



CPT/Inf (2001) 29

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

**from 9 to 18 October 2000**

The Government of the Slovak Republic has authorised the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2001) 30.

Strasbourg, 6 December 2001



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Copy of the letter transmitting the CPT's report

Strasbourg, 19 April 2001

Dear Sirs,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I have the honour to enclose herewith the report to the Government of the Slovak Republic drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Slovakia from 9 to 18 October 2000. The report was adopted by the CPT at its 44th meeting, held from 6 to 9 March 2001.

I would like to draw your attention to paragraph 129 of the report, in which the CPT requests the Slovak authorities to provide within six months a response setting out the measures taken upon its report. The CPT would ask, in the event of the response forwarded being in Slovak, that it be accompanied by an English or French translation. It would also be most helpful if the Slovak authorities could provide a copy of the response in a computer-readable form.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Finally, I would be grateful if you could acknowledge receipt of this letter.

Yours faithfully,

Silvia CASALE  
President of the European Committee for the  
Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment

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of the Slovak Republic  
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## I. INTRODUCTION

### A. Dates of the visit and composition of the delegation

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 visit to the Slovak Republic from 9 to 18 October 2000.

The visit formed part of the Committee’s programme of periodic visits for 2000. It was the CPT’s second periodic visit to Slovakia.<sup>1</sup>

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

- Mr Volodymyr YEVINTOV, Second Vice-President of the CPT (Head of delegation)
- Mr Fatmir BRAKA
- Mr Yuri KUDRYAVTSEV
- Ms Gisela PERREN-KLINGLER
- Mr Florin STĂNESCU.

They were assisted by:

- Mr Jean SABATINI, Psychiatrist, Senior Lecturer in the Forensic Medical Laboratory at the Faculty of Medicine in Lyon, France (expert)
- Ms Sonja SNACKEN, Professor of Criminology and Sociology of Law at the Free University of Brussels, Belgium (expert)
- Ms Judita KRAMEROVÁ (interpreter)
- Mr Luboš KUSENDA (interpreter)
- Mr Vladimír OLEXA (interpreter)
- Ms Jaroslava PERLAKIOVÁ (interpreter)
- Ms Andrea ZÁBORSKÁ (interpreter)

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<sup>1</sup> The Committee’s first periodic visit to the Slovak Republic took place from 25 June to 7 July 1995. The CPT’s visit report and the Slovak Government’s responses were published on 3 April 1997 (documents CPT/Inf (97) 2 and 3).

and were accompanied by the following members of the CPT's Secretariat:

- Mr Jan MALINOWSKI
- Ms Bojana URUMOVA
- Mr Michael NEURAUTER.

**B. Establishments visited**

3. The delegation visited the following places:

**Police establishments**

**Bratislava**

- Police Headquarters
- Petržalka-Stred Police Station
- Staré Mesto-Východ Police Station

**Košice**

- Police Headquarters
- Dargovských hrdinov Police Station

**Medveďov**

- Detention Centre for Foreigners

**Michalovce**

- Police Headquarters
- Police Station No.1

**Prisons**

- Bratislava Prison
- Košice Prison

**Social Services establishments**

- Okoč home for disabled children and adults
- Veľký Biel home for disabled women.

**C. Consultations held by the delegation**

4. The delegation held consultations with the national authorities and with representatives of non-governmental organisations active in areas of concern to the CPT. In addition, numerous meetings were held with local officials in charge of the places visited.

A list of the authorities and non-governmental organisations with which the delegation held consultations is set out in Appendix II to this report.

**D. Cooperation between the CPT and the Slovak authorities**

5. The degree of cooperation received during the visit by the CPT's delegation from the Slovak authorities at central level was very good.

The delegation was received by Mr Ladislav PITTNER, Minister for the Interior, Mr Ján ČARNOGURSKÝ, Minister for Justice, Mr Peter MAGVAŠI, Minister for Labour, Social Affairs and the Family, and Mr Roman KOVÁČ, Minister for Health.

It also met Mr Ladislav SCHOLCZ, Secretary of State for Justice, and other senior officials, including Mr Anton FÁBRY, Director General of the Prison Service, Mr Ján PIPTA and Mr Ľudovít ZAPLETAJ, respectively President and Vice-President of the Police, Ms Mária NADAŽDYOVÁ, Director General of Social Services, and Mr Martin LAUKO, Deputy Prosecutor General.

6. The CPT wishes to acknowledge the efforts made by the persons appointed to liaise with the Committee to ensure that its delegation received all the facilities required to carry out its work. It would, in particular, like to thank Mr Ladislav LIŠŤÁK and Ms Zuzana ŠTOFOVÁ for their assistance before and during the visit.

7. As regards cooperation at local level, the delegation received a good reception and the assistance it required in most of the establishments visited, in particular, in the prisons and the social services facilities, as well as in the Medved'ov centre for foreigners and in certain other police establishments.

However, the delegation had to wait for a prolonged period - some 45 minutes - before it was granted access to the detention facilities at the Police Headquarters in Bratislava. Such a delay is all the more surprising given that the CPT had notified the Slovak authorities in advance of its intention to visit that particular establishment.

8. As for access to information, the delegation encountered difficulties in two of the police establishments visited. At Staré Mesto-Východ Police Station in Bratislava, the obstructive behaviour displayed by a particular officer caused some delay in obtaining certain documents requested by the delegation. At the Control and Inspection Service of the Police in Košice, after being provided with useful information of a general nature, the delegation was refused the possibility to examine relevant files and other records containing information on cases of alleged ill-treatment by the police. The approach finally proposed to the delegation consisted of an officer from the Control and Inspection Service painstakingly reading out documents from certain files. This was far from satisfactory and, in fact, did not permit the delegation to complete its task in an adequate manner.

The interest of the CPT in disciplinary and complaints procedures involving allegations of ill-treatment by the police is self-evident. Moreover, in their replies to the 1995 visit report, the Slovak authorities had invited the Committee to examine “primary official records” when assessing the risk of ill-treatment (cf. paragraph 7, ninth sub-paragraph of CPT/Inf 97(3)).

9. Having regard to the provisions of Article 8, paragraph 2, of the Convention, **the CPT invites the Slovak authorities to take the necessary steps to ensure that situations such as those described in paragraphs 7 and 8 do not recur.**

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

10. At the end of the visit, the CPT’s delegation invoked Article 8, paragraph 5, of the Convention as regards the situation found at the Okoč and Veľký Biel social services homes for disabled persons (cf. paragraphs 94 to 97). The delegation indicated that the situation of certain residents in those establishments could be said to amount to inhuman and degrading treatment, and called upon the Slovak authorities to review the situation and take appropriate remedial action. It requested that the Slovak authorities provide a report containing full details of the results of the review, as well as an account of the measures being taken in order to remedy the shortcomings observed at the Okoč and Veľký Biel homes.

On 16 January 2001, the Slovak authorities provided comments on various issues raised by the delegation at the end of the visit, including the information referred to above. This response has been taken into account in the relevant sections of the present report.

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

### **A. Police establishments**

#### **1. Preliminary remarks**

11. As indicated in the report on the 1995 visit to the Slovak Republic (cf. CPT/Inf (97)2, paragraphs 10 to 12), a criminal suspect may be detained on the authority of the police for up to 24 hours. Within that period, the case may be referred to the competent judge and, on the authority of an investigator or public prosecutor, the person concerned may be held for a further 24 hours in police custody while waiting to be brought before the judge. Further, persons may be detained by the police for up to 24 hours for identification purposes, or may be required to remain with the police in order to give explanations. Foreign nationals may be detained for up to 30 days awaiting removal from the Slovak Republic.<sup>2</sup>

#### **2. Ill-treatment**

12. In the course of the October 2000 visit, the delegation received a number of allegations of ill-treatment of criminal suspects by police officers.

Many of those allegations concerned brutality at the time of or immediately following arrest; however, a significant proportion of them related to ill-treatment during police questioning and, more particularly, during interrogation by criminal police officers. The principal form of ill-treatment alleged was physical assault, i.e. kicks and blows with fists, batons and other objects. On occasion, the allegations concerned masked police officers attached to special operations units.

Certain of the allegations involved severe forms of ill-treatment, e.g. severe beating or being bitten by police dogs.

13. Many of the allegations related to periods some time before the CPT's visit; consequently, any marks which might have been caused by the forms of ill-treatment alleged would almost certainly have healed in the meantime. Nonetheless, the records examined in the prisons visited revealed that, upon their admission to prison, numerous persons - including most of those interviewed by the delegation who alleged ill-treatment by police officers - had displayed injuries consistent with allegations of ill-treatment made by them.

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<sup>2</sup> Cf. Article 17, paragraph 4, of the Slovak Constitution, Section 76, paragraph 4, of the Code of Criminal Procedure and Sections 17 to 20 of the Police Act.

By way of example, the CPT would like to make reference to the following cases:

### Bratislava

One person interviewed stated that, in August 2000, while being interrogated at Staré Mesto-Východ Police Station, police officers had struck him on various parts of the body and that he had lost consciousness as a result of a blow with a blunt object to the back of the head. He also alleged that a police officer had stepped on the back of his legs after he had been made to kneel facing the wall. Upon admission to Bratislava Prison, he was observed to display an “excoriation covered with scabs on the forehead and right cheek. Bluish-purple haematomas on the hands and small greenish-purple haematoma on the left thigh” and sustained a “concussion”.

A second person stated that, in September 2000 at Karlova Ves District Police Station, he had been taken to a room where four batons were laid on a desk and where loud music was being played; after putting on surgical gloves, several police officers had allegedly punched him, struck him all over the body using batons and kicked him. Upon his arrival in prison, he was found to display the following injuries: “excoriation to the forehead, multiple bluish-purple bruises to the back (5 in all), and to the posterior side of both arms, the back of both thighs, and also to the anterior face of the right thigh.”

Another person alleged that, shortly before the visit, at the time of his arrest and once he had been brought under control and handcuffed, he had been made to lie on the floor and police officers had kicked him on the sides of the chest; he also claimed that a police officer had stepped on his head. The records of the medical examination upon his arrival in prison showed that he had suffered concussion and had been admitted to hospital, and that he had sustained “fracture of the left maxilla [and displayed] greenish-purple bruising around the left eye.”

### Košice

A person claimed that, in August 2000, he had been made to sit on a chair placed in the middle of a room at Južná Trieda Barca Police Station while, for several minutes, five police officers struck him on the body with hands and fists. Upon his arrival in prison, he was found to display “injuries to arms and thighs in the process of resorption.”

Two further persons arrested in August 2000 in Košice claimed that they - as well as a further two persons detained with them - had been beaten by police officers, including by using the bats found in the detainees’ own car. One of the persons interviewed by the delegation was found on admission to Košice Prison to have sustained “fractured nasal bones without displacement, contusions and bruising to the forehead and neck, sprained cervical vertebra and contusion to the anterior abdominal wall”. Another of the persons (not interviewed by the delegation) had sustained “contusion and excoriation to the forehead, sprained cervical vertebra, contusion and excoriation to the left arm, and contusion to the abdominal wall.”

14. Reference might also be made to two further cases examined in Košice.

A detainee alleged that, following his arrest and while he was lying face down on the ground with arms and legs spread out, a masked police officer had kicked him; according to prison medical records, he sustained “fractures to right ribs VIII and IX”. From the discussion of this case with the Control and Inspection Service of the Police in Košice, it transpired that only the officer in charge of the special unit involved in the case had given an account - of a general nature - of the circumstances of the arrest. The Control and Inspection Service had apparently been satisfied with this approach due to the need to protect the identity of the individual police officers concerned, and had dismissed the complaint. The CPT’s delegation was told that the complainant had appealed that decision.

The other case involved two persons who had apparently been bitten by a police dog at the time of their arrest. One of them alleged that, after he had been attacked by the dog a first time, the police officer who arrested him had called the dog back and then let loose the animal on him anew and that he was again bitten. Both sustained injuries consistent with having been bitten by a dog.

15. It might be added that the prison authorities at central level expressed concern about the increasing number of persons admitted to prison following police custody who displayed injuries upon admission and/or alleged that they had been ill-treated by police officers. The information provided to the CPT indicates that, between 1 January and 11 October 2000, there had been 189 such cases, of which 69 had been recorded in Bratislava Prison and 24 in Košice Prison.<sup>3</sup>

As regards more particularly Košice, the officer handling complaints at the Control and Inspection Service of the Police stated that those cases represented only a fraction of the allegations of ill-treatment by the police which had been brought to their attention, most complaints being made by persons who had not been placed in police custody and/or remanded in prison. However, the Control and Inspection Service refused to provide further details to the CPT’s delegation about such complaints.

