mental health condition, no action was taken between July and September to offer him any kind of treatment or transfer him to a psychiatric establishment.

On the contrary, the person was repeatedly placed in solitary confinement for lengthy periods of time, including for disciplinary reasons (see also 265), without any evidence to indicate that he was swiftly and systematically seen by healthcare personnel and that his mental health condition was continuously monitored. In this regard, the delegation was informed that healthcare staff were not required to conduct regular daily visits to persons who were placed in disciplinary solitary confinement. He was thus left for lengthy periods in solitary confinement, without receiving adequate treatment or support.

At the time of the delegation's visit on 7 and 11 September 2024, his mental health had visibly deteriorated, due to the lack of treatment and care. He was found sitting in a slumped posture on a blanket on the floor in a solitary confinement cell, with neglected personal hygiene and without the possibility of establishing any verbal contact. For this reason, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention and requested that the authorities of BiH take urgent action to transfer this person to a psychiatric establishment, where he can benefit from adequate treatment and care.

259. In their communication of 30 October 2024, the State authorities confirmed that the person concerned has been discharged from the Lukavica Immigration Detention Centre and transferred to a psychiatric hospital.

260. **Nevertheless, the CPT considers that further measures are required to avoid similar situations from occurring. The CPT recommends that the State authorities ensure that healthcare staff at Lukavica Immigration Detention Centre take a more proactive and therapeutic (rather than security-focussed and punitive) approach to the prevention of self-harm and suicide. The same approach should be pursued for persons with mental disorders who should not be placed in disciplinary solitary confinement but receive appropriate treatment and support.**

This requires appropriate medical supervision and documentation through the regular presence of the medical doctor and the psychologist, who should have regular in-person consultations (once a week) to assess and provide adequate follow-up, treatment and support to the persons concerned. If such care and treatment cannot be provided at the Lukavica Centre, the persons concerned should be transferred swiftly to a specialised medical or mental health institution, as required in the Rulebook on the Operation of the Centre.

Moreover, the CPT recommends that action be taken, including by amending the relevant regulations, to ensure that detained foreign nationals placed in disciplinary solitary confinement are immediately seen by healthcare staff after their placement and, thereafter, on a regular basis, at least once per day. To be able to take on these additional tasks, the presence of healthcare staff needs to be reinforced at the Lukavica Centre (see paragraph 247).

d. other issues

261. Security staff at the Lukavica Immigration Detention Centre was composed of officers who were responsible for both security and escorting detained foreign nationals. The delegation was informed that, out of 62 required positions, only 47 were filled (including 43 security officers, three of whom were women, and four duty officers). At the time of the visit, only seven security officers (including one duty officer) were

present, which was the usual staffing component per shift, given that the other officers were fulfilling their escorting duties. Consequently, the regime for detained foreign nationals was reduced to a minimum, with severe restrictions on access to outdoor exercise and the complete absence of any purposeful activities (see paragraph 241), while priority was given to security-related considerations.

Further, interaction between most security officers and detained foreign nationals appeared to be distant and were reduced to a minimum. Staff were neither trained nor sufficient in number for interactions based on a dynamic security approach, or to be attentive to the needs of persons with vulnerabilities.

262. The importance of good communication between detained persons and security staff in a closed environment such as an immigration detention centre cannot be overemphasised. To this end, staff should be sufficient in number. Further, the CPT reiterates that, due to the challenging environment, staff working in an immigration detention centre should be carefully selected and receive appropriate training. Staff should also possess well-developed qualities in interpersonal communication and cultural sensitivity, as well as de-escalation skills, given the diverse backgrounds of the foreign nationals detained there. At least some of them should have relevant language skills. Ideally, they should be taught to recognise the possible symptoms of stress reactions displayed by detained persons, and to take appropriate action.

||||| The CPT recommends that the State authorities take steps to urgently review and increase staffing levels and provide all staff with specific training on working with foreign nationals in an immigration detention setting. This training should include inter-personal communication, trauma-informed care, cultural sensitivity, and de-escalation.

263. The Rulebook on Standards of Operation of the Lukavica Centre allows for the "measure of enhanced supervision", which includes solitary confinement of detained foreign nationals for disciplinary reasons and under enhanced surveillance in a room with CCTV surveillance. Disciplinary solitary confinement may last for up to 10 days.²⁰⁵

264. There was no central register for documenting the length of placement and the use of the two solitary confinement cells. The delegation therefore had to rely on the incomplete written documentation available, which comprised the individual disciplinary decisions, incident reports and medical records of the persons concerned. Although disciplinary solitary confinement was not imposed very often (reportedly six times in 2023 and three times since the beginning of 2024), it usually lasted for the maximum period of 10 days.

