



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 2 to 9 February 2017

The Government of Cyprus has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2018) 17.

Strasbourg, 26 April 2018

CONTENTS

EXECUTIVE SUMMARY.....	4
I. INTRODUCTION	8
A. The visit, the report and follow-up.....	8
B. Consultations held by the delegation and co-operation encountered	9
C. Immediate observations under Article 8, paragraph 5, of the Convention.....	9
D. National Preventive Mechanism.....	10
II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED.....	12
A. Police.....	12
1. Preliminary remarks	12
2. Ill-treatment.....	12
3. Effective investigations of ill-treatment.....	16
4. Safeguards against ill-treatment.....	23
5. Conditions of detention	28
B. Foreign nationals held under aliens legislation.....	30
1. Preliminary remarks	30
2. Menoyia Detention Centre	32
a. introduction.....	32
b. ill-treatment.....	32
c. conditions of detention and regime	33
d. staffing	34
e. health-care services.....	35
f. other issues.....	36
3. Airport holding facilities	37
C. Nicosia Central Prisons	39
1. Preliminary remarks	39
2. Ill-treatment.....	40
3. Conditions of detention and regime	43
a. material conditions.....	43
b. regime	44

4.	Health-care services	45
a.	preliminary remarks.....	45
b.	health-care staffing	45
c.	medical screening and recording of injuries.....	46
d.	medical confidentiality	47
e.	mental health and drug abuse treatment	48
f.	prevention of suicide and self-harm	49
5.	Other issues	49
a.	prison staff	49
b.	discipline and isolation	50
c.	foreign nationals	52
d.	contact with outside world.....	53
e.	complaints.....	54
D.	Psychiatric establishments	55
1.	Preliminary remarks	55
2.	Ill-treatment.....	56
3.	Patients' living conditions.....	57
4.	Staff and treatment	59
5.	Means of restraint.....	61
6.	Safeguards	64
a.	initial placement.....	64
b.	safeguards during placement	66
c.	discharge from involuntary care	68
7.	Transfer of remand and sentenced prisoners for treatment purposes.....	69
E.	Social care homes.....	70
APPENDIX I:		
	List of the establishments visited by the CPT's delegation.....	76
APPENDIX II:		
	List of the national authorities and organisations met by the CPT's delegation.....	77

EXECUTIVE SUMMARY

The CPT's 2017 periodic visit to Cyprus was the Committee's seventh visit to the country. The CPT's delegation examined the treatment afforded to, and conditions of detention for, persons held in various places of deprivation of liberty across Cyprus. The co-operation received, from both the Cypriot authorities and the staff at the establishments visited, was generally very good.

Police

The CPT again received a number of credible allegations of physical ill-treatment of detained persons (including juveniles) by police officers consisting primarily of slaps, punches and kicks to the head and other parts of the body and tight handcuffing, as well as an allegation of sexual abuse of a woman. Allegations of verbal abuse, threats and intimidation were also received. From the CPT's findings, it would seem that persons detained by the police – and particularly foreign nationals – still run a risk of being physically and/or psychologically ill-treated, notably at the moment of apprehension, during questioning and in the context of removal operations.

All police officers should understand clearly that any form of ill-treatment of detained persons constitutes a criminal offence and will be prosecuted accordingly. A comprehensive inquiry should be carried out into the methods used by police investigators at Limassol and Paphos Central Police Stations. The CPT also recommends that proactive measures be taken to actively promote a culture change within the ranks of the Cypriot Police and to ensure that all methods of police investigation are lawful. To this end, practical professional training should be regularly provided and electronic recording of police interviews should be introduced.

A specific focus of the visit was to examine in detail the effectiveness of investigations into allegations of ill-treatment by police officers. The CPT's findings highlight the shortcomings of the investigations carried out by the Independent Authority for the Investigation of Allegations and Complaints against the Police (IAIACAP), which cannot be said to be effective. Improvements to the current system are urgently required. In particular, there must be greater respect for the procedural obligations that arise when allegations of ill-treatment by the police are investigated. The IAIACAP's budgetary and staffing resources should be increased so as to enable the Authority to recruit and train its own independent investigators and to conduct its investigations in a thorough, prompt, expeditious and transparent manner. Moreover, procedures should be streamlined with a view to avoiding duplication between the work of the IAIACAP and the work of the Law Office of the Republic, thereby reducing both the length of investigations and delays in the criminal proceedings. Forensic medical examinations should be carried out without the presence of police officers, who should never be involved in the taking of photographs of injuries. As regards disciplinary proceedings, the CPT recommends that additional internal police investigations be abolished and mandatory disciplinary proceedings be initiated immediately and conducted promptly by the police whenever the IAIACAP orders it.

While welcoming recent legislative amendments to strengthen certain fundamental safeguards against ill-treatment, the Committee found that they continued to remain partly ineffective in practice. In particular, the CPT once again calls upon the Cypriot authorities to ensure that access to a lawyer is effectively guaranteed from the very outset of deprivation of liberty by the police, including during any police questioning, and recommends that the legal aid system be extended. It also recommends specific improvements as regards the right to notify a third party and the right of access to a doctor and concerning custody records.

The material conditions in the police stations visited were generally satisfactory and the CPT noted a number of positive changes. However, the CPT calls upon the Cypriot authorities to end the current practices of detaining persons in police custody for prolonged periods and, at Larnaca Central Police Station, of handcuffing detained persons to metal benches.

Foreign nationals held under aliens legislation

There have been a number of positive developments in the sphere of immigration detention: the number of detained asylum-seekers has decreased, Syrian asylum seekers, as well as families and unaccompanied children, are generally not being detained, refugee status recognition rates have increased and improvements have been made to judicial review avenues for negative asylum decisions. Various positive developments were also evident at Menoyia Detention Centre since the CPT's previous visit; notably, the capacity has been reduced by half, living conditions were generally reasonable and provisions for contact with the outside world and health-care have improved.

Nevertheless, there were a few allegations of physical abuse of detainees by staff, as well as several allegations of verbal and racist abuse; the CPT recommends that appropriate action is swiftly taken by the authorities. Likewise, there were several allegations of ill-treatment during the escort of detainees to the airport by immigration police; the CPT recommends, *inter alia*, that there be systematic medical examinations on departure and on return from Menoyia.

While living conditions were generally reasonable, the structural environment had not changed significantly since 2013 and remained pervasively carceral. Equally, there was a lack of purposeful activities to structure the day for detainees, which the CPT recommends be developed. It also recommends that the poor dynamic interaction between staff and detained persons and the inherent problems linked with the operation of the Centre by police officers be improved, with more specific training designed around the needs of immigration detainees.

There were no centrally held records on disciplinary measures or complaints and recording procedures were underdeveloped and in need of improvement. Important procedural safeguards regulating the operation of disciplinary measures are also in need of development.

