KEY OBSERVATIONS

PRIORITY TOPICS

■ Prison (children)

ILL-TREATMENT – Urgent and concrete action to prevent excessive use of force by staff on juveniles and to counter inter-juvenile violence, including sexual abuse, and to ensure proper documentation and formal follow-up (e.g. forensic examination, police investigation, and judicial oversight).

DISCIPLINE – Improvement of the regime of children and young persons held in the Closed Regime section, and of those under disciplinary and enhanced supervision measures.

■ Psychiatry (Prison Hospital)

LIVING CONDITIONS – Urgent measures to address the overcrowding and poor living conditions.

MEANS OF RESTRAINT – Steps to ensure the use of mechanical restraint are in line with national guidelines and CPT standards, which should include the full documentation of every instance of restraint, and strict supervision of its use.

TREATMENT – Improvement of the regime of remand and acute psychiatric patients, including through increased access to outdoor exercise and psycho-social activities.

■ Psychiatry (civil – adults and child units)

LIVING CONDITIONS – Urgent action to ensure daily access to outdoor fresh air for all adult and child patients.

MEANS OF RESTRAINT – Prioritise non-invasive de-escalation techniques towards patients and address the excessive use of means of restraint (fixation) upon admission to hospital.

TREATMENT – Strengthen the individualised approach towards the treatment of patients, and increase access to therapeutic and recreational activities. Urgent action to ensure daily access to outdoor fresh air for all adult and child patients.

THE CPT AND SERBIA

Serbia ratified the ECPT in 2004, and the Committee's first visit took place in 2004.

Since ratification, the CPT has carried out 9 country visits to Serbia – 5 periodic and 4 ad hoc – including 63 visits to police establishments, 35 to prisons, 11 to psychiatric institutions, 5 social welfare and educational-correctional establishments, 3 to military detention facilities, and one to border and immigration detention facilities.

All the visit reports have been published. Serbia did not accept the automatic publication of the visit reports.

EXECUTIVE SUMMARY

The 2024 ad hoc visit to Serbia by the CPT focused on two specific areas: (i) on the treatment of persons deprived of their liberty in juvenile educational-correctional detention, and (ii) on adult and child psychiatry (forensic and civil).

For this visit, the greatest concerns to the Committee were related to the core issue of physical safety of children and young persons held in the Juvenile Educational-Correctional Facility of Kruševac, as well as the situation of child patients treated in various psychiatric clinics, especially the isolated cases of children held in psychiatric institutions long-term.

Establishments under the authority of the Ministry of Justice

The visit focused on the treatment of children held under educational-correctional measures in the Juvenile Educational-Correctional Facility of Kruševac, and of psychiatric patients of the Special Prison Hospital.

The targeted visit to the Juvenile Educational-Correctional Facility of Kruševac examined the situation of children placed in closed and semi-open regimes, as well as those subject to segregation and disciplinary measures. The CPT found that some aspects of treatment had improved since 2023. These included: the closure of the Intensive Care Unit; some enhancements in material conditions (for example, children now were afforded access to toilets at night); a reduction over the previous year in the recorded use of force on children; and the appointment of a new doctor.

However, the CPT continued to observe a punitive approach in the institution, which appeared to outweigh its educational ethos. It remained seriously concerned about the safety of the children in the facility, most notably, the continued use of batons by custodial staff on children, at times inflicting serious injuries; and the frequency and severity of inter-juvenile violence, including sexual violence.

All these issues had persisted since the CPT's visit in 2023, suggesting that any measure taken by the authorities to prevent use of the baton had not had sufficient effect. As a result, the Committee recommends that the Serbian authorities now prohibit the use of batons as a legitimate means of force in educational-correctional facilities. Also, whenever indications of an alleged sexual abuse emerge, a forensic medical examination should be carried out promptly, and psychological support should be provided to the alleged victims, while the allegations are sent on to the prosecutor and police.