16. In the light of the information gathered during the second periodic visit, the CPT remains very concerned about the treatment of persons detained by the police in the Slovak Republic (cf. paragraph 18 of the report on the 1995 visit). Vigorous action is required to combat the ill-treatment of such persons.

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<sup>3</sup> During the first six months of 1995, only 40 persons admitted to prison in the whole of the Slovak Republic had been observed to display injuries and/or had complained to prison staff of ill-treatment by the police (cf. paragraph 17 of the report on the CPT’s 1995 visit to the Slovak Republic).

17. The best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers themselves. This implies strict selection criteria at the time of recruitment of police officers and the provision of adequate professional training (cf. also paragraph 19 of the 1995 visit report).

As regards the former, **the CPT wishes to receive detailed information on the selection criteria currently applied.**

As regards the latter, **the CPT recommends that the Slovak authorities seek to integrate human rights concepts into practical professional training for high-risk situations, such as the arrest and interrogation of suspects.** This will prove more effective than separate courses on human rights.

Further, **the message that the ill-treatment of detained persons is not acceptable and that such conduct will be the subject of severe sanctions must be recalled in an appropriate manner at regular intervals** (cf. recommendation made in paragraph 20 of the 1995 visit report).

18. In their response to the CPT's 1995 visit report, the Slovak authorities expressed their view that "it should be assumed that the apprehension of [suspects] is the result of their having breached the laws of the Slovak Republic and that, consequently, these persons must be aware of the consequences of their acts and of the possibility that in a law enforcement operation they may be subjected to the use of a certain degree of violence which is in compliance with the law." This statement undoubtedly contains certain elements of truth; however, a more proactive approach is necessary in order to curb brutality at the time of or immediately following arrest. **The CPT recommends that police officers be unambiguously reminded that no more force than is strictly necessary should be used when effecting an arrest and that, once arrested persons have been brought under control, there can be no justification for striking them.**

19. The information gathered by the CPT's delegation indicates that police officers attached to special operations units frequently wear balaclavas when performing arrests, and that balaclavas might also be worn on occasion by police officers carrying out interrogations. This is a highly undesirable practice inter alia because it will hamper accountability when allegations of ill-treatment arise. Only in very exceptional circumstances would it be justified for police officers to have their faces covered, in order to prevent their identity being revealed to persons detained. **The CPT recommends that the practice of police officers wearing balaclavas in the course of their duties be reviewed, in the light of the above remarks.**

20. The CPT is also concerned by the cases of persons injured by dogs at the time of their apprehension by the police and, in particular, by the allegations that unmuzzled dogs were deliberately let loose on persons who had already been brought under control (cf. also paragraph 15 and 16 (v) of the 1995 visit report). Consequently, **the Committee recommends that the Slovak authorities review the circumstances and manner in which dogs may be used by police officers when carrying out arrests. This review should permit to develop the rules set out in Section 53 of the Police Act concerning the use of dogs and to provide more detailed guidance to police officers on this subject.**



21. Another means of preventing ill-treatment by law enforcement officials lies in the diligent examination by the competent authorities of all complaints of such treatment brought before them and, where evidence of wrongdoing emerges, the imposition of appropriate disciplinary and/or criminal penalties. It is essential that the examination of complaints be conducted by a body which is, and is seen to be, independent and impartial.

In the Slovak Republic, complaints lodged against police officers are investigated by the Control and Inspection Service of the Police, under the supervision of the competent prosecutor. The information gathered by the prison authorities on allegations of ill-treatment by the police is forwarded to that service for investigation. However, in Košice, the Control and Inspection Service only received such information some 4 to 6 weeks after a complaint had been made or information on injuries recorded. Moreover, the information initially made available to the Control and Inspection Service, as regards both allegations and medical findings, was rather succinct. It would appear that attempts to supplement this information - whether in the form of medical examinations by forensic doctors or detailed statements from the persons who alleged ill-treatment - are rare.

Consequently, **the CPT recommends that the procedures applied by the Control and Inspection Service of the Police vis-à-vis allegations of ill-treatment be reviewed. Reaching a sound conclusion as to the veracity of the allegations will require evaluating the credibility of the person making them; in other words, that person (as well as any other relevant persons) should be interviewed on this specific matter by the investigating authority and, in appropriate cases, a forensic doctor should be consulted.**

**The CPT would also like to receive the following information in respect of 1999 and 2000:**

- **the number of complaints lodged concerning ill-treatment by police officers and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;**
- **a detailed account of those complaints and the outcome of the proceedings (allegations, brief description of the findings of the relevant court or body, verdict, sentence/sanction imposed).**

22. It should also be noted that several of the persons who alleged ill-treatment by the police told the delegation that they had complained to the investigator, public prosecutor and/or judge before whom they had been brought about the manner in which they had been treated, but that their interlocutors had displayed little interest in the matter, even when the detainee displayed injuries on visible parts of his body.

**The CPT recommends that whenever the competent authorities (e.g. investigator, prosecutor or judge) receive a complaint of ill-treatment by the police, they immediately request a forensic medical examination of the person concerned. This approach should be followed irrespective of whether the person concerned bears visible injuries. Even in the absence of an express allegation of ill-treatment, the competent authorities should request a forensic medical examination whenever there are other grounds to believe that a person brought before them could have been the victim of ill-treatment.**

### 3. Conditions of detention in the establishments visited

23. In paragraph 24 of the report on the 1995 visit, the CPT outlined the general criteria it employs when assessing material conditions of detention in police establishments.

On 17 September 1998, the Minister for the Interior issued Order No. 63, concerning police detention facilities<sup>4</sup>. On the whole, the provisions of the order comply with the CPT's criteria. The Committee welcomes the adoption of the above-mentioned order.

24. As had been the case in 1995, most police cells seen during the 2000 visit were of a reasonable size for the number of persons they were used to accommodate (e.g. one or, on occasion, two persons were held overnight in cells of 8 to 12 m<sup>2</sup>), were clean and had adequate lighting (including natural light) and ventilation. They were equipped with a bed and persons detained overnight were provided with blankets; in certain of the establishments visited, clean sheets were also available.

However, the three cells used at Michalovce Police Headquarters had poor lighting and ventilation, and their state of repair was mediocre. Those cells were due to be withdrawn from service by the end of 2000 with a view to their renovation.

**The state of repair and cleanliness of certain of the cells at the Košice Police Headquarters also left something to be desired.**

25. The Slovak authorities recognised that, at present, not all police detention facilities meet the standards set out in the above-mentioned order; it is envisaged that existing shortcomings will be remedied by the end of 2001. **The CPT would like to be informed of progress being made in this connection.**

In this context, **the Committee also wishes to reiterate the recommendation made in its report on the 1995 visit (cf. paragraph 29 of CPT/Inf (97) 2), that a partition or other means of offering a suitable degree of privacy be installed around in-cell lavatories, particularly in multi-occupancy cells;** the facts found during the 2000 visit show that this recommendation has not yet been implemented.

26. It should be added, however, that criminal suspects are very seldom placed in police cells at the outset of their custody. Cells are mostly used to hold persons who have been remanded in the custody of the police by an investigator while waiting to be brought before a judge (cf. paragraph 11). Before that, detained persons are required to stay for hours, and sometimes overnight, in a corridor or office, frequently handcuffed to furniture and, allegedly, on occasion without even being offered a chair. This is entirely unsatisfactory.

**The CPT recommends that immediate steps be taken to ensure that persons detained by the police are accommodated in adequate facilities from the very outset of their custody.**

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<sup>4</sup> This order replaced, inter alia, Order No. 29 of 27 April 1992, to which reference was made in the report on the CPT's 1995 visit.

27. Many complaints were heard about the provision of food to detainees. The CPT has noted in this respect that persons detained by the police are entitled to receive food if they remain in custody for more than six hours and, in principle, are expected to meet their own food expenses (cf. Sections 47 of the Police Act and 7 of the Order of the Minister for the Interior on police detention facilities). **The CPT recommends that instructions be issued to ensure that anyone detained by the police in the Slovak Republic receives food at appropriate times, including at least one full meal every day.**

28. Following the 1995 visit, the CPT made clear that both the material environment and the regime in the detention facility at the Bratislava Police Headquarters were quite inappropriate for prolonged periods of detention, and expressed concern that persons detained under aliens legislation were being held in that facility for nearly one month (cf. paragraph 30 of CPT/Inf (97) 2).

In line with the CPT's suggestions, the Slovak authorities subsequently opened two detention centres designated for immigration detainees, at Medved'ov (cf. paragraph 40 et seq.) and Sečovce. The CPT understands that immigration detainees held in other police detention facilities must in principle be transferred to the Medved'ov or Sečovce centres within the first 24 hours of their detention.

Notwithstanding these positive developments, in October 2000, the delegation found that immigration detainees continued to be held in police cells for days and, at Bratislava Police Headquarters, often for periods of up to 30 days. **The CPT recommends that the Slovak authorities take immediate steps to ensure that immigration detainees are transferred without undue delay to one of the designated detention centres for foreigners.**

#### **4. Safeguards against the ill-treatment of detained persons**

##### a. introduction

29. In the report drawn up following the first periodic visit to the Slovak Republic, the CPT examined in some detail the safeguards against ill-treatment offered to detained persons (including notification of custody, access to a lawyer and access to a doctor) (cf. paragraphs 36 et seq. of CPT/Inf (97) 2).

Some progress has been made in this area since the Committee's first visit, e.g. as regards custody records (cf. paragraph 38). However, the delegation's findings during the 2000 visit revealed that shortcomings remained and highlighted the importance of an effective system of formal safeguards. The CPT does not share the view expressed by the Slovak authorities in their February 1998 progress report to the effect that the recommendations made by the Committee concerning safeguards against ill-treatment have been implemented.

b. notification of custody and access to a lawyer

30. The legal position as regards notification of custody and access to a lawyer remains the same as that described in the report on the 1995 visit. In particular, detained criminal suspects are entitled to inform a close relative or lawyer of their situation (Section 19, paragraph 4, of the Police Act), and have the right to appoint and consult a lawyer as from the outset of detention and to request that the lawyer be present during interrogation by an investigator (Sections 33, paragraph 1, and 76, paragraph 6, of the Code of Criminal Procedure).

31. However, the vast majority of persons interviewed by the delegation claimed that, despite their request to that effect, no information had been provided to their relatives about their situation while they had remained in police custody, and that they had only been placed in a position to exercise their right of access to a lawyer when first interrogated by an investigator (a stage of the procedure usually preceded by questioning by criminal police officers - cf. paragraph 12).

Further, the CPT has noted that the wording of Section 19, paragraph 4, of the Police Act is interpreted as providing detained persons the choice to notify either their relatives or a lawyer of their situation. In the view of the Slovak authorities, there “is [no] reason for the apprehended person to notify both a relative and a lawyer. The apprehended person may notify a relative and the latter may then notify a lawyer. If the detained person notifies a lawyer, it is up to the two of them to agree whether the lawyer will also notify the detained person’s relatives” (cf. paragraph 25, third sub-paragraph of the Slovak authorities’ interim report - CPT /Inf (97) 3).

The prevailing situation is not satisfactory. The rights of notification of custody and of access to a lawyer should become operative as from the very outset of police custody and not only when detainees are formally interrogated by an investigator. Further, detainees should not be confronted with the choice of notifying either a relative or a lawyer of their situation; in many cases, a notification to both will be necessary to ensure adequate protection against ill-treatment.

**32. The CPT recommends that immediate steps be taken to ensure that the rights of notification of custody and of access to a lawyer become fully effective in practice as from the very outset of police custody. It also recommends that Section 19, paragraph 4, of the Police Act be amended to ensure that detained persons have the right to notify both a close relative and a lawyer of their situation.**

As regards, more particularly, access to a lawyer, **the CPT also recommends that the right of detained persons to have a lawyer present during interrogation by an investigator be expressly extended to all questioning/interviews by police officers.**

c. access to a doctor

33. The legal provisions currently in force in the Slovak Republic<sup>5</sup> require that detained persons considered to be in need of medical care be examined by a doctor, in particular if it is envisaged to place them in a police cell. However, as had been the case at the time of the 1995 visit, those provisions do not guarantee the right of a detained person who is regarded by police officers as being in good health to see a doctor during custody.

34. The CPT's delegation observed that at least certain persons detained by the police who bore injuries or were in need of medical attention were seen by a doctor or taken to hospital. However, many persons complained that their request to see a doctor had been refused. The situation was particularly unsatisfactory at the Bratislava Police Headquarters, where the delegation's findings suggest that immigration detainees could be held for up to 30 days without being allowed to see a doctor.