Nicosia Central Prisons (NCP)

The CPT notes certain positive changes at the NCP since its last visit and many of these appear to be due to the new leadership in the prison, such as the regime and living conditions in the female unit, better contact with the outside world and ameliorated health-care provision. That said, if the positive effects of reform thus far are to be sustained and built upon, several structural issues must be addressed by all staff, in co-operation with senior management. These include staffing issues, the treatment of foreign national prisoners and fundamental procedural deficiencies evident within the disciplinary system. Overcrowding remains a persistent problem and the CPT again calls upon the authorities to reduce the number of remand prisoners and lengthy periods of pre-trial detention and to implement alternatives to custody.

There were several allegations of staff physically abusing prisoners, at least one of whom still bore visible injuries. Also, the delegation heard numerous allegations of staff verbally abusing inmates and threatening them with reprisals for making complaints. Beatings were allegedly taking place during escorts to, and while in, the gatehouse area. The CPT recommends that all staff be reminded that such behaviour is unacceptable and will be punished.

It also considers that the living conditions in the admissions/gatehouse room could be seen as inhuman and degrading and recommends that such premises should no longer be used for accommodating prisoners. Additionally, it recommends better protection for two prisoners whose safety appeared to remain at risk. The CPT also identified deficiencies in preventing inter-prisoner violence, including in the recording of incidents and a lack of prompt reaction to incidents.

As regards material conditions and regime, the CPT recommends that occupancy levels be reduced in Blocks 1, 2 5 and 8 and that, as many cells did not possess toilets, all inmates be guaranteed ready access to the toilet, including at night. It also found that despite generous out-of-cell time, there was a lack of purposeful activities for all inmates and no sentence planning; it recommends this be addressed to ensure that all prisoners, especially life-sentenced prisoners, are purposefully engaged for most of the day and have appropriate sentence plans.

Regarding health-care provision, while various aspects had improved, the CPT recommends an end to reliance on prison officer medical orderlies (i.e. prison officers trained in first aid) and that the dispensing, and administering, of medication only be undertaken by qualified doctors or nurses. It also recommends that procedures to ensure medical confidentiality be developed and that the conditions and regime at Block 10 (psychiatric care unit) be improved.

The disciplinary system remained problematic in terms of the lack of recording of use of isolation, as well as the frequent resort to immediate “investigatory lock-up” for up to six days, and lacked procedural safeguards. Generally, the recording procedures and registers were under-developed, contributing to insufficient oversight by management.

There were many allegations of discrimination towards foreign national prisoners regarding access to education, health care, work and recreation and deep discontent that, unlike Cypriot prisoners, foreign national prisoners were unable to progress to semi-open and open prison or to apply for parole. The CPT recommends, *inter alia*, that the Cypriot authorities ensure that foreign nationals are afforded equal rights and treatment to that afforded to Cypriot prisoners.

Psychiatric establishments

The CPT calls upon the Cypriot authorities to prioritise, without further delay, the building of a new Mental Health Centre. While welcoming the progressive deinstitutionalisation carried out at Athalassa Psychiatric Hospital, the Committee considers that further efforts should be made to transfer the remaining ten patients with severe learning disabilities to homes in the community.

The CPT did not receive any allegations of deliberate physical ill-treatment of patients by staff at the hospital. However, it did receive a few isolated allegations of disrespectful behaviour by staff working on the male admission ward; the Committee recommends that the hospital management remain vigilant in this respect.

The material conditions at Athalassa Psychiatric Hospital (and particularly at the closed male wards) remain substantially below standard and require complete refurbishment. Further, disproportionate restrictions were applied to patients and they had limited access to outdoor exercise.

As regards staffing, the CPT recommends that mental health nurses be provided with continuous mandatory training and refresher courses and that the number of psychologists and occupational therapists be increased. The treatment provided to patients at the hospital consisted almost exclusively of pharmacological treatment; greater efforts should be made to increase the range of therapeutic, occupational and rehabilitative activities on offer and to involve patients in these.

In respect of means of restraint, the CPT recommends that its use be explicitly regulated by law. Whenever patients are subjected to mechanical restraint, they should benefit from the continuous, direct and personal supervision of a trained member of staff. Further, a specific central register to systematically record all instances of recourse to means of restraint (including chemical restraint) should be introduced at Athalassa Psychiatric Hospital.

The CPT also found a number of shortcomings when it comes to safeguards offered to psychiatric patients. All involuntary patients should have the effective right to be heard in person by the court during involuntary placement procedures and prior to any decisions concerning the renewal of their placement and benefit from associated rights. Further, the CPT considers that a number of legislative amendments are required, such as the abrogation of the provision allowing for the so-called “voluntary placement” procedure for up to 72 hours and the introduction of a clear distinction between the procedure for involuntary placement and the procedure for involuntary psychiatric treatment to allow patients to appeal involuntary treatment decisions separately.

As regards the current practice of transferring remand and sentenced prisoners from Nicosia Central Prisons to Athalassa Psychiatric Hospital for treatment purposes, the CPT encourages the Cypriot authorities to consider the possibility of creating a secure dedicated psychiatric unit for forensic patients with a security and therapeutic environment focussed on their rehabilitation. In the meantime, appropriate security arrangements should be put in place, nursing staff should receive adequate training and procedural safeguards should be strengthened.

Social care homes

While welcoming the completed de-institutionalisation of the Nea Eleousa Institution for persons with severe learning disabilities, the CPT notes the inadequacy of the legislative framework governing the operation of social care homes in Cyprus, which is currently under revision. The Committee observed that staff was generally showing a caring attitude vis-à-vis patients in the social care homes visited. However, at Ariadni Home, material conditions should be improved, the range of purposeful activities should be increased, and residents’ personal hygiene should be actively promoted and cared for, including through increased staff-resident interaction. Social care home staff should also benefit from regular professional training.

The CPT found that several residents accommodated at Ariadni, Ayios Christophoros and Ayios Georgios Homes were *de facto* deprived of their liberty without benefiting from appropriate safeguards. The Committee recommends that the Cypriot authorities put in place a clear and comprehensive legal framework governing involuntary placement and stay of residents (including the imposition of restrictions amounting to *de facto* deprivation of liberty) in social care homes. Further, the practice of linking the requirement to take medication with consent to admission and stay by means of the admission contract should be reviewed. Social care homes should also be regularly visited by bodies that are independent of the Social Welfare Services and residents should be informed of their right to lodge formal complaints, on a confidential basis, with clearly designated outside bodies.

I. INTRODUCTION

A. The visit, the report and follow-up

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 2 to 9 February 2017. The visit formed part of the CPT’s programme of periodic visits for 2017 and was the Committee’s seventh visit to Cyprus since 1992.¹

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

- James McManus (Head of the delegation)
- Georg Høyer
- Vassilis Karydis
- Mark Kelly
- Anna Molnar
- Olga Noyanova.

