



CPT/Inf (2008) 17

**Report to the Government of Cyprus  
on the visit to Cyprus  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)  
from 8 to 17 December 2004**

The Cypriot Government has requested the publication of this report and of its response. The Government's responses are set out in document CPT/Inf (2008) 18.

Strasbourg, 15 April 2008



**CONTENTS**

<b>Copy of the letter transmitting the CPT's report .....</b>	<b>5</b>
<b>I. INTRODUCTION .....</b>	<b>7</b>
<b>A. Dates of the visit and composition of the delegation .....</b>	<b>7</b>
<b>B. Establishments visited .....</b>	<b>8</b>
<b>C. Consultations held by the delegation .....</b>	<b>9</b>
<b>D. Cooperation between the CPT and the authorities of Cyprus .....</b>	<b>9</b>
<b>E. Immediate observation under Article 8, paragraph 5, of the Convention .....</b>	<b>10</b>
<b>II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED.....</b>	<b>11</b>
<b>A. Police establishments.....</b>	<b>11</b>
1. Preliminary remarks .....	11
2. Ill-treatment.....	13
3. Accountability mechanisms .....	15
4. Safeguards against ill-treatment of detained persons.....	17
5. Conditions of detention.....	22
<b>B. Nicosia Central Prisons.....</b>	<b>27</b>
1. Preliminary remarks .....	27
2. Ill-treatment.....	28
3. Conditions of detention.....	30
a. material conditions .....	30
b. activities.....	30
c. assessment .....	31
4. Health-care services .....	33
5. Other issues .....	37
a. discipline and isolation .....	37
b. contact with the outside world.....	40
c. staff .....	40
d. complaints procedures .....	41

<b>C. Athalassa Psychiatric Hospital.....</b>	<b>42</b>
1. Preliminary remarks .....	42
2. Ill-treatment.....	43
3. Living conditions .....	43
4. Treatment .....	44
5. Staff.....	46
6. Means of restraint.....	46
7. Safeguards in the context of involuntary placement .....	47
a. the initial placement decision .....	47
b. safeguards during placement .....	48
c. discharge.....	50
<b>D. Establishments for children taken into care by the Social Welfare Services.....</b>	<b>51</b>
1. Preliminary remarks .....	51
2. Ill-treatment.....	51
3. Material conditions and activities .....	52
4. Other issues .....	52
<b>III. RECAPITULATION AND CONCLUSIONS .....</b>	<b>55</b>
<b>APPENDIX I:</b>	
<b>LIST OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS</b>	
<b>FOR INFORMATION .....</b>	<b>61</b>
<b>APPENDIX II:</b>	
<b>LIST OF THE AUTHORITIES AND ORGANISATIONS WITH WHICH</b>	
<b>THE CPT'S DELEGATION HELD CONSULTATIONS .....</b>	<b>73</b>

**Copy of the letter transmitting the CPT's report**

Strasbourg, 29 July 2005

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 enclose herewith the report to the Government of Cyprus drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Cyprus from 8 to 17 December 2004. The report was adopted by the CPT at its 57th meeting, held from 4 to 8 July 2005.

I would like to draw your attention in particular to paragraphs 47 and 161 of the report, in which the CPT requests the Cypriot authorities to provide:

- **within one month** of receipt of this report detailed information on the concrete measures taken to ensure that all persons detained for a prolonged period of time in police establishments (i) are provided with basic personal hygiene products and are able to wash every day, and (ii) are offered activities and at least one hour of outdoor exercise every day;
- **within six months** a response on the action taken upon its report (the Committee's recommendations, comments and requests for information are listed in Appendix I to this report).

It would be most helpful if the Cypriot authorities could provide a copy of the response in an electronic form.

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

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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## 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 Cyprus from 8 to 17 December 2004. The visit formed part of the Committee's programme of periodic visits for 2004 and was the CPT's fourth periodic visit to Cyprus.<sup>1</sup>

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

- Mario FELICE, Head of delegation
- Isolde KIEBER
- Mauro PALMA
- Ole Vedel RASMUSSEN.

They were supported by the following members of the CPT's Secretariat:

- Jan MALINOWSKI, Head of Unit
- Caterina BOLOGNESE
- Muriel ISELI,

and assisted by

- Timothy HARDING, Director of the University Institute of Forensic Medicine, Geneva, Switzerland (expert)
- James McMANUS, Professor of Criminal Justice, Glasgow Caledonian University, United Kingdom (expert)
- Rhea FRANGOFINO (interpreter)
- Maria LOUCA-HOUVARDA (interpreter)
- Jonathan MARKEL (interpreter)

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<sup>1</sup> The CPT's previous visits to Cyprus took place in November 1992, May 1996 and May 2000. The Committee's reports on its 1992 and 1996 visits have been published under reference CPT/Inf (97) 5 [Part 1] and [Part 2]. The Committee's report on its 2000 visit, as well as the response of the Cypriot Government, have been published under reference CPT/Inf (2003) 1 and CPT/Inf (2003) 2.

- Frosso PANTELIDES (interpreter)
- Alexander ZAPHIRIOU (interpreter).

**B. Establishments visited**

3. The delegation visited the following places:

*Police establishments*

- Police Prison, Nicosia
- Central Police Stations of Larnaca, Limassol and Paphos
- Aradippou Police Station
- Lycavitos Police Station, Nicosia
- Holding facilities for immigration detainees at Larnaca Airport and at the former Famagusta Police Station, Larnaca

*Prisons*

- Nicosia Central Prisons

*Psychiatric establishments*

- Athalassa Psychiatric Hospital

*Establishments for children*

- Nicosia Hostel, Latsia
- Paphos Home for Children

**C. Consultations held by the delegation**

4. In the course of the visit, the delegation held consultations with Doros THEODOROU, Minister of Justice and Public Order, as well as with senior officials from the Ministries of Foreign Affairs, Justice and Public Order, the Interior, and Defence. It also met Solon NIKITAS, Attorney General, Eliana NICOLAOU, Commissioner for Administration (Ombudsperson), and Christodoulos MESSIS, Chairperson of the Supervisory Committee on Mental Health.

A list of the authorities and organisations met by the delegation is set out in Appendix II to this report.

**D. Cooperation between the CPT and the authorities of Cyprus**

5. The degree of cooperation received by the CPT's delegation from the Cypriot authorities during the visit was, on the whole, good. In particular, the delegation enjoyed rapid access to all places visited (including those not notified in advance) and, in general, to the information it requested.

6. However, the CPT received claims to the effect that, following concerns expressed by the delegation to Nicosia Central Prisons' senior management, a member of staff had questioned prisoners on their interviews with the delegation and requested them to withdraw the allegations of ill-treatment they had made. The CPT understands that steps were subsequently taken to investigate this matter.

The conduct described above on the part of prison staff would be incompatible with the confidential nature of the Committee's interviews with prisoners (cf. Article 8, paragraph 3, of the Convention) and would, more generally, constitute a serious violation of the principle of cooperation set out in Article 3 of the Convention. The CPT calls upon the Cypriot authorities to take steps to ensure that prison staff refrain from such conduct.

7. The principle of cooperation set out in the Convention also requires that decisive action be taken to improve the situation in the light of the Committee's recommendations.

The CPT notes that the Cypriot authorities have taken certain measures in response to the recommendations made by the Committee (cf. for example, paragraph 15, first sub-paragraph, and paragraph 65). The CPT welcomes the measures taken; however, there is still much to be done, and the Committee has been obliged to reiterate many of its recommendations, some of which are of very long standing.

Having regard to Article 3 of the Convention, the CPT urges the Cypriot authorities to intensify their efforts to improve the situation in the light of the Committee's recommendations.

8. Reference should also be made to the Committee's plan to visit places where persons are deprived of their liberty in the part of Cyprus in the north of the island where the Cypriot Republic is prevented from exercising its jurisdiction. At the time of its visit in 2000, the CPT had already emphasised the importance it attached to travelling to that part of the island, in the interest of avoiding a vacuum as regards the protection of human rights.<sup>2</sup>

By letter of 12 October 2004, the President of the CPT had informed the Cypriot authorities that the visit programme would include places of deprivation of liberty in the above-mentioned part of Cyprus, and invited the authorities to provide comments as to the modalities and practical arrangements concerning that portion of the visit. Despite this early notice, the Cypriot authorities reacted only a few days before the beginning of the visit, requesting that, when considering the question of the visit to that part of the island, the CPT take account of certain comments transmitted verbally to the Committee. During consultations held with the delegation at the time of the visit itself, the Cypriot authorities made representations to the Committee against visiting – in the context of its December 2004 visit – places of deprivation of liberty in the above-mentioned part of Cyprus.

In a spirit of cooperation and having regard, inter alia, to the views expressed by the Cypriot Government, the CPT decided to postpone its visit to that part of Cyprus.

However, it should be noted that the failure of the Cypriot authorities to respond promptly to the above-mentioned letter of 12 October 2004 did not facilitate the delegation's task.

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

9. At the meeting which took place at the end of the visit, the CPT's delegation made an immediate observation under Article 8, paragraph 5, of the Convention as regards the inadequate conditions of detention of persons held for prolonged periods in police custody (cf. paragraph 47).

The delegation requested that the Cypriot authorities take immediate steps with a view to ensuring that such persons are accommodated in suitable facilities and offered sufficient food, adequate products for personal hygiene, an appropriate range of activities and at least one hour of outdoor exercise every day. The immediate observation was confirmed by letter of 22 December 2004, in which the President of the CPT requested that the Cypriot authorities provide within three months an account of the measures taken in response.

10. By letter of 25 May 2005, the Cypriot authorities informed the CPT of measures taken in response to this immediate observation. Those measures will be considered later in the report.

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<sup>2</sup> Cf. CPT/Inf (2003) 1, paragraph 7.

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

### A. Police establishments

#### 1. Preliminary remarks

11. The rules concerning police custody for persons suspected of a criminal offence were examined in the CPT's report on its first visit to Cyprus, in 1992, and are still applicable. A person arrested by the police must be brought before a judge no later than 24 hours after the arrest,<sup>3</sup> and the judge must take a decision (release or remand in custody) no later than 3 days after the appearance of the person arrested.<sup>4</sup> In general, persons remanded in custody are transferred to prison; however, a judge may remand a person in the custody of the police for renewable periods of up to 8 days (the day following the remand being counted as the first day), if so requested by a police officer of at least the rank of inspector.<sup>5</sup> The total period of remand in custody must not exceed 3 months.<sup>6</sup>

12. Under the Aliens and Immigration Law, an immigration officer may order that a person, whose entry into the territory is prohibited, be detained in custody or confined in such place as the immigration officer, with the approval of the Chief Immigration Officer, may direct. This detention or confinement shall not exceed a period of eight days; it may be extended, by court decision, "for such further period as to the Court may seem fit".<sup>7</sup> Such persons may be detained, inter alia, in the holding facility for immigration detainees at Larnaca Airport. An examination of the registers revealed that, in general, detention in the airport premises lasted a few hours (when the persons not admitted to the territory could be returned to the country of departure on the return flight which had brought them), one night (when such persons had to await the first flight back to where they had come from, with the same airline which had brought them) or several nights (when flights by the same carrier to the destination of origin were infrequent); one person, however, had been detained for 18 days at the airport due, inter alia, to problems concerning her passport.

Further, the same law provides that the Chief Immigration Officer may order any alien present on the territory without valid documents to be deported and, pending deportation, to be detained in custody;<sup>8</sup> no provision specifies a maximum duration of deprivation of liberty. Such persons can be held in various facilities (i.e. prisons, police establishments).

Since 2003, the Cypriot authorities have been in the process of drafting a new Aliens and Immigration Law. **The CPT would like to be informed of developments regarding this planned legislation.**

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<sup>3</sup> Cf. Article 11, paragraph 5, of the Constitution.

<sup>4</sup> Cf. Article 11, paragraph 6, of the Constitution.

<sup>5</sup> Cf. Article 24 of the Criminal Procedure Law, Cap. 155.

<sup>6</sup> Cf. Article 11, paragraph 6, of the Constitution; "3 months", as from the day of the arrest.

<sup>7</sup> Cf. Article 13 of the Aliens and Immigration Law, Cap. 105, as amended (2000-2001): "Order to prohibited immigrant to leave the Colony."

<sup>8</sup> Cf. Article 14 of the Aliens and Immigration Law, Cap. 105, as amended (2001): "Deportation Orders."

13. In principle, foreign nationals seeking asylum are not deprived of their liberty. Article 7 (4) of the Refugee Law 2000-2003 allows for the detention of asylum seekers only in two cases, namely for establishing the identity or nationality of an applicant who, suspected of acting in bad faith, does not have valid documents; and for the examination of new evidence submitted after the asylum request has been rejected at second instance and a deportation order has been issued. In both cases, detention must be based on a court order and is initially limited to a maximum of eight days. It may be extended by the court for renewable periods of a maximum of eight days; however, the total period of detention may not exceed 32 days.<sup>9</sup>

14. The delegation was informed that practice as regards persons seeking asylum *following* their arrest and placement in detention had changed since October 2004. Whereas, before that date, such persons were, as a rule, released as soon as they made an asylum request, since October 2004 they remained in detention until a final decision was reached on their asylum request. Such persons were detained in police establishments (i.e. police stations, the police prison or the holding facility at the former Famagusta Police Station in Larnaca).

15. Reference should be made at the outset to certain important initiatives taken by the Cypriot authorities since the CPT's visit in 2000. One of them concerns the power of the Attorney General to appoint, on his own initiative, investigators to conduct inquiries into allegations of police misconduct; the use made of this power has mostly related to ill-treatment of persons in custody. Another consists of the establishment of a presumption of ill-treatment in cases where a person sustains injuries while in custody. In addition, a Bill<sup>10</sup> seeks to give a stronger footing to certain fundamental safeguards advocated by the CPT. Considerable investment is being made to upgrade material conditions in police detention facilities. Further reference to these matters will be made in the relevant parts of this report.

The delegation gained the impression that these developments have brought about an improvement in the treatment of some of the persons detained by the police. By contrast, the CPT is concerned to note that the information gathered by the delegation suggests that foreign nationals in police custody were not receiving the full benefit of these developments. On the one hand, the risk of ill-treatment appeared to be particularly high in respect of foreign nationals, whether they were criminal suspects or immigration detainees. On the other hand, the conditions under which many of them were being detained were entirely unacceptable and could, in some cases, be regarded as inhuman and degrading.

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<sup>9</sup> Cf. Article 7 (6) of the Refugee Law 2000-2003.

<sup>10</sup> The Bill on the Rights of Arrested and Detained Persons was before Parliament at the time of the 2004 visit.

## 2. Ill-treatment

16. The delegation received many allegations of ill-treatment of persons deprived of their liberty by the police. The allegations heard related mostly to the time of arrest, but also to subsequent questioning. For the most part, they involved criminal investigators and officers dealing with immigration matters. A significant proportion of these allegations were made by foreign nationals.

The forms of ill-treatment alleged consisted in the main of slaps, kicks and punches to the head and body, including the genitals, with the detained person sometimes undressed and/or handcuffed. Allegations of ill-treatment also included the banging of heads on a desk, blows with batons or other objects and violence of a sexual nature. In a few cases, the ill-treatment alleged was of such a severity that it could be considered as amounting to torture. Further, some allegations were heard of inadmissible psychological pressure, including threats of an indecent or sexual nature, exerted during questioning in order to obtain a statement or confession.

Most of the allegations of physical ill-treatment pre-dated the delegation's visit by several weeks or even months. Consequently, any marks which might have been caused by the kinds of ill-treatment alleged would almost certainly have disappeared in the intervening period. Nevertheless, in some cases the delegation did gather evidence, including of a medical nature, consistent with the allegations made. Particular reference might be made to the following two cases.

17. A foreign national interviewed at the Central Prisons alleged that he had been ill-treated twice, in the afternoon of 22 July 2004 and subsequently during the night. The first alleged ill-treatment consisted of punches and kicks to the face, chest and abdomen. The detainee further alleged that, during the night, he had been made to undress and had, while in a standing position, been hooded and shackled by the wrists and ankles to bars in the police prison, whereupon police officers had hit him violently on various parts of the body, including the genitals.

An examination of the custody register showed that he had been taken out of the police prison for nearly 17 hours, between 10.40 a.m. on 22 July and 3.15 a.m. on 23 July 2004, and that, when returned to his cell, steps had been taken to prevent him from having any contact with a lawyer for the following three days.<sup>11</sup> The delegation verified that, in the evening of 22 July 2004, he was brought to Nicosia hospital for a medical check. His medical records at Nicosia Hospital indicated that he was admitted on that day at 9.34 p.m. and that he underwent six X-rays (of the skull, ribs, spine, left foot, right and left wrists), which revealed no fractures.

According to the police file, on 22 July 2004, he was taken by the police to CID Paphos Gate station in Nicosia. At around 5.00 p.m. he was brought to the scene of the crime, where investigations took place until 8.10 p.m. The CID Chief inspector told the delegation that the detainee in question had been brought back to the CID facilities at 8.30 p.m.; moreover, the Chief inspector confirmed that, as the detainee alleged ill-treatment and complained of pain and dizziness, he was accompanied to Nicosia Hospital for the above-mentioned examination.

