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REPUBLIC OF MOLDOVA
THE 2nd UNIVERSAL PERIODIC REVIEW
26TH SESSION OF THE WORKING GROUP,
OCTOBER - NOVEMBER 2016

**TORTURE AND ILL-TREATMENT IN MOLDOVA:
STATE OBLIGATIONS
AND RIGHTS OF SURVIVORS**

JOINT SUBMISSION
OF REHABILITATION CENTRE FOR TORTURE VICTIMS "MEMORIA" (RCTV MEMORIA),
AND PROMO-LEX ASSOCIATION

With technical support of the
INTERNATIONAL REHABILITATION COUNCIL OF TORTURE VICTIMS (IRCT)

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Joint Submission prepared by the Rehabilitation Centre for Torture Victims (RCTV) "Memoria", Promo-LEX Association, with the technical support of the International Rehabilitation Council of Torture Victims (IRCT), after a close monitoring of situation of persons subjected to torture and other cruel, or to inhuman or degrading treatment or punishment in Republic of Moldova.

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This Joint Submission has been prepared by the Rehabilitation Centre for Torture Victims (RCTV) "Memoria", Promo-LEX Association, Moldovan NGOs, with the technical support of the International Rehabilitation Council of Torture Victims (IRCT), after a close monitoring of situation of persons subjected to torture and other cruel, or to inhuman or degrading treatment or punishment in Republic of Moldova.

The Promo-LEX Association is a non-governmental organization that aims to advance democracy in the Republic of Moldova, including in the Transnistrian region, by promoting and defending human rights, monitoring the democratic processes, and strengthening civil society through a strategic mix of legal action, advocacy, research and capacity building. Promo-LEX Association has NGO consultative status with ECOSOC.

The Rehabilitation Centre for Torture Victims "Memoria" (RCTV Memoria) is the only Moldovan NGO dealing with the rehabilitation of torture victims, including from the Transnistrian region. RCTV Memoria is registered with the Ministry of Justice (7.12.99) and has been granted Certificates of Public Utility (2008-2012-2015). RCTV Memoria is a plenipotentiary member of the General Assembly of IRCT and had an elected representative in IRCT Council from the European region (2003 - 2006, 2012 – 2015). So far, comprehensive rehabilitation services have been provided annually in about 450-600 cases. However, the number of beneficiaries is much higher when indirect ones are considered, including relatives of victims, their lawyers, and various professionals dealing with investigation, legal defense or assistance of cases. We have also experience in conducting research studies on torture prevention against juveniles.¹

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¹ http://www.unicef.org/ceecis/Torture_and_ill-treatment_in_the_Context_of_Juvenile_EN.pdf

I. INTRODUCTION

1. As a state party to numerous international instruments prohibiting torture and ill-treatment, like UN Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment; Optional Protocol of the UN Convention against Torture, the Republic of Moldova has an obligation to prohibit torture and ill-treatment and to undertake a number of specific actions to this effect. These include: #prompt, impartial and effective investigation; #ensuring adequate conditions of detention for prisoners, including the requisite medical assistance and #implementing the right to rehabilitation for victims.
2. Since the last UPR process, some progresses have been achieved in the field of prevention of torture, due to joint efforts of civil society, international institutions, State authorities and their external partners. Some actions in this field have been taken, as part of the National Action Plan on Human Rights adopted in 2011, for 2011-2014 years.
For example, in 2012, the Criminal Code was amended in order to introduce the separate definitions for crimes of #torture and #ill-treatment, as per Art 166/1.
3. However, in spite of the made efforts, torture and impunity persist, while the access of victims to Justice is difficult and limited. In practice there are some failures regarding effective investigation of torture, including in the cases judged already at ECHR.
4. Republic of Moldova has gaps in the effective prosecuting the crime of torture and in the developing of efficient regulatory framework necessary to facilitate the process.
5. According to information from 1 January 2016, in all prisons were held 8054 inmates, from which 2672 persons in preventive detention isolators (IDP) and 335 in the penitentiary for women². Women are detained only in prison Rusca³ and in Penitentiary 13.
6. The detention conditions remain under international standards in all 17 prisons from Moldova (except P10, Goian, for juveniles). Currently the majority of inmates are held in deprived detention facilities and with limited access to medical assistance. We registered cases when access to the needed medical services was restricted even if family wanted to pay for the required specialized treatment.
7. The situation of women is of particular concern,, since they are not being provided the necessary medical assistance and because the prison system is not fully adapted to the specific needs of female prisoners.
8. The state response to the needs of victims and their rights to comprehensive rehabilitation, as stated by GC N 3 of CAT (2012) to art. 14 UNCAT, has been ineffective until present. Furthermore, at the moment there is not adopted any regulatory framework at national level, which would ensure the access of torture victims to comprehensive rehabilitation, as required by the country's international commitments.. The Ministry of Justice drafted the *Law on rehabilitation of victims of crimes* (including torture), which was approved by Government on March 4, 2016. However, we have some reserves regarding this draft law, due to lack of clear mechanisms for implementation.
9. During the same period, rehabilitation of torture victims and ill-treatment has continued to be provided mainly by RCTV Memoria with the support of international donors, but with no support from state authorities. There are no other organizations which would be focused on complex rehabilitation programs for victims from Moldova, including the Transnistrian region.
10. The following report focuses on three issues: 1) effective investigation of torture and ill-treatment; 2) implementation of victims' right to rehabilitation; and 3) detention conditions for women and their rights to medico-social assistance in prison.