They were supported by Francesca Gordon and Sebastian Rietz of the CPT's Secretariat, and assisted by Alan Mitchell, medical doctor and Chair of the Independent Prisons Monitoring Advisory Group, Scotland, United Kingdom (expert), and Rhea Frangofinou, Maria Louca Houvarda, Melpomeni Konstantinidi, Jonathan Markel and Alexander Zaphiriou (interpreters).

3. The list of police and penitentiary establishments, immigration detention centres, psychiatric hospitals and social care homes visited by the CPT’s delegation can be found in Appendix I.

4. The report on the visit was adopted by the CPT at its 93rd meeting, held from 3 to 7 July 2017, and transmitted to the Cypriot authorities on 17 July 2017. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests the Cypriot authorities to provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations and replies to the comments and requests for information formulated in this report.

As regards the request for information made in paragraph 101 of the report, the CPT requests the Cypriot authorities to provide a response within three months.

¹ The reports on previous CPT visits to Cyprus and related Government responses are available on the Committee’s website: <http://www.coe.int/en/web/cpt/cyprus>.

B. Consultations held by the delegation and co-operation encountered

5. In the course of the visit, the delegation held consultations with the Minister of Justice and Public Order, Ionas Nicolaou, the Minister of Health, George Pamboridis, and the Minister of Labour, Welfare and Social Insurance, Zeta Emilianidou, as well as the Permanent Secretary of the Ministry of the Interior, Constantinos Nicolaides. It also met senior officials from these Ministries, as well as from the Cyprus Police. Further, the delegation held discussions with the Attorney-General, Costas Clerides and the Chairperson of the Independent Authority for the Investigation of Allegations and Complaints Against the Police (IAIACAP), Andreas Spyridakis, and met with members of the Nicosia Bar Association, the Prison Board and the Mental Health Committee.

The delegation also met the outgoing Commissioner for Administration and Human Rights (Ombudsperson), Eliza Savvidou, the Commissioner for Children's Rights, Leda Koursoumba, and representatives of the National Preventive Mechanism (NPM), the United Nations High Commissioner for Refugees (UNHCR) and civil society organisations active in areas of concern to the CPT.

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

6. The co-operation received by the CPT's delegation throughout the visit, from both the national authorities and staff at the establishments visited, was generally very good. The delegation enjoyed rapid access to all the places it visited (including those which had not been notified in advance), was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

The CPT would also like to express its appreciation for the assistance provided before and during the visit by its liaison officer, Niki Saourou, from the Ministry of Justice and Public Order.

Further, the Committee appreciated the information provided to it by the Government of Cyprus by communication of 15 January 2017 in preparation for the 2017 periodic visit to Cyprus. This information was taken into account by the visiting delegation and is reflected in the relevant sections of the present report.

7. That said, the principle of co-operation set out in Article 3 of the Convention is not limited to facilitating the task of visiting delegations. It also requires that recommendations made by the Committee are effectively implemented in practice.

The delegation observed significant improvements in certain areas, such as the overall situation of detainees at Menoyia Detention Centre, detention conditions and certain aspects of the health-care services provided at Nicosia Central Prisons, and the staffing situation at Athalassa Psychiatric Hospital. However, hardly any progress has been made on other areas, notably, regarding ill-treatment by police officers and prison staff, the system of investigations into ill-treatment, prison overcrowding, and living conditions and safeguards for psychiatric patients.

The CPT trusts that the Cypriot authorities will take concrete measures to address the recommendations in this report, in accordance with the principle of co-operation set out in Article 3 of the Convention.

C. Immediate observations under Article 8, paragraph 5, of the Convention

8. At the end-of-visit talks with the Cypriot authorities on 9 February 2017, the CPT's delegation outlined the main findings from the visit and, on that occasion, made two immediate observations under Article 8, paragraph 5, of the Convention.

The Cypriot authorities were requested to provide the CPT, by 27 March 2017, with information on the action taken at Nicosia Central Prisons to guarantee the safety of:

- Prisoner A, who was being detained in the gatehouse/admission area at the time of the CPT visit, and to move him to a more suitable living environment; and
- Prisoner B, and to move certain staff members away from his unit and to undertake an immediate internal investigation into the allegations of both previous staff ill-treatment and the threats of reprisals (in addition to the police investigation).

By communication of 31 March 2017, the Cypriot authorities informed the CPT of measures taken in response to the above-mentioned immediate observations, and to other issues raised by the delegation at the end-of-visit talks. This information has been taken into account in the relevant sections of the present report.

D. National Preventive Mechanism

9. Cyprus ratified the Optional Protocol to the United Nations Convention against Torture (OPCAT) in April 2009 and the Office of the Commissioner of Administration and Human Rights (Ombudsperson) was designated as the National Preventive Mechanism (NPM). Since January 2010, the NPM has carried out visits to various places of deprivation of liberty in Cyprus.

The situation concerning the resources of the Cypriot NPM has steadily deteriorated since the CPT's previous visit in 2013, when the CPT invited the authorities to review the resources allocated for the NPM, and to consider setting up a separate, adequately resourced, unit within the Ombudsperson's Office to be responsible for NPM functions.² Subsequently, an independent review commissioned by the Cypriot authorities into the resource situation of the NPM concluded that the NPM was under-resourced.³

The NPM-related tasks are carried out essentially by one staff member of the Ombudsperson's Office, who could only dedicate half her time to NPM duties. As a result, the NPM cannot cover all places of deprivation of liberty regularly and is seriously hampered in the proper fulfillment of its OPCAT obligations. According to the delegation's recent discussions with the Ministry of Finance, it appears that the solution proposed by the authorities is to attempt to convince the Ombudsperson's Office to accept seconded civil servants as additional staff members. The Ombudsperson has, to date, rejected this proposal, which clearly has implications for the independence of the NPM.

² CPT/Inf (2014) 31, paragraph 8.

³ Functional Review of the Office of the Commissioner for Administration and Human Rights (Ombudsman) under Phase II of "Cyprus Public Administration Reform – Strengthening the Efficiency of the Public Sector", Final Report, Finland, April 2016, pages 55 to 58.

The lack of resources for the Cypriot NPM was one of the reasons why the Cypriot Ombudsperson's Office was downgraded to 'B status' by the Sub-Committee on Accreditation of the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights.⁴ This has also been highlighted as a matter of particular concern by the United Nations Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), immediately after its visit to Cyprus in 2016.⁵ The CPT considers that the resource situation currently impedes the NPM from performing its mandate.

In this regard, reference should be made to paragraphs 11 and 32 of the Guidelines on NPMs adopted by the SPT in November 2010⁶, according to which: "the necessary resources should be provided to permit the effective operation of the NPM" and "NPM functions should be located within a separate unit or department, with its own staff and budget".

The CPT recommends that the Cypriot authorities significantly increase the resources allocated to the Office of the Ombudsman to enable it to carry out its NPM functions effectively, along with a dedicated and sufficient budget.