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<sup>11</sup> Register entry of 23 July 2004, detainee No. 1269/04.

After his discharge from Nicosia Hospital, the detainee gave a nine-page statement concerning the charges against him, from 10.35 p.m. on 22 July to 2.00 a.m. on 23 July 2004, after which he was brought back to the police prison. The CPT understands that the statement the detainee gave to the police after the alleged ill-treatment was later declared inadmissible in evidence and an investigation was initiated into his allegations. **The CPT would like to receive information on the results of the investigation.**

18. Another foreign national interviewed in the Central Prisons claimed that, in September 2004, he had been struck on the head by criminal investigators while being questioned in Limassol and that, as a result, a wound from a previously sustained injury to the head had re-opened. According to medical records examined at Limassol Hospital, he had been admitted on the day of the alleged ill-treatment, displaying a previously treated laceration to the scalp, which required further stitches.

19. In the report on its 2000 visit, the CPT stated that physical ill-treatment of persons deprived of their liberty by the police continued to be "a serious problem in Cyprus".<sup>12</sup> The information gathered during the 2004 visit suggests that the problem persists. Having regard to Article 3 of the Convention, the time has come for the Cypriot authorities to be much more energetic in combating ill-treatment by the police.

20. The CPT notes that the Minister of Justice and Public Order and the Chief of the Police have repeatedly reminded police officers of their obligation to respect the Constitution, international human rights conventions and Cypriot law.<sup>13</sup> **The CPT recommends that the Minister of Justice and Public Order reiterate this message to all police officers, impressing upon them that the ill-treatment of persons in their custody is an affront to the values which constitute the very foundations of the State, and will not be tolerated. This message should make clear – and should be underpinned by concrete action – that all information regarding possible ill-treatment will be investigated, and perpetrators of ill-treatment will be the subject of severe sanctions.**

21. The CPT has underlined on numerous occasions that strict selection criteria at the time of recruitment of police officers and adequate professional training are two key elements of any strategy for the prevention of ill-treatment.<sup>14</sup> As regards training, efforts have been made to increase awareness among police officers of human rights issues. However, the approach followed appears to be essentially theoretical in nature (organisation of conferences, courses and seminars; distribution of information and pedagogical documents).<sup>15</sup>

**The CPT recommends that the Cypriot authorities give a very high priority to practical professional training in managing high-risk situations, particularly the questioning of suspects, and take the necessary steps to integrate human rights principles into such training; it should be offered to police officers of all ranks and categories and should be ongoing.**

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<sup>12</sup> Cf. CPT/Inf (2003) 1, paragraph 11.

<sup>13</sup> Cf. CPT/Inf (2003) 2, page 9 (at paragraph 5).

<sup>14</sup> Cf. CPT/Inf (2003) 1, paragraph 12.

<sup>15</sup> Cf. CPT/Inf (2003) 2, pages 8 and 9. Information was also provided by the Cypriot authorities by letter dated 25 May 2005.

### 3. Accountability mechanisms

22. An essential component of a strategy to prevent ill-treatment by police officers lies in the diligent examination by the competent authorities of all information regarding possible ill-treatment which may come to their attention – whether or not that information takes the form of a formal complaint – and in the imposition of appropriate disciplinary and/or criminal sanctions in those cases where evidence of wrongdoing emerges.

In Cyprus, allegations of police misconduct can be investigated by the police at their own initiative or at the request and under the supervision of the prosecution service. In addition (cf. paragraph 15), following a decision of the Council of Ministers adopted on 22 March 2001, the Attorney General is now authorised to appoint investigators to conduct inquiries into all allegations of ill-treatment and other criminal offences by the police, without the need for a formal complaint to be lodged.<sup>16</sup>

The CPT has been informed of plans to establish a Police Control Board. In particular, in their letter of 25 May 2005, the Cypriot authorities indicated that a Bill setting up an independent board which would, inter alia, have jurisdiction to investigate complaints regarding misbehaviour by police officers, was pending before Parliament (Bill on the Police Control Board, 2004). **The Committee would like to be informed of any developments in this matter.**

23. Another important initiative which has already been mentioned was the establishment, in December 2002, of a presumption of ill-treatment when a person sustains injuries while in custody. Article 6 (1) of Law 36/III/2002<sup>17</sup> provides that persons detained in a police station are presumed to have been ill-treated by one of the police officers of that police station if a medical examination carried out before or just after their release from the station reveals external injuries which they did not have on their arrival at the police station.

24. During the December 2004 visit, the delegation paid particular attention to the manner in which the Attorney General exercises his new powers as regards investigations into possible ill-treatment by the police. Since the end of April 2001, the Attorney General has on 71 occasions used his power to appoint investigators to conduct inquiries into possible criminal offences by the police. Most of these cases concerned allegations of ill-treatment of persons in police custody. However, despite the power to initiate investigations *ex officio*, in the vast majority of cases, the decision to undertake an investigation was the result of a formal complaint by the victim or his lawyer.

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<sup>16</sup> Cf. Council of Ministers Decision No. 53.406 (22 March 2001), paragraph 19: "to authorise the Attorney General of the Republic...to appoint criminal investigators in instances in which there come to his knowledge, in any manner whatsoever, allegations against a member of the Police as to the commission of any criminal offence..., without the hitherto existing limitation, which is hereby abolished, as to it being necessary to submit a written complaint to the Attorney General of the Republic."

<sup>17</sup> Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (Ratification) Law 1990-2002 of 13 December 2002.

In the CPT's view, the approach should be proactive, involving the gathering of information from various sources about possible cases of ill-treatment. Moreover, a preliminary investigation should be undertaken every time credible information is received, from any source and whether or not that information takes the form of a formal complaint, that ill-treatment of persons deprived of their liberty may have occurred. Further, all law enforcement officials should be under a specific obligation to notify the relevant authorities immediately whenever they become aware of any information that might indicate ill-treatment; this information should be systematically brought to the attention of the Attorney General. **The CPT recommends that the Cypriot authorities take the necessary steps in this direction.**

25. The CPT would underline that an effective investigation into possible ill-treatment by police officers should offer guarantees of independence and thoroughness, and must be conducted in a prompt and expeditious manner.

Current arrangements for the investigation at the behest of the Attorney General of possible ill-treatment by the police ensure an adequate level of independence. Indeed, the Attorney General no longer entrusts these investigations to police officers; instead, he selects the investigators from a list of former judges and lawyers working in private practice, drawn up for this purpose.<sup>18</sup> Further, the case files examined by the delegation showed that, on the whole, investigations were thorough.

However, investigations were not always initiated promptly and they sometimes lacked expeditiousness. For example, three investigations were pending for more than 21 months, seven for more than 26 months, five for more than 35 months, and two for more than 40 months. In such circumstances, the effectiveness of the investigation is seriously impeded, all the more so when the alleged victims are foreign nationals who might be removed from the territory.

**The CPT recommends that steps be taken to remedy the above shortcomings.**

26. According to the information provided by the Attorney General, out of the 71 investigations referred to in paragraph 24, forty-nine had been completed: of these, ten had led to criminal proceedings against police officers – five cases did not result in conviction, three led to officers being sentenced to the payment of a fine (one officer having been found guilty of common assault under Article 242 of the Criminal Code, and two of assault causing actual bodily harm under Article 243 of the Criminal Code), and two cases were still pending before the courts.

In this connection, the CPT must stress that, **no matter how effective an investigation may be, it is crucial that, when ill-treatment has been proved, the imposition of a suitable penalty (whether criminal or disciplinary) should follow; any other approach would engender a climate of impunity.**

27. Further, in the light of the information gathered during the visit, **the Committee once again recalls its recommendation that, whenever there are grounds to believe that a person brought before a judge could have been the victim of ill-treatment, the judge should immediately request a forensic medical examination of the person concerned, irrespective of whether that person alleges ill-treatment by the police and/or bears visible injuries.**

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<sup>18</sup> At the time of the 2004 visit, the list consisted of 5 retired judges and 16 lawyers.

The implementation of this recommendation is all the more important as the application of the law which establishes a presumption of ill-treatment (cf. paragraph 23) presupposes that medical examinations be undertaken at appropriate points in time.

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

28. In its reports on the three previous visits, the CPT noted several lacunae in the safeguards against ill-treatment from which all persons deprived of their liberty must benefit. The Committee consequently made a series of recommendations to reinforce these safeguards. Regrettably, from the information gathered during the December 2004 visit, it is clear that the situation remains largely the same as that observed when the CPT visited Cyprus for the first time more than a decade ago.

29. As indicated in paragraph 15 above, a Bill on the Rights of Arrested and Detained Persons – containing various provisions as regards, in particular, the rights of these persons to inform a close relative of their situation, to contact a lawyer, to be seen by a doctor and to be informed of their rights – had been submitted to Parliament in November 2004. It was intended that the draft law be examined at the start of 2005.<sup>19</sup> The Bill covers both criminal suspects and foreigners detained under aliens and immigration law and under the law on refugees.

**The CPT recommends that a very high priority be given to the adoption of this legislation, taking into account the comments made in paragraphs 30 to 33 below.**

30. The CPT has repeated on numerous occasions that the right of detained persons to inform a relative or third party of their choice of their situation should be expressly guaranteed by law and be granted to the persons concerned as from the very outset of their custody. Any possibility exceptionally to delay the exercise of this right should be clearly circumscribed in law and made subject to appropriate safeguards.

Police officers still exercised a wide discretion as regards notification of a relative of the detained person and they sometimes delayed such notification. The Committee notes with satisfaction that the above-mentioned Bill on the Rights of Arrested and Detained Persons enshrines the right of such persons to contact a relative or a third party of their choice immediately after their arrest, with a view to informing the relative or third party of their situation.<sup>20</sup> The CPT trusts that these provisions will be retained. Pending the adoption of this legislation, **the CPT recommends that clear instructions already be given to the police to the effect that all persons deprived of their liberty by the police have the right to inform a relative or third party of their choice of their situation from the very outset of detention.**

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<sup>19</sup> In their letter of 25 May 2005, the Cypriot authorities informed the CPT that this Bill was still pending before Parliament.

<sup>20</sup> Cf. Articles 3 to 10 of the Bill on the Rights of Arrested and Detained Persons.

Although the Bill formally recognises that this right applies immediately after the arrest, the effect of the provision enunciating this right is "without prejudice to any of the provisions of any other law or regulation". In this connection, the CPT recognises that it may, on occasion, be necessary to delay the exercise of this right for a brief period, in order to protect the legitimate interests of the police investigation. However, **any such possibility should be clearly circumscribed in law, made subject to appropriate safeguards (e.g. any delay in notification of custody to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case or a prosecutor), and strictly limited in time.**

31. The CPT has repeatedly indicated the importance it attaches to the right of persons detained by the police to have access to a lawyer as from the very outset of custody.

In its report on the 2000 visit, the CPT concluded – as it did after the visits carried out in 1992 and 1996 – that the right of access to a lawyer, although guaranteed in principle by Cypriot legislation, was not being applied. The Committee therefore recommended that action be taken in order to ensure that the right of access to a lawyer is effectively guaranteed in practice from the very outset of police custody.<sup>21</sup>

Nonetheless, in 2004, the situation remained unchanged: numerous detained persons complained to the delegation that access to a lawyer was not authorised from the very outset of detention, and was subject to conditions (for example, signing a document) or even refused. In this respect, the delegation discovered a few entries in the detention registers stating that a detained person would not be authorised to receive visits "from anyone" or would not be granted access to a lawyer without the prior permission of the Criminal Investigation Department, with no indication as to the reasons for such a decision. It might be noted that one of these entries concerned a detained person who, according to his allegations, had been the subject of ill-treatment (cf. paragraph 17).

In this connection, the Bill on the Rights of Arrested and Detained Persons provides for criminal sanctions in cases where staff responsible for the place of detention obstructs the exercise of certain rights, including the right of access to a lawyer.<sup>22</sup> Sentences for such violations can be a fine of up to 1,000 CYP or imprisonment of up to 12 months or both. Imprisonment can be for up to two years if the detainee has suffered physical, mental or psychological injury or injury to his or her dignity as a result of the violation. The adoption of the Bill may well contribute to rendering the right of access to a lawyer more effective in practice.

The Committee was informed that pending the adoption of this legislation, and following the remarks made by the delegation during the end-of-visit talks, the Chief of the Police issued on 3 March 2005 a circular letter (reference No. 186/11) to stress once again the need for compliance with existing legislation (Constitution and Police Standing Orders) regarding the right of detained persons to have access to a lawyer.<sup>23</sup> **The CPT wishes to receive a copy of this circular letter.**

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<sup>21</sup> Cf. CPT/Inf (2003) 1, paragraphs 20 and 21.

<sup>22</sup> Cf. Articles 11, 13 and 33 of the Bill on the Rights of Arrested and Detained Persons.

<sup>23</sup> This information was provided by the Cypriot authorities by letter of 25 May 2005.

In their letter of 25 May 2005, the Cypriot authorities also indicated that, according to the existing legislation,<sup>24</sup> detained persons with limited financial means could benefit from the services of a lawyer paid by the Government. **The CPT would like to receive information as to whether legal aid is provided to all detained persons who are not in a position to pay for a lawyer and as from the very outset of custody.**

32. As regards access to a doctor, the situation remained unchanged.<sup>25</sup> The CPT notes that the Bill on the Rights of Arrested and Detained Persons provides a firm legal footing to the right of access to a doctor,<sup>26</sup> in line with certain recommendations made by the Committee (for example, the right to be examined by a doctor of one's own choice (Article 22), out of the hearing and sight of police officers (Article 23), and the recording of the results of examinations as well as statements made by the detained person concerning physical or psychological violence (Article 26)). **The CPT trusts that these provisions will be retained.**

However, the provisions of the Bill on this subject are not entirely satisfactory. In particular, they foresee that detained persons are entitled to access to a doctor "whenever needed". **A request by a detained person to see a doctor should always be granted; it is not for police officers, nor for any other authority, to filter such requests.** Further, the CPT is concerned by Article 29, which states that detained persons can be punished with a prison sentence of not more than three years and/or a fine of a maximum of 3,000 CYP if they make improper use of their right to medical examination or treatment. Clearly, such a provision could dissuade many detained persons, including, in all likelihood, those who consider themselves to be victims of ill-treatment, from exercising their right of access to a doctor; **it should be deleted.**

33. As for the information on rights provided to detained persons, the delegation received a copy of the notice to persons in custody issued by the authorities in several languages. However, many of the detained persons interviewed by the delegation during the visit indicated that in fact they had only received incomplete information, or even no information at all, as regards their rights. Discussions with police officers tended to confirm this (e.g. that information would be limited to the right to silence and to a warning to detainees that anything they said might be held against them in court). It was rare for the notice to persons in custody to be handed to detained persons or posted in cells.

**The CPT recommends that the notice to persons in custody be given systematically to such persons at the very outset of their deprivation of liberty.**

34. The CPT noted that the Cypriot authorities had still not followed up the Committee's long-standing recommendation regarding the introduction of a code of conduct for police interrogations.<sup>27</sup>

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<sup>24</sup> Article 30 of the Constitution, Article 64 of the Criminal Procedure Law, Cap. 155, and Legal Aid Law L.165(I)/2002.

<sup>25</sup> Cf. CPT/Inf (2003) 1, paragraph 22.

<sup>26</sup> Cf. Articles 22 to 27 of the Bill on the Rights of Arrested and Detained Persons.

<sup>27</sup> Cf. CPT/Inf (97) 5 [Part 1], paragraph 60, CPT/Inf (97) 5 [Part 2], paragraph 44, and CPT/Inf (2003) 1, paragraph 23.

In the light of the observations made by the delegation during the 2004 visit, especially as regards ill-treatment, **the CPT once again calls upon the Cypriot authorities to ensure that a code of conduct for police interrogations is introduced without further delay. The code should include specific safeguards for particularly vulnerable persons (e.g. the young and those who are mentally disabled or mentally ill).**

35. The electronic (i.e. audio and/or video) recording of police interviews represents an important additional safeguard against ill-treatment of detained persons. Such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is in the interest both of persons who have been ill-treated by the police and of police officers confronted with unfounded allegations that they have engaged in physical ill-treatment or inadmissible psychological pressure. Electronic recording of police interviews also reduces the opportunity for defendants to later falsely deny that they have made certain admissions.

In the past, the Cypriot authorities explored the possibility of introducing an electronic recording system for police interrogations,<sup>28</sup> but their efforts did not prove successful.