35. **The CPT recommends that existing legal provisions be developed to provide persons in police custody with a fully-fledged right of access to a doctor. Those provisions should stipulate inter alia that:**

- **a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities (it being understood that nothing would prevent the second examination being carried out at the expense of the detained person);**
- **all medical examinations of persons in custody are to be conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police officers;**
- **the results of every examination, as well as any relevant statements by the person in custody and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the person in custody and his lawyer;**
- **the confidentiality of medical data is to be strictly observed.**

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<sup>5</sup> cf. Section 44, paragraph 3, and 48 of the Police Act and Section 4, paragraph 10, of the Minister for the Interior's Order No. 63, of 17 September 1998.

d. information on rights

36. Under Section 8, paragraph 2, of the Police Act, persons detained by the police must be informed of their rights as soon as possible (cf. also Section 33, paragraph 3, of the Code of Criminal Procedure). Further, pursuant to Section 92, paragraph 1, of the Code of Criminal Procedure, suspects must be informed of their rights before the first interrogation by an investigator.

However, the information gathered during the visit suggests that the requirement that persons detained by the police be informed of their rights without delay is not being complied with systematically. In most cases, information on rights is only provided to persons detained by the police at the time of their first interrogation by an investigator. This often occurs after a detainee has spent a considerable time in police custody.

**The CPT recommends that immediate steps be taken to ensure that police officers inform detained persons without delay and in a language which they understand, of all their rights, including those referred to in paragraphs 30 to 35 above. For this purpose, a form setting out those rights should be systematically given to such persons (cf. paragraph 47 of CPT/Inf (97) 2).**

e. conduct of interrogations

37. In its report on the first periodic visit, the CPT recommended that the Slovak authorities draw up a code of practice for the conduct of interrogations by the police (cf. paragraph 49 of CPT/Inf (97) 2). While certain laws contain some rules concerning the conduct of interrogations, the Slovak authorities acknowledge that there is a need to develop practical guidelines in this respect. Further, the CPT's findings during the 2000 visit serve again to highlight the necessity for such a code.

**Consequently, the Committee reiterates its recommendation that the Slovak authorities introduce a code of conduct of police interrogations, dealing inter alia with the issues identified in paragraph 49 of the report on the first periodic visit.**

f. custody records

38. The Minister for the Interior's Order No. 63, of 17 September 1998, specifies the information to be recorded concerning each person placed in a police cell; on the whole, those requirements meet the criteria set out in paragraph 52 of the report on the CPT's 1995 visit to the Slovak Republic. It would appear, however, that the order's provisions do not apply to persons detained by the police prior to their placement in a cell. The situation as regards records concerning such persons remains unsatisfactory (cf. also paragraph 51 of CPT/Inf (97) 2).

**The CPT recommends that the records system introduced by the Minister's order be developed in order for it to apply to all criminal suspects from the outset of their detention. The Committee also invites the Slovak authorities to review the records kept of other persons detained by the police (e.g. those held for identification).**

g. further remarks

39. It should be underlined that the safeguards against ill-treatment proposed by the CPT should apply not only to persons formally detained by the police in connection with a criminal offence (i.e. under Section 19 of the Police Act), but should extend to any other persons who are obliged to remain with the police, e.g. to provide an explanation (Section 17 of the Police Act), for identification purposes (Section 18, paragraph 8, of the Police Act), and to immigration detainees (Section 20 of the Police Act).

**The CPT recommends that steps be taken to ensure that the detention of such categories of persons is also accompanied by the above-mentioned safeguards, as from the very outset of custody.**

## **5. Detention Centre for Foreigners, Medved'ov**

a. introduction

40. The Detention Centre for Foreigners at Medved'ov falls under the authority of the Ministry of the Interior. Its purpose is to accommodate foreigners "detained on the grounds of staying illegally in the territory of the Slovak Republic"<sup>6</sup>, for periods not exceeding 30 days. The centre has been operating since 1997.

The centre's current capacity is 152 (112 places for men and 40 for women, with additional places becoming available once the reconstruction of an older block is completed); at the time of the visit, it was holding 68 adult men who constituted an ethnically heterogeneous group. According to the director, no minors under 15 are admitted to the centre.

The delegation did not receive any allegations of ill-treatment of persons held at the centre by staff, nor did it gather any other evidence of such treatment. Indeed, the detained persons interviewed generally qualified their relationship with the custodial staff as positive.

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<sup>6</sup> cf. section 1(1) of Decree No. 53/98 of the Minister of the Interior of the Slovak Republic and Directive No. 1/2000 of the Director of the Police Detention Centre for Foreigners at Medved'ov.

b. conditions of detention

41. Centres for the detention of persons detained under aliens legislation should provide accommodation which is adequately furnished, clean and in a good state of repair, and which offers sufficient living space for the numbers involved. Further, care should be taken in the design and layout of the premises to avoid as far as possible any impression of a carceral environment.

The centre at Medved'ov in general met these requirements. Its complex of buildings included a new three-level block, brought into service in March 2000, for the accommodation of men, and a somewhat older single storey block for women. The furnishings in the 19 m<sup>2</sup> rooms (occupied by groups of up to four at the time of the visit) in the men's block were basic yet adequate; as for artificial lighting, access to natural light, and ventilation, they were fully satisfactory. Hygiene was good throughout the premises, including the sanitary facilities. Similar conditions obtained in the women's block, where the rooms were slightly larger (22 m<sup>2</sup>).

42. Regime activities in detention centres for foreigners should include outdoor exercise, access to a day room and to radio/television and newspapers/magazines, as well as other appropriate means of recreation (e.g. board games, table tennis). The specific needs of minors should also be taken into account.

The total absence of activities for detained foreigners was the most serious shortcoming observed at Medved'ov. Other than the daily hour of outdoor exercise (for which the facilities were found to be suitable), persons detained at the centre were kept in total idleness for up to 30 days. The "free access to social rooms" foreseen by Directive No. 1/2000 issued by the centre's director did not appear to be applied in practice; although the delegation did see one such room, it was devoid of equipment and gave the distinct impression of lack of use. Given that they had been provided with no reading material, radios, or television sets, persons held at the centre spent most of their days idling about their rooms or the corridors in their accommodation block and conversing with each other.

The director concurred that there was considerable room for improvement in this area. The CPT has noted that, by the end of 2000, the centre was to be provided with radio and television sets (with access to satellite television), games and sports equipment, and that foreign newspapers would be made available to inmates.

**The Committee would like to receive further information on the provision of the above-mentioned facilities.**

**The CPT recommends that the Slovak authorities persist with their efforts to develop the programme of activities at the Medved'ov Detention Centre for Foreigners. Steps should also be taken to make better use of the outdoor exercise areas.**



c. other issues

43. Arrangements for medical care at Medved'ov were of a good standard.

The health care team comprised a doctor and two nurses, all of whom worked full-time. In addition, all police officers working at the centre had been trained in providing first aid. In emergencies occurring outside normal working hours of health care staff, persons would be taken to a nearby hospital.

The medical facilities were fully satisfactory; they consisted of a consultation room, two five-bed treatment units, and a well-equipped examination room.

The delegation was satisfied that medical screening on arrival was being performed in a timely and thorough manner, and that medical confidentiality was respected. It is also noteworthy that the centre's doctor had an active role in terms of supervising the hygiene of the premises, including the kitchen.

44. Persons held at the centre were offered the opportunity to maintain contact with the outside world. Visits could be arranged upon submission of a written application and card telephones were also available.

45. Foreigners deprived of their liberty should be expressly informed without delay and in a language which they understand, of all their rights and of the procedures applicable to them.

The delegation heard a number of complaints about inadequacies in this respect at the centre in Medved'ov. Although the establishment's house rules were visibly posted in Slovak, German and English in the corridors adjacent to the accommodation areas, they were not always comprehensible to the foreigners concerned, most of whom came from non-European countries. The absence of information as regards the avenues of recourse available in the context of expulsion proceedings was particularly resented. **The CPT invites the Slovak authorities to take the necessary steps to remedy this situation.**

## **B. Prisons**

### **1. Preliminary remarks**

46. The CPT's delegation visited Bratislava Prison, which had already received a visit in 1995, and Košice Prison.

47. Since the 1995 visit (cf. paragraph 68 of CPT/Inf (97) 2), the official capacity of **Bratislava Prison** has expanded to 606 (570 in 1995). On the first day of the visit, the prison had 574 inmates (as compared to 750 in 1995), the vast majority being remand prisoners (451 male and 28 female adults, and 12 male juveniles). The remaining 83 inmates (including 4 women) were sentenced prisoners assigned to work in Bratislava Prison. Renovation work was on-going in the establishment, and the CPT's delegation was informed that the prison would be entirely refurbished between 2002 and 2004.

48. As is the case for Bratislava Prison, **Košice Prison** is adjacent to the Court House in the city centre; the establishment was brought into service in 1991. It has an official capacity of 682: 419 places for remand prisoners and 263 for sentenced prisoners. In addition, it has a psychiatric department with 34 beds. At the time of the visit, the establishment was accommodating 246 male, 16 female and 19 juvenile remand prisoners, and 259 male sentenced prisoners.

49. According to the authorities at central level, there is no overcrowding in the Slovak prison system. The overall occupancy level of prisons is approximately 80%, i.e. 7100 prisoners for 8900 places, calculated on the basis of 3.5 m<sup>2</sup> of cell or dormitory space per prisoner. The Slovak authorities also indicated that they envisage to increase this norm to 4 m<sup>2</sup> per prisoner, a standard which is already applied in new facilities.

50. The CPT's delegation was further informed that, at the time of the visit, 75% of the sentenced prisoners in the country had a job, a considerable improvement as compared to the situation in the past. However, it would appear that there are significant seasonal variations in the number of prisoners offered work. Efforts continue to be made to increase the number of work posts available for sentenced prisoners, both within and outside prisons, and to develop other activities for them.

By contrast, it transpired that few efforts are being made to provide a regime for remand prisoners. The delegation was told that it is not within the authority of the prison service to provide activities for remand prisoners, to the extent that this may involve increasing their possibilities of association. The Slovak authorities intimated that change in this respect would require public prosecutors to adopt a different approach towards remand imprisonment and, possibly, amendment of the applicable law.

## 2. Ill-treatment

51. The CPT's delegation heard no allegations of torture of prisoners by staff - and gathered no other evidence of such treatment - in the prisons visited or in other prison establishments in the Slovak Republic.

At Bratislava Prison, it heard only few allegations of other forms of ill-treatment of inmates by staff. Such allegations concerned rough treatment, blows and pulling by the hair, mostly during cell searches performed by masked officers attached to the prison's special intervention unit.

The records examined at Košice Prison showed that, since the beginning of 2000, three complaints of ill-treatment had been lodged against staff. They concerned strip searches with inspection of bodily orifices and rough treatment. Further, on one occasion in the course of 2000, an inmate had apparently been slapped by a prison officer as a means of coercion.

52. The CPT recognises that prison staff will, on occasion, have to use force to control violent and/or recalcitrant prisoners. However, the force used should be no more than is strictly necessary and, once prisoners have been brought under control, there can be no justification for striking them. **The CPT recommends that prison officers be reminded of these precepts. More specifically, as indicated in paragraph 72 of the 1995 visit report, slapping prisoners is not an appropriate response to undisciplined conduct.**

Further, **the CPT recommends that the practice of using masked prison officers to carry out cell searches be discontinued forthwith;** there can be no justification for such a practice in a prison setting.

53. The CPT's delegation also observed that certain officers carried batons in full view of inmates. This is not conducive to developing positive relations between staff and inmates. **If it is considered necessary for prison officers to carry truncheons, the CPT recommends that they be hidden from view.**

54. The CPT welcomes the efforts being made as regards prison officers' training. However, the Committee has been led to believe that this involves mostly initial training provided to newly-recruited officers and little or no ongoing training for officers already in service. **The CPT would like to receive further information on this subject.**

In this context, **the CPT wishes to recall that considerable emphasis should be placed on the acquisition and development of inter-personal communication skills. Building positive relations with prisoners should be recognised as a key feature of a prison officers' vocation** (cf. paragraph 124 of CPT/Inf (97) 2).

The Committee wishes also to stress the importance of appropriate training in control and restraint techniques (i.e. manual control). The possession of such skills will enable staff to choose the most appropriate response when confronted by difficult situations, thereby significantly reducing the risk of injuries to prisoners and staff. This, in turn, is likely to lead to a decrease in the number of complaints of ill-treatment lodged by inmates. **The CPT recommends that training in control and restraint techniques be made widely available to prison officers.**

55. As in the context of the police, one of the most effective means of preventing ill-treatment by prison officers lies in the diligent examination of complaints of ill-treatment and the imposition of suitable penalties. Prisoners should have avenues of complaint open to them both within and outside the prison system, including the possibility of confidential access to an appropriate authority. Slovak law makes formal provision for such a possibility; however, the CPT is concerned by the manner in which prisoners' complaints are processed in practice.