⁴ International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights, ICC Sub-Committee on Accreditation Report – November 2015, paragraph 2.1; Report and Recommendations of the Session of the Sub-Committee on Accreditation (SCA), Geneva, 16-20 November 2015.

⁵ 1 February 2016, 'UN experts urge Cyprus to address migrant detention conditions, improve overall monitoring' <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=17003&LangID=E> SPT Report on its visit to Cyprus (unpublished).

⁶ As well as to the SPT's 'Analytical assessment tool for national preventive mechanisms', CAT/OP/1/Rev.1, 25 January 2016, paragraphs 10 to 16.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police

1. Preliminary remarks

10. One of the purposes of the 2017 visit was to examine the treatment of persons detained by the police (including immigration detainees) and the practical application of safeguards in place to prevent ill-treatment. A specific focus of the visit was to look into the effectiveness of investigations concerning allegations of ill-treatment by police officers.

11. The legal framework governing police custody for persons suspected of a criminal offence remains unchanged.⁷ It is recalled that persons detained by the police must be brought before a judge no later than 24 hours after the apprehension, and the judge must decide, no later than three days thereafter, whether the person be released or remanded in custody. Remand in custody pending trial must not exceed three months, and is usually served in prison. However, a judge may, upon a request by the police, remand a person in police custody for renewable periods of up to eight days for the purpose of further police investigation (see paragraph 45).

2. Ill-treatment

12. In the course of the 2017 visit, the CPT's delegation again received a number of credible allegations of physical ill-treatment of detained persons, including juveniles, by police officers. The allegations related mainly to the time of apprehension and to the period of questioning by officers of the Crime Investigation Department (CID), in particular at Limassol and Paphos Central Police Stations. They also concerned the moment when foreign nationals were being escorted for removal purposes by police officers of the Aliens and Migration Service (YAM) and following failed removal attempts (see also paragraph 57). The alleged ill-treatment consisted primarily of slaps, punches and kicks to the head and other parts of the body; an allegation of sexual abuse of a woman was also received.

The delegation also heard a number of allegations of verbal abuse, threats and intimidation.

Moreover, a few complaints were received of handcuffs being applied excessively tightly to persons apprehended or escorted by the police. In one case, the delegation could still observe parallel linear-shaped red marks around the wrists some two days after his arrest which were consistent with the allegations made.

⁷ See CPT/Inf (2008) 17, paragraph 11.

13. In several cases the delegation was able to obtain credible information which was consistent with the ill-treatment claims. For example:

i) Three juveniles interviewed separately by the delegation in different places of detention complained of each having been ill-treated during questioning by CID officers at Limassol Central Police Station. They alleged that during questioning, which was conducted by teams of three officers, they were punched and kicked and that they received blows from a baseball bat or a broomstick to various parts of their body, apparently in order to make them confess to a particular crime. One of them complained that he was thrown against a wall. The registers confirmed that none of the juveniles benefited from the assistance of their parents or a lawyer during questioning; further, despite their requests, none of them saw a doctor during the time of their police custody and the injuries of at least one of the juveniles had not been recorded.

ii) A woman alleged having been subjected to verbal abuse and intimidation by CID police officers at Limassol Central Police Station. She complained that she had been prevented from contacting both a lawyer and her two children who remained alone and without adult care at the family's home until she had made a written statement – a measure that was clearly aimed at pressurising her to make a confession. According to the registers consulted by the delegation, only after she had made a written statement was she eventually allowed to contact her children.

iii) A foreign national, met by the delegation at Menoyia Detention Centre, alleged that, after a failed removal attempt on 24 February 2016, YAM escort plainclothes police officers handcuffed him, bound his mouth with masking tape and punched him outside Larnaca Airport. His health-care records showed that a doctor at the emergency department at Larnaca General Hospital recorded the following injuries: “scraps at the right hip (ischium) and right arm, irritation of right hip and left zygomatic and reddish wrists”. The investigation in the case is still on-going. **The CPT would like to be informed about the outcome of the criminal and disciplinary investigation.**

iv) The delegation received one allegation about the slapping of a foreign national by a police officer on 3 February 2017 at Lakatamia Police Station, which was confirmed by recorded CCTV footage consulted by the CPT's delegation. By communication of 31 March 2017, the Cypriot authorities informed the Committee that the police officer in question had been transferred from Lakatamia Police Station to another Police Department, where he has no contact with detained persons, and that he will be criminally prosecuted. **The CPT would like to be informed about the outcome of the criminal and disciplinary investigation.**

v) The delegation also received allegations from two men in respect of ill-treatment by CID police officers who repeatedly punched and hit them on various parts of their bodies on 4 February 2017 at Paphos Central Police Station. An official complaint had been filed by the lawyer of the two persons and the case had been publicly reported on. The investigation is still on-going. **The CPT would like to be informed about the outcome of the criminal and disciplinary investigation.**

The delegation also interviewed separately a number of detained persons, including at Menoyia Immigration Detention Centre and at Nicosia Central Prison, who gave credible accounts of having been ill-treated by CID police officers at Limassol and Paphos Central Police Stations and by YAM escort police officers in the context of failed removal attempts (see paragraphs 12 and 57). Alleged ill-treatment occurred several weeks prior to the visit. Further, none of these persons had seen a doctor during the time of their detention in police custody.

14. From the CPT's findings in the course of the 2017 visit, it would seem that persons, and in particular foreign nationals, detained by the police still run a risk of being physically and psychologically ill-treated notably at the moment of apprehension, during questioning for the apparent purpose of obtaining a confession or in the context of removal operations. Similar findings have also been highlighted by the Ombudsperson's Office in a public statement of June 2016 on incidents of police violence.⁸

15. The CPT acknowledges the measures taken by the Cypriot authorities to raise awareness among police officers and strengthen the rights of persons detained by the police. In particular, a number of circular letters was issued to remind police officers about their obligations and underline the authorities' zero tolerance approach as regards police ill-treatment. By communication of 31 March 2017, the Cypriot authorities indicated that, in reaction to the preliminary observations presented by the CPT's delegation at the end of the 2017 visit, the Minister of Justice and Public Order has sent official orders to the Chief of the Police, asking him to take additional measures to ensure "that the members of the Cyprus Police fully comprehend the notions of responsibility, respect and protection of all citizens". Moreover, the revised Code of Police Ethics now contains new provisions concerning the behaviour of police officers during the performance of their duties, and materials (e.g. manuals, leaflets, etc.) were produced to educate police officers that human rights and professional policing go hand in hand. These steps are to be welcomed.

However, in the CPT's view, increased efforts and further determined action by the Cypriot authorities are required to eradicate ill-treatment by the police.

The CPT reiterates its recommendation that the Cypriot authorities ensure that all police officers understand clearly that any form of ill-treatment of detained persons – including verbal abuse, racist behaviour, threats and psychological ill-treatment – constitutes a criminal offence and, where appropriate, a disciplinary offence and will be prosecuted accordingly. In particular, the Cypriot authorities should carry out a comprehensive inquiry into the methods used by CID officers at Limassol and Paphos Central Police Stations, when interviewing criminal suspects.