**The CPT invites the Cypriot authorities to reconsider the possibility of introducing an electronic recording system for police interrogations.**

36. Although the Cypriot authorities had started to introduce individual custody records in 1994 (cf. also Police Standing Order No. 5/3), all the police establishments visited in 2004 had reverted to using only a general custody register similar to a daily logbook. Further, the delegation observed that the registers were not always conscientiously completed (some entries were incorrect or even missing). **The CPT recommends that the Cypriot authorities ensure that police officers fulfil their obligation to complete custody records in a diligent manner in respect of every person deprived of his or her liberty.**

The CPT would also like to recall that the fundamental safeguards granted to persons in police custody would be reinforced (and the work of police officers quite possibly facilitated) if a single and comprehensive custody record were to exist for each person detained, on which would be recorded all aspects of their custody and action taken regarding them (when deprived of liberty and reasons for that measure; when told of rights; signs of injury, health problems, etc.; when next of kin or consulate and lawyer contacted and when visited by them; when offered food; when interrogated; when transferred or released, etc.). For various matters (for example, items in the person's possession, the fact of being told of one's rights and of invoking or waiving them), the signature of the detainee should be obtained and, if necessary, the absence of a signature should be explained. **The Committee recommends that the Cypriot authorities take the necessary measures to ensure that all police establishments use such individual custody records, as foreseen by the current regulations and in the light of the above remarks.**

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<sup>28</sup> Cf. CPT/Inf (97) 5 [Part 2], paragraph 45.

37. Particular reference should be made to foreign nationals deprived of their liberty under the Aliens and Immigration Law and under the Refugee Law and to the need for adequate safeguards against the ill-treatment of this category of detainees. Immigration detainees should – in the same way as other categories of persons deprived of their liberty – be entitled, as from the outset of their detention, to inform a person of their choice of their situation and to have access to a lawyer and a doctor.

In the past, the CPT has received the assurances of the Cypriot authorities<sup>29</sup> that the legal safeguards in place for persons in police custody apply equally to all such persons, regardless of the reasons for their detention. Despite these assurances, the delegation found that these rights are far from being guaranteed in practice for foreign nationals deprived of their liberty under aliens and immigration as well as refugee legislation. Indeed, during the 2004 visit, the delegation found evidence of instructions to prevent contact between certain detained foreign nationals and third parties – in particular lawyers – in an attempt to prevent asylum applications from being made. As soon as the authorities at central level learned of the delegation's interest in this matter, an investigation was initiated. In this respect, the Cypriot authorities informed the Committee in their letter dated 25 May 2005 that the police officer involved had been charged with several disciplinary offences and that "the trial of the case ... is underway". **The CPT would like to be informed of the outcome of this investigation and on the measures taken as a result.**

38. Moreover, immigration detainees should be expressly informed, without delay and in a language they understand, of all their rights and of the procedure applicable to them. Such information should be set out in a document systematically provided to immigration detainees and available in a variety of languages commonly spoken by them. If necessary, recourse should be had to the services of an interpreter. Further, immigration detainees should be asked to sign a statement attesting that they have been informed of their rights in a language they understand.

It was clear during interviews, both with detainees and staff in charge of their custody, that information on rights and procedures was not systematically provided in any language, let alone one understood by the detained person. The services of an interpreter appeared to be provided only sporadically.

**The CPT recommends that the Cypriot authorities take urgent steps to ensure that the requirements outlined above are fully implemented in practice.**

39. The forcible return of an alien is a matter of particular concern to the CPT, in view of the potential gravity of the interests at stake.

The prohibition of torture and inhuman or degrading treatment or punishment entails the obligation not to send a person to a country where there are substantial grounds for believing that he or she would run a real risk of being subjected to torture or ill-treatment. The applicable procedure should offer to the persons concerned a genuine opportunity to present their case, and officials entrusted with handling such cases be provided with appropriate training and have access to objective and independent information about the human rights situation in the countries concerned. Further, a decision involving the removal of a person from a State's territory should be appealable before another body of an independent nature prior to its implementation.<sup>30</sup>

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<sup>29</sup> In particular, in their response to the CPT's report on its 1996 visit.

<sup>30</sup> Cf. also Guidelines 3, 4 and 5 of the Twenty Guidelines of the Committee of Ministers of the Council of Europe on Forced Return (CM (2005) 40), adopted on 4 May 2005.

**The CPT would like to receive detailed information on the practical steps taken with a view to complying with these requirements.**

40. It will often be a difficult and stressful task to enforce a deportation order in respect of a foreign national who is determined to stay in a State's territory. Law enforcement officials may on occasion have to use force in order to effect such a removal. However, the force to be used should be no more than is strictly necessary and should be surrounded by appropriate safeguards<sup>31</sup>. This is also the spirit of Chapter V (Forced Removals) of the Twenty Guidelines on Forced Return recently adopted by the Committee of Ministers of the Council of Europe.

During the 2004 visit, senior police officers at Larnaca Airport indicated to the delegation that, as a matter of principle, force was not used in order to effect a removal. Rather, the deportation operation would be suspended.

The CPT welcomes this approach **and would like to receive a copy of any instructions on this subject.**

## **5. Conditions of detention**

41. The general criteria recommended by the CPT about conditions of detention in police establishments should be reiterated. All cells should be clean, of a reasonable size for the number of persons they are used to accommodate, and have adequate lighting (i.e. sufficient to read by, sleeping periods excluded) and ventilation; preferably, cells should enjoy natural light. Further, cells should be equipped with a means of rest (e.g. a fixed chair or bench), and persons obliged to stay overnight in custody should be provided with a clean mattress and clean blankets.

Persons in police custody should be allowed to comply with the needs of nature when necessary, in clean and decent conditions, and be offered adequate washing facilities. They should have ready access to drinking water and be given food at appropriate times, including at least one full meal (i.e. something more substantial than a sandwich) every day. Persons held for extended periods (24 hours or more) should be provided with appropriate personal hygiene items and, as far as possible, be offered outdoor exercise every day.

42. In most of the countries visited by the CPT, persons are held by the police for only a relatively short period of time. However, as already indicated, in Cyprus, criminal suspects can be remanded in police custody for up to three months. Further, foreign nationals detained under the Aliens and Immigration Law can be held in police establishments for prolonged periods: indeed, the delegation observed periods of detention of up to nine months. Such periods of detention call for a better material environment than that described above, as well as a suitable regime.

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<sup>31</sup> Cf. the basic rules concerning the use of force for deportation set out in the CPT's 13th General Report (CPT/Inf (2003) 35, paragraphs 27 to 45).

43. As already mentioned in the preliminary remarks (cf. paragraph 15), considerable efforts are being made to upgrade material conditions in police detention facilities. A new police establishment built close to Larnaca (Aradippou Police Station) was brought into service in March 2004, and work was in progress – or planned – to upgrade other detention units (for example, Paphos Central Police Station has been under renovation since November 2004). Further, in most of the detention facilities, cell doors remained open during the day, allowing detained persons to move within the detention area and giving them ready access to toilet facilities.

44. Despite the efforts made, the delegation still observed certain deficiencies which need to be addressed. Some cells in the police stations visited were too small for their intended capacity: for example, at the new Aradippou Police Station, cells of 7 m<sup>2</sup> were being used to accommodate two persons held overnight; at Paphos Central Police Station, it was envisaged to equip cells of some 9 m<sup>2</sup> with three beds. Moreover, access to natural light was very poor, as metal shutters covering cell windows remained a common feature of most of the facilities visited, and artificial lighting was often mediocre. Some of the facilities visited had no heating and the temperature in them was rather low (e.g. at Paphos Central Police Station, it was just over 16°C towards the end of the afternoon) and, clearly, could drop further at night.

In addition, several sanitary facilities were dilapidated and the provision of products for personal hygiene was inadequate. It should also be noted that several of the police stations visited did not have an outdoor exercise area. The delegation was also concerned to learn that at Aradippou Police Station, it was intended to divide up into smaller spaces the existing exercise area, with a view to allowing simultaneous – but separate – access to exercise by male, female and juvenile detained persons. Given the space available, this would render the resulting yards rather bleak and small.

In most of the places visited, the delegation heard complaints about the food provided, both in terms of quantity and quality. Whilst this problem had been remedied in the Larnaca district, measures with a view to improving the food provided to detained persons still need to be taken in other parts of Cyprus.

45. Subject to remedying the shortcomings mentioned above – and in line with the CPT's findings during the 2000 visit – most of the police facilities visited were suitable for accommodating detained persons for a short period of time, i.e. a few days.

In this respect, the Cypriot authorities informed the CPT that in 2004-2005 a budget of approximately 575,000 EUR had been approved for the improvement of police cells; moreover, 125,000 EUR had been requested for supplementary improvement work. They also indicated that all metal shutters covering cell windows would be removed, and that instructions had been given for the installation of a call system in all cells. Further, at Aradippou Police Station, cells measuring 5-7 m<sup>2</sup> would be equipped with one bed only.<sup>32</sup>

The CPT notes these measures with interest. **It recommends that the Cypriot authorities take the necessary steps to address the shortcomings mentioned in paragraph 44 above and that they pursue their efforts to improve conditions in all police establishments throughout the country. Further, the Committee wishes to receive confirmation that all the metal shutters covering cell windows have been removed.**

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<sup>32</sup> This information was provided by the Cypriot authorities by letter of 25 May 2005.

46. That said, even once the shortcomings mentioned above are remedied and the conditions in police establishments are improved, for reasons outlined by the CPT in the reports on its previous visits to Cyprus,<sup>33</sup> police detention facilities will remain inadequate for holding persons for prolonged periods (i.e. more than a few days), whether they are criminal suspects remanded in custody by a judge or immigration detainees.

As was the case during the 2000 visit, in all the establishments visited in December 2004, the delegation met persons who had been detained for several weeks, or even, as regards foreign nationals detained under immigration legislation, several months. In addition to the deficiencies mentioned in paragraph 44 above, several establishments were, or had been until recently, overcrowded (for example, at the holding facility for foreigners in Larnaca four persons were occupying a cell measuring 6 m<sup>2</sup> and up to fourteen persons a dormitory measuring less than 30 m<sup>2</sup>). Further, no activities (leisure, educational or otherwise) were being offered to the detained persons. Detaining persons for weeks or even months in overcrowded, inadequately lit and poorly ventilated premises without offering them the possibility of daily outdoor exercise or a minimum of activities during the day is unacceptable and could be considered to be inhuman and degrading. It should be added that, in almost all the establishments visited, foreign nationals detained under immigration legislation shared the same premises as criminal suspects. Such an approach is highly undesirable.

47. As already indicated (cf. paragraph 9), at the end of the visit the delegation made an immediate observation under Article 8, paragraph 5, of the Convention, urging the Cypriot authorities to take immediate steps to significantly improve the conditions of detention of persons held for prolonged periods in police custody.

By letter of 25 May 2005, the Cypriot authorities informed the CPT that all persons held in custody for a prolonged period of time would be provided with "cooked food".<sup>34</sup> They also indicated that considerable efforts would be made to offer at least one hour of outdoor exercise every day to persons held in custody for prolonged periods (this already being the case where it was practicable and adequate resources were available). Moreover, in 2005, police cells would be constructed in Paphos<sup>35</sup> to reduce the problem of overcrowding.

The CPT takes note of this response, which only addresses part of its concerns. **It wishes to receive, within one month of receipt of this report, detailed information on the concrete measures taken to ensure that all persons detained for a prolonged period of time:**

- **are provided with basic personal hygiene products (soap, toothbrush and toothpaste, sanitary towels, towels, etc.) and are able to wash every day (including at least one hot shower a week);**
- **are offered activities (recreational - reading material, board games, radio, television, etc. -, educational or otherwise) and at least one hour of outdoor exercise every day.**

**The Committee also wishes to receive a copy of Circular No. 169 issued by the Chief of the Police on 3 March 2005.**

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<sup>33</sup> Cf. CPT/Inf (2003) 1, paragraph 27 and references.

<sup>34</sup> Cf. Circular No. 169 issued by the Chief of the Police on 3 March 2005.

<sup>35</sup> For an estimated cost of approximately 395,000 EUR.

48. Concerning more specifically persons deprived of their liberty under the aliens legislation, the CPT is aware of the difficulties confronting the Cypriot authorities as a result of an increasing level of illegal immigration into the country. It noted the efforts made by the authorities with a view to improving the conditions of detention of this category of detained persons. In particular, a specific holding centre for foreigners was opened in Larnaca in July 2004, and the Police Prison was under renovation during the 2004 visit. However, the conditions at the Holding Centre at Larnaca, which is the former Famagusta Police Station, were totally unacceptable. The police premises had only been hastily and partially renovated (for example, the sanitary and washing facilities were insufficient in number and were in a poor state of repair) and no exercise area had been provided. Further, the premises were overcrowded and no activities had been provided.

49. The Committee is concerned by the persistence of the Cypriot authorities in using premises which are, by their very nature, inherently unsuitable for holding persons deprived of their liberty under the aliens legislation. Whatever the investment in renovating and improving such premises, their unsuitability for long-term detention purposes is unlikely to be addressed.

In the CPT's opinion, centres designed for persons deprived of their liberty for prolonged periods under aliens/asylum 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. Care should be taken in the design and layout of the premises to avoid as far as possible any impression of a carceral environment.

As regards regime activities, they 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). The longer the period for which persons are detained, the more developed should be the activities which are offered to them. Further, immigration detainees should be entitled to maintain contact with the outside world during their detention and, in particular, to have access to a telephone and to receive visits from relatives and representatives of relevant organisations.

Such centres should also have at least a medical room where any medical examination or nursing care can be carried out in satisfactory conditions and where the confidentiality of medical examinations is guaranteed. It would be highly desirable to have qualified nurses in regular attendance at such centres, who could, inter alia, manage and distribute any medication required by detainees.

**The CPT recommends that the Cypriot authorities urgently review the conditions in the existing centres designed to hold persons deprived of their liberty under the aliens/asylum legislation in the light of the above standards, and that they ensure that any additional centres they intend to establish comply with these standards.**

50. The CPT has previously emphasised that the staff of centres for immigration detainees have a particularly onerous task.<sup>36</sup> It has stressed in particular that such staff should be carefully selected and receive appropriate training. As well as possessing well-developed interpersonal communication skills, the staff concerned should be familiar with the different cultures of the detainees and at least some of them should have relevant language skills. Further, such staff should be taught to recognise possible symptoms of stress displayed by detained persons (whether post-traumatic or induced by socio-cultural change) and to take appropriate action.

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<sup>36</sup> Cf. CPT/Inf (2003) 1, paragraph 29.

It was clear from the observations made during the 2004 visit that these requirements were not met. **The CPT recommends that the Cypriot authorities review the procedure for selecting and training staff assigned to the supervision of foreign nationals, in the light of the above considerations.**

51. As regards the holding facility at Larnaca Airport (one room for men and one for women), situated in the departure area, material conditions were generally adequate.

However, the delegation was informed that adults accompanied by children were not placed in the two rooms mentioned above, but remained in the departure area. During the delegation's visit, a woman and her two young children were in the departure hall where they had already spent two nights; having received a blanket each, they had been sleeping on chairs. Such a situation is clearly unsatisfactory. **The CPT recommends that immediate steps be taken to ensure that adequate accommodation is provided for adults accompanied by children.**

52. As regards the provision of food to persons held at Larnaca Airport, the delegation was informed that this was the responsibility of the airline with which they had been travelling when they reached the Cypriot border. However, this arrangement did not appear to be working. **The CPT recommends that the Cypriot authorities review the provision of food to persons detained at the airport.**

53. It should be added that throughout their period of detention at the airport, foreign nationals were in principle not allowed to leave the holding facility. Therefore, **the CPT reiterates its recommendation<sup>37</sup> that, as far as possible, persons detained for extended periods (24 hours or more) be offered outdoor exercise every day.**

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<sup>37</sup> Cf. CPT/Inf (97) 5 [Part 2], paragraph 32.

## **B. Nicosia Central Prisons**

### **1. Preliminary remarks**

54. Since the CPT's visit to Nicosia Central Prisons in 2000, Blocks 5 and 8 have been entirely renovated and brought back into service. As a result, the prison's official capacity now stands at 340. On the first day of the 2004 visit, the establishment was accommodating 484 inmates (88 on remand and 396 sentenced, of whom 12 were serving life sentences; 19 of the inmates were women and 43 were juveniles (aged under 21, including one female). About 45% of the prisoners were foreign nationals.

55. The programme of activities offered to prisoners was still underdeveloped; however, this was partially compensated by the relaxed, open-door regime in operation, such that the prison conditions could be considered, on the whole, acceptable. A positive development since the CPT's visit in 2000 concerns progress towards the separation of juveniles from adult prisoners; since June 2004, juveniles have been accommodated at night in a separate section. **The CPT trusts that the prison's management will, as intended, complete the process shortly, by providing separate daytime facilities for leisure and regime activities.**

56. The rampant overcrowding in Nicosia Central Prisons is an issue of major concern to the CPT. An overcrowded prison entails cramped and unhygienic accommodation, a constant lack of privacy, reduced out-of-cell activities, overburdened health-care services, and increased tension – and hence potentially more violence – between prisoners and between prisoners and staff. At Nicosia Central Prisons, overcrowding was the main obstacle to offering decent conditions of detention to all prisoners.

In its report on the 2000 visit, the CPT recommended that the Cypriot authorities persist in their efforts to tackle the problem of overcrowding at Nicosia Central Prisons. In their response, the authorities stated that this problem would be overcome through the renovation of Blocks 5 and 8.<sup>38</sup> In this connection, it should be noted that the addition of a few dozen places to the establishment's capacity has had no impact on overcrowding, given the surge in the inmate population.