² <http://penitenciar.gov.md/ro/statistica>

³ <http://penitenciar.gov.md/ro/statistica>

11. Thus, it requires a thorough assessment of the issues and formulation of specific recommendations for the Government which will improve the situation of victims of torture, inhuman and degrading treatment and will improve the level of protection of their fundamental rights and freedoms, within second UPR cycle.

II. TORTURE AND ILL-TREATMENT

C1. THE NEED FOR EFFECTIVE INVESTIGATION OF CRIMES OF TORTURE

12. The crimes of torture committed by state representatives (mainly law enforcement) remain one of the main issues in the field, including in the Transnistrian region. The methods of torture alleged by victims, as well as registered, monitored and documented by Promo-LEX and RCTV Memoria are diverse and not limited at: BEATING (BLUNT TRAUMA): Beating over the whole body, but mostly over the head; Striking over both ears (“telephone” method); Beating with wires or truncheons; dragged on the ground until the entire back surface was torn. POSITIONAL TORTURE: long-lasting forced positions/standing (near the wall with hands up), being handcuffed and beaten. CHEMICAL EXPOSURE: chlorine vapors; smoke, etc.; SEXUAL TORTURE (including rape, with forced performance of particular sexual acts). HUMILIATION: Verbal abuse; humiliating acts; THREATS WITH: death; further torture; rape; long-term imprisonment; PSYCHOLOGICAL TECHNIQUES: Forced betrayals; induced feelings of helplessness; being forced to sign false testimonies, including written and/or audio/video recorded; blind obedience; Exposure to ambiguous situations or to violence from other inmates; Misinformation, non-information and/or contradictory messages; Sensorial stimulus (dark cells without natural light /intense light during the night); Witnessing torture of others. CONDITIONS OF DETENTION could be described as following, but not limited to: detention in small, narrow, cold, with poor ventilation or even unventilated, overcrowded humid cells with poor illumination; restriction of mobility in cells; transportation in overcrowded cars; No/ limited access to toilet facilities; Denial of privacy; Solitary confinement; Lack of access to medical assistance, in spite of injuries and needs; Lack of food for several days/insufficient caloric food; Water restriction; Exposure to infections: unsanitary conditions/ contaminated food, water or pots; Excessive exposure to disinfectants, detergents; Very limited socio-educational or cultural programs; inefficient pre-releasing programs, among others.
13. The exceeding of legal limits on the use of physical force and special means was also reported in many cases⁴. It’s important to mention, that during the reference period, the number of such allegations had increased, even if within previous UPR review, the State was recommended to adopt policies and measures to prevent such abuses against detainees.
14. Thus, even if a Law regarding the application of physical force and special means and firearms was adopted (in 2012), a number of 165 complaints have been recorded during 2015 by the Prosecutor General office⁵. For example, in the case B. (assisted by Promo-LEX), the unjustified physical force and special means were applied against the detainee even in front of surveillance cameras from the corridor of penitentiary.
15. In its decision, the Appellate Court ascertained the conviction that national law does not regulate in detail the conditions under which physical force and special means can be applied.
16. The information collected by Promo-LEX and RCTV Memoria, other NGOs and Government bodies reveals that the number of severe cases of torture had decreased after the visit by the UN Special