In principle, complaints made by prisoners are returned for processing to the Prevention and Security Unit of the prison to which the complaint related. That unit, which is staffed by prison officers, is charged with investigating certain categories of offences allegedly committed within the prison (both by prisoners and staff), as well as disciplinary violations by staff. The delegation also found that, on occasion, complaints lodged by inmates against prison officers are disposed of by the director of the establishment, apparently without a proper investigation.

According to the information provided by the Slovak Republic authorities in response to the report on the 1995 visit, 16 complaints concerning ill-treatment by prison staff were lodged in 1995. It is noteworthy that none of them were found to be justified.

56. **The CPT recommends that the Slovak authorities conduct a review of the procedures currently used to process prisoners' complaints, with a view to ensuring that they offer appropriate guarantees of independence, impartiality and thoroughness.**

**The CPT would also like to receive the following information in respect of 1999 and 2000:**

- **the number of complaints lodged concerning ill-treatment by prison officers and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;**
- **an account of those complaints and the outcome of the proceedings (allegations, brief description of the findings of the relevant court or body, verdict, sentence/sanction imposed).**

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

#### **a. material conditions of detention**

57. The fabric of the two prisons visited was capable of offering adequate conditions of detention to inmates. More particularly, as had been the case in Bratislava Prison in 1995 (cf. paragraphs 75 to 79 of CPT/Inf (97) 2), cells at both establishments benefited from adequate access to natural light and ventilation, were equipped with artificial lighting and heating, had basic furniture (beds, tables, chairs/stools), and were clean and in a reasonable state of repair. However, in several cells at Košice Prison, windows were fitted with slats, on the outer side, significantly limiting access to natural light. The delegation was informed that such slats had been removed from most cells in the prison and that the few remaining ones would be removed shortly.

Although less acute than at the time of the 1995 visit, overcrowding continued to be widespread at Bratislava Prison, particularly as regards remand prisoners; many inmates at Košice Prison were also being offered only limited living space. For example, at Bratislava Prison, cells measuring 16 m<sup>2</sup> were being used to hold 5 prisoners. At Košice Prison, cells measuring scarcely 14 m<sup>2</sup> accommodated up to 4 remand prisoners; as for sentenced prisoners, the CPT's delegation saw 12 persons being accommodated in a 42 m<sup>2</sup> dormitory. Further, in both establishments, the level of partitioning of lavatories in many cells was inadequate (a curtain or waist-level wall).

#### **b. regime**

58. As already indicated, at Bratislava Prison there were 83 sentenced prisoners assigned to work in the establishment (general services, maintenance, etc.). In addition to full-time jobs, those inmates were offered some cultural, association and sports activities.

Out of the remaining 491 inmates held in the establishment, only two worked (in the kitchen). No other form of organised activity was being offered to remand prisoners.

Moreover, as had been the case in 1995, daily outdoor exercise was not guaranteed, particularly during weekends and holiday periods. Outdoor exercise facilities had been partly covered to provide some shelter against inclement weather, but were otherwise unchanged (cf. paragraphs 82 and 83 of CPT/Inf (97) 2).

59. As for Košice Prison, out of 259 sentenced prisoners, 38 had a job in the establishment and a further 110 inmates - mostly serving short sentences - were offered full-time work outside the prison. Some cultural, association and sports activities were also organised for sentenced inmates. The delegation was told that the regime (in particular intramural work and educational activities) could not be developed further for want of resources (both facilities and staff). The shortage in terms of work and other activities was particularly resented by prisoners serving long sentences.

The situation of the 281 remand prisoners at Košice did not differ from that of those held in Bratislava Prison: none of them was offered work or participated in other organised activities. However, unlike at Bratislava Prison, remand prisoners in Košice were offered one hour of outdoor exercise every day; the facilities used for that purpose were satisfactory.

c. assessment

60. In the course of the 1995 visit, the CPT found that the great majority of prisoners at Bratislava Prison spent the bulk of their time locked up in overcrowded cells, with no activities or proper outdoor exercise; their quality of life was described as very poor (cf. paragraph 84 of CPT/Inf (97) 2). By October 2000, the situation had only improved marginally, i.e. through a slight reduction in the level of overcrowding. Remand prisoners at Košice fared little better.

It should be recalled that, following the 1995 visit, the Committee recommended, inter alia, that immediate steps be taken to bring the cell occupancy levels at Bratislava Prison into line with their official capacities, that efforts be made to reduce those official capacities, that all prisoners be guaranteed at least one hour of outdoor exercise every day, and that a thorough examination of the means of improving the activities offered to prisoners at that establishment be conducted.

61. It is clear that, in order to remedy the present predicament of inmates - especially remand prisoners - in Bratislava and Košice Prisons, action is required on two fronts. Material conditions should be improved, particular attention being accorded to the reduction of overcrowding, and suitable programmes of activities should be developed and implemented.

62. The existing standard of 3.5 m<sup>2</sup> per prisoner in multi-occupancy cells/dormitories does not offer a satisfactory amount of living space. **The CPT therefore recommends that the standard be raised without further delay to at least 4 m<sup>2</sup> per prisoner, and that official capacities and occupancy levels of cells and dormitories at Bratislava and Košice Prisons be reduced accordingly. It should also be emphasised that, ideally, cells measuring 9 m<sup>2</sup>, such as those to be found in Bratislava Prison, should be used to accommodate only one prisoner.**

**The CPT also recommends that plans to refurbish Bratislava Prison be given a high priority and that those plans include providing in-cell sanitation with adequate partitioning; in-cell lavatories at Košice Prison should also be suitably partitioned.**

63. As for the regime offered to prisoners, the CPT is conscious that in certain cases it will be necessary, in the interests of the investigation, to limit contacts of remand prisoners with fellow inmates or, indeed, with the outside world. However, such restrictions should be decided on the merits of each particular case and apply for the shortest possible time. Further, the need to impose restrictions on some prisoners cannot be a justification for the imposition of a restrictive regime on the remand population as a whole.

Of course, the CPT recognises that the provision of organised activities in remand prisons, where there is likely to be a high turnover of inmates, poses particular challenges. It will be very difficult to set up individualised programmes for such prisoners; however, it is not acceptable to leave prisoners to their own devices for months at a time. The aim should be to ensure that all prisoners (including those on remand) 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 with vocational value; education; sport; recreation/association.

The regime offered to prisoners serving lengthy sentences should be even more favourable. Such prisoners should be able to exercise a degree of choice over the manner in which their time is spent, thus fostering a sense of autonomy and personal responsibility. Additional steps should be taken to lend meaning to their period of imprisonment; in particular, the provision of individualised custody plans and appropriate psychological support are important elements in assisting such prisoners to come to terms with their period of incarceration and, in due course, to prepare for release.

**The CPT recommends that the Slovak authorities take steps - including, if necessary, the removal of any legal obstacles which may currently exist - to develop adequate programmes of activities for all prisoners, having regard to the above remarks.**

64. **The CPT calls upon the Slovak authorities to ensure, without further delay, that all inmates at Bratislava Prison have at least one hour of outdoor exercise every day (including during weekends and holiday periods); this is a fundamental requirement for the well-being of prisoners. The CPT also recommends that the possibility of enlarging the exercise areas at Bratislava Prison be explored.** Outdoor exercise facilities should be sufficiently large to enable prisoners to exert themselves physically.

#### 4. Health care services

##### a. health care in general

65. On 10 October 2000, the medical team at **Bratislava Prison** included two full-time and two half-time doctors (general practitioners) and one full-time dentist. Several specialists visited the prison on a regular basis: a psychiatrist (three times, or ten hours, per week), a lung specialist and a radiologist (twice a week each), as well as a dermatologist, a neurologist, and a gynaecologist (once a week each). In addition, six nurses (including a dental nurse) provided care to prisoners.

As compared to 1995, this situation represented an increase of the number of general practitioners present during normal business hours (i.e. 7 am to 3 pm, Monday to Friday), and of psychiatric consulting time; the CPT welcomes these improvements, which are in line with certain recommendations made in its report on the 1995 visit (cf. paragraphs 106 and 110 of CPT/Inf (97) 2). However, staffing levels remained inadequate in some respects. Despite the reduction in the prison's population since the 1995 visit (from 750 to 572), the requests for medical consultations continued to strain the available staff resources. In particular, the nursing cover was somewhat lower than it had been in 1995, and it continued to be the case that none of the members of the health care team were present on prison premises during much of the afternoon, at night and on weekends. Further, there were still no psychological services provided, and the head doctor indicated that psychiatric care continued to be insufficient for the needs of the prison's population.

66. The health care staff at **Košice Prison** was led by a dentist, who supervised a team which included two full-time doctors (general practitioners) and six nurses (including one dental nurse). The team was reinforced by the part-time presence of six additional doctors (three psychiatrists, a general practitioner, a dentist and a lung specialist). A post for a full-time psychiatrist was vacant; the three part-time psychiatrists (whose combined monthly presence at the prison amounted to 70 hours) provided services to the general prison population but devoted two-thirds of their working hours to the prison's 34-bed psychiatric department for the treatment of sentenced sex offenders (occupied by 15 patients at the time of the visit). Apart from the psychiatrists, the staff of this department included two full-time psychologists, three nurses, and an educator.

Such a staffing level can be considered as generally adequate as regards doctors, except for the provision of psychiatric services. However, as at Bratislava Prison, the number of nurses was not adequate and the presence of members of the health care team as a whole was limited to normal business hours (7 am to 3 pm) on weekdays.

67. **The CPT recommends that the Slovak authorities make further efforts to reinforce the provision of psychiatric/psychological services at Bratislava Prison, and to fill as soon as possible the vacant post for a psychiatrist at Košice Prison. Further, the CPT recommends that the number of full-time nurses at both establishments be increased.**



68. The CPT is of the view that it is insufficient for a prison establishment, particularly for one of the size of those in Bratislava or Košice, to rely solely on the intervention of outside emergency medical services in cases requiring assistance outside the aforementioned business hours.

**The Committee recommends that immediate steps be taken to ensure that someone qualified to provide first aid (preferably with a nursing qualification) is always present at Bratislava and Košice Prisons, including at night. It also recommends that steps be taken to ensure, at the very least, nursing cover on Saturdays and Sundays, for a minimum of eight hours each day; it would be preferable for a doctor also to be present on weekends.**

69. Health care services in both of the establishments visited could have recourse to the Prison Hospital in Trenčín and to hospitals in the outside community for in-patient hospital care and specialist care. The situation as regards access to such care was satisfactory.

70. The facilities for health care at Bratislava Prison were described in the report on the CPT's 1995 visit (cf. paragraph 109 of CPT/Inf (97) 2) and call for no further comment. As for those at Košice, they were clean, bright and well equipped, and included inter alia a number of consultation rooms, an infirmary, an X-ray facility, and a dentist's room. The psychiatric department at that establishment comprised several cells for the accommodation of patients and four different rooms used for group therapy/relaxation, work therapy (carpentry), or consultations.

71. Many inmates at Bratislava Prison complained about the quality of the health care services provided to them. In this context, the medical members of the delegation observed that medical consultations were cursory.

Further, at both prisons visited, the delegation heard many complaints from prisoners about the inadequate supply of medication prescribed for them, and some indicated that they had been required to pay for medicines. The doctors interviewed at both establishments themselves indicated that there were difficulties in obtaining the medicines required for all patients. Further, in the response to the delegation's end-of-visit observations (cf. paragraph 10), the Slovak authorities indicated that, pursuant to existing laws and regulations, prisoners could be required to pay partially or in full for certain medicines prescribed for them. It would appear that this is particularly the case as regards foreign prisoners.

**The CPT recommends that the Slovak authorities verify that all prisoners are guaranteed the provision of the medication required by their state of health; this implies that the funds allocated to prisons should be sufficient to enable medication to be provided free of charge to prisoners who do not have the necessary resources to pay for it themselves.**

b. medical screening

72. The delegation found that, in each of the prisons visited, newly admitted inmates were systematically examined by a member of the prison's health care service within 24 hours, except that inmates arriving during the weekend (i.e. from 3 pm on Friday) were examined on the following Monday.

The CPT considers that, save for in exceptional circumstances, an initial medical interview or examination should take place on the day of admission, especially insofar as remand establishments are concerned. This is of crucial importance for preventing the spread of transmissible diseases, the identification of prisoners who present a suicide risk, and the timely recording of injuries sustained prior to admission to the prison. **The CPT trusts that this requirement will be fulfilled once a nursing (and medical) staff presence on weekends is established at the prisons visited.**

73. As for the recording of injuries, the delegation noted with interest that prisoners' admission records contained, if applicable, information on allegations of ill-treatment made by the person examined as well as on the objective medical findings. However, medical recording and reporting procedures were less developed at both prisons visited in cases where prisoners were medically examined following a violent episode in the prison, whether such an episode involved other inmates or members of staff.