During consultations with the delegation, the Minister of Justice and Public Order and senior officials of that Ministry indicated that they were aware of the problem of prison overcrowding and referred to steps envisaged to address it. In this context, the delegation was informed of plans to build new wings at Nicosia Central Prisons.

57. The CPT would like to underline that it is unlikely that providing additional accommodation will, in itself, provide a lasting solution to the problem of overcrowding.

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<sup>38</sup> Cf. CPT/Inf (2003) 1, paragraph 35, and CPT/Inf (2003) 2, page 17.

Addressing this problem calls for a coherent strategy covering both admission to and release from prison to ensure that imprisonment really is the measure of last resort. This implies, in the first place, an emphasis on non-custodial measures in the period before the imposition of a sentence, and, in the second place, the adoption of measures which facilitate the reintegration into free society of persons who have been deprived of their liberty.

**The CPT recommends that the Cypriot authorities vigorously pursue the adoption and implementation of a coherent strategy designed to combat prison overcrowding and, in doing so, be guided by the Recommendations of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation (R(99)22), on improving the implementation of the European Rules on community sanctions and measures (Rec(2000)22) and on conditional release (parole) (Rec(2003)22).**

Further, **the CPT recommends that the Cypriot authorities comply as soon as possible with the requirements concerning the size of cells and the living space per prisoner set out in Section 58 (8) of the Prisons Regulations.**<sup>39</sup>

## **2. Ill-treatment**

58. Most of the prisoners interviewed by the delegation spoke in positive terms about their relations with staff, and these relations seemed relaxed. However, the delegation received a few allegations of physical ill-treatment (blows or excessive use of force) by custodial staff. **The CPT recommends that the management of Nicosia Central Prisons deliver a clear message to custodial staff that ill-treatment of prisoners is not acceptable under any circumstances and will be the subject of severe sanctions.**

As regards allegations involving the use of excessive force, 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. **The CPT recommends that prison staff be firmly reminded of this precept.**

59. The CPT is also concerned by several allegations received by the delegation that prison staff threatened inmates with transfer to Block 4 (the maximum security unit) and used one or more prisoners accommodated in Block 4 as a means of maintaining control over other inmates.

In this connection, one prisoner interviewed by the delegation claimed that, on 17 October 2004, he had been severely beaten by fellow inmates and subsequently placed in Block 4. A criminal investigation had apparently only been initiated after the prisoner concerned succeeded in bringing the matter to the attention of the Minister of Justice and Public Order, who transmitted the case to the competent authority.

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<sup>39</sup> Section 58 (8) reads as follows : "the size of the individual cells must be at least 7 square metres and the size of the chambers must be such that a space of at least 4 square metres corresponds to every prisoner." These requirements are in line with the standards advocated by the CPT.

A similar case was brought to the delegation's attention by an official report of the Office of the Commissioner for Administration. It would appear that, on 18 July 2003, one of the alleged perpetrators (I.C.) of the above-mentioned assault had severely beaten another inmate; the latter had required hospital treatment as a result. The Commissioner for Administration found that the case had not been investigated thoroughly by the establishment's management and added that "the inexcusable delay in investigating such a serious incident gives good reason to suspect preferential treatment vis-à-vis I.C."<sup>40</sup>

60. It would be entirely unacceptable for prison staff to threaten prisoners in the above-mentioned manner as a means of control, let alone place prisoners at risk of assault from fellow inmates. The CPT wishes to emphasise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. In particular, prison staff must be alert to signs of trouble and be both resolved and properly trained to intervene when necessary.

**The CPT recommends that the Cypriot authorities take the necessary steps with a view to preventing inter-prisoner violence, in the light of the above remarks.**

61. The diligent examination by prison management of all information which may come to its attention regarding possible ill-treatment of prisoners by staff or inter-prisoner violence (whether or not that information takes the form of a formal complaint) and, if necessary, the instigation of proceedings, is also essential. Indeed, the lack of an appropriate response by prison management can foster a climate in which those minded to ill-treat prisoners can quickly come to believe – and with very good reason – that they can do so with impunity. The delegation gained the impression that the management of Nicosia Central Prisons was reluctant to adopt a proactive approach in this respect.

**The CPT recommends that appropriate steps be taken to ensure that the prison management of Nicosia Central Prisons complies with the above requirement. Further, the recommendation made in paragraph 24 above applies equally in the present context (cf. also paragraph 80).**

62. The CPT must also express concern about the potential duration of measures involving the segregation of prisoners for disciplinary reasons (confinement to a special isolation cell for a period of up to sixty days and confinement to their own cell for up to ninety days), and the fact that inmates undergoing segregation for disciplinary reasons were deprived of outdoor exercise throughout their sanction (cf. paragraph 91).

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<sup>40</sup> Cf. Report No. A/P 1066/2003 dated 11 August 2003 from the Commissioner for Administration to the Prisons Department.

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

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

63. In Blocks 1 and 2 (which held the bulk of the establishment's population), material conditions of detention were appalling owing to the combination of gross overcrowding and precarious material conditions. The prisoners' sleeping space was very poor: for example, there were up to four persons (and even up to ten in September 2004) in cells measuring 10 m<sup>2</sup>, and prisoners were sometimes obliged to sleep in the television room or in the corridors. The windows in some of the cells were too small to allow proper access to natural light and fresh air (one cell had no window at all). The buildings, like the sanitary installations, were dilapidated and very run-down and the equipment was rudimentary and in a poor state of repair.

64. The situation in Block 3 (i.e. the women's section) remained good. Further, the fabric of the renovated Blocks 5 and 8 was of a high standard. The cells benefited from good access to natural light and ventilation, and were equipped with adequate artificial lighting and heating, as well as a functioning alarm system. They were furnished with two beds, television sockets and plastic chairs. Each prisoner was provided with a locker placed in the corridor, to which he held the key. Sanitary facilities, composed of a shower and toilets for disabled persons, were located in separate annexes.

However, Blocks 5 and 8 were overcrowded. Admittedly, the potentially deleterious effects of overcrowding were partially countered by the generous out-of-cell time offered to prisoners; nonetheless, the cells, measuring 6 m<sup>2</sup> and intended – and only suitable – for one prisoner, were all being used to accommodate two inmates.

Further, bright lights in the corridor of Block 5 illuminated the cells throughout the night; and the exercise and recreation yards of Blocks 5 and 8 had not yet been completed.

#### **b. activities**

65. As already mentioned, prisoners continued to have generous out-of-cell time (over twelve hours per day). Some steps had also been taken to increase slightly the range of activities available. For example, Block 3 now has a gym and a well-equipped bookbinding workshop; in Block 4, a recreation room has been installed with table tennis and body-building equipment.

Efforts have also continued to provide inmates with work (in 2004, 252 were employed in various jobs, in the kitchen, the garden, the metal workshop, bookbinding workshops, etc.) and with educational activities for some three to six hours a week (30 prisoners were attending computer lessons, 16 a Greek class for foreigners, 23 an English language course, and 12 a technical drawing course).

66. Despite these measures, there was still a considerable number of inmates (including juveniles and prisoners serving life sentences) who were spending most of their time without any form of organised activity. To sum up, there is still a long way to go to render the laudable aims of the Prisons Regulations<sup>41</sup> meaningful for all inmates at Nicosia Central Prisons.

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<sup>41</sup> Cf. Sections 89 (2), 89 (4), 92, 94, 106 to 108 and 110 to 112 of the Prisons Regulations, and CPT/Inf (2003) 1, paragraph 37.

c. assessment

67. The CPT welcomes the measures taken to improve material conditions at Nicosia Central Prisons. However, as a result of the significant increase in the prison population (267 in 2000 compared to 484 on the first day of the 2004 visit), they have had little or no impact on the overall situation of prisoners.

Steps must be taken to improve material conditions in the parts of the prisons which have not been recently renovated and substantial efforts must be made to ensure that living space per prisoner is in accordance with domestic legislation.

68. **The CPT recommends that:**

- **immediate action be taken to renovate Blocks 1 and 2 with a view to ensuring that the material conditions fully comply with the requirements set out in Section 58 of the Prisons Regulations in terms of lighting (natural and artificial), ventilation, cell size and equipment, and sanitation facilities;**
- **measures be taken to reduce as soon as possible the occupancy levels in Blocks 1, 2, 5 and 8. As occupancy rates are reduced, it should be ensured that 6 m<sup>2</sup> cells are only used to accommodate one prisoner and that the living space in multi-occupancy cells is at least 4 m<sup>2</sup> per prisoner;**
- **the bright lighting in the corridor of Block 5 throughout the night be reviewed;**
- **the exercise and recreation yards of Blocks 5 and 8 be completed without delay.**

69. Obviously, the overcrowding of the prisons has had negative consequences for the introduction of a genuine programme of activities for the inmates. The situation described above is further proof – if this is necessary – that the Cypriot authorities urgently need to address the problem of overcrowding. This should also enable them to establish a system for the classification and allocation of inmates, a prerequisite to programmes of activities which are adapted to prisoners' specific needs.

70. In the meantime, however, a number of measures must be taken. In this connection, it should be stressed that, while a lack of purposeful activity is detrimental for any prisoner, it is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation.

The CPT also wishes to express its concern at the situation of inmates sentenced to life imprisonment and those serving long sentences. Long-term imprisonment can have a number of desocialising effects upon inmates. In addition to becoming institutionalised, long-term prisoners may experience a range of psychological problems, including loss of self-esteem and impairment of social skills. In the view of the CPT, the regimes which are offered to prisoners serving long and life sentences should seek to counter these effects in a positive and proactive way. These prisoners should have access to a wide range of purposeful activities of a varied nature and 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 – compared to other prisoners – to lend meaning to their period of imprisonment; in particular, the provision of individualised custody plans and appropriate psycho-social support are important elements in assisting such prisoners to come to terms with their period of incarceration and, when the time comes, to prepare themselves for release.

**71. The CPT recommends that:**

- **the necessary measures be taken as a matter of urgency to offer juvenile prisoners a full programme of education, sport, vocational training, recreation and other activities;**
- **vigorous efforts continue to be made to increase the range of purposeful activities for adult inmates (both Cypriot and foreign prisoners) and, as overcrowding is reduced, all the requirements of the Prisons Regulations concerning activities for prisoners be met;**
- **a genuine policy for the management of life-sentence and long-term prisoners be established, taking account of the principles set out in paragraph 70 above and of Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life-sentence and other long-term prisoners.**

#### **4. Health-care services**

72. The situation with regard to health-care staff was still unsatisfactory. Four medical doctors attended the prison in turn, three mornings a week. The dentist was not in attendance on a regular basis; since September 2004, he had only visited the prison eight times, treating on average 27 patients per session. The health-care team was assisted by a head nurse (present for 35 hours a week) and six prison officers acting as medical orderlies, who had received one month's training in health care. As was the case during the 2000 visit, the medical orderlies were carrying out various tasks which should be the prerogative of qualified nurses (e.g. distribution of medicines, administration of injections).

This level of staffing is clearly inadequate for an establishment which, at the time of the visit, was accommodating nearly five hundred prisoners, and it obviously has an adverse effect on the medical care of prisoners. Moreover, with a view to ensuring the professional competence of the health-care team, the CPT considers it desirable that prison officers acting as medical orderlies be replaced by qualified nursing staff.

73. As for the staff specialised in psychiatric care, there have been some improvements since the previous visit; a psychiatric nurse, an occupational therapist working a 35-hour week and a social worker have been recruited. That said, these measures are still insufficient to meet the prisoners' needs, all the more so since the number of prisoners requiring psychiatric care had risen (some 107 prisoners were receiving care, a number of whom had serious mental disorders). Only one psychiatrist – assisted by a clinical psychologist working eight hours a week – was present, two to three mornings a week. It is, therefore, not surprising that the best this team could achieve was a rapid assessment of patients, accompanied, if necessary, by pharmaco-therapeutic treatment. Furthermore, the psychologist's duties included activities (such as the drawing up of individual court assessment reports) which, in addition to encroaching heavily on the time available for patients, could potentially give rise to tension and preclude the establishment of a proper therapeutic relationship.

**74. The CPT recommends as a matter of urgency that the necessary steps be taken to ensure that Nicosia Central Prisons have:**

- **at least one full-time general practitioner post;**
- **at least three additional full-time qualified nurses' posts. The nursing team should subsequently be progressively reinforced with a view to replacing all medical orderlies by qualified nursing staff from the Medical Services of the Ministry of Health.**

**The CPT further recommends that the team in charge of dental and psychiatric care be substantially reinforced, in the light of the remarks made in paragraphs 72 and 73.**

**As regards the psychologist, the CPT recommends that his functions be reviewed so that he can devote the time needed to adequately care for patients, based on a genuine therapeutic relationship.**

75. As was stressed in the report on the 2000 visit,<sup>42</sup> the smooth operation of a health-care service presupposes that doctors and nursing staff are able to meet regularly and form a working team under the authority of a senior doctor in charge of the service. In this respect, the delegation observed that there was hardly any communication among the four general practitioners attending the prison; the same lack of coordination between the staff in charge of somatic care and psychiatric care was observed. **The CPT recommends once more that the necessary steps be taken to ensure that the whole health-care service works effectively as a team.**

76. In the light of the delegation's other findings, **the CPT recommends that members of the health-care service be provided with the necessary basic medical equipment (e.g. stethoscopes, blood pressure instruments) to perform their work.**

77. It is impossible to overemphasise the importance of medical screening of newly arrived prisoners, particularly in establishments which constitute points of entry into the prison system. Such screening is essential, particularly to prevent the spread of transmissible diseases and suicides, to identify prisoners with drug-related problems (cf. paragraph 83), and to record injuries in good time. Despite the recommendation made by the Committee in the report on its 2000 visit,<sup>43</sup> such screening remains problematic. At best, screening took place several days after admission. On examination of the medical files, the delegation observed that a considerable length of time – up to 37 days – could elapse between a prisoner's admission and his medical screening. In some cases, there was no medical screening whatsoever. In addition, when such screening was performed, it proved to be extremely superficial.

78. In addition, the confidentiality surrounding the medical screening of prisoners – as well as subsequent medical examinations – left a lot to be desired. These always took place in the presence of a prison officer, and frequently also in the presence of a "trusted" prisoner working in the medical service as a cleaner and messenger. The same criticism applies to medical files. Such files were kept in an unlocked cupboard, to which all non-medical staff had access.

79. **The CPT recommends that the necessary measures be taken immediately to ensure that:**

- **every newly admitted prisoner is given a proper medical examination as soon as possible after admission; save for exceptional circumstances, this examination should take place on the day of admission, especially as far as newly admitted remand prisoners are concerned (cf. also Section 65(1)(a) of the Prisons Regulations);**
- **medical screening on admission, as well as all subsequent medical examinations, are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of custodial staff. Furthermore, the presence of other prisoners assigned to auxiliary tasks should in no circumstances be tolerated;**
- **the confidentiality of medical files is always strictly guaranteed.**

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<sup>42</sup> Cf. CPT/Inf (2003) 1, paragraph 47.

<sup>43</sup> Cf. CPT/Inf (2003) 1, paragraph 48.

80. Moreover, the CPT considers that the medical file drawn up after examination of a newly admitted prisoner should contain:

- i) a full account of statements made by the person concerned which are relevant to the medical examination (including the description of his or her state of health and any allegations of ill-treatment);
- ii) a full account of the objective medical findings based on a thorough examination;
- iii) the doctor's conclusions in the light of i) and ii).

In his conclusions, the doctor should indicate the degree of consistency between any allegations made and the objective medical findings. This will enable the competent authorities to properly assess the information. The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison. In addition, the prisoner and, if appropriate, his lawyer, should be provided with a certificate containing this information.

Further, the contribution of the health-care service to the prevention of ill-treatment would be significantly enhanced if, in addition to the above steps, it were to keep a specific register recording all instances where injuries consistent with allegations of ill-treatment were observed.

**The CPT recommends that the necessary measures be taken to this effect.**

81. The CPT has already recommended a substantial reinforcement of the team in charge of psychiatric care with a view to adequately meeting prisoners' needs (cf. paragraph 74). In addition, the CPT must raise again<sup>44</sup> the situation of prisoners in need of specialised hospital care.

From the delegation's findings, it appeared that there were a number of seriously mentally ill patients in Nicosia Central Prisons who should have been receiving hospital care but who were not benefiting from such care. Transfers to Athalassa Psychiatric Hospital were difficult and rare.

In this connection, the delegation was informed that there were plans to open a psychiatric unit in 2005, with some ten beds, attached to the Prisons. However, the delegation was unable to obtain precise information on this unit, as much confusion surrounded the planning, purpose and resources allocated.

82. The CPT would like to recall that mentally ill prisoners should be accommodated and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff.<sup>45</sup> This facility might be a civil mental hospital or a specially equipped psychiatric facility within the prison system. Whichever course is chosen, the accommodation capacity of the psychiatric facility in question should be adequate.

