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Executive summary

to the Report

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

from 5 to 15 October 2015

Strasbourg, 22 November 2016

EXECUTIVE SUMMARY

The CPT's 4th periodic visit to Armenia provided an opportunity to assess the measures taken by the Armenian authorities in response to the recommendations made by the Committee after previous visits. In this connection, particular attention was paid to the safeguards against ill-treatment of persons in police custody and the material conditions, regime and health care service in prisons. The delegation also visited psychiatric establishments in order to examine the treatment and legal safeguards offered to patients hospitalised on an involuntary basis.

Police establishments

The delegation received a small number of allegations of police ill-treatment, most of them referring to excessive use of force upon apprehension, which would suggest that there had been an improvement in this area. The delegation, however, did gather other indications, including of a medical nature, that the phenomenon of ill-treatment by the police was not entirely eradicated. A key factor in this respect was that the procedure for recording injuries observed on persons brought to police detention facilities failed to perform the function of preventing ill-treatment. In particular, such examinations routinely took place in the presence of police officers who had brought in the person, the explanations of the detained persons as to the origin of their injuries were usually not sought and not recorded, and the health-care staff did not attempt to assess the degree of consistency between any such explanations that were given and the objective medical findings.

The delegation examined in detail a number of cases involving allegations of ill-treatment under investigation by the Special Investigation Service (SIS), established in 2007 as a separate agency specialised in the carrying out of preliminary investigations of cases possibly involving abuses by public officials, and formed a generally positive view of the professionalism of the SIS investigators. That said, the Committee called upon the Armenian authorities to significantly reinforce the SIS in terms of operational staff, thereby removing its need to rely on local police officers, and to ensure that all formal complaints about police ill-treatment as well as all cases in which other information indicative of ill-treatment by the police has emerged, are promptly forwarded to and processed by the SIS.

Concerning the legal safeguards against ill-treatment (in particular, notification of custody, access to a lawyer and information on the aforementioned rights), the delegation gained the overall impression that once the police custody was formalised and duly recorded, these safeguards were operating adequately. The safeguards, however, were not applicable in cases where persons were "invited" to come to the police for "informal talks" (the purpose being to elicit confessions and/or collect evidence) and had to stay at police establishments for several hours or even up to two days, before being formally declared a criminal suspect and informed of their rights (and thus enabled to exercise them).

As for access to a doctor, the CPT reiterated its long-standing recommendation that persons deprived of their liberty by the police be expressly guaranteed such access (including to a doctor of their own choice) from the very outset of their deprivation of liberty.

The material conditions in the detention areas of police establishments visited were generally satisfactory or even very good. That said, the Committee called upon the Armenian authorities to take immediate measures to ensure that offices or corridors are not used as a substitute for proper detention facilities.

Military detention facilities

The delegation carried out a follow-up visit to the Isolator of the Military Police Headquarters in Yerevan. As regards material conditions, all the cells were of a good size for their intended occupancy and in a good state of repair. By contrast, the offer of activities was extremely poor, limited to some theoretical military training and reading other books or newspapers/magazines, as well as playing board games inside the cell. For this reason, and also due to problems with providing adequate psychiatric care and psychological assistance, it was clear to the delegation that the Isolator was not a suitable place for prolonged detention. More generally, using the facility as a *de facto* remand prison could, in the CPT's view, raise an issue of conformity with the European Prison Rules.

Penitentiary establishments

The delegation visited for the first time Armavir and Vanadzor prisons. Further, it paid follow-up visits to Nubarashen Prison, Yerevan-Kentron Prison and the Central Prison Hospital (with a focus on the psychiatric ward).

On a general note, while there was no longer any overcrowding at the national level, the fact remained that some establishments (especially Nubarashen Prison) were overcrowded. In this context, the CPT noted the various legislative and organisational measures (both already taken and planned) to combat prison overcrowding, and strongly encouraged the Armenian authorities to pursue them. Further, the delegation again observed striking differences in conditions of detention in different cells in the prisons visited. It was also clear that corruption remained a problem in the Armenian prison system; the Committee called upon the Armenian authorities to step up their efforts to combat this phenomenon.

No allegations of ill-treatment by staff were received at any of the penitentiary establishments visited, and staff-prisoner relations appeared generally free of visible tension. However, the delegation again observed that there was a general tendency for the management to partially delegate authority to a select number of inmates (the so-called "watchers") who were at the top of the informal prison hierarchy and use them to keep control over the inmate population. The CPT called upon the Armenian authorities to take resolute steps to put an end to this practice.

As concerns prisoners sentenced to life imprisonment, the delegation noted as a positive development that they were no longer routinely handcuffed when outside their cells and during outdoor exercise. The delegation also noted that, for the first time since the CPT had started visiting Armenia, a number of life-sentenced prisoners had been transferred from closed to semi-closed regime; this was a positive development.

By contrast, the visit entitlement of life-sentenced prisoners had remained significantly lower than those of other sentenced prisoners and visits under closed conditions (with a glass partition) remained the rule.

The CPT noted the ongoing transfer of life-sentenced prisoners to Armavir Prison and, in this context, called upon the Armenian authorities to ensure that life-sentenced prisoners at the aforementioned establishment are offered a range of purposeful out-of-cell activities (such as work, education, sports, recreational activities). The CPT also asked the authorities to confirm that life-sentenced prisoners would no longer be segregated from the rest of the prisoner population.