Moreover, **the Committee recommends that police officers be reminded that, where it is deemed necessary to handcuff a person at the time of apprehension or during transfer, the handcuffs should under no circumstances be excessively tight⁹ and should be applied only for as long as is strictly necessary.**

⁸ In her public statement, the Ombudsperson indicated that her Office had received a significant number of complaints concerning police ill-treatment upon arrest, during questioning and in police custody. According to her, a significant part of the police force seems to be corrupted by a mentality and culture of police violence which can be qualified as "deeply entrenched". See Commissioner for Administration and Human Rights (Ombudsperson), [Public statement on incidents of police violence](#), 27 June 2016.

⁹ It should be noted that excessively tight handcuffing, as well as causing local lesions, can have serious medical consequences (for example, sometimes causing a severe and/or permanent impairment of the hand(s), such as sensory loss and motor damage).

16. The CPT also reiterates the necessity for the competent authorities to promote a fundamentally different approach towards methods of police investigation. It is self-evident that a criminal justice system which places a premium on confession evidence creates incentives for officials in the investigation of crime to use physical or psychological coercion. First and foremost, the precise aim of questioning criminal suspects must be made crystal clear: that aim should be to obtain accurate and reliable information in order to discover the truth about the matter under investigation, not to obtain a confession from somebody already presumed, in the eyes of the interviewing officers, to be guilty.

Such an approach must involve more rigorous recruitment procedures and continued efforts to provide regular professional training for police officers. The CPT takes note of the information provided by the Cypriot authorities on education and training courses, including on preventing torture and ill-treatment, racism and non-discrimination and human rights, and of the instructions issued to reinforce education and training for police officers. However, the approach followed still appears essentially theoretical in nature (organisation of conferences, training courses and lectures). Specific *judgemental* training on the use of force and *practical* training on professional interviewing techniques (such as “investigative interviewing” with the aim to obtain accurate and reliable accounts from victims, witnesses or suspects about matters under police investigation) should be regularly provided to police operational officers and investigators. Further, greater emphasis should be given to modern, scientific methods of criminal investigation, through appropriate investment in equipment and skilled human resources, so as to reduce the reliance on confessions to secure convictions.

Ongoing monitoring of police interviewing standards and procedures should also be implemented in order to facilitate the investigation of any allegations of ill-treatment. This will require an adequate recording of police interviews which should be conducted with electronic (i.e. audio and preferably also video) recording equipment. It should also be required that a record be systematically kept of the time at which interviews start and end, of any request made by a detained person during an interview, and of the persons present during each interview.

The CPT recommends that the Cypriot authorities take proactive measures to ensure that police operational officers and investigators carry out their duties in accordance with the relevant provisions of the Criminal Procedure Code in the sole interest of establishing the truth. To this end, the Cypriot authorities should pursue their efforts to regularly provide *practical* professional training in managing high-risk situations for these officials, which should cover appropriate interview and investigation techniques, as well as the prevention of ill-treatment.

Further, the Committee recommends that steps be taken to monitor police interviewing standards and procedures and to introduce electronic (i.e. audio and/or video) recording of police interviews.

17. In the CPT's view, it is essential to promote a police culture where it is regarded as unprofessional to resort to ill-treatment. Police officers should be reminded that criminal responsibility for ill-treatment extends beyond the actual perpetrator to anyone who knows, or should know, that ill-treatment is occurring/has occurred and fails to act to prevent or report it.¹⁰ In the CPT's view, the primary responsibility for bringing about change on this issue and enhancing public trust rests with the police leadership, who should promote a culture within the Police Service where the right thing to do is to report ill-treatment by colleagues. This implies the development of a legal framework for the protection of individuals who disclose information on ill-treatment and other malpractice. It is noteworthy that the need for a culture change in the ranks of the Cypriot Police was acknowledged by the authorities themselves at the end of the visit.

The CPT recommends that the Cypriot authorities actively promote a culture change within the ranks of the Cypriot Police. It also reiterates its recommendation that “whistle-blower” protective measures be adopted.

3. Effective investigations of ill-treatment

18. The effectiveness of action taken when ill-treatment may have occurred constitutes an integral part of the CPT's preventive mandate, given the implications that such action has for future conduct. The credibility of the prohibition of torture and other forms of ill-treatment is undermined each time officials responsible for such offences are not held to account for their actions. If the emergence of information indicative of ill-treatment is not followed by a prompt and effective response, those minded to ill-treat persons deprived of their liberty will quickly come to believe – and with good reason – that they can do so with impunity.

Conversely, when officers who order, authorise, condone or perpetuate torture and ill-treatment are brought to justice for their acts or omissions and disciplinary proceedings are being initiated against them, an unequivocal message is delivered that such conduct will not be tolerated.

19. In the report on its May 2008 visit, the CPT had identified several shortcomings with respect to investigations into cases of alleged ill-treatment by police officers and raised a number of concerns as regards their effectiveness.¹¹

In the course of the 2017 visit, the CPT wished to re-examine the operation in practice of the system of investigating allegations of ill-treatment in Cyprus and to see whether these investigations met the criteria of effectiveness.¹² To this end, the delegation examined in detail a number of cases of investigations undertaken by the Independent Authority for the Investigation of Allegations and Complaints against the Police (IAIACAP) into allegations of ill-treatment by police officers and looked into certain files at the Law Office of the Republic. It also held consultations with representatives of the Cyprus Police, the IAIACAP and the Law Office of the Republic.

The CPT's findings indicate that further improvements to the current system are urgently required to guarantee the effectiveness of investigations into ill-treatment.

¹⁰ See Section 20 of the Criminal Code (Chapter 154).

¹¹ See CPT/Inf (2012) 34, paragraphs 23-41.

¹² It is recalled that, in order for an investigation into police misconduct to be considered effective, it must be carried out in a way that is independent, thorough, expeditious, prompt and transparent.

20. Cyprus has clear legal provisions to penalise offences of torture and ill-treatment by police officers.¹³ It is notably recalled that, according to Sections 3 and 5 of the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) Ratification Law (No. 235/1990), as amended, arrested or detained persons have a specific statutory right to be protected from such acts, including (in case of breach) an actionable right to compensation from the State and the officials concerned. Further, a presumption of ill-treatment by a police officer arises whenever a person bears medically certified external injuries during or shortly after police custody which were not present at the time of his/her admission to a police station. By communication of 31 March 2017, the Cypriot authorities informed the CPT that the UNCAT Ratification Law was in the process of being further amended by Parliament, in order to impose more severe penalties in cases of ill-treatment. This is positive.