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<sup>44</sup> Cf. CPT/Inf (2003) 1, paragraphs 70 to 72.

<sup>45</sup> Cf. CPT/Inf (2003) 1, paragraph 72.

If the Cypriot authorities do plan to open the above-mentioned psychiatric unit, the care and custody of patients placed in the unit should be based on treatment and rehabilitation, taking into account the necessary security considerations. This approach should be reflected in the living conditions and other facilities offered, as well as in their treatment and activities. Further, such a unit should be adequately staffed by properly qualified health-care personnel. Admission to and discharge from such a unit should be based purely on medical and psychiatric criteria. Preferably, this unit should be placed under the principal authority of the Ministry of Health. It would also be highly desirable that the unit be monitored by an independent outside body such as the Supervisory Committee on Mental Health (cf. paragraphs 124 to 126).

**The CPT recommends that the Cypriot authorities, as part of their plans to address the situation of mentally ill prisoners, take due account of the remarks set out above. The Committee would like to receive detailed information on the project for the creation of a psychiatric unit attached to Nicosia Central Prisons.**

**In the meantime, it must be ensured that mentally ill prisoners in urgent need of hospital care are transferred to an appropriate facility without undue delay.**

83. Nicosia Central Prisons have a growing population of prisoners with drug-related problems. The presence in prison of such inmates gives rise to difficulties for prison authorities, in particular as regards the choice of appropriate medical and psychological services to be offered.

At the time of the visit, very little had been done with a view to managing the emerging drug-related problems in Nicosia Central Prisons. The action taken was limited to offering pharmacotherapy to inmates who on entry displayed symptoms of opiate withdrawal. This is clearly not an adequate response.

In this field, prevention of drug abuse must be vigorously pursued and should aim at both demand and risk reduction. Admission to prison is an opportunity to address a person's drug-related problem and it is important that suitable assistance be offered to such persons. The assistance must be varied, combining genuine medico-psycho-socio-educational detoxification programmes with substitution programmes for opiate-dependent patients who are unable to stop taking drugs; consideration should also be given to introducing educational, counselling and other programmes in support of prisoners with drug problems. Further, health-care staff – and prison staff – should be given specific training on drug-related issues.

**The CPT recommends that the Cypriot authorities draw up an overall strategy for drug users in prison, in the light of the foregoing remarks.**

84. On the positive side, HIV-positive prisoners are no longer segregated from the rest of the prison population, a policy which has become possible thanks to the development of information and education programmes on the subject. Similarly, it would appear that prisoners are now asked for their informed consent before being screened for transmissible diseases.

These developments are to be welcomed.

## 5. Other issues

### a. discipline and isolation

85. In the report on its 2000 visit, the CPT expressed satisfaction at the adoption of the Prisons Regulations. Nonetheless, the Committee observed that some areas of the text needed to be supplemented, in particular as regards discipline.<sup>46</sup> These considerations led the delegation which carried out the visit in December 2004 to look again at the provisions of the aforementioned Regulations, as well as their implementation.

86. The issue of discipline is governed by Sections 153 to 162 of the Prisons Regulations; offences and penalties are listed in Appendices A to D.

The disciplinary penalties include confinement to a special isolation cell for up to 60 days, with simultaneous loss of contact with the outside world (correspondence, visits and telephone calls), or confinement to a personal cell for up to 90 days.

The CPT has serious reservations as to the maximum possible periods of disciplinary confinement; it considers that they should be substantially reduced. As regards minors, the CPT wishes to emphasise that the placement of juveniles in conditions akin to solitary confinement must be regarded as a highly exceptional measure. If they are held separately from others, it should be for the shortest possible period of time and they should in all cases be guaranteed appropriate human contact.

The CPT also wishes to stress that a disciplinary punishment should never involve a total prohibition on contact with the outside world. Further, under no circumstances should visits between a prisoner and his/her family be withdrawn for a prolonged period. As regards juveniles, contact with the outside world should never be restricted or denied as a disciplinary measure.

Further, the CPT is concerned that a "malicious allegation against a member of the prison personnel" is included in the list of disciplinary offences contained in the Prisons Regulations. Such a provision might have the effect of discouraging prisoners from complaining about staff misconduct. During the 2004 visit, the delegation came across a few such instances.

**The Committee recommends that the Prisons Regulations be amended in the light of the above remarks.**

87. As regards the disciplinary procedure, the Director of Prisons must immediately be informed in writing of all disciplinary offences committed by a prisoner. On the basis of the information provided to him, the Director can appoint an investigator to undertake further investigation or initiate – or not, as the case may be – the disciplinary procedure on the basis of the evidence before him.<sup>47</sup> The prisoner has the right to be informed of the charges against him and to make his defence at a hearing before the Director or, upon the authorisation of the Director, before the Disciplinary Board.<sup>48</sup> The resulting decision should be reasoned and entered in the Register of Disciplinary Offences and Sentences of Prisoners.<sup>49</sup> This decision can be appealed to the Prison Board.

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<sup>46</sup> Cf. CPT/Inf (2003) 1, paragraphs 32, 39 and 40.

<sup>47</sup> Cf. Section 154 of the Prisons Regulations (1997).

<sup>48</sup> Cf. Sections 156, 158 and 160 of the Prisons Regulations (1997).

<sup>49</sup> Cf. Section 159 of the Prisons Regulations (1997).

Despite the recommendations made by the CPT in the report on its 2000 visit,<sup>50</sup> certain fundamental guarantees (the right to call witnesses or to have the assistance of a lawyer) had still not been inscribed in the Regulations. Further, on the basis of the information received by the delegation during the visit, it appeared that prisoners were not being systematically informed in writing of the charges against them. As for the disciplinary register, it had not been in use since December 2003 (the last entry dated from 15 December 2003). However, the Director, in response to the concerns expressed by the delegation during the visit, informed the Committee (through two letters, of 24 February and 8 April 2005, and a copy of the register) that disciplinary procedures were once again being entered.

The CPT wishes to stress once more that all disciplinary procedures should be accompanied by formal guarantees and properly entered in a specific register. This is all the more important when, as is the case in Cyprus, the authority called upon to deliver the penalty has far-reaching powers in this regard (for example, loss of remission for up to one year).

**The CPT recommends that the provisions relating to discipline in the Prisons Regulations be reviewed in order to expressly guarantee that all prisoners charged with having committed a disciplinary offence benefit from:**

- **the right to be informed in writing of the charges against them; and**
- **the right to call witnesses on their own behalf and to cross-examine prosecution witnesses.**

Further, **the CPT recommends once again that the question of the right of prisoners to be legally represented be addressed.**

88. The CPT also pays particular attention to any prisoner held, for whatever reason, under conditions akin to solitary confinement.

Under the terms of Section 151 of the Prisons Regulations, the Director can order the confinement or isolation of a prisoner for such a period as he deems necessary for the purpose of: maintenance of order; protection of the interests of the prisoner himself or of other prisoners; violent behaviour; discipline. In this respect, the observations made by the delegation identified important lacunae as regards the guarantees which should surround such a measure. Indeed, no provision is made for those guarantees within the Prisons Regulations themselves.

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<sup>50</sup> Cf. CPT/Inf (2003) 1, paragraph 40.

89. The CPT wishes to stress that the principle of proportionality requires that a balance be struck between the requirements of the case and the application of a solitary confinement-type regime, which is a step that can have very harmful consequences for the person concerned. In particular, all forms of solitary confinement should be as short as possible. Further, they should be surrounded by certain guarantees. A prisoner in isolation or confinement or in respect of whom such a measure is extended, should be informed in writing of the reasons therefor (it being understood that there might be reasonable justification for withholding specific details related to security from the prisoner) and should be given an opportunity to express his views on the matter and have the right to appeal to an authority outside the prison establishment concerned against the imposition or extension of the measure. Further, the application of the measure should be fully re-examined at regular intervals (at least every three months). In addition, all such measures should be properly entered in a specific register.

**The CPT recommends that the Cypriot authorities review the provisions of the Prisons Regulations relating to isolation and confinement, in the light of the above principles. It also recommends that a special register be kept of all isolation/confinement measures, recording the identity of the prisoner, the reasons for the measure, the date and time of the commencement and end of the measure, the deciding authority and the precise place(s) where the prisoner concerned has been accommodated.**

90. Further, although the application of isolation/confinement for a prolonged period can be necessary in exceptional cases for reasons related to good order and safety, the CPT considers that the application of such a measure for disciplinary purposes is unacceptable; the use of isolation/confinement for such purposes should be governed exclusively by Sections 153 to 162 of the Prisons Regulations.

**The CPT recommends that the Cypriot authorities amend the Prisons Regulations accordingly.**

91. Material conditions in the cells used for administrative separation or disciplinary purposes (16 cells in Block 8) were adequate.

However, from the information received by the delegation during the visit, it emerged that prisoners in isolation or confined to their cells do not benefit from outdoor exercise, sometimes for extended periods. In particular, from an official investigation by the Office of the Commissioner for Administration, it emerged that one prisoner had been placed in confinement in Block 4 for 47 days without benefiting from outdoor exercise. Such a situation is unacceptable.

**The CPT recommends that the Cypriot authorities immediately take the necessary steps to ensure that all prisoners placed in an isolation cell or confined to their cells, for whatever reason, benefit from at least one hour of outdoor exercise each day.**

b. contact with the outside world

92. The CPT wishes once again to underline the importance for prisoners of being able to maintain good contact with the outside world. Above all, they must be given the opportunity to safeguard their relationships with their family and friends, and especially with their spouse or partner and their children. The continuation of such relations can be of critical importance for all concerned, particularly in the context of prisoners' social rehabilitation. The guiding principle should be to promote contact with the outside world; any restrictions on such contacts should be based exclusively on security concerns of an appreciable nature or considerations linked to available resources.

93. Under the terms of the Prisons Regulations, in principle all prisoners (both remand and sentenced) have the right to receive up to six one-hour visits every month. In addition, a certain degree of flexibility is possible, for example, when the visitors concerned are family members living abroad.<sup>51</sup> The CPT welcomes these arrangements.

94. As regards material conditions for visits, the renovation of Blocks 5 and 8 has provided the possibility to create three new rooms (one for lawyers, one for families and a third for friends). These premises offered satisfactory visiting conditions, though they could be improved by the removal of the low barriers between visitors and prisoners. However, **the room reserved for visits for prisoners from Blocks 1, 2 and 4 left much to be desired; it was very noisy and overcrowded.**

95. Telephones have been installed within the prisons, one in each block for use by prisoners from 08.00 a.m. to 2.30 p.m. This is in principle a very positive development. However, apart from in Block 4, which was only accommodating approximately ten prisoners, access to the telephone was rarely straightforward given the number of prisoners involved.

**The Committee invites the Cypriot authorities to increase the number of telephones available in each block.**

c. staff

96. During the visit carried out in December 2004, the delegation noted that some progress had been made in terms of training for staff. For example, new prison staff were following an initial six-week training course and there were plans to develop in-service training. However, overall much remained to be done. In particular, in-service training (the use of fire-arms apart) was practically nonexistent.

The CPT wishes to emphasise once more the importance it attaches to the training of prison staff. There is arguably no better guarantee against ill-treatment than a properly recruited and trained prison officer who knows how to adopt the appropriate attitude in his relations with prisoners.

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<sup>51</sup> Cf. Sections 38, 116 and 117 of the Prisons Regulations (1997).

Consequently, **the CPT recommends that the Cypriot authorities give high priority to the development of prison staff training, both initial and ongoing. In the course of such training, considerable emphasis should be placed on the acquisition of interpersonal communication skills.**

97. During the visit in 2004, the delegation was informed that, among new prison staff, the proportion of women had risen to 10%. This is a positive development.

Nevertheless, female staff were mainly working in Block 3, which accommodates women prisoners. It was not envisaged that female members of staff would be employed in the detention areas accommodating male prisoners. In the CPT's opinion, the introduction of female prison staff in detention areas for male prisoners is a positive step that can improve the general atmosphere in those areas. The presence of mixed gender staff can be particularly beneficial in establishments which accommodate juveniles.

**The CPT invites the Cypriot authorities to examine the possibility of deploying female staff in all detention areas of Nicosia Central Prisons.**

d. complaints procedures

98. During the visit carried out in December 2004, the delegation observed that, in response to the recommendation made by the CPT in its report on the 2000 visit,<sup>52</sup> locked boxes had been installed, in which prisoners could put complaints for the attention of the Commissioner for Administration.

The CPT welcomes this development.

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<sup>52</sup> Cf. CPT/Inf (2003) 1, paragraph 41.

## C. Athalassa Psychiatric Hospital

### 1. Preliminary remarks

99. Athalassa Psychiatric Hospital has been visited on each of the CPT's previous visits to Cyprus. Since the first visit in 1992,<sup>53</sup> the number of operational wards has gradually been reduced from 18, with a capacity to accommodate 653 patients, down to 8 wards, with a capacity of 173 beds.<sup>54</sup> In December 2004, 122 beds were occupied,<sup>55</sup> predominantly by patients with chronic psychiatric disorders. The further fall in bed capacity since the CPT's visit in 2000<sup>56</sup> follows a trend of discharges, with chronic patients being transferred to homes in the community,<sup>57</sup> and indicates a greater capacity to deal with psychiatric disorders in the community. The CPT welcomes this trend and **encourages the Cypriot authorities also to accord priority to the transfer of patients with learning disabilities to centres within the community where they can receive appropriate care from properly trained personnel.**<sup>58</sup>

100. As far as admissions to the Hospital are concerned, whereas admissions by court order remained stable in number from 2000 to 2003, at the time of the CPT delegation's visit, there had been already 274 admissions under court order in 2004, a 20% increase. This appears to be partly due to the readmission of patients with chronic psychotic disorders who had been placed in accommodation for the elderly which proved to be inappropriate. **The CPT would like to receive the comments of the Cypriot authorities in this respect.**

101. In 2000, the CPT's delegation was informed that a new Mental Health Centre would be opened by 2003. During the 2004 visit, the delegation was informed of a probable opening date ranging from 2007 to 2009 ; in their letter of 25 May 2005, the Cypriot authorities indicated that the plans for the new Mental Health Centre were underway at the Department of Public Works.

**The CPT urges the Cypriot Authorities to give priority to the planning, construction and commissioning of the new Mental Health Centre. It would like to receive information on the concrete steps envisaged for the opening of the new Centre, and on the schedule for the implementation of these steps.**

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<sup>53</sup> Cf. CPT/Inf (97) 5 [Part 1], paragraphs 121 to 123, in which the essential characteristics of the Hospital were described.

<sup>54</sup> A further ward situated on the Athalassa grounds accommodates children with severe learning disabilities. It is run under the authority of the Ministry of Labour and Social Services.

<sup>55</sup> Nine of the 122 registered patients were on leave at the time of the visit.

<sup>56</sup> At that time the 189 patients at Athalassa were classified as psychiatric (89), psycho-geriatric (45) and with learning disabilities (55).

<sup>57</sup> In 2003, for example, 21 chronic psychotic patients began "rehabilitation in the community", although in fact this meant that 19 of them were placed in homes for the elderly, while only two were able to return to their home environment.

<sup>58</sup> Cf. CPT/Inf (2003) 1, paragraph 53.

102. The 1997 Law on Psychiatric Care<sup>59</sup> provides the legal framework for involuntary placement in, and supervision of, psychiatric establishments. Extracts from the law regarding initial and continued placement in compulsory care were reproduced in the report on the CPT's visit in 2000.<sup>60</sup>

## 2. Ill-treatment

103. The CPT's delegation found no instances of deliberate ill-treatment of patients. Indeed, the delegation observed staff dealing with difficult situations in a humane and effective manner.

Nevertheless, the CPT must draw the attention of the Cypriot authorities to the treatment of one patient on ward 34. As he was regarded as potentially dangerous, he was under continuous observation and only allowed to move within the ward if a nurse or a nursing orderly was available to observe him. At night he was kept in a special individual room with a metal, prison-like door. There was no toilet within the room and, as the patient was not allowed to leave his room during the night, he was obliged to use a slop bucket in order to comply with the needs of nature. At the time of the delegation's visit, a bed was installed in the room, although nursing notes concerning this patient indicated that this measure was provisional and linked to the CPT's visit. Obliging a psychiatric patient to be kept without a bed or proper toilet facilities, even if only at night, could fairly be described as degrading treatment.

In their letter of 25 May 2005, the Cypriot authorities informed the CPT that the room would soon be equipped with a flushing toilet, and that the door would be replaced. While taking note of the measures envisaged, **the CPT recommends that, if security considerations require any patient to be confined to a room at night, arrangements be made so as to accommodate them in an appropriately secure room, fitted with a suitable bed and proper toilet.**

## 3. Living conditions

104. Improvements had been made at the hospital since the 2000 visit through the phasing-out of large-capacity dormitories. In addition, a number of other positive steps had been taken with a view to improving the patients' living conditions, e.g.: the upgrading of ward 14 (accommodating patients with severe learning disabilities); and additional visual stimulation in some other wards. Moreover, half of the rooms in the hospital were equipped with bedside lockers or individual lockable cupboards.