The Committee considers that the culture on the Closed Regime Block remained excessively punitive, marked by a lack of purposeful regime and long lock-up times for the children held there. This constitutes a missed opportunity to work with those children and help tackle their challenging behaviour and support progression. The Committee reiterates its recommendation that the Serbian authorities take further measures to implement a comprehensive programme of purposeful and structured activities for children placed under this regime. Staff should be present in adequate numbers to ensure both a dynamic security approach and adequate control, and should receive regular and ongoing training in de-escalation and manual control techniques.

In the Special Prison Hospital, overall, the delegation found a situation that had not significantly improved since the Committee's visit in 2021. Of particular concern is the severe overcrowding that had reached saturation point.

While it is positive that plans for the construction of an additional site to accommodate forensic patients are underway, the CPT considers that merely building new infrastructure will not, in itself, halt the flow of persons being sentenced by the courts. The Committee therefore recommends that the Serbian authorities adopt a multi-sectorial strategy of forensic treatment, including a meaningful treatment model for forensic psychiatric care, based on the principle of the least restrictive care. It also urges rapid investment in a greater number of step-down facilities for those forensic patients who need this transitional step before being discharged into the community.

The delegation received a couple of allegations of ill-treatment by staff from the patients, including incidents involving the use of force with batons and excessive use of means of restraint. Further, the delegation received several allegations of verbal abuse and noted one recorded disciplinary case in which a staff member punched a patient, resulting in a sanction. Inter-patient violence did occur on a frequent basis, most of which were recorded and investigated. The CPT recommends that the authorities review the existing procedures for the reporting of injuries and ensure that a thorough medical examination is followed after any violent incident.

The CPT found that a frequent use of mechanical restraint (fixation), at times, lasting, for extended periods. The Committee also considers that the routine practice of placing fixated patients in incontinence pads is degrading. It reiterates that the Serbian authorities should ensure that the national legislative guidelines on the use of mechanical restraints are applied in the Prison Hospital, and the use of means of restraint is fully documented and subject to strict supervision by the facility's management.

Since 2021, some premises on the third floor had been refurbished, and in-cell sanitary annexes had been installed. Nevertheless, living conditions on the fourth floor of the Prison Hospital remained appalling for the majority of male patients, including child patients held there. The premises were dilapidated, at times unhygienic, and cigarette smoke was omnipresent in both corridors and rooms. The negative impact of overcrowding had further deteriorated, with 10 to 12 patients crammed into 40 m2 rooms.

Despite repeated CPT recommendations over the years to evolve and diversify the treatment of patients, it still consisted mainly of pharmacotherapy. Individual treatment plans were not systematically updated, and occupational therapy was available to some, but not to all, patients (excluding acute, newly-arrived, and remand patients). The CPT calls upon the Serbian authorities to take urgent and immediate measures to develop a range of psycho-social activities for all psychiatric patients held in the Prison Hospital, and to increase the number of healthcare staff (psychologists, occupational therapists, and nurses).

In respect of female patients, the Committee considers that a gender-specific screening should be in place upon admission, including for the detection of any history of sexual abuse and other gender-based violence, as well as increased access to specialist support services for their victims. Lastly, the Committee reiterates that children must never be sent to the Prison Hospital, but should be instead immediately transferred to a civil hospital.

Psychiatric establishments (for adults and children) under the authority of the Ministry of Health

In respect of adult patients, the visit covered two psychiatric facilities: the Laza Lazarević Clinic (its Belgrade and Padinska Skela sites) and the Special Hospital for Psychiatric Diseases in Kovin.

Most patients in the psychiatric facilities visited spoke positively about the staff. However, the delegation received several allegations of ill-treatment by staff of patients at the Intensive Care Unit 1 Ward of the Laza Lazarević Clinic's Belgrade site and the Male Acute Ward of the Kovin Hospital. The CPT regards the situation at the former as particularly concerning, due to the number of reports of ill-treatment received from current and former patients.