In the Committee's view, the value of admission records in the prevention of ill-treatment would be enhanced were they also to include the doctor's own conclusions in the light of the allegations received and the objective findings. The same approach should be followed in the context of medical examinations following violent episodes in a prison. Further, whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner, the record should be systematically brought to the attention of the relevant public prosecutor. Moreover, in each case where this is requested by the inmate, the doctor should provide him with a certificate describing his injuries.

**The CPT recommends that the Slovak authorities review existing procedures, in the light of the foregoing remarks.**

c. confidentiality

74. In its report on the 1995 periodic visit, the CPT recommended that "all medical examinations (whether on arrival or at a later stage) be conducted out of the hearing and - unless the doctor concerned requests otherwise - out of the sight of prison officers".<sup>7</sup> The Committee has since received conflicting information regarding the implementation of this recommendation: while the interim report indicated that "doctors generally request to be granted personal protection" (i.e. to have examinations take place in the view, if not the hearing, of custodial staff), certain doctors interviewed in October 2000 insisted that such requests were exceptional. At Bratislava Prison, medical members of the delegation themselves observed an examination taking place in the presence of a guard, who was subsequently requested by the relevant member of the health care staff to leave the examination room.

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<sup>7</sup> cf. paragraph 120 of CPT/Inf (97) 2.

75. The confidentiality of medical files continued to be observed in a satisfactory manner at Bratislava Prison. However, the storage of such files at Košice Prison left something to be desired; the facilities (cabinets) used for storage were not lockable.

76. Finally, the system of distribution of medication to prisoners poses certain concerns, in particular as regards medical confidentiality. The head doctor at Košice Prison himself indicated that this duty was generally entrusted not to nurses but to guards, and pointed out that the present staffing arrangements left no other option on weekends. As regards Bratislava, despite assurances that only nurses were involved in the distribution of medication to prisoners, the absence of health care staff outside normal business hours could not but leave the delegation with doubts on this point.

**77. The CPT recommends that the Slovak authorities take the necessary steps to address the issues referred to in the preceding paragraphs 74 to 76.**

## **5. Other issues**

### a. means of coercion

78. The CPT has already stressed that no more force than is strictly necessary should be used to control violent and/or recalcitrant prisoners. In this context, the Committee has noted that Act 79/1992 on prison service personnel, permits the use of the following means of coercion against prisoners: grips, holds, self-defence blows and kicks, wrist chains, handcuffs, restraint belts, tear gas, water jets, truncheons, dogs, detonators, striking with firearms, menacing with firearms, warning shots, and use of firearms. Act 33/1993 develops the above and authorises the use of electric shock delivering devices. The delegation observed that at least one prison officer carried an electric shock delivering device when in contact with prisoners.

In the view of the CPT, certain of the above-mentioned means of coercion (explosive stun devices, electric shock delivering devices, striking with and making use of firearms) should never be used inside a prison, and the use of others (tear gas, dogs) could only be justified within detention facilities under very exceptional circumstances.

**The CPT recommends that the Slovak authorities revise the list of authorised means of coercion, in the light of these remarks, and issue more detailed guidance on their use.**

### b. contacts with the outside world

79. In the report on the 1995 visit (cf. paragraphs 126 to 130 of CPT/Inf (97) 2), the CPT stressed the importance for prisoners to be able to maintain good contact with the outside world. In view of the situation found in 1995, the Committee recommended that the visit entitlement of remand prisoners in Bratislava Prison be substantially increased and invited the Slovak authorities to explore the possibility of offering more open visiting arrangements for such prisoners. It also suggested that it would be appropriate to grant sentenced prisoners more frequent visits. Further, the CPT recommended that steps be taken to give prisoners access to a telephone, where necessary subject to appropriate monitoring.

80. In their responses, the Slovak authorities expressed some misgivings about the approach proposed by the CPT, principally based on the objective of preserving the interests of justice (preventing collusion, etc.).

It is therefore not surprising that the delegation which carried out the 2000 visit observed little or no change in this area. In particular, remand prisoners' visit entitlement remained limited to a mere 30 minutes every month (every two weeks in the case of juveniles), although they could receive from time to time an additional visit at the director's discretion. Further, visits for such prisoners continued to take place in booths, with prisoner and visitor(s) separated by a screen. A few of the prisoners interviewed by the CPT's delegation complained that their visits took place in the presence of a masked officer.

As had previously been the case, no prisoners (not even those who did not receive visits) had access to a telephone.

81. The CPT accepts that in certain cases it will be justified, for security-related reasons or to protect the legitimate interests of an investigation, to have visits take place in booths and/or monitored. However, **the CPT wishes once again to invite the Slovak authorities to move towards more open visiting arrangements for remand prisoners in general.**

**The CPT would also like to be informed as to why it is necessary for officers monitoring a particular visit to be masked.**

Arguments based on the need to protect the interests of justice are totally unconvincing as a justification for the present inadequate visit entitlement for remand prisoners. **The CPT therefore reiterates its recommendation that the visit entitlement for remand prisoners be substantially increased (for example, to 30 minutes every week).**

**The CPT also wishes to recommend once again that both remand and sentenced prisoners be granted access to a telephone;** such access is now guaranteed in many European countries. If there is a perceived risk of collusion, a particular telephone call could always be monitored.

c. segregation

82. Disciplinary segregation in the establishments visited did not give rise to particular concern. Resort to this measure was infrequent and generally of a short duration; further, material conditions in the disciplinary cells were acceptable. In line with the recommendation made by the CPT in the report on its 1995 visit, prisoners undergoing disciplinary segregation were provided with a mattress at night (in addition to blankets and sheets) and were allowed to have reading matter.

83. Administrative segregation (e.g. for so-called security reasons) was decided by the director of the establishment at the proposal of the officers handling security issues in the prison or, in the case of certain remand prisoners, the relevant investigator; segregation was often based exclusively on the nature of the offence for which the person concerned had been incarcerated. Prisoners were apparently not informed of the reasons for their segregation or given the opportunity to present their views on the matter before a definitive decision was taken. Moreover, they did not have a formally recognised right of appeal against such decisions. Administrative segregation measures were not systematically reviewed at regular intervals and could last for prolonged periods.

That said, it appeared that prisoners were rarely segregated for administrative/security reasons; at the time of the visit, at Bratislava Prison, one person had been segregated by decision of the director for approximately eight months and a further person had been isolated at his own request for over ten months.

84. In the report on the 1995 visit, the CPT stressed that all forms of isolation without appropriate mental and physical stimulation are likely in the long term to have damaging effects, resulting in changes in social and mental faculties. It follows that all forms of isolation should last for as short a time as possible.

The regime applied in Bratislava to prisoners undergoing administrative segregation for prolonged periods did not provide the necessary stimulation. In particular, segregated prisoners had no contact with other inmates and very little contact with staff. Given that no prisoners were segregated at Košice Prison at the time of the visit, the delegation was not able to examine the situation in practice at that establishment; nonetheless, the information gathered suggests that the regime applied would be identical to that at Bratislava, except that prisoners might be accommodated two to a cell.

**85. The CPT reiterates its recommendation that prisoners undergoing administrative segregation be provided with purposeful activities and guaranteed appropriate human contact.**

As regards safeguards, **it recommends that:**

- **a prisoner in respect of whom a segregation measure is adopted or renewed be informed in writing of the reasons for that measure (it being understood that the reasons given could exclude information which security requirements reasonably justify withholding from the prisoner);**
- **a prisoner in respect of whom such a measure is envisaged be given an opportunity to express his views on the matter;**
- **a prisoner in respect of whom such a measure is adopted or renewed be able to contest the measure before an appropriate authority;**
- **decisions concerning the segregation of a prisoner be fully reviewed at least every three months.**

## C. Social Services Homes

### 1. Preliminary remarks

86. The Act on Social Assistance of 1998 foresees the possibility of admission of persons with physical disabilities, mental disorders, and/or behavioural disorders to a home for social services<sup>8</sup>. Besides the provision of basic necessities (e.g. food and housing), social services homes for long-term placement<sup>9</sup> have the function of providing “additional care” (e.g. education, counselling, occupational therapy, recreation, rehabilitation) to their residents, as well as of “creat[ing] conditions for eligibility for work”<sup>10</sup>.

While adults may, in principle, themselves apply for placement in a home, a court-appointed guardian initiates the procedure in cases of minors and adults declared incompetent by a court. Most commonly, the adults placed in homes have been declared incompetent. Children admitted to a social care home are likely to be declared incompetent upon reaching the age of majority (18), and to remain in the system for life.

87. The CPT’s delegation visited two social services homes in the Slovak Republic, each intended for year-round placement: the **Okoč Home for Disabled Children and Adults** and the **Veľký Biel Home for Disabled Adults**.

88. The **Okoč Home** is located in a village near the Hungarian border, on a seven-hectare estate with the main building erected c. 1900 and an auxiliary building completed in 1994; the facility has been operating as a welfare home since 1953. It has an official capacity of 67, and 64 residents (including 15 female residents) were registered on 16 October 2000 (aged 6 to 57, although most were over 18).

89. The **Veľký Biel Home** is set in an old baroque mansion, a state-protected cultural monument dating from 1725. It began operating as a home for the elderly in 1965. In 1988, it was reclassified as an institution for mentally retarded adult women, although it continued to receive legally competent elderly women not suffering from any disability. The home’s official capacity is 130; 154 women (ranging in age from 26 to 82) were registered on 12 October 2000.

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<sup>8</sup> Cf. Sections 20 to 23 and 92 to 94 of the Act on Social Assistance.

<sup>9</sup> According to Section 18(8) of the Act on Social Assistance, social services homes may receive residents on a daily, weekly, or year-round basis.

<sup>10</sup> Cf. Section 20(3) of the Act on Social Assistance.

90. Neither of the homes has been purpose-built, and their future status is uncertain as a result of long-standing property disputes. Pending the final outcome of the proceedings, plans to implement any substantial improvements to the homes' aging and dilapidated infrastructure were frozen. Apparently, similar situations obtain in other social services homes in the Slovak Republic. The CPT has noted that, following the visit, the Government has issued instructions to the relevant regional authorities to "enter into restitution arrangements" regarding the Social Services Homes in Veľký Biel and Okoč.

**The CPT would like to receive information about the medium to long-term strategy of the Slovak authorities to address the problems posed by this situation and, more particularly, about developments concerning the Veľký Biel and Okoč homes.**

91. In each of the homes visited, the provision of adequate care was seriously compromised by inadequate staffing levels.

The personnel at Okoč included 22 persons involved in residents' care or treatment (5 nurses, 13 nurses' aides, 3 educators and 1 social worker). In addition, a general practitioner and a psychiatrist visited the home, respectively, on an as-needed basis and bi-monthly. According to the director, the staff-resident ratio was equivalent to 1:15, considering the distribution of shifts and individual staff members' presence. In her view, such a ratio was three times lower than the minimum warranted by the profile of the home's occupants; she indicated that there was a particularly pressing need for a physiotherapist, a psychologist and additional educators.

The staff-resident ratio at Veľký Biel was comparably low. There were 47 staff members who came into direct contact with the residents (1 psychologist, 4 social workers, 16 nurses, 20 nurses' aides, 4 educators, 1 physiotherapist and 1 nutritionist). The establishment was visited by a psychiatrist (twice a week, for a total of ten hours of consulting time), a general practitioner (once a week), a neurologist (once a week) and an ophthalmologist (as needed). As at Okoč, the overall paucity of care staff resources meant that the nurses, educators, etc., could not give individual attention to all of the residents in need of such care.

92. The CPT wishes to emphasise that its delegation heard no allegations of deliberate physical ill-treatment of residents by staff at either of the social services homes visited; further, it did not gather any other evidence of such treatment. In fact, it appeared that staff made genuine efforts to discharge their duties with professionalism and care, despite the difficult circumstances.

Nevertheless, a number of situations observed gave rise to grave concerns, and the delegation could not but form the conclusion that certain residents were subject to conditions which could be said to amount to inhuman and degrading treatment. The residents concerned were among those considered to present the most difficult cases, from a management/control standpoint and/or due to the severity of their disability or disorder; the group included persons with severely impaired mobility. Their situation is addressed in more detail in the following section; as already indicated (cf. paragraph 10), it was the subject of an immediate observation under Article 8, paragraph 5, of the Convention.

## 2. Residents regarded as “difficult”

### a. situation in the establishments visited

93. At Okoč, residents regarded as impulsive, aggressive or disruptive formed a distinct treatment group. They tended to spend most of their time together in a drab, unwelcoming day-room. A separate category comprised eighteen residents - most of them children with pronounced physical disabilities - who were placed in three adjacent rooms, serving both as sleeping and living areas.