That said, there remained some room for improvement. For example, in ward 39, patients slept in glass-partitioned bays, resulting in a lack of privacy; on many wards, patients' bedrooms remained somewhat sparse and bleak; some of the sanitary equipment, notably on wards 37 and 21, was out of service.

The CPT notes that the sanitary facilities on the latter wards had been subsequently repaired. **It invites the Cypriot authorities to continue in their efforts to further improve patients' living conditions, having regard, inter alia, to the comments made above.**

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<sup>59</sup> Law No. 77(1) of 1997 Providing for the Establishment and Operation of Psychiatric Centres for the Care of Mentally-Ill Persons, the Safeguarding of such Persons' Rights and the Determination of Duties and Responsibilities of Relatives.

<sup>60</sup> Cf. CPT/Inf (2003) 1, paragraph 54.

105. In general, patients at Athalassa Psychiatric hospital appeared to be well clothed, most with their personal clothing. However, during a nocturnal visit to ward 14, it was observed that three patients were completely naked and uncovered at night. **The CPT recommends that steps be taken so that patients do not sleep naked without any sheets or blanket cover during the night.**

106. In addition, in the light of other findings made by the delegation, **the CPT recommends that all patients whose state of health so permits, including those within a "closed regime" or in acute wards, benefit without delay from at least one hour of outdoor exercise per day. This might require the setting up of reasonably spacious and secure outdoor areas.**

#### 4. Treatment

107. A multi-disciplinary assessment of treatment needs for all patients in the hospital was carried out during 2004. This is a praiseworthy initiative, but, regrettably, it had not been followed up with efforts to diversify therapeutic programmes, which consisted mainly of psychotropic drug therapy.

108. Psychopharmacological medication therapy was, on the whole, used appropriately.

Nevertheless, the CPT is concerned about the widespread use of open-ended prescriptions, made by the treating doctor, for drugs not administered immediately, or on an ongoing basis, but rather whenever the nursing staff believe it is necessary (so-called "PRN"<sup>61</sup> medication). Indeed, over 90% of patients in the hospital had a "PRN" prescription, mostly for powerful neuroleptic drugs by intra-muscular injection. Nearly all patients in the acute admission wards appeared to receive this prescription as a matter of routine, upon entry to the hospital. On other wards, the prescription dated back many months or even years, but remained valid. "PRN" medication was used mainly in conflictual situations which arose between patients, when two or more patients were given the medication at the same time.

109. In the CPT's opinion, "PRN" medication may be appropriate for selected patients over limited periods of time. However, its generalised use without systematic control by medical staff would place too much responsibility on nurses and open the door to abuse. As with any drug treatment, its clinical effects should be carefully monitored at sufficiently frequent intervals. "PRN" medication could also, in certain instances, amount to involuntary treatment; if so, it should be surrounded by appropriate safeguards. Moreover, "PRN" medication should under no circumstances be used as a means of managing situations of conflict between patients. **The CPT recommends that the approach towards "PRN" medication be reviewed in the light of these remarks. In particular, a doctor should be immediately notified of any instance in which "PRN" medication is administered.**

110. In their letter of 25 May 2005, the Cypriot authorities informed the CPT that orders had been issued so that doctors would be required to give signed instructions for the administration of "PRN" medication.

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<sup>61</sup> "PRN" stands for *pro re nata*, Latin for "for something that occurred"; in this context: "as needed".

The CPT takes note of this information, which does not, however, dispel its concerns as regards the approach towards "PRN" medication. **The Committee wishes to receive further clarification as regards the administration of "PRN" medication in acute emergency cases, as well as a copy of the above-mentioned orders and instructions.**

111. Further, the recording of the use of "PRN" medication appeared to pose problems. In several instances the treatment was only recorded in the "daily nursing report" for the whole ward, and not in the individual nursing reports for patients (except on wards 23 and 24, where there were no "daily report books"). Moreover, it was apparent that doctors (including on wards 23 and 24) were not necessarily aware of when "PRN" medication had been administered.

In their letter of 25 May 2005, the Cypriot authorities indicated that the administration of "PRN" medication would be recorded in the patient's file as well as in a specific register. The CPT welcomes this development.

112. Since the CPT's previous visit in 2000, the practice concerning the provision of *electro convulsive therapy* (ECT) had improved. All ECT was administered in a modified form, under anaesthetic and using a muscle relaxant, by a qualified anaesthetist from the Nicosia General Hospital, and in a designated room out of the view of other patients. The CPT welcomes this development.

113. Concerning other forms of treatment, at the time of the visit, very few patients were regularly attending the *Occupational Therapy Centre*. The Occupational Therapy Department did provide some activities within wards, which were particularly focused on wards 36 and 37, and also on the acute wards (23 and 24). However, participation in occupational therapy from the chronic wards (21 and 34) was limited to a very small number of patients. In this respect, there had been no improvement since the CPT's visit in 2000.<sup>62</sup>

**The CPT recommends, once again, that an individualised therapeutic programme be drawn up for each psychiatric patient. In addition to appropriate medication and medical care, it should involve a wide range of rehabilitative and therapeutic activities, including access to occupational therapy, group therapy, individual psychotherapy, art, drama, music and sport.**

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<sup>62</sup> Cf. CPT/Inf (2003) 1, paragraph 59.

## 5. Staff

114. The reduction in the number of patients at Athalassa Psychiatric Hospital and the development of Community Services had naturally led to a reduction in staff. Nevertheless, care should be taken to maintain sufficient qualified staff for the patients who remain in the Hospital.

In this respect, the availability of nursing staff appeared to be satisfactory, with a total of 144 nurses, distributed adequately in day and night shifts. However, the same cannot be said with regard to the staffing level of doctors (6), psychologists (3), social workers (1) and occupational therapists (6). It appeared that most doctors were on contracts involving duties in community psychiatric services as well as in the hospital. Further, doctors' contracts were such that, after 2.30 p.m., no doctors were available in the hospital until the following morning at 08.00 a.m. A doctor had to be called in case of an emergency or a new admission and it could take up to two hours before a doctor arrived at the hospital.

Doctors' availability to see patients, including those on acute admission wards, appeared to be so reduced, both in terms of frequency and duration, that a therapeutic relationship with patients was difficult to establish and maintain, with little capacity to carry out any treatment.

**The CPT recommends that the Cypriot authorities address, as a matter of priority, the insufficiency of medical and other qualified treatment staff and their real-time availability for patient care. Further, at least one member of the medical staff should be available at the hospital at all times.**

## 6. Means of restraint

115. The CPT's delegation was satisfied to observe that physical restraint was used only in exceptional cases and for the shortest possible period. That said, **the delegation was far from convinced that such a measure was always explicitly ordered by a medical doctor, or brought to his or her attention for subsequent approval.** Recourse to such a measure was systematically recorded in nursing notes but not in a register specifically designed for that purpose. The amended restraints register, referred to in paragraph 61 of the report on the visit in 2000, was not in use in 2004.

As for seclusion measures, they also appeared to be used sparingly. However, there seemed to be no detailed policy on this issue, spelling out, in particular, the types of cases in which it may be used, the objectives sought, its duration and the need for regular reviews, the existence of appropriate human contact and the need for staff to be especially attentive. In fact, the only indication given to nursing staff was a special green form inserted in the patient's file, which indicated that the patient "can be isolated, if necessary". Clearly, such a situation leaves the door open for misuse of seclusion.

**116. The CPT recommends that, in addition to being recorded in the nursing notes, every instance of the physical restraint (manual control, use of instruments of physical restraint, seclusion) of a patient be recorded in a specific register established for that purpose. Each entry in the register should include the times at which the measure began and ended, who ordered the measure, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff.**

**Further, the CPT recommends that a detailed policy on the use of seclusion be drawn up, in the light of the above remarks. This policy should make clear that seclusion should never be used as a punishment.**

117. On ward 23, the delegation observed a cell-like room with a metal door and bars. No patient was being accommodated in this room during the visit and staff informed the delegation that it was never used. Nevertheless, such a room in an acute psychiatric ward could well be intimidating to patients. In their letter of 25 May 2005, the Cypriot authorities indicated to the CPT that the door would be replaced. The CPT takes note of this information.

## **7. Safeguards in the context of involuntary placement**

### **a. the initial placement decision**

118. The procedure by which involuntary placement is decided should offer guarantees of independence and impartiality as well as of objective medical expertise. In its report on the visit in 2000, the CPT noted that these requirements appeared to be met by the 1997 Law on Psychiatric Care ("the 1997 Law").<sup>63</sup> Article 10 of the 1997 Law specifies that, upon the request of a personal representative, the police or a social worker, the court can issue an initial temporary care order of up to two weeks' duration.<sup>64</sup> The request must be supported by a psychiatric opinion.<sup>65</sup> After the initial period of temporary care, the court can issue a continuing care order for a period of up to two months.<sup>66</sup>

119. According to the 1997 law, when issuing any care order, be it temporary or continuing, the court must hear the patient, unless it is convinced by the evidence furnished that the patient is not in a position to testify. In such a case the personal representative is heard and may be accompanied by a lawyer and a psychiatrist of his or her choice.<sup>67</sup>

However, from the information gathered by the delegation, it appeared that, in practice, the patient was virtually never present at the court hearing, and very often the personal representative was a family member and was indeed the same person who had requested the hospitalisation. While a family member may genuinely believe that the patient needs to be hospitalised, he or she cannot properly, independently represent the patient's own interests. **In the CPT's opinion, it would be advisable for the Cypriot authorities to explore alternative solutions which would fully guarantee the independence and impartiality of the personal representative.**

120. Further, it appeared that patients or their personal representatives did not usually benefit from the assistance of a lawyer at the hearing, despite the possibility provided by the 1997 Law. In this connection, it should be noted that access to free legal aid for the indigent is not a right, but is rather subject to wide judicial discretion.<sup>68</sup>

**The CPT would like to receive the comments of the Cypriot authorities on this issue.**

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<sup>63</sup> An extract of the 1997 Law can be found at paragraph 54 of the report on the visit in 2000 (CPT/Inf (2003) 1).

<sup>64</sup> Cf. Article 10, paragraph 1 (a) and (c).

<sup>65</sup> Cf. Article 10, paragraph 1 (b).

<sup>66</sup> Cf. Article 10, paragraph 1 (e).

<sup>67</sup> Cf. Article 10, paragraph 1 (g).

<sup>68</sup> Cf. Article 10, paragraph 1 (h).

b. safeguards during placement

121. The delegation was pleased to note that an information brochure and leaflet on patients' rights had been prepared by the Supervisory Committee on Mental Health (hereafter the "Supervisory Committee"). However, neither of these documents was available to patients at the time of the CPT's visit. One of the most significant defects in the system of patients' safeguards was indeed the lack of information given to patients.

In their letter of 25 May 2005, the Cypriot authorities informed the CPT that the information brochures and leaflets were again available at Athalassa Hospital and given to every new patient on admission as well as to their relatives. The CPT welcomes these developments and **recommends that any patient unable to understand these documents should receive appropriate assistance.**

122. As stated in the report on the visit in 2000,<sup>69</sup> an effective complaints procedure is a basic safeguard against ill-treatment in psychiatric establishments. Patients were entitled to send complaints directly to the Supervisory Committee, without any censorship. At the time of the visit in 2004, the delegation observed that complaints boxes had been fitted in some wards; however, they were either broken or missing on several wards. Furthermore, their contents were emptied and opened by the nursing staff and then transmitted to the hospital management.

**The CPT recommends that steps be taken to ensure that patients have confidential access to the Supervisory Committee. This implies that arrangements should be in place enabling them to send complaints directly to the Supervisory Committee.**

123. Maintenance of patients' contact with the outside world is essential, not only from a therapeutic standpoint, but also for the prevention of ill-treatment. Patients should be able to send and receive correspondence, to have access to the telephone, and to receive visits from their family and friends. Confidential access to a lawyer should also be guaranteed.

The delegation was pleased to observe adequate arrangements for visits to patients. That said, there is room for improvement concerning access to the telephone for persons not allowed outside the wards. It appeared that such persons were only permitted to place or receive outside phone calls through the staff. In the CPT's opinion, all patients, unless there is a doctor's order to the contrary and for specific situations, should be able to communicate by telephone during the day and under conditions allowing privacy. **The CPT recommends that the necessary steps be taken to this effect.**

124. As underlined in the report on the visit in 2000,<sup>70</sup> the CPT attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body (e.g. a judge or supervisory committee) which is responsible for the inspection of patients' care. This body should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations.

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<sup>69</sup> Cf. CPT/Inf (2003) 1, paragraph 64, first sub-paragraph.

<sup>70</sup> Cf. CPT/Inf (2003) 1, paragraph 64, second sub-paragraph.

Since the previous visit in 2000, the Supervisory Committee has become considerably more effective in performing the supervisory role entrusted to it by the 1997 Law.<sup>71</sup> In particular, the Supervisory Committee has now undertaken a number of activities, including both regular and unannounced visits to Athalassa Psychiatric Hospital and the examination of complaints received from patients.

The CPT welcomes this development.

125. In the light of the important task entrusted to the Supervisory Committee, the CPT had recommended in its report on the 2000 visit,<sup>72</sup> that the Committee be allocated the resources necessary to enable it effectively to fulfil its duties under the Law on Psychiatric Care.

The 2004 visit revealed that the Supervisory Committee continued to face problems in terms of its resources. The Supervisory Committee still did not have its own premises and, as for its Secretariat, only one administrative officer from the Ministry of Health carried out this function alongside other full-time responsibilities. This is not a satisfactory state of affairs. **The CPT recommends that the resources of the Supervisory Committee be increased and, in particular, that it be serviced by an independent and full-time Secretariat, which is located in its own separate premises and equipped with adequate facilities.**

126. As regards the composition of the Supervisory Committee, the CPT notes with satisfaction that, following the comments made in the report on the visit in 2000,<sup>73</sup> the Supervisory Committee had an independent Chair.

According to the information gathered by the delegation, the majority of the members of the Supervisory Committee were from the public sector and worked within the establishments which the Supervisory Committee is supposed to monitor. Such a situation could obviously create a conflict of interest for those appointed and might prevent them from being perceived as independent. **The CPT requests that the Cypriot authorities bring this remark to the attention of the various professional bodies required to submit lists of candidates for the appointment of Supervisory Committee members.**

Article 20 (4) (f) of the 1997 Law provides that one member shall be a representative of voluntary organisations in the mental health area. The CPT wishes to underline the importance of the effective participation of the NGO community in the work of such a body as the Supervisory Committee. **The CPT would like to receive confirmation that such organisations are indeed effectively represented on the Supervisory Committee.**

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<sup>71</sup> Part 5, Articles 20 to 24 of the 1997 Law.

<sup>72</sup> Cf. CPT/Inf (2003) 1, paragraph 65.

<sup>73</sup> Cf. CPT/Inf (2003) 1, paragraph 66.

c. discharge

127. Patients should be discharged from psychiatric establishments as soon as their mental state no longer requires their involuntary placement and provided that adequate services are available in the community. The need for such placements should, therefore, be subject to review at regular intervals. Patients should also be in a position to request, at reasonable intervals, that a judicial authority examine the need for their continued placement.

128. The 1997 Law provides that an initial maximum two-week period of temporary compulsory care can be extended into a continuing care order of a maximum period of two months.<sup>74</sup> Article 11 of the 1997 Law provides that renewals of continuing care orders can then be made by the court for periods of up to 12 months. Whereas the procedure for issuing a temporary or continuing care order requires that the court hear the patient or his or her representative (cf. paragraph 119), it would appear from the 1997 Law that renewals of continuing care orders under Article 11 may be made by the court by written procedure, without a hearing.

Patients should have the right to be heard in person or through a personal advocate or representative at all court hearings prior to any decision concerning the renewal of their involuntary placement (cf. also Rule 25 of Recommendation Rec (2004) 10 of the Committee of Ministers of the Council of Europe concerning the protection of the human rights and dignity of persons with mental disorder). **The CPT recommends that the necessary steps be taken to ensure this right.**

129. Article 15 of the 1997 Law provides the legislative framework for the termination of compulsory care.<sup>75</sup> The director of the mental health establishment may terminate the compulsory care, either on his or her own initiative, after consultation with the inter-disciplinary team of the establishment, or further to the request of the patient or representative, when the psychiatrist in charge agrees with this request. Refusals by the director of such requests may be challenged in judicial proceedings.<sup>76</sup>

However, patients have no possibility to initiate a termination procedure, unless the request for termination of compulsory care is supported by the treating psychiatrist.<sup>77</sup> **The CPT recommends that this requirement be removed.**

130. Further, under both the renewal procedure as per Article 11 of the 1997 Law, and the Article 15, paragraph 2, procedure to challenge the refusal to terminate involuntary placement, the court would base its decision exclusively on the opinions of the treating psychiatrist and the director of the establishment. **The CPT reiterates its recommendation<sup>78</sup> that a court required to decide whether to continue an involuntary psychiatric placement should, in every case, have access to the reasoned opinion of an independent psychiatrist.**

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<sup>74</sup> Cf. paragraph 20.