⁴ <https://www.fidh.org/IMG/pdf/moldavie611roumain2013.pdf>

⁵ <https://promolex.md/index.php?module=press&cat=0&&item=1919>

- Rapporteur on Torture in 2008, although this trend was halted during the mass arrest and terror from April 7, 2009, when hundreds persons were arrested and tortured..
17. However, during the last 4 years, the police abuse of detained persons continues to be prevalent, particularly outside the capital Chisinau. In addition to forcing confessions in order to obtain quick results in the investigation of crimes, physical abuse was reportedly used also as a method of intimidation or "preventive deterrent" to impose authority and to increase obedience.
 18. Most cases of ill-treatment in the context of criminal investigation were attributed to the police during arrest and the preliminary investigation period, and fewer cases were linked to the criminal investigators. At the same time, the continuing lack of effective sanctions against perpetrators of the April 7, 2009 (dramatic events characterized by mass torture) had reinforced public distrust in the accountability of law enforcement services, in the independence of the prosecution services and the judiciary. As a result of actions of torture and inhuman treatment from April 7, 2009, more than 600 victims suffered and four persons have been killed, including Valeriu Boboc. From 108 complaints registered by the Prosecutors, only 58 cases were opened in the first stage. Other cases were re-opened after ECHR decision in the case Taraburca vs Moldova (regarding using of psychological torture). However, less than 10 perpetrators were taken to accountability, but no one was punished with detention.
 19. An example that proves the perpetuation of impunity is the well-known case of officials (Botnari and Papuc, former Commissar of Chisinau and former Minister of Interior) who were responsible for ensuring of public order during the dramatic events following the protests and riots from April 7, 2009. After long-term investigations and trials, they have been absolved from punishment by the Supreme Court decision.
 20. For many years, the culture of impunity and lack of accountability of perpetrators has been identified by international and regional torture monitoring bodies, as key factors contributing to the prevalence of torture and ill-treatment in Republic of Moldova. In the period 2011 -2015, impunity continued to prevail not only in relation to the absence of effective investigation and prosecution of the police abuse in the context of the April 7, 2009 dramatic events, but also in relation to ill-treatment in the "ordinary" context of the criminal justice process and the penitentiary institutions.
 21. The problem of impunity and lack of accountability of law enforcement staff and other public officials is caused by multiple factors and systemic deficiencies. These include: #the lack of effective and independent investigation mechanisms; #the lack of expedient and impartial prosecution and trial proceedings; #insufficient legal safeguards to protect victims and witnesses; and #limited access to independent (forensic) documentation of physical and psychological trauma.
 22. Moreover, the role of the investigatory judge in detecting and following up on cases of ill-treatment is weak, which means that judicial control over torture investigations often does not function in practice⁶.
 23. Specifically, the UN endorsed *Manual on the Effective Investigation and Documentation of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment* (the Istanbul Protocol) has not yet been implemented widely in Moldova. RCTV Memoria brought and used the Istanbul Protocol in Moldova since 2003, promoted since 2007, edited it in 2009 and made the IP available for all interested professionals, with support of the UNHCR Moldova which paid for printing of 4000 copies (in 2010). UNDP Moldova initiated latter the trainings for various professionals, including forensic doctors.
 24. However, torture victims at times receive medico-legal reports issued by government authorities, which contain conclusions focused mainly on visible signs of torture and violence. The psychological symptoms are still neglected or identified by a cursory psychological evaluation, within so-called "Psychological-psychiatrist forensic expertise", which is performed in one-two days in some cases,

⁶ www.undp.md/publications/doc/Baseline%2010%20mai%20final.pdf

which isn't enough. The statement and conclusions of such reports could create severe impediments to victims for access to Justice, to reparation and compensation.

25. RCTV "Memoria" remains the only non-state institution where it is possible to obtain a medical certification of suffered torture, in accordance with the Istanbul Protocol, based on a complex approach of the suffered traumas and an appropriate documentation of torture through comprehensive assistance, throughout evaluation and detailed diagnostic investigations focused on trauma-related consequence. Nevertheless, only the medico-legal reports provided by government officials are accepted as evidence in national courts. Many prosecutors and judges rejected the Certificates released by RCTV Memoria, even if such documents were accepted as evidences by ECHR and were taken into consideration in about 15 judgments of cases, including: Colibaba, Gurgurov, Taraburca, Treteacov, Repesco. In some of the cases RCTV Memoria worked together with lawyers from Promo-LEX, in order to document cases and to facilitate the access of victims to Justice.
26. With regard to investigations on the whole, analyzing the data for 2015 issued by Prosecutor General Office (PGO) in their press release⁷, we find that criminal investigations were initiated only in 17.9% (113 cases) from recorded complaints. This fact raises questions. Even though in over 82% of complaints, the criminal cases were not initiated, there was no qualitative analysis of complaints and the circumstances which led citizens to file such complaints have not been identified. Prosecution was not initiated even if the person's body were found visible injuries (365 cases in 2015). In 174 cases the injuries were qualified as minor (insignificant) that is contrary to the Istanbul Protocol provisions, since no additional diagnostic investigations or consultations of other medical doctors have been performed, in order to exclude damage on internal organs and systems.
27. It is admissible that some complaints could be simulative or unfounded. However, it is unlikely to correspond to more than 80% of cases. In fact, the Moldovan prosecutors are reluctant to initiate some criminal proceedings, apparently due to strict record of initiated prosecutions and due to the existent performance indicators for staff working in investigation of alleged cases of torture.