At Veľký Biel, residents deemed to require increased attention (48 at the time of the visit) were accommodated in unit 1. The unit was located in a wing on the building’s first floor, and its layout consisted essentially of a series of rooms (dormitories, a nurses’ office, and a small activities room) flanked by a long and rather wide corridor, which was furnished with tables, chairs and television sets to serve as the main day/association area. The corridor was bisected by a row of metal bars, behind which there was a section (referred to as “the closed section”) used for the accommodation of residents who were bedridden, severely mentally retarded, or regarded as being particularly difficult to manage (e.g. those who had assaulted others, injured themselves or attempted suicide).

94. At both establishments, the premises accommodating the cases deemed difficult contained basic furnishings, but were otherwise sparsely decorated, with the exception of the areas for bedridden children at Okoč (which had toys and other items appropriate to this group). The sanitary facilities were in a poor state of repair and buckets were used for sanitary needs in some of the multi-occupancy rooms. An unpleasant smell permeated the accommodation areas for problematic residents at both establishments.

95. The manner in which psychotropic drugs were used in unit 1 at Veľký Biel is another matter of concern. The medical members of the delegation observed that many residents held there displayed symptoms which suggest excessive use of such drugs (apathy, hyper-somnolence, extra-pyramidal effects). Examination of the medical files corroborated this observation. By way of example, a woman (of about 50 kg and 160 cm tall) was receiving 200 mg Cisordinol (depot every 10 days), as well as (on a daily basis) 6 mg Promethazine, 18 mg Haloperidol, 600 mg Chlorpromazine, 600 mg Carbamazepine, 30 mg Diazepam and 4 mg Nitrazepam (at night).

96. The delegation observed two specific measures used for the management of difficult cases: net-beds and seclusion. Formal guidelines on the application of these measures did not exist. Further, in the absence of written records, the delegation was not in a position to obtain precise information - or to verify the accuracy of individual statements - regarding the duration or circumstances surrounding any particular instance of resort to either measure.

Net-beds were used at both of the homes visited. The placement in net-beds of certain residents could extend over several months.



At Okoč, a room in the section for aggressive/impulsive residents contained 4 net-beds and one cage-bed, i.e. a bed surrounded by metal bars. One of the net-beds was occupied at the time of the visit, by a young autistic man. According to the home's director, the cage-bed was not used.

At Velký Biel, there were some ten net-beds scattered in different rooms in unit 1, and one in unit 3; about half of the net-beds in unit 1 were occupied at the time of the visit. Staff indicated that, apart from their use to restrain agitated or aggressive residents, the net-beds could be used to prevent falls/injuries or nocturnal disorientation/sleepwalking (in one case, at an elderly resident's own request). The delegation saw one such bed occupied by a woman with severely impaired mobility said to be "in danger of falling down"; the woman was covered with flies.

Seclusion was used only at Velký Biel. At the time of its visit, the CPT's delegation found that an agitated, mentally retarded woman dressed in rags was secluded in a nearly bare (it contained only a bed, a foam mattress and a bucket for sanitary needs) and windowless cell at the far end of the closed section in unit 1. The cell was devoid of lighting fixtures, but had a metal-bar door which allowed some light in from an anteroom. Its walls were stained with faeces. The woman was apparently taken out two or three times a week to be bathed. The establishment's psychiatrist and other staff indicated that she had been held in the seclusion cell for some six months, but were unable to specify the exact date when she had been placed in the cell.

97. To sum up, the section accommodating impulsive/aggressive residents at Okoč and unit 1 at Velký Biel imparted an impression of utter bleakness and abandonment. The lugubrious effect was further magnified by the state of dilapidation of the premises concerned. The situation of some of the residents placed in net-beds and the woman held in the seclusion cell can only be described as execrable.

98. The declared objective at both establishments was to provide increased attention to the difficult residents. However, efforts to reach this worthy goal were thwarted by the previously-described insufficiency of staff resources (cf. paragraph 91). As one might expect, those most adversely affected were the persons undergoing the measures described in paragraph 96. The staffing levels available meant that supervision of residents placed in net-beds could, at best, only be practised every two hours during the daytime. Provision of enhanced supervision was further hindered at Velký Biel given that the rooms containing net-beds were locked in order to prevent other residents from entering them during the day, and that there was no call bell system or window/opening on the doors. It should nevertheless be noted that bedridden residents did not display bedsores.

The low staffing levels also had a negative impact on the provision of suitable activities and individual attention to the "difficult" categories of residents, despite some laudable efforts. Of the latter, the most successful was the daily provision of occupational therapy to 12 of the 48 residents in unit 1 at Velký Biel. The remaining residents of that unit spent the bulk of the day, including mealtimes, sitting around the tables in the long corridor, a few of them according some attention to the television screens. The activities for the aggressive/impulsive residents at Okoč were no more developed. As for the bedridden children at that establishment, staff interacted with them, engaging in simple games; however, professional physiotherapy was not provided.

b. assessment

99. It is clear that the establishments' resources are manifestly inadequate - particularly in terms of staff - to care properly for some of the difficult residents. In its immediate observation, the delegation called upon the Slovak authorities to review the situation of those residents and take appropriate remedial action.

In their reply of 16 January 2001 (cf. paragraph 10), the Slovak authorities essentially agreed with the foregoing assessment, and provided information on measures being taken to remedy the situation.<sup>11</sup>

100. The first priority at the Okoč and Veľký Biel social services homes should be to ensure adequate staff resources in terms of numbers, categories of staff (including nurses, occupational therapists, social workers, etc.), and experience and training. If this is not done, attempts to remedy existing shortcomings in those establishments will inevitably founder.

In this context, the CPT has noted that, on 10 January 2001, the Slovak government adopted a resolution which, inter alia, requires the relevant regional authorities to include an increase of qualified staff at the social services homes in Veľký Biel and Okoč in their budget proposals for 2002. While this is indeed a step in the right direction, the Committee considers that such an increase should be implemented without delay.

**The CPT recommends that the Slovak authorities take immediate steps to ensure a significant increase of staffing levels at the above-mentioned social services homes, in the light of the preceding remarks. In particular, the number of nurses with relevant specialist qualifications should be increased at each establishment, and rehabilitative services (psychology, physiotherapy, etc.) should be provided at Okoč.**

101. As regards the implementation of structural changes to the buildings at Okoč and Veľký Biel, the CPT understands the difficulties referred to in paragraph 90. However, the present stalemate cannot be allowed to continue indefinitely. In this context, the CPT has noted the additional information provided by the Slovak authorities in their response of 16 January 2001.

**The Committee recommends that the Slovak authorities take all necessary steps to resolve rapidly the outstanding property disputes. In the event of the existing premises remaining in use as social services homes, they should be entirely renovated. In the meantime, efforts should be made to provide accommodation areas with adequate decoration, and to keep all of the premises clean and in a good state of repair.**

**Further, efforts should be made to develop activities with a therapeutic and rehabilitative value for all residents; it is very important that wholly dependent and bed-bound residents also benefit from appropriate stimulation.**

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<sup>11</sup> The measures involve inter alia the Ministry of Labour, Social Affairs and the Family, the Ministry of Health, and the relevant regional authorities.

102. Moreover, in view of the information set out in paragraph 95, **the CPT recommends that the Slovak authorities review the use of psychotropic drugs in unit 1 at Veľký Biel.**

103. While, in their reply of 16 January 2001, the Slovak authorities indicate that the use of net-beds in social services facilities is “not justified”, it appears that guidelines<sup>12</sup> have been issued for their use in those very facilities. The guidelines in question provide that net-beds may only be used for “clients ... whose placement in such beds is indicated due to their severe mental disorder or disease, resulting in endangerment of such clients or of their environs”.

The CPT does not concur that net-beds are an appropriate means of dealing with residents or patients in a state of agitation. **It recommends that net-beds cease to be used as a tool for managing such residents.** If it proves necessary to separate aggressive, agitated, disturbed, or autistic residents, they should be placed in suitably equipped rooms of an adequate size. Residents temporarily placed in such facilities should benefit from adequate human contact.

Similarly, **more suitable means than net-beds can also be found to ensure the safety of persons with impaired mobility or nocturnal disorders (e.g. disorientation/sleepwalking).**

104. The CPT welcomes the information provided by the Slovak authorities to the effect that, following the visit, the seclusion cell at Veľký Biel has been removed from service, and has noted that the woman who occupied it at the time of the visit is currently accommodated at the psychiatric hospital in Pezinok. **The CPT also recommends that the cage-bed seen at Okoč be removed from the premises.**

### **3. Living conditions of more autonomous residents**

105. Material conditions could not but reflect the buildings’ age and the fact that interventions affecting the infrastructure were precluded; further, both homes were devoid of features designed for physically disabled persons (i.e. lifts, ramps for wheelchair access, etc.). Nevertheless, a number of positive features should be noted. The sleeping quarters used by the majority of the more autonomous residents were, on the whole, of a reasonable size for the occupancy rates. Rooms had appropriate furnishings, most were personalised with the residents’ own decorations, and all had good access to natural light and ventilation. Further, most residents had lockable storage space for personal belongings.

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<sup>12</sup> The guidelines have been prepared by the Ministry of Health together with the Ministry of Labour, Social Affairs and the Family.

106. As regards activities, both establishments had libraries, television/association areas, small gyms and facilities for arts and handicrafts. The more autonomous residents also had access to outdoor facilities.

At Okoč, certain residents, (i.e. those with developed verbal communication skills who were relatively autonomous) performed a variety of tasks on the premises, including pig farming, gardening, maintenance, cleaning/laundry, and assistance with the care of other residents. Two women (aged 19 and 35) belonging to the same group were enrolled in a special class in the village; of all the residents at Okoč, they were the only ones to possess any degree of literacy.

At Veľký Biel, 50 residents participated in work activities (gardening, cleaning, kitchen work); for their efforts, they were “rewarded” from time to time with an excursion to a national park. Other activities offered included ceramics/pottery, sewing, embroidery, appliqué, tapestry, weaving, and film screenings.

107. However, the current approach rarely goes beyond meeting the basic needs of residents. Greater attention should be devoted to the provision of “additional care” (education and literacy development, counselling, occupational therapy, recreation, rehabilitation) and creation of conditions for the eligibility for work (cf. Section 20 (7) of the Act on Social Assistance). To meet these goals, it would be necessary to assemble properly resourced, multi-disciplinary staff teams, to address the varied needs of the physically handicapped, the mentally retarded and the mentally ill. **The CPT would like to receive the views of the Slovak authorities on this issue.**

#### **4. Seclusion and other means of restraint**

108. The CPT recognizes that the restraint of certain residents in social services homes (e.g. those who are agitated and/or violent), may on occasion be necessary. However, this is an area of particular concern to the Committee, given the potential for abuse and ill-treatment, especially in situations where staff levels are low.

109. The use of means of restraint in social services homes should be the subject of a clearly-defined policy. That policy should make clear that initial attempts to restrain agitated or violent residents should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Staff should receive training in both non-physical and manual control techniques. The possession of such skills will enable staff to choose the most appropriate response when confronted by difficult situations, thereby significantly reducing the risk of injuries to residents and staff.

If, exceptionally, recourse is had to instruments of physical restraint, they should be removed at the earliest opportunity; it would be entirely unacceptable to prolong their use for the sake of convenience or in lieu of proper care and rehabilitation services provided by sufficient numbers of appropriately trained staff.

Every instance of the physical restraint of a resident (manual control, use of means of physical restraint, seclusion) should be recorded in a special register established for this purpose. The entry should include the times 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. This will greatly facilitate both the management of such incidents and the oversight of the extent of their occurrence.

**The CPT recommends that such a policy concerning the use of means of restraint in social services homes be drawn up** (cf. also the recommendation in paragraph 103).

110. It should be added that, at Okoč, the low staff-resident ratio translated into yet another negative consequence: nurses and educators occasionally solicited the assistance of residents (mentally retarded or mentally ill persons) to restrain - and place in a net-bed - other residents who became agitated. According to the director, this practice was used only as a last resort in cases of particularly violent/aggressive behaviour. If it did not prove sufficient to restrain a person, police assistance would be sought (this occurred some 3 or 4 times a year).

The CPT strongly disapproves of the use of residents to restrain other patients in a social services home. **It trusts that once the staffing levels at Okoč and Veľký Biel are increased in line with the recommendation set out in paragraph 100, this practice will cease.**

## **5. Further remarks**

111. The CPT has noted that the resolution adopted by the Slovak Government on 10 January 2001 foresees a more active role for the Prosecutor General in the supervision of social services establishments. Further, the Slovak authorities have indicated in their reply of 16 January 2001 that the Ministry of Labour, Social Affairs and the Family is to undertake increasing responsibility for supervision and that the “basic human rights and freedoms” of residents of social services homes should receive attention from other bodies at both national and regional level.