The material conditions of detention at Nubarashen Prison had remained unacceptable; the prison was severely overcrowded and in a state of advanced dilapidation. Most of the cells at Yerevan-Kentron Prison remained dilapidated and overcrowded too. The standard cells at Vanadzor Prison were generally well lit and ventilated, and adequately equipped; however, many of them offered only cramped conditions.

As regards the new Armavir Prison, the cells were not overcrowded and were well lit and suitably equipped, though the absence of efficient ventilation was a problem in the cells, the showers and the kitchen. However, signs of wear-and-tear were already clearly visible in the operational units, although the prison had only been in operation for some eight months.

As to the activities for prisoners, the Committee remains seriously concerned by the almost total absence of anything even remotely resembling a regime of activities in any of the prisons visited. The CPT once again called upon the Armenian authorities to take decisive steps to develop the programmes of activities for both sentenced and remand prisoners.

Health-care services in the prisons visited remained understaffed (the situation had actually worsened at Nubarashen Prison) and poorly equipped, and there were problems with access to specialist care, especially psychiatric (while there were many inmates in need of such care, including lifers). There was also a serious shortage of medication, with a heavy reliance on inmates' families.

Furthermore, the procedure of medical screening on admission, especially recording and reporting of injuries, remained totally inadequate: it was still a part of the initial handover procedure and both police convoy officers and custodial prison staff were routinely present during such examinations, in violation of the principle of medical confidentiality.

At the Central Prison Hospital, the delegation observed a very limited treatment regime, lack of occupational activities and generally poor material conditions on the psychiatric ward. Further, the CPT reiterated its view that it is not acceptable to accommodate somatic patients together with the psychiatric patients.

The CPT also made recommendations on other issues, such as the low prison staffing levels, disciplinary procedure (inmates were not informed in writing about the charges, there was no oral hearing, they had no access to legal assistance, were not given a copy of the decision and were not informed of the possibilities of appeal), contact with the outside world (insufficient visiting entitlement which remained attached to the sentence and type of regime) and inefficient complaints procedures.

Psychiatric establishments

The delegation carried out a first-time fully fledged visit to the Nubarashen Psychiatric Medical Centre in Yerevan and visited, for the first time, the Gyumri Mental Health Centre.

The delegation received no allegations of ill-treatment of patients by staff at the two psychiatric establishments visited. The general atmosphere between staff and patients appeared relaxed and patients spoke positively about staff. Further, inter-patient violence did not appear to be a significant problem at either institution.

Patient accommodation at both hospitals visited was bleak, dilapidated, impersonal and lacking privacy. At the Gyumri Centre, the patient rooms were overcrowded, with some beds touching.

Notwithstanding the CPT's clear recommendations in the report on the 2010 periodic visit, there was still no dedicated and separate accommodation area for female forensic patients in the Forensic Psychiatric Unit of the Nubarashen Hospital. Indeed, the sole female patient was being held in a small room in full view of male patients with no other gender-specific facilities for her. The Committee stressed once again that this was absolutely unacceptable.

Concerning staffing, in both establishments the numbers of ward-based staff were insufficient to provide adequate care, assistance and supervision and to ensure a safe environment for patients (and staff).

The treatment was still almost exclusively based on pharmacotherapy and containment, with no psycho-social rehabilitation and occupational/creative activities and only very limited recreational activities available. Furthermore, it transpired from the delegation's interviews with the patients that opportunities for outdoor exercise on the general wards of Nubarashen Hospital and the Gyumri Centre were very limited, with some patients not going outside for months on end.

The delegation noted that seclusion was not used and that there appeared to be no excessive resort to means of mechanical restraint in either establishment. However, at Nubarashen Hospital, the delegation gained the impression that the relevant registers did not reflect the actual use of mechanical restraint. Furthermore, it transpired that some types of restraint (e.g. fixation of patients onto their beds with sheets around their abdomen) were not considered as such by the staff. The CPT made several recommendations, including as regards the duration of mechanical restraint, the recording of instances of any means of restraint and the supervision of patients under restraint.

Concerning safeguards, the delegation noted that none of the civil psychiatric patients at the Gyumri Centre and just two at Nubarashen Hospital, accommodating over 300 patients, were the subject of involuntary hospitalisation under the civil mental health legislation. However, significant numbers of patients appeared to be *de facto* deprived of their liberty in both establishments; they stated that, although they had signed that they agreed to voluntary admission, they did not actually wish to remain in the hospitals or receive treatment.

The Committee reiterated its view that persons admitted to psychiatric establishments voluntarily should be provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, and on the possibility to withdraw their consent subsequently and leave the establishment whenever they want. Furthermore, the CPT stressed once again that consent to hospitalisation and consent to treatment are two separate issues and patients should be requested to express their position on both of these issues separately.

As regards involuntary hospitalisation, the CPT recommended taking measures to ensure that all compulsory placements of criminally irresponsible patients are subjected to regular court review. Moreover, the Committee called upon the Armenian authorities to amend the Law on Psychiatric Assistance with a provision on the periodic review of involuntary civil hospitalization, which should take place at least once every six months.