In the table below, are presented some relevant data about complaints on torture and ill-treatment, registered in period 2009 – 2015.

TABLE 1: TORTURE AND ILL-TREATMENT IN THE STATISTICS OF THE PROSECUTOR GENERAL OFFICE.

Year	Registered complaints	Criminal proceedings initiated	% of the registered complaints	Nr of closed Criminal proceedings	% from the initiated criminal proceedings	Cases sent to court	% from the initiated criminal cases
2009	992	159	16,0%	75	47,0%	36	23,0%
2010	828	126	15,0%	72	57,0%	65	52,0%
2011	958	108	11,0%	92	85,0%	36	33,0%
2012	970	140	14,0%	68	49,0%	46	33,0%
2013	719	157	22,0%	121	77,0%	49	31,0%
2014	663	118	18,0%	92	83,0%	46	39,0%
2015	633	113	17,9%	75	66,4%	38	33,6%
average	823	132	16%	85	66%	45	34 %

28. According to the above presented statistics, in 2012 970 complaints about ill-treatment were recorded, which is the highest number of the period. We conclude that it was also as an after-effects of April 7, 2009 events which catalyzed the writing of complaints and which increased the trust of

⁷ <http://procuratura.md/md/newslst/1211/1/6532/>

people in Justice.) However, during 2013 and 2014 the number of complaints of ill-treatment decreased (633 in 2013). The interviewed lawyers have stated that in recent years, the cases of physical abuses by police decreased, but the psychological pressure on detained persons have increased. In this context, we don't exclude that it could be linked to the decreasing of the trust in Justice, because of impunity.

29. From the total number of cases sent to courts in 2015, on basis of Art. 166/1, 13 judgments of conviction have been issued and 5 persons have been acquitted. The large number of acquittals confirms the gaps in the criminal proceedings in cases of torture, and/or an imperfect legal framework.

C2. DETENTION CONDITIONS AND WOMEN'S RIGHT TO MEDICO-SOCIAL ASSISTANCE

30. From the total number of (17) prisons in Republic of Moldova, 5 institutions have the status of criminal investigation isolators. The situation in penitentiary facilities had not significantly improved in comparison to the situation found by the UNSRT in 2008, despite some infrastructure-related investment made by the authorities. Many adaptations and reparations are made by in-mates themselves.
31. Detainees' access to medical services is still limited, in spite of improved legislation. According to Moldovan legislation, every detention centre is required to have an adequate number of medico-social staff, including psychologists, dentists, etc. however, the visiting external missions to the country, have concluded these minimum standards are often not fulfilled. Medical examinations are carried out upon arrival but there is limited, without additional diagnostic investigations. There is not also a sufficient medical care to support potential or alleged victims under arrest, in the documentation of trauma after-effects, both physical and psychological.
32. The existence of systemic problems is underlined by the Ombudsman office (CHRM) in their reports, in the reports of the National Preventive Mechanism (NPM) made after monitoring visits, along with statements made by detainees and authorities. These reports reveal that the drawbacks related to adequate living conditions of detainees are relatively unchanged from previous years.
33. Women's rights in national prisons are the same as men's, but women seldom enjoy implementation of their rights. Although women represent a small percentage of the total prison population, the number of women in detention is increasing (probably due to impact of other negative phenomenon from society, like domestic violence, poverty, social inequality, etc). The rate of female imprisonment is mounting much greater than that of men (11 % in 2015).
34. Women's prisons require a gender-specific approach and framework for health care that could pay special attention to reproductive health, mental illness, substance use problems, physical and sexual abuse, among others. However, a timely access to medical services outside prison is practically not available for women in detention.
35. National prison policies often overlook the special needs of women and their health problems. Issues arising from gender-specific health care needs and family responsibilities are also frequently neglected. Based on assisted and documented cases, many women in prison have in their medical history chronic diseases and severe consequences of sexual and physical abuse, domestic violence, mental illness, and drug abuse or alcohol addiction. Many of them have chronic and bad health conditions resulting from living in poverty, premature pregnancy, malnutrition and poor health care before detention. Drug-dependent women in-mates have a higher prevalence of tuberculosis, hepatitis, toxemia, anemia, hypertension, diabetes, obesity and other diseases than male in-mates.
36. The national prison environment does not always take into account the specific needs of women. This includes the need for adequate nutrition, healthy life, fresh air and exercise for pregnant women and greater hygiene requirements such as regular showers and sanitary items.