21. The Attorney General, in a letter to the Chief of Police dated 13 June 2014, issued instructions on the procedure to be followed in cases of alleged ill-treatment by police officers. He made it clear that all such cases must be considered as allegations of the commission of (a) criminal offence(s). In his view, the previous practice of the police carrying out administrative investigations into complaints of ill-treatment by its members would not meet the basic requirements of effectiveness as reflected in the case law of the European Court of Human Rights (ECtHR).¹⁴ Consequently, he instructed the police that administrative or criminal investigations into cases of alleged police misconduct are no longer to be performed by the police themselves.

The instructions also require police officers, whenever allegations about police ill-treatment are reported or come to their attention, to inform both the Attorney General and the IAIACAP immediately (i.e. within 24 hours). Further, whenever a person complains about having been abused or subjected to ill-treatment by members of the police, the individual concerned must be examined by a forensic doctor no later than 24 hours thereafter.¹⁵ Moreover, in the case of use of force by members of the police when apprehending a suspect, a detailed record must be made and photographs taken of any injuries of the arrested persons on arrival at the police station.

These instructions from the Attorney General, which were set out in three circular letters to all members of the police, are a welcome development. However, these new procedural obligations need to be transposed into primary legislation. Amendments to both the Police Law (No. 73(I)/2004) and the relevant Police Regulations have been proposed. The CPT considers that these amendments represent an opportunity to incorporate these issues, as well.

The CPT recommends that the planned legislative and regulatory amendments adequately reflect the Attorney General's instructions to the police.

¹³ Public officials currently face up to either four or seven years of imprisonment (the latter, if bodily harm had been caused) for acts of cruel, inhuman or degrading treatment or punishment.

¹⁴ Police investigations into such allegations would not meet the criteria of a criminal investigation being capable of leading to the prosecution and punishment of the culprits and might hinder a subsequent criminal investigation being carried out in a prompt and reasonably expeditious manner. See, for example, European Court of Human Rights, *Paul and Audrey Edwards v. the United Kingdom*, no. 46477/09, judgment of 14 March 2002, paragraphs 70-73; *Lubita v. Italy*, no. 26772/95, judgment of 6 April 2000, paragraph 131, *Breckneil v. the United Kingdom*, no. 32457/04, judgment of 27 November 2007, paragraphs 65-72.

¹⁵ A report on the forensic medical findings must be forwarded to the Attorney General.

22. The IAIACAP is a specialised body composed of five members with the authority to conduct or supervise investigations into alleged police ill-treatment and other misconduct.¹⁶ It has at its disposal a team from a roster of investigators appointed by the Attorney General to conduct inquiries. The investigation of a complaint may commence upon a written complaint filed by an individual, at the instruction of the Attorney General or the Minister of Justice and Public Order, or by the IAIACAP *ex officio* in relation to allegations and complaints brought to its attention.¹⁷ Upon the completion of the investigation, the IAIACAP can, based on the collected evidence, either forward the case to the Attorney General, who has the competence to decide whether or not to instigate criminal proceedings against the police officers in question, or order the Chief of Police to conduct disciplinary proceedings, which the Police Disciplinary Committee is obliged to follow.¹⁸

23. In the CPT's view, an independent authority for the investigation of complaints against the police can make a significant contribution to preventing ill-treatment, provided it is genuinely independent and adequately resourced to conduct truly effective investigations. However, the CPT's findings suggest that improvements will be required if the IAIACAP is to fulfil its potential.

As regards its independence – although the IAIACAP is not linked, hierarchically or institutionally, to the Cyprus Police – the selection process of its members is neither open nor transparent, as all five members are appointed by the Ministerial Council. More importantly, the pool of criminal investigators upon whose services it depends mainly consists of former police officers.

The CPT would like to recall that, in order for the investigation of complaints about police ill-treatment to enjoy public confidence and be effective, the police complaints mechanism must be, and must be seen to be, fully independent and impartial. The practice of employing former police officers to investigate allegations against their ex-colleagues is problematic in this respect. To put it in the words of the IAIACAP's former President, “[i]t would appear that the majority of criminal investigators have not shed the syndrome that they are no longer members of the police force but criminal investigators [for the IAIACAP]”.¹⁹

Further, the natural *esprit de corps* between former and serving police officers is having a clear impact on the quality of the investigations that the IAIACAP is undertaking. This particular point was also raised in a recent judgment against Cyprus issued by the ECtHR.²⁰ The Court found a violation of Article 3 of the European Convention for Human Rights in its procedural limb (investigation). In particular, the Court underlined that “[t]he IAIACAP, without providing reasons, gave full weight to the police officers’ testimony, completely disregarding the discrepancies in their statements [...] and ignoring the applicant’s testimony in its entirety”. The Court also found “that the investigation was marred by a number of deficiencies” and raised concern as regards its thoroughness. As a result, “neither criminal proceedings nor disciplinary action were taken against the officers involved”.

¹⁶ See Sections 3(1), 5(1) and 5(2)(b) of the Police (Independent Authority for the Investigation of Allegations and Complaints) Law (No. 9(I)/2006), as amended.

¹⁷ Section 5(3) of the Police IAIACAP Law.

¹⁸ Section 16(1)(b)(i) and 16(1)(b)(ii) of the Police IAIACAP Law. The case will be transferred to both the Attorney General and the Chief of Police if the IAIACAP considers that it is likely that both a criminal and a disciplinary offence have been committed or that neither have been committed (Section 16(1)(b)(iii) and (iv)).

¹⁹ Supervision report of the former President of the IAIACAP in case no. 144/14, consulted by the delegation.

²⁰ ECtHR *Thuo v. Cyprus*, no. 3869/07, judgment of 4 April 2017, paragraphs 130-140.

24. Moreover, the IAIACAP, at present, is neither adequately staffed nor adequately resourced and its investigations are taking far too long; periods of between one and two years are not uncommon before an investigative file is submitted to the Attorney General for a decision on prosecution and/or to the Chief of Police with a recommendation on disciplinary action. The ECtHR also came to a similar conclusion in the above-mentioned case that the investigation had not been carried out promptly.²¹

25. In cases involving alleged criminality by police officers, the Attorney General has an important role to play, given his *ex officio* power to appoint investigators to conduct criminal inquiries into allegations of police ill-treatment.²² However, as matters stand, it appears that there may be some duplication between the work of the IAIACAP and the work of the Law Office of the Republic in assessing whether criminal prosecutions should be brought against police officers.

The IAIACAP's lengthy investigative process includes a periodic oversight of the quality of the investigations by its members, before it agrees upon whether or not to recommend that the Attorney General should criminally prosecute a police officer for alleged ill-treatment. However, once a complete investigation file is transmitted by the IAIACAP to the Law Office of the Republic, a number of other procedural steps is still required for formally launching a criminal prosecution, during which the file is transmitted between the Law Office and the IAIACAP. In particular, the file is returned to the IAIACAP for charging the suspect. The Law Office then transmits it to the Cypriot Police who are charged with preparing the indictment and filing the case before the competent court. All of this takes time and further increases delays in criminal proceedings. It is therefore hardly surprising that cases dating back to 2014 and 2015 in which the delegation has taken a close interest continue to languish either before the courts or before the relevant investigating authorities. In the CPT's view, the step of charging the suspect should be carried out by the Law Office directly.