<sup>75</sup> The relevant extract is quoted in CPT/Inf (2003) 1, at paragraph 68.

<sup>76</sup> Article 15, paragraphs 2 to 4.

<sup>77</sup> Cf. Article 15, paragraph 1(b).

<sup>78</sup> Cf. CPT/Inf (2003) 1, paragraph 69.

**D. Establishments for children taken into care by the Social Welfare Services**

**1. Preliminary remarks**

131. For the first time in Cyprus, the delegation visited two establishments for children taken into care by the Social Welfare Services, i.e. the Youth Hostel in Latsia (Nicosia) and the Home for Children in Paphos.

132. The Children Law of 1956<sup>79</sup> provides the legal basis for the placement of persons under 18 years of age within the legal care of the Director of Social Welfare Services in homes established by the Director for this purpose. Such placement occurs by decision of the Director of Social Welfare in the interest of the welfare of a child who is either orphaned, abandoned or whose parents are unfit or unable to care for the child. Placement may occur on a so-called *voluntary* basis, that is with the written consent of the parents or guardians of the child,<sup>80</sup> or on an *involuntary* basis. Involuntary placement may be challenged by the parent or guardian within one month of the notification of the placement. Fourteen days after such a challenge is made, the placement ceases and the child is returned to the care of the parent or guardian, unless a court confirms the involuntary placement on the basis of an objection by the Director to the termination of the placement.<sup>81</sup>

133. The Youth Hostel in Latsia, Nicosia, accommodates boys between 13 and 18 years of age. At the time of the visit, out of the 7 boys in residence, 6 were under so-called voluntary placement and one under a court order made in July 2004.

The Home for Children in Paphos accommodates girls and boys between 5 and 14 years of age. At the time of the visit, there were 11 children in the Home, including four in day-care. Of the 7 children in residence, one was in care further to a court order made in January 2004.

**2. Ill-treatment**

134. The delegation received no allegations of physical ill-treatment of children by the staff in the establishments visited.

Indeed, the delegation gained a very favourable impression of both establishments visited, as they appeared to meet the needs of the children in a suitable manner. The staff were clearly committed to working with young people, and capable of guiding and motivating the children in their charge.

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<sup>79</sup> Chapter 352, 18 August 1956.

<sup>80</sup> Cf. Article 4 (2) of the Children Law.

<sup>81</sup> Cf. Article 4 (2) and (3) of the Children Law.

### **3. Material conditions and activities**

135. The material conditions in both establishments visited could be described as satisfactory. In addition to being of an adequate size, well-lit and well-ventilated, the children's sleeping and living areas were, on the whole, properly furnished and well-decorated, offering appropriate visual stimuli. That said, in the sleeping area in both establishments, certain doors and cupboards were in a poor state of repair.

136. As for activities, both establishments provided for a wide range of purposeful activities, capable of stimulating the children's development, including education, sport and recreational activities. All children attended either the regular local school or a school for children with learning disabilities, some of the older boys at the Latsia Youth Hostel also following an apprenticeship during part of the school week.

### **4. Other issues**

137. Places where juveniles are deprived of their liberty almost invariably make provision for disciplinary sanctions to be applied to those who misbehave.

The delegation was satisfied that disciplinary sanctions, varying from deprivation of pocket money and paying for deliberate damage, to forfeiture of weekend home leave or exclusion from outings or recreational activities, were not used in an abusive manner and did not unduly restrict the children's contact with the outside world.

138. All disciplinary procedures applied to juveniles should be accompanied by formal safeguards and be properly recorded. In particular, juveniles should have the right to be heard on the subject of the offence which they are alleged to have committed, and to appeal before a higher authority against any sanctions imposed; full details of all such sanctions should be recorded in a register kept in each establishment where juveniles are deprived of their liberty.

**The CPT would like to be informed as to whether these requirements are being met.**

139. An effective complaints procedure is a basic safeguard against ill-treatment in establishments for juveniles.

Juveniles should have avenues of complaint open to them, both within and outside the establishments' administrative system, and be entitled to confidential access to an appropriate independent authority (for example, a visiting committee or a judge) that is competent to receive – and, if necessary, act upon – juveniles' complaints.

**The CPT would like to receive information on whether such avenues of complaint exist.**

140. The CPT attaches considerable importance to the maintenance of good contact with the outside world for all persons deprived of their liberty. The active promotion of such contacts can be especially beneficial for juveniles deprived of their liberty, many of whom may have behavioural problems related to emotional deprivation or a lack of social skills.

Both establishments visited provided good visiting possibilities for families and friends, who were able to visit children in the establishments' common areas. Moreover, children were able to spend free time outside the establishment during the day.

The CPT welcomes this situation.



### III. RECAPITULATION AND CONCLUSIONS

141. The principle of cooperation set out in the Convention requires that decisive action be taken upon the CPT's recommendations. Certain measures have been taken by the Cypriot authorities in response to the Committee's reports on previous visits; however, there is still much to be done. The CPT has urged the Cypriot authorities to intensify their efforts to improve the situation in the light of the Committee's recommendations.

#### A. Police establishments

142. The CPT's delegation received many complaints of ill-treatment of persons deprived of their liberty by the police. The allegations heard related mostly to the time of arrest, but in some cases also concerned subsequent questioning. For the most part, the allegations involved criminal investigators and officers dealing with immigration matters, and a significant proportion of the allegations were made by foreign nationals.

The forms of ill-treatment alleged consisted in the main of slaps, kicks and punches to the head and body, including the genitals. In a few cases, the ill-treatment alleged was of such a severity that it could be considered as amounting to torture. Evidence, including of a medical nature, consistent with the allegations made was gathered in some cases.

143. The information gathered during the 2004 visit suggests that the problem of the physical ill-treatment of persons detained by the police persists. The time has come for the Cypriot authorities to be much more energetic in combating this problem.

The CPT has recommended that the Minister of Justice and Public Order once again issue a clear message to police officers impressing upon them that the ill-treatment of persons in their custody will not be tolerated and will be the subject of severe sanctions. The Cypriot authorities must also give a high priority to practical professional training in managing high-risk situations, particularly the questioning of suspects, and take the necessary steps to integrate human rights concepts into such training.

144. There have been encouraging developments since the CPT's previous visit in 2000 as regards accountability mechanisms. The procedure for the Attorney General to initiate an investigation into possible ill-treatment has been strengthened, and there is now a presumption of ill-treatment whenever a person displays signs of injuries during or immediately after a period of police custody which were not apparent on the person's admission into police custody. There are also plans to establish an independent Police Control Board.

The CPT has stressed the need for a pro-active approach, making full use of the Attorney General's *ex officio* powers. As regards the actual investigations into possible ill-treatment by the police, the information gathered during the visit indicates that they are independent and thorough; however, to be fully effective they must also be prompt and expeditious. Further, when ill-treatment has been proved, a suitable penalty should be imposed; any other approach would engender a climate of impunity.

145. Concerning safeguards against ill-treatment, the information gathered during the visit demonstrates that several shortcomings identified in the past have not yet been remedied, e.g. police officers still exercise wide discretion as regards notification of a relative, access to a lawyer is frequently not authorised from the very outset of custody, and detained persons are not always adequately informed of their rights. However, a Bill on the Rights of Arrested and Detained Persons, currently pending before Parliament, would give a stronger footing to safeguards advocated by the CPT. The Committee has recommended that a very high priority be given to the adoption of this legislation, subject to certain adjustments.

The CPT has also underlined once again the importance of introducing a code of conduct for police interrogations. The information gathered during the visit illustrates the need for such a code.

146. The CPT has noted that considerable efforts are being made to upgrade conditions of detention in police facilities. Nevertheless, certain deficiencies were observed in the establishments visited, in particular as regards lighting, ventilation, cell occupancy rates and the state of repair of sanitary facilities.. The Committee has recommended that the necessary steps be taken to address these deficiencies; this would render the places visited adequate for *short periods of police detention*.

However, *prolonged periods of detention* of persons on remand and foreigners held under aliens legislation were observed in all the establishments visited. Some persons met had been detained for several weeks or even, as regards foreign nationals, months. The CPT has emphasised that, notwithstanding the above-mentioned improvements, police detention facilities will remain inadequate for holding persons for more than a few days.

147. Some of the CPT's immediate concerns about conditions of detention have subsequently been addressed by the Cypriot authorities. However, the Committee has sought detailed information on the concrete measures taken to ensure that all persons detained for a prolonged period of time in police facilities are provided with basic personal hygiene products and offered activities.

As regards, more specifically, persons deprived of their liberty under the aliens/asylum legislation, the CPT has spelt out the conditions which centres used to accommodate such persons should offer.

## **B. Nicosia Central Prisons**

148. Most of the prisoners interviewed by the CPT's delegation spoke in positive terms about their relations with staff, and these relations seemed relaxed. However, the CPT's delegation did receive a few allegations of physical ill-treatment by custodial staff. The CPT has recommended that the management of Nicosia Central Prisons deliver a clear message to custodial staff that ill-treatment of prisoners is not acceptable under any circumstances and will be the subject of severe sanctions.

In the light of the information gathered during the visit, the Committee has also emphasised that the duty of care owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm.

149. The rampant overcrowding at Nicosia Central Prisons is an issue of major concern to the CPT; it constitutes the main obstacle to offering decent conditions of detention to all prisoners. The Committee has recommended that the Cypriot authorities vigorously pursue the adoption and implementation of a coherent strategy to combat prison overcrowding. That strategy should go beyond providing additional accommodation and cover both admission to and release from prison, to ensure that imprisonment really is the measure of last resort.

150. Measures have already been taken to improve material conditions in certain parts of the Prisons, in particular Blocks 5 and 8. However, due to the significant increase in the prison population in recent years, these efforts have had little or no impact on the overall situation of prisoners. The Committee has emphasised that steps must be taken to improve material conditions (lighting, ventilation, cell size and equipment, and sanitation facilities) in the parts of the Prisons which have not yet been renovated and substantial efforts made to ensure that living space per prisoner is in accordance with domestic legislation.

151. As regards activities, prisoners enjoyed generous out-of-cell time and some steps had been taken to increase the range of activities available, including work. However, a considerable number of inmates (including juveniles and prisoners serving life sentences) spent most of their time without any form of organised activity. To sum up, there is still a long way to go to render the laudable aims of the Prisons Regulations meaningful for all inmates at Nicosia Central Prisons.

The CPT has recommended that vigorous efforts be made to increase the range of purposeful activities for adult inmates, and that urgent steps be taken to offer juvenile prisoners a full programme of education, sport, vocational training, recreation and other activities. A genuine policy for the management of life-sentence and long term prisoners should also be established, with a view to countering the potentially negative effects of long-term imprisonment.

152. The situation of health-care services in the Prisons was once again found to be unsatisfactory, in terms of staffing levels, medical screening of prisoners upon entry into the prison, the confidentiality of medical examinations and files, and the provision of specialised psychiatric care. The Committee has made detailed recommendations designed to address these issues and has also emphasised the need for an overall strategy to manage the growing population of prisoners with drug-related problems.

On a more positive note, the CPT welcomes the policy whereby HIV-positive prisoners are no longer segregated from the rest of the prison population, which has become possible thanks to the development of information and education programmes on the subject.

153. Among other issues addressed in the visit report, the CPT has called for the review of the disciplinary regulations applicable to prisoners, particularly as regards the possible duration of disciplinary confinement (and the related loss of contact with the outside world) and the rights enjoyed by prisoners charged with a disciplinary offence. The Committee has also recommended that immediate steps be taken to ensure that all prisoners placed in isolation or confined to their cells, for whatever reason, benefit from at least one hour of outdoor exercise each day.

Further, the CPT has emphasised once again the high priority to be given to prison staff training, both initial and ongoing. There is arguably no better guarantee against ill-treatment than a properly recruited and trained prison officer who knows how to adopt the appropriate attitude in his relations with prisoners.

### C. Athalassa Psychiatric Hospital

154. No instances of deliberate ill-treatment of patients at Athalassa Psychiatric Hospital were found by the CPT's delegation. Indeed, staff were observed dealing with difficult situations in a humane and effective manner. Nevertheless, the Committee has expressed reservations concerning the treatment of one patient who was regarded as potentially dangerous.

155. A number of positive steps had been taken at the Hospital since the 2000 visit with a view to improving living conditions; particular reference should be made to the phasing out of large-capacity dormitories. That said, there remained some room for improvement; for example, on many wards, patients' bedrooms remained somewhat sparse and bleak.

As regards treatment, it continued to consist mainly of psychotropic drug therapy. This therapy was, on the whole, used appropriately. Nevertheless, the Committee has recommended a review of the Hospital's approach towards the use of open-ended prescriptions for powerful neuroleptic drugs (so-called "PRN" medication). Their generalised use without systematic control by medical staff would place too much responsibility on nurses and open the door to abuse.

The CPT has also recommended the development of an individualised therapeutic programme for each psychiatric patient, which should involve, in addition to appropriate medication and medical care, a wide range of rehabilitative and therapeutic activities.

156. The welcome shift towards psychiatric care in the community has reduced bed capacity at the Hospital, which now caters for a relatively small population of patients predominantly suffering from chronic disorders. This reduction in patient numbers and the development of Community Services had naturally in turn led to a reduction in staff at the Hospital. Nevertheless, care should be taken to maintain sufficient qualified staff for the patients who remain in the Hospital.

The availability of nursing staff appeared to be satisfactory. However, the same cannot be said with regard to the staffing level of doctors, psychologists, social workers and occupational therapists. The CPT has recommended that the Cypriot authorities address these staff insufficiencies as a matter of priority.

157. Means of restraint were used only in exceptional cases and for the shortest possible period. Nevertheless, the CPT has recommended that improvements be made as regards the recording of the use of means of restraint and that a detailed policy be drawn up on the use of seclusion.

158. The CPT has also made a series of remarks concerning safeguards in the context of involuntary placement. In this context, the Committee has, in particular, welcomed the effective role now being played by the Supervisory Committee on Mental Health. It has recommended that steps be taken to ensure that patients have confidential access to the Committee and that it be serviced by an independent and full-time Secretariat.

#### **D. Establishments for children taken into care by the Social Welfare Services**

159. No allegations of physical ill-treatment of children by staff were received in the two establishments visited, i.e. the Youth Hostel in Latsia (Nicosia) and the Home for Children in Paphos.

The CPT's delegation gained a very favourable impression of both establishments, which appeared to meet the needs of the children in a suitable manner. The staff were clearly committed and well-qualified, and both material conditions and activities were satisfactory.

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

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

161. As regards, more particularly, the CPT's recommendations, further to Article 10 of the Convention, the Committee requests the Cypriot authorities to provide within **six months** a response giving a full account of action taken to implement them.

The CPT trusts that it will also be possible for the Cypriot authorities to provide, in the above-mentioned response, reactions to the comments formulated in this report which are listed in Appendix I as well as replies to the requests for information made.

In paragraph 47 of the report, the CPT has requested to receive within **one month** certain information concerning persons detained for a prolonged period of time in police establishments.



## **APPENDIX I**

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

#### **Police establishments**

##### **Preliminary remarks**

##### **requests for information**

- developments regarding the planned new Aliens and Immigration Law (paragraph 12).

##### **Ill-treatment**

##### **recommendations**

- the Minister of Justice and Public Order to reiterate to all police officers the obligation to respect the Constitution, international human rights conventions and Cypriot law, impressing upon them that the ill-treatment of persons in their custody is an affront to the values which constitute the very foundations of the State, and will not be tolerated. This message should make clear – and should be underpinned by concrete action – that all information regarding possible ill-treatment will be investigated, and perpetrators of ill-treatment will be the subject of severe sanctions (paragraph 20);
- the Cypriot authorities to give a very high priority to practical professional training in managing high-risk situations, particularly the questioning of suspects, and to take the necessary steps to integrate human rights principles into such training; it should be offered to police officers of all ranks and categories and should be ongoing (paragraph 21).

##### **requests for information**

- information on the results of the investigation into the allegations mentioned in paragraph 17 (paragraph 17).

##### **Accountability mechanisms**

##### **recommendations**

- as regards information concerning - and investigations into - possible ill-treatment by the police, the Cypriot authorities to take the necessary steps in the direction indicated in paragraph 24 (paragraph 24);
- steps to be taken to remedy the shortcomings identified in paragraph 25 (paragraph 25);

- whenever there are grounds to believe that a person brought before a judge could have been the victim of ill-treatment, the judge to immediately request a forensic medical examination of the person concerned, irrespective of whether that person alleges ill-treatment by the police and/or bears visible injuries (paragraph 27).

#### comments

- no matter how effective an investigation may be, it is crucial that, when ill-treatment has been proved, the imposition of a suitable penalty (whether criminal or disciplinary) should follow; any other approach would engender a climate of impunity (paragraph 26).

#### requests for information

- developments as regards plans to establish a Police Control Board (paragraph 22).