37. However, in national prisons, especially in prison nr. 13 the possibility to shower is provided once per week, and sanitary items are not provided free of charge, in disregard of gender-specific physiological needs, such as those arising from menstruation;
38. The alarming situation of women in detention is confirmed also by ECHR decisions. In less than ten cases, the ECHR found that the detainees, including women, have not been given the necessary medical assistance. For example, in the case *Greco vs Moldova*, the Government has admitted culpable in relation to the applicant's health problems (including cardio-vascular, urogenital) which was caused by the poor prison conditions and lack of appropriate medical care⁸. In other complaints sent to the ECHR which are still pending, the applicants claimed lack of adequate medical assistance in connection with such diseases, as: cancer⁹, viral hepatitis, chronic cardio-vascular and pulmonary disease as well as physical disabilities¹⁰, etc.

C3. TORTURE CONSEQUENCES AND RIGHTS OF VICTIMS TO REHABILITATION, COMPENSATION AND REPARATION

1. The UN Convention against Torture, Article 14 provides victims of torture and ill-treatment with an explicit right to rehabilitation.
2. Nevertheless, the Moldovan anti-torture policy focuses on preventing torture and combating impunity, mainly through the strengthening of state institutions. However, it ignores victims' need for rehabilitation, re-integration and for access to Justice. Torture victims need to be supported, in order to be able to claim their rights within the judicial system.¹¹
3. The torture consequences could be individual or collective, acute or chronic, immediate or belated, visible or invisible at first sight, but they are always devastating for victims, their families, communities and whole society. Torture affects all the domains of human beings: a) physical state; b) mental health; c) social life; d) spiritual; e) legal. Torture changes the whole life perspectives, moral values and social functionality of victims. For this reason rehabilitation should present a response to their needs with a holistic approach of victims' problems and consequences which are correlated to torture.
4. From a total number of 419 victims (189 female and 230 male), assisted by RCTV Memoria in 2015, the following main after effects of torture, have been registered:
 - PSYCHICAL/Diseases: #Cranio-cerebral traumas: 73 cases or 17,71%; # Cardio-vascular: 121 cases or 29,36%, #genital-urinary diseases: 235 cases or 57,03%; # Chronic digestive diseases: 191 cases or 46,35%; #locomotor system: 91 cases or 22% (including 3 cases of bones' fractures); # Chronic respiratory: 59 or 14,32% # Endocrine: 39 cases or 9,46%; # ENT diseases, including post-traumatic deafness: 24 cases or 5,82%; # Eyes' pathology: 54 cases or 13,1%; # Cancer diseases: 5 cases or 1,21%;# Metabolic: 26 cases or 6,31%.
 - PSYCHOLOGICAL: From the total number assisted beneficiaries, 392, or 95.1 % are suffering from psychological troubles or mental disorders: 1) Organic disorders: 257 cases, or 65,5%, including: # Mental disorders caused by brain damage and dysfunction: 112 cases or 28,5%; # Personality and behavioral disorders caused by brain diseases, damage or dysfunction: 145 cases or 37%; 2) Neurotic, stress-related and somatoform disorders:317 cases or 80,9%. From this number, 289 cases (or 70,1%) are patients with Post Traumatic Stress Disorders (PTSD) among recent victims of torture, refugees;

⁸ <http://hudoc.echr.coe.int/eng?i=001-144118>

⁹ <http://hudoc.echr.coe.int/eng?i=001-152559>

¹⁰ <http://hudoc.echr.coe.int/eng?i=001-158460>

¹¹<http://www.irct.org/Admin/Public/Download.aspx?file=Files%2FFiler%2Fpublications%2FCountry+factsheets%2FCF+Moldova+-+PUBLIC+EDIT+pdf.pdf>.