**The CPT would like to be informed of developments in this area.**



### **III. RECAPITULATION AND CONCLUSIONS**

#### **A. Police establishments**

112. In the light of the information gathered during the second periodic visit, the CPT remains very concerned about the treatment of persons detained by the police in the Slovak Republic.

The delegation received a number of allegations of ill-treatment of criminal suspects by police officers. Many of those allegations concerned brutality at the time of or immediately following arrest; however, a significant proportion of them related to ill-treatment during police questioning and, more particularly, during interrogation by criminal police officers. The principal form of ill-treatment alleged was physical assault (kicks and blows with fists, batons and other objects). Certain of the allegations involved severe forms of ill-treatment, such as severe beating or being bitten by police dogs.

The records examined in the prisons visited revealed that, upon their admission to prison, numerous persons - including most of those interviewed by the delegation who alleged ill-treatment by police officers - had displayed injuries consistent with allegations of ill-treatment made by them. The increasing number of such cases had become a source of concern to the authorities.

113. Vigorous action is required to combat the ill-treatment of persons detained by the police. Police officers must be unambiguously reminded that the ill-treatment of detained persons is not acceptable and that no more force than is strictly necessary should be used when effecting an arrest. The CPT has also stressed the importance of strict selection criteria at the time of recruitment of police officers and the provision of adequate professional training. Indeed, the best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers themselves. In this connection, the Committee has recommended that the Slovak authorities seek to integrate human rights concepts into practical professional training for high-risk situations, such as the arrest and interrogation of suspects.

Further, the CPT has indicated that it is highly undesirable for police officers to wear balaclavas in the course of their duties, inter alia because it will hamper accountability when allegations of ill-treatment arise; only in very exceptional circumstances would it be justified for police officers to have their faces covered. The Slovak authorities should review this practice, as well as the circumstances and manner in which dogs may be used by police officers when carrying out arrests.

114. Another means of preventing ill-treatment lies in the diligent examination by the competent authorities of all complaints of such treatment brought before them. In view of the information gathered during the visit, the CPT has recommended that the procedures applied by the Control and Inspection Service of the Police in the Slovak Republic vis-à-vis allegations of ill-treatment be reviewed. Further, whenever the competent authorities (e.g. investigator, prosecutor or judge) receive a complaint of ill-treatment or there are other grounds to believe that a person brought before them could have been the victim of ill-treatment, they should immediately request a forensic medical examination of the person concerned.

115. The CPT does not share the view expressed by the Slovak authorities to the effect that the recommendations concerning formal safeguards against the ill-treatment of persons detained by the police, which the Committee made following its first visit to Slovakia in 1995, have been implemented. In particular, the prevailing situation as regards notification of custody and access to a lawyer is not satisfactory; these rights should become fully operative as from the very outset of police custody and not only when detainees are formally interrogated by an investigator. Further, the Committee has recommended that existing legal provisions be developed to provide persons in police custody with a fully-fledged right of access to a doctor.

A number of recommendations have also been made or reiterated by the CPT concerning other safeguards against ill-treatment, including as regards the provision of information on rights, the drawing up of a code of conduct for interrogations, and custody records.

116. As had been the case in 1995, most police cells seen during the 2000 visit were of a reasonable size for the number of occupants, clean and had adequate lighting and ventilation. Further, the Slovak authorities envisage that conditions of detention in all police detention facilities will by the end of 2001 be brought into line with the standards set out in the relevant Order of the Ministry of the Interior; those standards comply on the whole with the criteria advocated by the CPT. However, the arrangements for holding criminal suspects who have not yet been remanded in the custody of the police by an investigator, while waiting to be brought before a judge, are not satisfactory; such persons are required to stay for hours, and sometimes overnight, in a corridor or office, frequently handcuffed to furniture.

117. Immigration detainees continued to be held in police cells for prolonged periods. The CPT has recommended that the Slovak authorities take immediate steps to ensure that they are transferred without undue delay to one of the designated detention centres for foreigners.

The delegation visited one such centre, at Medved'ov, where it received no allegations of ill-treatment. The centre generally satisfied the CPT's requirements for material conditions of detention for persons held under aliens legislation. Further, arrangements for medical care were of a good standard. The most serious shortcoming observed was the total absence of activities for detained foreigners; the Committee has recommended that the Slovak authorities persist with their efforts to remedy this problem.

## **B. Prisons**

118. The delegation heard only a few allegations of ill-treatment of inmates by staff at Bratislava Prison. Such allegations concerned rough treatment, blows and pulling by the hair, mostly during cell searches performed by masked officers attached to the prison's special intervention unit. As for Košice Prison, records indicated that since the beginning of 2000, three complaints of ill-treatment had been lodged against staff, concerning strip searches with inspection of bodily orifices and rough treatment; further, on one occasion, an inmate had apparently been slapped by a prison officer as a means of coercion.



119. The CPT has recommended that prison officers be reminded that on those occasions when they have to use force to control violent and/or recalcitrant prisoners, the force used should be no more than is strictly necessary; once such prisoners have been brought under control, there can be no justification for striking them. The Committee has also called for the practice of using masked prison officers to carry out cell searches to be discontinued immediately.

Further, the CPT has expressed concern about the manner in which prisoners' complaints are processed in practice. The Committee has recommended that the procedures currently used be reviewed, with a view to ensuring that they offer appropriate guarantees of independence, impartiality and thoroughness.

120. The CPT has welcomed efforts being made as regards prison officers' training and has suggested that those efforts be extended to include ongoing training for officers already in service. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation.

121. The fabric of Bratislava and Košice Prisons was capable of offering adequate material conditions of detention to inmates. Cells at both establishments benefited from adequate access to natural light and ventilation, were equipped with artificial lighting and heating, had basic furniture and were clean and in a reasonable state of repair. However, overcrowding continued to be widespread at Bratislava Prison, particularly as regards remand prisoners. Many inmates at Košice Prison were also being offered only limited living space.

The situation as regards activities also left much to be desired. Only two of the 491 remand prisoners held at Bratislava Prison worked and no other form of organised activity was being offered to such prisoners. The situation of the 281 remand prisoners at Košice was no different. As for sentenced prisoners, all of those assigned to Bratislava (83) worked, but a significant proportion of those held at Košice did not (111 out of 259). Further, as had been the case in 1995, daily outdoor exercise at Bratislava Prison was not being guaranteed, particularly during weekends and holiday periods.

The CPT has made a number of recommendations to rectify these and other related shortcomings.

122. Since the 1995 visit, certain improvements have been made at Bratislava Prison concerning health care. However, at both prisons visited in October 2000, health care staffing levels were, in some respects, inadequate. The CPT has in particular recommended that the Slovak authorities make further efforts to reinforce the provision of psychiatric/psychological services at Bratislava Prison and that the number of full-time nurses at both prisons be increased. Immediate steps should also be taken to ensure that someone qualified to provide first aid (preferably with a nursing qualification) is always present on the prisons' premises, including at night.

At both Bratislava and Košice Prisons, there appeared to be difficulties in obtaining the medicines required for all patients. The CPT has stressed that prisoners should be guaranteed provision of the medication required by their state of health; this implies that medication should be provided free of charge to those prisoners who do not have the necessary resources to pay for it themselves.

123. The CPT has also made certain proposals concerning means of coercion, contact with the outside world, and segregation. Of these, particular reference might be made to the recommendations that the list of authorised means of coercion be reviewed, that the current visit entitlement of remand prisoners (a mere 30 minutes every month) be substantially increased, and that all prisoners be granted access to a telephone.

### **C. Social Services Homes**

124. The delegation heard no allegations of deliberate physical ill-treatment of residents by staff in the two social services homes visited (which accommodated persons with physical and/or mental disabilities, and mental disorders). Staff appeared to be making genuine efforts to discharge their duties with professionalism and care.

However, the provision of adequate care to residents was seriously compromised by inadequate staffing levels; this had a particularly negative impact on those residents who were regarded as "difficult" from a management standpoint and/or due to the severity of their disability or disorder. Certain of those residents were subject to conditions which could be said to amount to inhuman or degrading treatment.

125. The delegation observed a number of positive features in the quarters accommodating the more autonomous residents.

By contrast, the sections accommodating impulsive/aggressive residents at the Okoč home for disabled children and adults and in Unit 1 of the Vel'ký Biel home for disabled women imparted an impression of utter bleakness and abandonment. The lugubrious effect was further magnified by the state of dilapidation of the premises. The situation of some of the residents placed in net-beds and of a woman held in a seclusion cell at Vel'ký Biel can only be described as execrable. The CPT has also expressed concern about the manner in which psychotropic drugs were used in Unit 1 at Vel'ký Biel.

126. The first priority at the social services homes visited should be to ensure adequate staff resources. Further, once outstanding property disputes are resolved, the premises of the social services homes should be entirely renovated; in the meantime, efforts should be made to keep all of the premises clean and in a good state of repair.

Efforts should also be made to develop activities with a therapeutic and rehabilitative value for all residents.

127. On the specific issue of net-beds, the CPT has made clear that it considers they are not an appropriate means of dealing with residents or patients in a state of agitation; it has recommended that they cease to be used as a tool for managing such persons. Similarly, more suitable means than net-beds can be found to ensure the safety of persons with impaired mobility or nocturnal disorders.

More generally, the CPT has recommended that a clear written policy on the use of means of restraint be established at social services homes, taking into account criteria identified by the Committee.

**D. Action on the CPT's recommendations, comments and requests for information**

128. The various recommendations, comments and requests for information formulated by the CPT are summarised in Appendix I.

129. Having regard to Article 10 of the Convention, the CPT requests the Slovak authorities to provide within six months a response giving details of action taken to implement the recommendations made in this report.

The CPT trusts that the Slovak authorities shall also provide in the above-mentioned response reactions to the comments formulated in this report as well as replies to the requests for information made.



**APPENDIX I**

**LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS  
AND REQUESTS FOR INFORMATION**

**A. Cooperation**

- the CPT invites the Slovak authorities to take the necessary steps to ensure that situations such as those described in paragraphs 7 and 8 do not recur (paragraph 9).

**B. Police establishments**

**1. Ill-treatment**

recommendations

- human rights concepts to be integrated into practical professional training for high-risk situations, such as the arrest and interrogation of suspects (paragraph 17);
- the message that the ill-treatment of detained persons is not acceptable and that such conduct will be the subject of severe sanctions must be recalled in an appropriate manner at regular intervals (paragraph 17);
- police officers to be unambiguously reminded that no more force than is strictly necessary should be used when effecting an arrest and that, once arrested persons have been brought under control, there can be no justification for striking them (paragraph 18);
- the practice of police officers wearing balaclavas in the course of their duties to be reviewed (paragraph 19);
- the circumstances and manner in which dogs may be used by police officers when carrying out arrests to be reviewed. This review should permit to develop the rules set out in Section 53 of the Police Act concerning the use of dogs and to provide more detailed guidance to police officers on this subject (paragraph 20);
- the procedures applied by the Control and Inspection Service of the Police vis-à-vis allegations of ill-treatment to be reviewed. Reaching a sound conclusion as to the veracity of the allegations will require evaluating the credibility of the person making them; in other words, that person (as well as any other relevant persons) should be interviewed on this specific matter by the investigating authority and, in appropriate cases, a forensic doctor should be consulted (paragraph 21);

- whenever the competent authorities (e.g. investigator, prosecutor or judge) receive a complaint of ill-treatment by the police, they should immediately request a forensic medical examination of the person concerned. This approach should be followed irrespective of whether the person concerned bears visible injuries. Even in the absence of an express allegation of ill-treatment, the competent authorities should request a forensic medical examination whenever there are other grounds to believe that a person brought before them could have been the victim of ill-treatment (paragraph 22).

#### requests for information

- the selection criteria currently applied for the recruitment of police officers (paragraph 17);
- in respect of 1999 and 2000:
  - . the number of complaints lodged concerning ill-treatment by police officers and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;
  - . a detailed account of those complaints and the outcome of the proceedings (allegations, brief description of the findings of the relevant court or body, verdict, sentence/sanction imposed) (paragraph 21).

## **2. Conditions of detention in the establishments visited**

#### recommendations

- a partition or other means of offering a suitable degree of privacy to be installed around in-cell lavatories, particularly in multi-occupancy cells (paragraph 25);
- immediate steps to be taken to ensure that persons detained by the police are accommodated in adequate facilities from the very outset of their custody (paragraph 26);
- instructions to be issued to ensure that anyone detained by the police in the Slovak Republic receives food at appropriate times, including at least one full meal every day (paragraph 27);
- immediate steps to be taken to ensure that immigration detainees are transferred without undue delay to one of the designated detention centres for foreigners (paragraph 28).