### **Safeguards against ill-treatment of detained persons**

#### recommendations

- a very high priority to be given to the adoption of the Bill on the Rights of Arrested and Detained Persons, taking into account the comments made in paragraphs 30 to 33 (paragraph 29);
- clear instructions to be given to the police to the effect that all persons deprived of their liberty by the police have the right to inform a relative or third party of their choice of their situation from the very outset of detention (paragraph 30);
- any possibility of delaying the exercise of the right of detained persons to inform a relative or third party of their choice of their situation to be clearly circumscribed in law, made subject to appropriate safeguards (e.g. any delay in notification of custody to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case or a prosecutor), and strictly limited in time (paragraph 30);
- the notice to persons in custody to be given systematically to such persons at the very outset of their deprivation of liberty (paragraph 33);
- the Cypriot authorities to ensure that a code of conduct for police interrogations is introduced without further delay. The code should include specific safeguards for particularly vulnerable persons (e.g. the young and those who are mentally disabled or mentally ill) (paragraph 34);
- the Cypriot authorities to ensure that police officers fulfil their obligation to complete custody records in a diligent manner in respect of every person deprived of his or her liberty (paragraph 36);
- the Cypriot authorities to take the necessary measures to ensure that all police establishments use individual custody records, as foreseen by the current regulations and in the light of the remarks made in paragraph 36 (paragraph 36);

- the Cypriot authorities to take urgent steps to ensure that the requirements outlined in paragraph 38, concerning provision of information to immigration detainees on their rights, are fully implemented in practice (paragraph 38).

#### comments

- the CPT trusts that the provisions of the Bill on the Rights of Arrested and Detained Persons providing a firm legal footing to the right of access to a doctor will be retained (paragraph 32);
- a request by a detained person to see a doctor should always be granted; it is not for police officers, nor for any other authority, to filter such requests (paragraph 32);
- Article 29 of the Bill on the Rights of Arrested and Detained Persons, concerning the improper use of the right to medical examination or treatment, should be deleted (paragraph 32);
- the Cypriot authorities are invited to reconsider the possibility of introducing an electronic recording system for police interrogations (paragraph 35).

#### requests for information

- a copy of the circular letter (reference No. 186/11) issued by the Chief of the Police on 3 March 2005 concerning the right of access to a lawyer (paragraph 31);
- whether legal aid is provided to all detained persons who are not in a position to pay for a lawyer and as from the very outset of custody (paragraph 31);
- the outcome of the investigation referred to in paragraph 37 and the measures taken as a result (paragraph 37);
- detailed information on the practical steps taken with a view to complying with the requirements mentioned in paragraph 39 (paragraph 39);
- a copy of any instructions on the enforcement of deportation orders (paragraph 40).

### **Conditions of detention**

#### recommendations

- the Cypriot authorities to take the necessary steps to address the shortcomings mentioned in paragraph 44 and to pursue their efforts to improve conditions in all police establishments throughout the country (paragraph 45);
- the Cypriot authorities to urgently review the conditions in the existing centres designed to hold persons deprived of their liberty under the aliens/asylum legislation in the light of the standards mentioned in paragraph 49, and to ensure that any additional centres they intend to establish comply with these standards (paragraph 49);

- the Cypriot authorities to review the procedure for selecting and training staff assigned to the supervision of foreign nationals, in the light of the considerations in paragraph 50 (paragraph 50);
- immediate steps to be taken to ensure that adequate accommodation is provided for adults accompanied by children who are held at Larnaca Airport (paragraph 51);
- the Cypriot authorities to review the provision of food to persons detained at Larnaca airport (paragraph 52);
- persons detained at Larnaca airport for extended periods (24 hours or more) to be offered, as far as possible, outdoor exercise every day (paragraph 53).

#### requests for information

- confirmation that all the metal shutters covering police cell windows have been removed (paragraph 45);
- within one month of receipt of this report, detailed information on the concrete measures taken to ensure that all persons detained for a prolonged period of time: are provided with basic personal hygiene products (soap, toothbrush and toothpaste, sanitary towels, towels, etc.) and are able to wash every day (including at least one hot shower a week); are offered activities (recreational – reading material, board games, radio, television, etc. –, educational or otherwise) and at least one hour of outdoor exercise every day (paragraph 47);
- a copy of Circular No. 169 issued by the Chief of the Police on 3 March 2005 (paragraph 47).

### **Nicosia Central Prisons**

#### **Preliminary remarks**

#### recommendations

- the Cypriot authorities to vigorously pursue the adoption and implementation of a coherent strategy designed to combat prison overcrowding and, in doing so, to be guided by the Recommendations of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation (R(99)22), on improving the implementation of the European Rules on community sanctions and measures (Rec(2000)22) and on conditional release (parole) (Rec(2003)22) (paragraph 57);
- the Cypriot authorities to comply as soon as possible with the requirements concerning the size of cells and the living space per prisoner set out in Section 58 (8) of the Prisons Regulations (paragraph 57).

comments

- the CPT trusts that the prison's management will, as intended, complete the process of separating juveniles from adult prisoners shortly, by providing separate daytime facilities for leisure and regime activities (paragraph 55).

**Ill-treatment**

recommendations

- the management of Nicosia Central Prisons to deliver a clear message to custodial staff that ill-treatment of prisoners is not acceptable under any circumstances and will be the subject of severe sanctions (paragraph 58);
- prison staff to be firmly reminded that the force used to control violent and/or recalcitrant prisoners should be no more than is strictly necessary (paragraph 58);
- the Cypriot authorities to take the necessary steps with a view to preventing inter-prisoner violence, in the light of the remarks made in paragraph 60 (paragraph 60);
- appropriate steps to be taken to ensure that the prison management of Nicosia Central Prisons complies with the requirement set out in paragraph 61 regarding the response to information on possible ill-treatment of prisoners by staff or inter-prisoner violence (paragraph 61);
- the recommendation made in paragraph 24 to apply equally in the context of prisons (paragraph 61).

**Conditions of detention**

recommendations

- immediate action to be taken to renovate Blocks 1 and 2 with a view to ensuring that the material conditions fully comply with the requirements set out in Section 58 of the Prisons Regulations in terms of lighting (natural and artificial), ventilation, cell size and equipment, and sanitation facilities (paragraph 68);
- measures to be taken to reduce as soon as possible the occupancy levels in Blocks 1, 2, 5 and 8. As occupancy rates are reduced, it should be ensured that 6 m<sup>2</sup> cells are only used to accommodate one prisoner and that the living space in multi-occupancy cells is at least 4 m<sup>2</sup> per prisoner (paragraph 68);
- the bright lighting in the corridor of Block 5 throughout the night to be reviewed (paragraph 68);
- the exercise and recreation yards of Blocks 5 and 8 to be completed without delay (paragraph 68);

- the necessary measures to be taken as a matter of urgency to offer juvenile prisoners a full programme of education, sport, vocational training, recreation and other activities (paragraph 71);
- vigorous efforts to continue to be made to increase the range of purposeful activities for adult inmates (both Cypriot and foreign prisoners) and, as overcrowding is reduced, all the requirements of the Prisons Regulations concerning activities for prisoners to be met (paragraph 71);
- a genuine policy for the management of life-sentence and long-term prisoners to be established, taking account of the principles set out in paragraph 70 and of Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life-sentence and other long-term prisoners (paragraph 71).

### **Health-care services**

#### recommendations

- as a matter of urgency, the necessary steps to be taken to ensure that Nicosia Central Prisons have at least one full-time general practitioner post and at least three additional full-time qualified nurses' posts. The nursing team should subsequently be progressively reinforced with a view to replacing all medical orderlies by qualified nursing staff from the Medical Services of the Ministry of Health (paragraph 74);
- the team in charge of dental and psychiatric care to be substantially reinforced, in the light of the remarks made in paragraphs 72 and 73 (paragraph 74);
- the psychologist's functions to be reviewed so that he can devote the time needed to adequately care for patients, based on a genuine therapeutic relationship (paragraph 74);
- the necessary steps to be taken to ensure that the whole health-care service works effectively as a team (paragraph 75);
- members of the health-care service to be provided with the necessary basic medical equipment (e.g. stethoscopes, blood pressure instruments) to perform their work (paragraph 76);
- the necessary measures to be taken immediately to ensure that:
  - every newly admitted prisoner is given a proper medical examination as soon as possible after admission; save for exceptional circumstances, this examination should take place on the day of admission, especially as far as newly admitted remand prisoners are concerned (cf. also Section 65(1)(a) of the Prisons Regulations);
  - medical screening on admission, as well as all subsequent medical examinations, are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of custodial staff. Furthermore, the presence of other prisoners assigned to auxiliary tasks should in no circumstances be tolerated;
  - the confidentiality of medical files is always strictly guaranteed (paragraph 79);

- the necessary measures to be taken as regards medical files and registers, in the light of the remarks in paragraph 80 (paragraph 80);
- as part of their plans to address the situation of mentally-ill prisoners, the Cypriot authorities to take due account of the remarks made in paragraph 82 (paragraph 82);
- mentally ill prisoners in urgent need of hospital care to be transferred to an appropriate facility without undue delay (paragraph 82);
- the Cypriot authorities to draw up an overall strategy for drug users in prison, in the light of the remarks made in paragraph 83 (paragraph 83).

#### requests for information

- detailed information on the project for the creation of a psychiatric unit attached to Nicosia Central Prisons (paragraph 82).

#### **Other issues**

#### recommendations

- the provisions relating to discipline in the Prisons Regulations to be amended in the light of the remarks made in paragraph 86 (paragraph 86);
- the provisions relating to discipline in the Prisons Regulations to be reviewed in order to expressly guarantee that all prisoners charged with having committed a disciplinary offence benefit from the right to be informed in writing of the charges against them and the right to call witnesses on their own behalf and to cross-examine prosecution witnesses (paragraph 87);
- the question of the right of prisoners to be legally represented to be addressed (paragraph 87);
- the Cypriot authorities to review the provisions of the Prisons Regulations relating to isolation and confinement, in the light of the principles referred to in paragraph 89 (paragraph 89);
- a special register to be kept of all isolation/confinement measures, recording the identity of the prisoner, the reasons for the measure, the date and time of the commencement and end of the measure, the deciding authority and the precise place(s) where the prisoner concerned has been accommodated (paragraph 89);
- the Cypriot authorities to amend the Prisons Regulations, in the light of the remarks made in paragraph 90 (paragraph 90);
- the Cypriot authorities to immediately take the necessary steps to ensure that all prisoners placed in an isolation cell or confined to their cells, for whatever reason, benefit from at least one hour of outdoor exercise each day (paragraph 91);

- the Cypriot authorities to give high priority to the development of prison staff training, both initial and ongoing and, in the course of such training, considerable emphasis to be placed on the acquisition of interpersonal communication skills (paragraph 96).

comments

- the room reserved for visits for prisoners from Blocks 1, 2 and 4 left much to be desired; it was very noisy and overcrowded (paragraph 94);
- the Cypriot authorities are invited to increase the number of telephones available in each block (paragraph 95);
- the Cypriot authorities are invited to examine the possibility of deploying female staff in all detention areas of Nicosia Central Prisons (paragraph 97).

**Athalassa Psychiatric Hospital**

**Preliminary remarks**

comments

- the Cypriot authorities are encouraged to accord priority to the transfer of patients with learning disabilities to centres within the community where they can receive appropriate care from properly trained personnel (paragraph 99);
- the Cypriot authorities are urged to give priority to the planning, construction and commissioning of the new Mental Health Centre (paragraph 101).

requests for information

- the comments of the Cypriot authorities in respect of the remarks made in paragraph 100 concerning the recent increase in admissions under court order (paragraph 100);
- the concrete steps envisaged for the opening of the new Mental Health Centre and the schedule for the implementation of these steps (paragraph 101).

**III-treatment**

recommendations

- if security considerations require any patient to be confined to a room at night, arrangements to be made so as to accommodate them in an appropriately secure room, fitted with a suitable bed and proper toilet (paragraph 103).

## **Living conditions**

### recommendations

- steps to be taken so that patients do not sleep naked without any sheets or blanket cover during the night (paragraph 105);
- all patients whose state of health so permits, including those within a "closed regime" or in acute wards, to benefit without delay from at least one hour of outdoor exercise per day. This might require the setting up of reasonably spacious and secure outdoor areas (paragraph 106).

### comments

- the Cypriot authorities are invited to continue in their efforts to further improve patients' living conditions, having regard, inter alia, to the comments made in paragraph 104 (paragraph 104).

## **Treatment**

### recommendations

- the approach towards "PRN" medication to be reviewed in the light of the remarks made in paragraph 109. In particular, a doctor should be immediately notified of any instance in which "PRN" medication is administered (paragraph 109);
- an individualised therapeutic programme to be drawn up for each psychiatric patient. In addition to appropriate medication and medical care, it should involve a wide range of rehabilitative and therapeutic activities, including access to occupational therapy, group therapy, individual psychotherapy, art, drama, music and sport (paragraph 113).

### requests for information

- further clarification as regards the administration of "PRN" medication in acute emergency cases, as well as a copy of the orders and instructions mentioned in paragraph 110 (paragraph 110).

## **Staff**

### recommendations

- the Cypriot authorities to address, as a matter of priority, the insufficiency of medical and other qualified treatment staff and their real-time availability for patient care (paragraph 114);
- at least one member of the medical staff to be available at the hospital at all times (paragraph 114).

## **Means of restraint**

### recommendations

- in addition to being recorded in the nursing notes, every instance of the physical restraint (manual control, use of instruments of physical restraint, seclusion) of a patient to be recorded in a specific register established for that purpose. Each entry in the register should include the times at which the measure began and ended, who ordered the measure, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff (paragraph 116);
- a detailed policy on the use of seclusion to be drawn up, in the light of the remarks made in paragraph 115. This policy should make clear that seclusion should never be used as a punishment (paragraph 116).

### comments

- the CPT's delegation was far from convinced that physical restraint was always explicitly ordered by a medical doctor, or brought to his or her attention for subsequent approval (paragraph 115).

## **Safeguards in the context of involuntary placement**

### recommendations

- any patient unable to understand the information brochure and leaflet on patients' rights to receive appropriate assistance (paragraph 121);
- steps to be taken to ensure that patients have confidential access to the Supervisory Committee. This implies that arrangements should be in place enabling them to send complaints directly to the Supervisory Committee (paragraph 122);
- the necessary steps to be taken as regards access to the telephone, in the light of the remarks made in paragraph 123 (paragraph 123);
- the resources of the Supervisory Committee to be increased and, in particular, the Committee to be serviced by an independent and full-time Secretariat, which is located in its own separate premises and equipped with adequate facilities (paragraph 125);
- the necessary steps to be taken to ensure that all patients have the right to be heard in person or through a personal advocate or representative at all court hearings prior to any decision concerning the renewal of their involuntary placement (paragraph 128);
- the requirement that patients' requests to initiate a procedure for termination of compulsory care have to be supported by the treating psychiatrist to be removed (paragraph 129);
- a court required to decide whether to continue an involuntary psychiatric placement to have, in every case, access to the reasoned opinion of an independent psychiatrist (paragraph 130).

comments

- it would be advisable for the Cypriot authorities to explore alternative solutions which would fully guarantee the independence and impartiality of the personal representative (paragraph 119);
- the Cypriot authorities are requested to bring the remark made in paragraph 126 to the attention of the various professional bodies required to submit lists of candidates for the appointment of Supervisory Committee members (paragraph 126).

requests for information

- the comments of the Cypriot authorities on the issue raised in paragraph 120 concerning the assistance of a lawyer at hearings (paragraph 120);
- confirmation that voluntary organisations are effectively represented on the Supervisory Committee (paragraph 126).

**Establishments for children taken into care by the Social Welfare Services**

requests for information

- whether the requirements concerning disciplinary procedures applied to juveniles, as set out in paragraph 138, are being met (paragraph 138);
- whether avenues of complaint are open to juveniles (paragraph 139).



**APPENDIX II**

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

**A. National authorities**

**Ministry of Justice and Public Order**

Doros THEODOROU

Andis TRYPHONIDES

Minister

Permanent Secretary

**Ministry of the Interior**

Lazaros SAVVIDES

Anny SHAKALLI

Permanent Secretary

Director, Civil Registry and Migration  
Department

**Ministry of Foreign Affairs**

Sotos ZACKHEOS

Andreas ZENONOS

Permanent Secretary

Counsellor A', Political Affairs Division  
- Multilateral Affairs

**Ministry of Defence**

Petros KAREKLAS

Permanent Secretary

**Ministry of Labour and Social Insurance**

Chloe KOROMIA

Acting Director of the Social Welfare  
Services

**Legal Office (Office of the Attorney General)**

Solon NIKITAS

Maro CLERIDES TSIAPPAS

Attorney General

Senior Adviser

**Office of the Commissioner for Administration**

Eliana NICOLAOU

Commissioner for Administration  
(Ombudsperson)

**Supervisory Committee on Mental Health**

Christodoulos MESSIS

Chairperson

**B. Non-governmental organisations**

Advocacy Group for the Mentally Ill

Committee for the Restoration of Human Rights throughout Cyprus

Friends of Prisoners

International Association for the Protection of Human Rights in Cyprus