- 3) Experiencing personality changes after catastrophic experience: 42 cases or 10,5%; 4. Other diseases – 11 cases or 2,8%.
- Among SOCIAL consequences, can be listed: 1) decreased functionality with limited capacities to start or continue their studies, to find and to keep a job; 2) communication and inter-personal problems; 3) social isolation and withdrawal; 4) increased reticence and lack of trust in others; 5) affected marital status; 6) behavioral problems, etc.
 - Regarding LEGAL status, many victims faced a huge pressure from their perpetrators or representatives of the state institutions, so many of them were forced: 1) to change their testimonies during the investigation process, 2) to withdraw their complaints; 3) to leave country, because of the fear and of the lack of trust in Justice. More than 60 survivors of dramatic events from April 7, 2009 and other recent victims of torture who were assisted by RCTV Memoria are now living abroad. Unfortunately, we have registered cases, when victims who claimed torture faced more repressive attitude from the investigators in the cases opened against them. E.g. a survivor of torture from April 2009, who was more open to give interviews to journalists, lately have been punished more harshly – about 3 years of detention for a pretended infraction, as stilling of a mobile phone (D. case) . But the gravest legal consequences have victims of the cases when testimonies obtained under torture are used against them, in contradiction with art. 15 of UNCAT. The most relevant case is of brothers Repesco, assisted by Memoria and Promo-LEX¹²

In this context, we can add the following:

5. The state response to the needs of victims and their rights to a comprehensive rehabilitation, as it is stated by GC N 3 of CAT (2012) to art. 14 UNCAT, was ineffective until present. So far, rehabilitation and social reintegration of victims of torture, as a vulnerable group with special needs, has not been the object of activity and priority for the Ministry of Health nor the Ministry of Labour, Social Protection and Family and other state institutions despite previous recommendations contained in various country reports. Moreover, rehabilitation was not included among the priorities in the country-based programs on torture implemented in Moldova. This right of torture victims has been ignored while survivors have been discriminated and/or reduced to silence and accept their fate and injustice.
6. The Ministry of Justice drafted the *Law on rehabilitation of victims of crimes* (including torture), which was approved by Government on March 4, 2016. However, it is not reflecting the state obligations towards rehabilitation of torture victims as per GC N 3 of CAT (2012) to art. 14 UNCAT, even if our NGOs contributed with comments and recommended them to working group of MJ. It seems that they were not taken into consideration.
7. Non-State rehabilitation services (RCTV "Memoria") are insufficiently resourced and thus not able to cover the existing needs of victims. RCTV Memoria aids annually around 450 beneficiaries even though its team is solely composed of 7 (5 FT and 2 PT) medico-social staff including the Executive Director. Treatment is comprehensive as the centre provides social, medical, legal, psychological and psychiatric support. However, many victims in the country do not have access to these services. Those who do not access rehabilitation services often suffer continuing devastating physical and mental health consequences.

III. RECOMMENDATIONS:

1. The Government and the Parliament shall amend the legislation regulating the activity of law enforcement by establishing clear conditions for the use of force and special means, also an unconditional obligation of reporting excessive use of force.

¹² <https://promolex.md/index.php?module=press&cat=0&&item=1655&Lang=en>

2. Law enforcement institutions should develop domestic normative acts in accordance with the provisions set by UN standards in the field of torture prevention, which will regulate in detail the conditions and limits of application of physical force and special means.
3. The Prosecutor General shall ensure that complaints about acts of torture and ill-treatment that are not *prima facie* unfounded receive a prompt, impartial and effective investigation in accordance with the Istanbul Protocol.
4. Ensure training of medical and legal professionals in the use of the Istanbul Protocol and that medico-legal reports produced by non-state actors are afforded equal evidentiary value to those provided by government officials.
5. The Government shall ensure that art 15 of UNCAT is respected so that *'any statement which is established to have been made as a result of torture shall not be invoked as evidence in any proceedings, except against a person accused of torture as evidence that the statement was made'*.
6. Improve the conditions of detention in police stations and prisons so as to bring them into conformity with article 16 of UNCAT.
7. Establish an independent and systematic system to monitor in practice the treatment of persons arrested, detained or imprisoned.
8. Ensure that the Government implements the principles and recommendations set by the Kyiv Declaration on Women's Health in Prison.
9. Ensure that all victims of torture and ill-treatment have prompt access to appropriate rehabilitation services in accordance with HRC resolution 22/21 and UN CAT General Comment No 3 to art. 14, UNCAT.