#### comments

- the state of repair and cleanliness of certain of the cells at the Košice Police Headquarters left something to be desired (paragraph 24).

requests for information

- progress made towards bringing standards in police detention facilities into line with Order No. 63 of the Minister for the Interior, of 17 September 1998 (paragraph 25).

**3. Safeguards against the ill-treatment of detained persons**

recommendations

- immediate steps to be taken to ensure that the rights of notification of custody and of access to a lawyer become fully effective in practice as from the very outset of police custody (paragraph 32);
- Section 19, paragraph 4, of the Police Act to be amended to ensure that detained persons have the right to notify both a close relative and a lawyer of their situation (paragraph 32);
- the right of detained persons to have a lawyer present during interrogation by an investigator to be expressly extended to all questioning/interviews by police officers (paragraph 32);
- existing legal provisions to be developed to provide persons in police custody with a fully-fledged right of access to a doctor. Those provisions should stipulate inter alia that:
  - . a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities (it being understood that nothing would prevent the second examination being carried out at the expense of the detained person);
  - . all medical examinations of persons in custody are to be conducted out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police officers;
  - . the results of every examination, as well as any relevant statements by the person in custody and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the person in custody and his lawyer;
  - . the confidentiality of medical data is to be strictly observed (paragraph 35);
- immediate steps to be taken to ensure that police officers inform detained persons without delay and in a language which they understand, of all their rights, including those referred to in paragraphs 30 to 35. For this purpose, a form setting out those rights should be systematically given to such persons (paragraph 36);
- a code of conduct of police interrogations to be introduced, dealing inter alia with the issues identified in paragraph 49 of the report on the first periodic visit (paragraph 37);

- the records system introduced by Order No. 63 of the Minister for the Interior of 17 September 1998, to be developed in order for it to apply to all criminal suspects from the outset of their detention (paragraph 38);
- steps to be taken to ensure that the detention of persons who are not held in connection with a criminal offence (e.g. those obliged to remain with the police under Sections 17 and 18, paragraph 8, of the Police Act or detained under Section 20 of the Act) is also accompanied by the safeguards proposed by the CPT, as from the very outset of custody (paragraph 39).

comments

- the Slovak authorities are invited to review the records kept of persons detained by the police who are not held in connection with a criminal offence (e.g. those held for identification) (paragraph 38).

**4. Detention Centre for Foreigners, Medved'ov**

recommendations

- efforts to continue to be made to develop the programme of activities at the Medved'ov Detention Centre for Foreigners. Steps also to be taken to make better use of the outdoor exercise areas (paragraph 42).

comments

- the Slovak authorities are invited to take the necessary steps to remedy the inadequacies mentioned in paragraph 45 as regards the information provided to foreigners detained at the Medved'ov centre (paragraph 45).

requests for information

- further information on the provision of radio and television sets, games, sports equipment and foreign newspapers at the Medved'ov centre (paragraph 42).



## C. Prisons

### 1. **Ill-treatment**

#### recommendations

- prison officers to be reminded that force used to control violent and/or recalcitrant prisoners should be no more than is strictly necessary, and that slapping prisoners is not an appropriate response to undisciplined conduct (paragraph 52);
- the practice of using masked prison officers to carry out cell searches to be discontinued forthwith (paragraph 52);
- if it is considered necessary for prison officers to carry truncheons, they should be hidden from view (paragraph 53);
- training in control and restraint techniques to be made widely available to prison officers (paragraph 54);
- the Slovak authorities to conduct a review of the procedures currently used to process prisoners' complaints, with a view to ensuring that they offer appropriate guarantees of independence, impartiality and thoroughness (paragraph 56).

#### comments

- considerable emphasis should be placed on the acquisition and development of interpersonal communication skills. Building positive relations with prisoners should be recognised as a key feature of a prison officers' vocation (paragraph 54).

#### requests for information

- further information on the initial and ongoing training provided to prison officers (paragraph 54);
- in respect of 1999 and 2000:
  - . the number of complaints lodged concerning ill-treatment by prison officers and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;
  - . an account of those complaints and the outcome of the proceedings (allegations, brief description of the findings of the relevant court or body, verdict, sentence/sanction imposed) (paragraph 56).

## **2. Conditions of detention**

### recommendations

- the living space standard for multi-occupancy cells/dormitories to be raised without further delay to at least 4 m<sup>2</sup> per prisoner, and official capacities and occupancy levels of cells and dormitories at Bratislava and Košice Prisons to be reduced accordingly. Ideally, cells measuring 9 m<sup>2</sup> should be used to accommodate only one prisoner (paragraph 62);
- plans to refurbish Bratislava Prison to be given a high priority and those plans to include providing in-cell sanitation with adequate partitioning; in-cell lavatories at Košice Prison also to be suitably partitioned (paragraph 62);
- steps to be taken - including, if necessary, the removal of any legal obstacles which may currently exist - to develop adequate programmes of activities for all prisoners, having regard to the remarks made in paragraph 63 (paragraph 63);
- all inmates at Bratislava Prison to be offered without further delay at least one hour of outdoor exercise every day (including during weekends and holiday periods) (paragraph 64);
- the possibility of enlarging the exercise areas at Bratislava Prison to be explored (paragraph 64).

## **3. Health care services**

### recommendations

- further efforts to be made to reinforce the provision of psychiatric/psychological services at Bratislava Prison, and to fill as soon as possible the vacant post for a psychiatrist at Košice Prison (paragraph 67);
- the number of full-time nurses at Bratislava and Košice Prisons to be increased (paragraph 67);
- immediate steps to be taken to ensure that someone qualified to provide first aid (preferably with a nursing qualification) is always present at Bratislava and Košice Prisons, including at night (paragraph 68);
- steps to be taken to ensure, at the very least, nursing cover on Saturdays and Sundays, for a minimum of eight hours each day; it would be preferable for a doctor also to be present on weekends (paragraph 68);
- the Slovak authorities to verify that all prisoners are guaranteed the provision of the medication required by their state of health; this implies that the funds allocated to prisons should be sufficient to enable medication to be provided free of charge to prisoners who do not have the necessary resources to pay for it themselves (paragraph 71);

- the Slovak authorities to review the procedures applied in cases where prisoners are found to display injuries upon admission to prison or when they are medically examined following a violent episode in prison, in the light of the remarks made in paragraph 73 (paragraph 73);
- the Slovak authorities to take the necessary steps to address the issues concerning medical confidentiality referred to in paragraphs 74 to 76 (paragraphs 77).

comments

- the CPT trusts that once a nursing (and medical) staff presence on weekends is established at the prisons visited, an initial medical interview or examination of newly admitted inmates will take place on the day of admission (paragraph 72).

**4. Other issues**

recommendations

- the Slovak authorities to revise the list of authorised means of coercion, in the light of the remarks made in paragraph 78, and to issue more detailed guidance on their use (paragraph 78);
- the visit entitlement for remand prisoners to be substantially increased (for example, to 30 minutes every week) (paragraph 81);
- both remand and sentenced prisoners to be granted access to a telephone (paragraph 81);
- prisoners undergoing administrative segregation to be provided with purposeful activities and guaranteed appropriate human contact (paragraph 85);
- a prisoner in respect of whom an administrative segregation measure is adopted or renewed to be informed in writing of the reasons for that measure (it being understood that the reasons given could exclude information which security requirements reasonably justify withholding from the prisoner) (paragraph 85);
- a prisoner in respect of whom an administrative segregation measure is envisaged to be given an opportunity to express his views on the matter (paragraph 85);
- a prisoner in respect of whom an administrative segregation measure is adopted or renewed to be able to contest the measure before an appropriate authority (paragraph 85);
- decisions concerning the administrative segregation of a prisoner to be fully reviewed at least every three months (paragraph 85).

comments

- the Slovak authorities are again invited to move towards more open visiting arrangements for remand prisoners (paragraph 81).

requests for information

- why is it necessary for officers monitoring a particular visit to be masked (paragraph 81).

**D. Social Services Homes**

**1. Preliminary remarks**

requests for information

- information about the medium to long-term strategy to address the problems posed by the uncertainty of the outcome of property disputes concerning social services homes and, more particularly, about developments concerning the Vel'ký Biel and Okoč homes (paragraph 90).

**2. Residents regarded as "difficult"**

recommendations

- immediate steps to be taken to ensure a significant increase of staffing levels at the Okoč and Vel'ký Biel social services homes, in the light of the remarks made in paragraph 100. In particular, the number of nurses with relevant specialist qualifications should be increased at each establishment, and rehabilitative services (psychology, physiotherapy, etc.) should be provided at Okoč (paragraph 100);
- all necessary steps to be taken to resolve rapidly the outstanding property disputes. In the event of the existing premises remaining in use as social services homes, they should be entirely renovated. In the meantime, efforts should be made to provide accommodation areas with adequate decoration, and to keep all of the premises clean and in a good state of repair (paragraph 101);
- efforts to be made to develop activities with a therapeutic and rehabilitative value for all residents; it is very important that wholly dependent and bed-bound residents also benefit from appropriate stimulation (paragraph 101);

- the use of psychotropic drugs in unit 1 at Veľký Biel to be reviewed (paragraph 102);
- net-beds to cease to be used as a tool for managing residents or patients in a state of agitation (paragraph 103);
- the cage-bed seen at Okoč to be removed from the premises (paragraph 104).

#### comments

- more suitable means than net-beds can be found to ensure the safety of persons with impaired mobility or nocturnal disorders (e.g. disorientation/sleepwalking) (paragraph 103).

### **3. Living conditions of more autonomous residents**

#### requests for information

- the views of the Slovak authorities on the need to assemble properly resourced, multi-disciplinary staff teams, in order to address the varied needs of the physically handicapped, the mentally retarded and the mentally ill and to provide additional care as foreseen in Section 20 (7) of the Act on Social Assistance (paragraph 107).

### **4. Seclusion and other means of restraint**

#### recommendations

- a policy concerning the use of means of restraint in social services homes to be drawn up (paragraph 109).

#### comments

- the CPT trusts that once the staffing levels at Okoč and Veľký Biel are increased in line with the recommendation set out in paragraph 100, the practice of using residents to restrain other patients will cease (paragraph 110).

### **5. Further remarks**

#### requests for information

- information on developments concerning the supervision of social services establishments (paragraph 111).



**APPENDIX II**

**LIST OF THE AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS  
WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

**A. National authorities**

**Ministry of the Interior**

Mr Ladislav PITTNER	Minister
Mr Peter POLÁK	Head of the Private Office
Mr Miroslav BRVNIŠŤAN	Advisor
Mr Ján MICHALKO	Head of Administration
Mr Ján PIPTA	President of the Police
Mr Ľudovít ZAPLETAJ	Vice-President of the Police
Mr Bernard PRIECEL	Director of the Migration Service

**Ministry of Justice**

Mr Ján ČARNOGURSKÝ	Minister
Mr Ladislav SCHOLCZ	Secretary of State, Deputy Minister
Ms Andrea KRAJNIAKOVÁ	Director of the Press Service
Mr Anton FÁBRY	Director General of the Prison Service
Mr Vladislav LIŠŤÁK	Head of the Secretariat of the Prison Service
Mr Peter BÁŇAS	Director of International Law and European Integration
Ms Zuzana ŠTOFOVÁ	Legal Counsellor

**Ministry for Labour, Social Affairs and the Family**

Mr Peter MAGVAŠI	Minister
Ms Mária NADAŽDYOVÁ	Director General of Social Assistance
Ms Jana KOSTANJEVCOVÁ	Head of Social and Legal Protection
Ms Viera TOMANOVÁ	Head of Social Services

## **Ministry of Health**

Mr Roman KOVÁČ	Minister
Mr Michal ONDREJČÁK	Head of Administration
Mr Rudolf ŠTEFANOVIČ	Director of Health Care
Ms Katarína ŠIMUNIČOVÁ	Director General of Legal Affairs
Ms Magdaléna LACOVÁ	Legal Counsellor
Ms Silvia GUBOVÁ	Legal Counsellor
Ms Nadežda ŠTOVASEROVÁ	Legal Counsellor
Ms OLOSŇÁ	Head of relations with the Council of Europe
Ms STONASEVOVÁ	Psychiatrist

## **Ministry of Defence**

Mr Jiří ŠTEYER

## **Ministry of Education**

Mr Zdenko KRAJČIR

## **B. Other authorities**

Mr Martin LAUKO	Deputy Prosecutor General
Mr Pavol HARŠÁNYI	Prosecutor
Mr Mário POTÚČEK	Prosecutor

## **C. Non-governmental organisations**

Association for Aid to Persons with Mental Disabilities

Centre for Legal Assistance on Criminal Matters

Charter 77 Foundation

Slovak Helsinki Committee for Human Rights