In some instances, the disciplinary solitary confinement was prolonged by solitary confinement under enhanced surveillance, without a clear distinction being made between the different measures. In practice, both measures appeared to be mixed and could be carried out successively in the same cell and without interruption. Further, related safeguards such as the right to be heard or to be assisted were usually not respected.

265. This was notably the case for the above-mentioned person with a severe mental disorder who had become aggressive, reportedly due to a psychotic decompensation, and could therefore not comply with the instructions of security staff (see paragraphs 220 and 258). At the time of the visit, he had been placed in disciplinary solitary confinement without a disciplinary decision for at least two days due to the absence of the director (who had reportedly given his agreement over the phone). Although a proper disciplinary decision had been issued shortly thereafter, the delegation did not find any evidence that the person concerned had effectively been heard or been assisted during the disciplinary proceedings, despite his severe mental disorder, or that he had been given a copy of the disciplinary decision. Further, the disciplinary decisions were only available in Bosnian. He had thus found himself repeatedly, for lengthy periods of time (18 days, almost three weeks), in solitary confinement both for disciplinary purposes and, subsequently, under enhanced surveillance, without any interruption of the segregation measure and without access to outdoor exercise.

205. Section 75 of the Rulebook.

266. In the CPT's view, it is in the interest both of detained persons and staff working within an immigration detention centre that there be no grey areas regarding their placement in solitary confinement, as this might otherwise risk the development of an unofficial (and uncontrolled) system. Further, it is recalled that lengthy solitary confinement can potentially have extremely damaging effects on the physical and/or mental health of the persons concerned (see paragraph 258). The Committee considers that disciplinary solitary confinement should only be imposed in exceptional cases and for the shortest possible duration and should preferably be avoided altogether in an immigration context.

Detained foreign nationals should therefore never be placed successively in disciplinary solitary confinement and under enhanced surveillance for uninterrupted periods of solitary confinement exceeding 14 days. If it is deemed necessary to place an individual under enhanced surveillance for longer periods due to an increased risk of self-harm or suicide or a mental disorder, the person concerned should be transferred swiftly to a specialised medical or mental health institution. Further, the access of persons held in solitary confinement to outdoor exercise should never be restricted.

Moreover, detained foreign nationals subjected to disciplinary proceedings should be afforded appropriate safeguards. They should be informed in writing of the charges against them, be granted the right to be heard in person by the decision-making authority, to call witnesses on their own behalf, to cross-examine evidence given against them, have effective access to legal aid and, if required, to be assisted throughout the disciplinary procedure. Whenever necessary, professional interpretation services should be provided. Further, a copy of the decision should be given to the detained person concerned, who should be informed of the reasons for the decision and the possibility of lodging an appeal against it within three days to the Director of the SFA within the Ministry of Security.

267. **The CPT recommends that the State authorities take the necessary measures, including by amending the relevant regulations and reviewing the practice of placement in solitary confinement, to ensure that the above-mentioned precepts and safeguards regarding disciplinary proceedings are effectively applied in practice at the Lukavica Immigration Detention Centre. In particular, the cumulative placement in solitary confinement for disciplinary purposes and under enhanced surveillance, resulting in an uninterrupted period of solitary confinement exceeding 14 days, should be ended. Further, persons held in solitary confinement should be granted daily access to outdoor exercise in line with the relevant regulations.**

The Committee also recommends that a dedicated register for the placement of detained persons in solitary confinement be created at the Lukavica Centre. The entry should include the times when the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the person who ordered or approved it, the involvement of healthcare professionals and, if applicable, an account of any injuries sustained by the detained person or staff.

268. The two solitary confinement cells, which were located on the ground floor of the male section of the Centre near the security staff room, were equipped with a mattress and a floor level toilet but had no access to natural light. The CCTV camera in one of the rooms covered the toilet area.

||| The CPT recommends that, when it is deemed necessary to place a detained person under video-surveillance, the individual's privacy be preserved when the person concerned is using a toilet, for example by pixelating the image of the toilet area.

269. Contact with the outside world was generally satisfactory. Detained persons were allowed to receive open visits once a week, under the visual supervision of security staff, once the visitors had been cleared by the Director of the Centre. There were also payphones available at the Centre for those who had the means to purchase phone cards. In addition, foreign nationals were occasionally provided with access to their mobile phones upon request.

The CPT considers that it would be desirable to offer all detained persons the possibility to maintain contact with their relatives and friends, including abroad, by using modern technology, such as free-of-charge Voice over Internet Protocol (VoIP) services.

||| The CPT invites the State authorities to consider introducing the possibility for all foreign nationals detained at Lukavica Immigration Detention Centre to be granted regular and free access to videoconferencing services and equipment.