26. By communication of 15 January 2017, the Cypriot authorities informed the CPT that, between 1 January 2014 and 31 October 2016, the IAIACAP investigated a total of 158 allegations of police ill-treatment. Of the 13 criminal cases identified, the Attorney General decided to initiate criminal proceedings in 12 of them but later decided to discontinue the prosecution in one of them. To date, in only one case out of the 11 remaining cases have police officers been convicted and sentenced (one to one year's imprisonment for cruel, inhuman and degrading treatment and punishment and another to 9 months' imprisonment for assault causing grievous bodily harm).²³ This presents the first ever conviction under the provision of Section 5 of the UNCAT Ratification Law. The other 10 cases are still pending.

27. The delegation examined in detail a number of these cases where the original complaints dated back several years. By way of example, the following two cases well illustrate the shortcomings of the current investigation procedures:

²¹ *Idem.*, paragraph 129. In this specific case, the investigators took statements from the applicant and the officers concerned more than three years after the events in question.

²² See Decision No. 53.406 of the Council of Ministers of 22 March 2001.

²³ The case related to the ill-treatment of a man who had been beaten by two police officers while being held in custody at Polis Chrysochous Police Station in February 2014. He had been struck with a baton numerous times, despite being hunched on the floor and showing no signs of resistance. The incident had been recorded on CCTV and was later published on the social media.

i) In a first case examined by the delegation (reference number 137/14), which concerned blows allegedly struck by two YAM police officers during the complainant's arrest in Paphos on 23 August 2014, a forensic doctor examined the complainant, at her own request, and recorded the injuries on her upper limbs, four days after the incident. The complaint was then transmitted within a four-day period, from the Cyprus Police to the IAIACAP.

A series of other procedural steps followed that took a further ten days – the time to check whether the Attorney General was already investigating the case – until an IAIACAP investigator was appointed on 11 September 2014 – sixteen days after the original complaint. These initial procedural steps, which appear to be standard, resulted in an in-built delay that might critically undermine the timely collection of evidence.

Further, the case revealed delays and obstacles in the collection of evidence, given that the only available images of the complainant's injuries had been printed by a police officer at Paphos Police Station, who had been on extensive sick leave.

On 9 April 2015, eight months after the original complaint, the IAIACAP sent the file to the Law Office, which returned it for additional investigative steps to be taken. Five months later, on 3 September 2015, a member of the IAIACAP noted that there had been a series of weaknesses in the original investigation report, including the lack of witness statements, and that a new IAIACAP investigator had been appointed. On receipt of the new investigation report, the member concluded that “it transpired that officers did use excessive force and failed to give an account of themselves”. The evidence file on this case, containing the recommendation for prosecution, was finally sent to the Law Office on 11 March 2016 – a full nineteen months after the original complaint. **The CPT would like to be informed about the results of the proceedings.**

ii) A second case (reference number 166/14) related to the alleged physical assault of the complainant by police officers upon arrest on 19 October 2014 in Limassol. Specifically, he claimed that a police officer had hit him repeatedly against the bonnet of his own car while he was being searched and that, when he asked why, a police officer gripped him, put him on the ground and punched him on the face.

On the same day, the police officer receiving the complaint immediately informed a forensic doctor and recorded that the forensic medical examination took place that morning, in his (i.e. the police officer's) presence “and that of police officer “X” of Limassol Police Station. The doctor examined the complainant and police officer “X” took photographs of some parts [of the body] of the complainant”. This is one of a number of files reviewed in which reference was made to the practice of police officers taking the photographs at forensic medical examinations. It is axiomatic that this is highly inappropriate.

The forensic doctor's report reported several injuries, including a bruise in the left eye socket, redness in both sides of the cheekbones, as well as four abrasions in the right posterior and anterior deltoid areas, at the right elbow and in the dorsal area of the right hand. That said, there were no injuries on the scalp. Some three months later, an interim report of an IAIACAP member notes that the allegations were not consistent with the injuries recorded and requested further clarifications from the forensic doctor which he were provided one month later. On 16 February 2016, sixteen months after the original complaint, the IAIACAP instructed that the criminal case should be filed without further action and the Attorney General entered a *nolle prosequi*.

28. Each of these cases demonstrates that the investigation of cases by the IAIACAP cannot be said to be effective. The Committee's findings were not disputed by the Cypriot authorities.

There are doubts about the independence of some IAIACAP investigators, including as expressed by the former President of the IAIACAP (see paragraph 23).

The investigations are not thorough. In particular, the first case examined revealed several shortcomings in this respect, as witnesses were initially not questioned. This issue was also raised by the ECtHR in its recent judgment (see paragraph 23). Forensic medical examinations appear to take place in the presence of police officers, who retain photographs of the injuries of complainants. Frequently, the medical certificates do not contain conclusions about the consistency between injuries and the allegations of complainants.

Further, the investigations are not prompt: significant delays occur, in particular, when first appointing an IAIACAP investigative officer, during investigations and in exchanges with the Law Office. In the cases reviewed, periods of up to twenty-one months were noted to have elapsed between the original complaint and the file being transmitted to the Law Office for further action.

Although forensic medical certificates are swiftly sought, they are often slapdash and lack thoroughness, which causes further delays and oblige the IAIACAP to seek further clarification from the doctors or witnesses concerned at later stages in the investigation. This is not expeditious.

Lastly, there is little evidence in the IAIACAP files of complainants being informed of the progress of investigations. This is not transparent.

29. Similarly, between 2006 and 2010, the IAIACAP investigated 128 complaints of alleged ill-treatment by police officers. Out of these, criminal prosecutions were initiated in 12 cases and disciplinary action was taken in three cases; only one police officer had been fined for common assault.²⁴ In view of this low rate of convictions,²⁵ given the high number of documented allegations of ill-treatment by police officers, the CPT's delegation, at the end of its visit, had requested detailed information on the state of progress of the investigations into the pending cases.

According to the information submitted by the Cypriot authorities on 4 April 2017, indictments had been filed before the court in only six of the above-mentioned cases, while four were still pending before the investigating authorities. It is noteworthy that additional delays were created in three of these cases due to the fact that the file was inadvertently forwarded to the wrong addressee.

30. As regards disciplinary proceedings in cases of alleged police ill-treatment, disciplinary culpability is examined irrespective of whether police misconduct is found to constitute a criminal offence. Further, as highlighted before, the IAIACAP can direct the Police Disciplinary Committee to initiate proceedings. The police disciplinary system is regulated according to the provisions of Police Disciplinary Regulations (No. 53/1989), as amended.

²⁴ Republic of Cyprus, Fourth periodic report on the International Covenant on Civil and Political Rights submitted to the Human Rights Committee on 19 December 2012, 19 March 2013, CCPR/C/CYP/4, [Appendix II](#).