The CPT acknowledges certain improvements in living conditions in both establishments. In the Kovin Hospital, the premises visited had been recently renovated and appeared to be in good condition, although the second phase of the hospital's reconstruction remained pending. In the Laza Lazarević Clinic, despite some refurbishments, material conditions were deteriorating, and many premises still required refurbishment or structural renovation.

The absence of access to the outdoors for patients of the Laza Lazarević Clinic's Belgrade site has been a recurring problem since as early as from 2004 and remained unchanged in 2024.

The treatment of psychiatric patients continued to consist largely of pharmacotherapy only. The delegation did not observe any significant changes in the development and regular updating of patients' individual treatment plans, which remained cursory. Non-pharmacological therapy remained insufficient. It was particularly limited in the acute wards of the Laza Lazarević Clinic's Belgrade site. While it is positive that both establishments had increased their capacity for forensic patients, the CPT recommends that the Serbian authorities further strengthen the forensic treatment programme within civil psychiatric hospitals.

The CPT welcomes the overall tendency of increasing staff capacity; however, the majority of its earlier recommendations on staffing remain valid and pertinent. Sufficient staff should be available at all times in psychiatric institutions, particularly nurses and medical associates (such as psychologists, special educators, social workers, etc.).

With regard to seclusion and mechanical means of restraint, the former was not applied in any of the facilities visited. However, mechanical restraint was reportedly used on many occasions, including in the presence and view of other patients. The number of fixations upon admission at the Intensive Care 1 Ward of the Laza Lazarević Clinic was particularly striking. The delegation also came across several accounts of long-term fixation of patients, including in incontinence pads, which were not documented in the restraint registers.

The treatment of children was assessed in two psychiatric facilities: the Adolescent Unit at the Laza Lazarević Clinic and the Clinic for Children and Adolescent in Belgrade.

The delegation did not receive any allegations of ill-treatment of children by staff, and most children spoke positively about staff. There were minor altercations between children, but staff reacted promptly in these cases.

Although the living conditions were generally good, the CPT highlighted the importance of establishing a home-like environment in the facilities, which offers greater visual stimulation and provides for better therapeutic outcomes.

The CPT was particularly concerned by the absence of access to fresh air and outdoor exercise for children placed in both clinics. The Committee recommends that, as a matter of priority, child patients be offered outdoor exercise every day, to the extent that their health allows.

As in the case of adult patients, the treatment of children consisted largely of pharmacotherapy only, and individual plans were non-individualised and rarely updated. Although certain therapeutic and recreational activities were available to children, the CPT recommends that the number of such activities be increased, and be sufficiently varied, age-appropriate, and available daily. The number of staff (specifically nurses and medical associates) should also be increased.

Many children experienced fixation shortly after admission, often applied in the presence and view of other patients. The delegation came across cases of longer-term fixation of children, including overnight, in some instances without a systematic record of actual timing. As a general rule, children should not be subjected to any means of restraint, and alternative de-escalation techniques should be applied instead. In this regard, the Committee recommends that the Serbian authorities revise existing practices and relevant procedures concerning the use of means of restraint on child patients in psychiatric institutions.

The legal framework did not contain appropriate safeguards in the event of a conflict of interest between a child and their parent(s) or legal representative. It does not allow for independent monitoring of involuntary admission and placement to psychiatric institutions, and child patients have no practical means to challenge such decisions.

The CPT has serious misgivings concerning the cases of long-term placement of children in acute psychiatric facilities. In the Committee's view, the placement of children lacked sufficient medical justification, and, inter alia, there was no independent review of the necessity of their continued placement. The children were isolated from other patients and had limited meaningful human contact, they had no direct contact with their families and the outside world, no access to the outdoors and their regime was critically limited. The Committee considers that such treatment may, in its view, be considered as inhuman or degrading.

The individual situation of each child is described in detail in a confidential Supplementary Visit Report. The Serbian authorities should take immediate steps to terminate the placement of these children in psychiatric facilities and to transfer them to an appropriate non-medical setting. Pending these arrangements, the Committee calls for an immediate improvement of their living conditions, regime, and other aspects of their treatment.