270. Effective complaint procedures are basic safeguards against ill-treatment in immigration detention centres. Foreign nationals held for immigration purposes should have avenues open to them, both internally and externally, and be entitled to confidential access to an appropriate complaints authority. At the Lukavica Centre, requests and complaints could be made in writing to the Centre's management, but they were not collected in a confidential manner and there was no central register for complaints. Several foreign nationals indicated that their written requests had been repeatedly torn up by security staff. Further, there was scope for improvement to inform detained foreign nationals about avenues for submitting external complaints, which could be made to the State Ombudsman and non-governmental organisations.

||| The CPT recommends that the State authorities take measures to ensure that avenues for foreign nationals held at Lukavica Immigration Detention Centre to complain are readily available, both internally and externally, and effective. To this end, detained persons should be informed, orally and in writing, of these avenues of complaint and of the outcome of their complaint.

Further, a central register of complaints should be established and detained persons should be able to make their complaints in a confidential manner (for example, by providing envelopes or installing accessible and locked complaint boxes, to be opened only by specially designated persons).

271. In addition to occasional internal inspections carried out by the Ministry of Security, there was no regular external monitoring of the Lukavica Immigration Detention Centre, as the Ombudsman had not visited the Centre for several years already, and the NPM was not yet operational. Further, relevant NGOs could access the centre to see specific detained foreign nationals to either provide legal aid or psychological support, but they did not monitor the conditions of detention.

The Committee has stressed that independent monitoring of detention facilities for irregular migrants is an important element in the prevention of ill-treatment and, more generally, of ensuring satisfactory conditions of detention. To be fully effective, monitoring visits should be both frequent and unannounced.

||| The CPT recommends that the Ministry of Security and the Service for Foreigners' Affairs ensure that regular external inspections are carried out to Lukavica Immigration Detention Centre. This recommendation equally applies to the holding areas in the Restricted Zone of Sarajevo International Airport.

APPENDIX I – ESTABLISHMENTS VISITED

The delegation visited the following places of detention:

Police establishments

- Judicial Police Headquarters of Bosnia and Herzegovina
- Detention Unit of the Federal Ministry of the Interior, Sarajevo
- Police Station "Dom Policije" of the Federal Ministry of the Interior, Sarajevo
- Sarajevo Judicial Police Headquarters
- Detention Unit located in the premises of Novo Sarajevo Police Station (Sarajevo Canton)
- Headquarters of the Special Police Unit (Sarajevo Canton)
- Tuzla Central Police Station (Tuzla Canton)
- Kalesija Police Station (Tuzla Canton)
- Banja Luka Central Police Station (RS)
- Detention Unit Zalužani (RS)
- Doboј Police Administration Headquarters (RS)
- Doboј II Police Station (RS)
- Višegrad Police Station (RS)

Prison establishments

- State Prison of Bosnia and Herzegovina
- Tuzla Prison (FBiH)
- Zenica Prison (FBiH)
- East Sarajevo Prison (RS)
- Banja Luka Prison (RS)
- Doboј Prison (RS)

Social care homes

- Institution for Social Care and Healthcare Drin, Fojnica (FBiH)
- Institution for Social Care, Healthcare, Upbringing and Education, Pazarić (FBiH)
- Home for Persons with Disabilities, Višegrad (RS)

Immigration detention establishments

- Holding rooms of the Border Police and holding area in the Restricted Zone of Sarajevo International Airport
- Immigration Detention Centre, Lukavica

"NO ONE SHALL BE SUBJECTED TO TORTURE OR TO INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT"

Article 3 of the European Convention on Human Rights

Established in 1989 by the Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the CPT's aim is to strengthen the protection of persons deprived of their liberty through the organisation of regular visits to places of detention.

The Committee is an independent, non-judicial preventive mechanism, complementing the work of the European Court of Human Rights. It monitors the treatment of persons deprived of their liberty by visiting places such as prisons, juvenile detention centres, police stations, immigration detention facilities, psychiatric hospitals and social care homes. CPT delegations have unrestricted access to places of detention, and the right to interview, in private, persons deprived of their liberty. They may access all the information necessary to carry out their work, including any administrative and medical documents.

The CPT plays an essential role in promoting decency in detention, through the development of minimum standards and good practice for states parties, as well as through coordination with other international bodies. The implementation of its recommendations has a significant impact on the development of human rights in Council of Europe member states and influences the policies, legislation and practices of national authorities regarding detention.



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The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.