²⁵ According to the Ombudsperson, the identification and punishment of perpetrators remains extremely rare, difficult or impossible. See Commissioner for Administration and Human Rights (Ombudsperson), [Public statement on incidents of police violence](#), 27 June 2016.

However, it appears that the current disciplinary procedure does not require that disciplinary action be taken whenever the IAIACAP orders it, contrary to the provisions of Section 16(1)(b) of the Police IAIACAP Law. The disciplinary provisions in force require that another internal police investigation be conducted, the conclusions of which are relevant for the decision on whether or not there is a need for disciplinary proceedings. As a consequence, in a number of cases, disciplinary proceedings were not carried out, despite the fact that the IAIACAP has explicitly recommended such action.²⁶ Such a state of affairs is unacceptable. In the CPT's view, the step of carrying out another internal police investigation should be abolished, given that the IAIACAP has already investigated the case. In addition, mandatory disciplinary proceedings should be initiated immediately and conducted promptly by the police whenever the IAIACAP orders it.

31. Even if disciplinary action is being taken, long delays in carrying out the relevant proceedings (i.e. more than two years) are not uncommon. It is also a matter of concern that police investigators involved in the alleged ill-treatment were, on some occasions, involved in further investigating the cases in question.²⁷ Moreover, the Police Disciplinary Committee consists in most cases exclusively of police officers²⁸ and therefore cannot be characterised as independent. According to the information gathered by the CPT's delegation, the Police Disciplinary Committee, in a number of cases, has disagreed with the IAIACAP's assessment that disciplinary action was required, leading to the impunity of members of the police from a disciplinary point of view. The Cypriot authorities need to take resolute action, including of a disciplinary nature, whenever allegations of ill-treatment by members of the police force emerge.

The proposed draft amendments to the Police Disciplinary Regulations that are currently pending before Parliament provide for the constitution of a permanent Police Disciplinary Committee responsible for dealing with conducting disciplinary proceedings in cases of alleged ill-treatment by members of the police. The Committee shall be composed of three members, including two members of the Law Office of the Republic (or former judges) and a senior member of the police with relevant experience. The draft amendments also provide for the possibility of making an appeal, aligning the disciplinary penalties with the type and severity of the disciplinary offence (police officers who have been subject to a criminal sanction will be dismissed and forced to resign), and require the decisions on disciplinary sanctions to be published. The Committee welcomes the proposed amendments. **The CPT would like to be informed when the above-mentioned amendments have been adopted and receive a copy of the adopted text.**

32. In order to back up any message of zero-tolerance and to reinforce the training, effective investigations into allegations of ill-treatment must be undertaken to demonstrate that criminal acts by the police will be punished and to counter the current culture of impunity that continues to pervade parts of the police force.

²⁶ See, for instance, Commissioner for Administration and Human Rights (Ombudsperson), [Report](#) on the action taken by the police in the course of a criminal investigation by the IAIACAP, 23 June 2015.

²⁷ *Idem*. In this specific case, one of the police investigators involved in the alleged ill-treatment was present when the depositions were taken.

²⁸ According to Section 13 of the Police Disciplinary Regulations, the Committee is composed of 3 members of the police in all disciplinary proceedings involving low-ranking police officers. According to Section 41 of the Police Disciplinary Regulations, in disciplinary proceedings involving senior police officers, a three-person panel involving a senior public servant, an official from the Attorney General's Office and a senior police officer (higher in rank than the officer about whom the complaint has been made) must be constituted.

To ensure that investigations into allegations of police ill-treatment are effective, **the CPT recommends that the Cypriot authorities take the necessary measures to ensure that:**

- **the IAIACAP's budgetary and staffing resources be increased so as to enable the Authority to recruit and train its own independent investigators and to conduct its investigations in a thorough, prompt, expeditious and transparent manner;**
- **forensic medical examinations are carried out without the presence of police officers who should never be involved in the taking of photographs of injuries. Both forensic medical certificates and photographs of injuries should be directly forwarded to the Law Office and the IAIACAP;**
- **the procedures for carrying out criminal proceedings in respect of alleged police ill-treatment are streamlined with a view to reducing both the length of investigations and delays in the criminal prosecution of alleged perpetrators. As a first step, once the IAIACAP has completed its investigation, the Law Office of the Republic should carry out the task of charging the suspect itself instead of sending the file back to the IAIACAP; and**
- **disciplinary action is always taken whenever this is recommended by the IAIACAP. To this end, the additional internal police investigation should be abolished and mandatory disciplinary proceedings should be initiated immediately and conducted promptly by the police as a result of the investigations carried out by the IAIACAP, if necessary, by amending the Police Disciplinary Regulations.**

Further, the CPT would like to be informed of the number of cases out of the 158 allegations of police ill-treatment investigated by the IAIACAP between 1 January 2014 and 31 October 2016 that have led to disciplinary proceedings and of the number and type of disciplinary sanctions imposed. The Committee would also like to receive information on the outcome of the criminal proceedings in the pending cases, in which the Attorney General decided to prosecute the police officers concerned for alleged ill-treatment.

4. Safeguards against ill-treatment

33. The CPT's delegation examined the effectiveness, in practice, of formal safeguards against ill-treatment related to the deprivation of liberty of persons by the police (i.e. notification of custody and the rights of access to a lawyer and access to a doctor).

At the outset, the CPT welcomes the steps taken to strengthen certain safeguards offered to persons subject to criminal proceedings through the transposition of relevant EU Directives²⁹ into Cypriot legislation. Reference should be made, in particular, to the Law on the Right to interpretation and translation in criminal proceedings (No. 18(I)/2014) and the February 2014 and March 2017 amendments to the Law on the Rights of Arrested and Detained Persons (RADP) (No. 163(I)/2005), which concern the rights of access to interpretation and translation, access to a lawyer and notification of custody in criminal proceedings.

²⁹ Directive 2010/64/EU on the right to interpretation and translation in criminal proceedings, Directive 2012/13/EU on the right to information in criminal proceedings and Directive 2013/48/EU on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have

34. It remains positive that information on rights is readily available to persons deprived of their liberty by the police in a wide range of languages, as provided for by Section 3 (1) of the RADP; the revised provision now requires that they are informed immediately after their arrest and “without undue delay”.³⁰ The CPT’s delegation found that detained persons were usually informed of their rights both orally and in writing by means of an information booklet upon arrival in a police establishment, and that they were subsequently asked to sign a statement attesting that they had received a copy of it. Further, a copy of the booklet was usually placed in all cells and detained persons were allowed to keep it throughout the period of police custody. By communication of 31 March 2017, the Cypriot authorities also informed the CPT that they were in the process of revising the booklet to include the recent legislative amendments.

However, it is essential that persons deprived of their liberty are not only informed of their rights, but also placed in a position to effectively exercise them.³¹ In this respect, the CPT notes positively the new instructions issued by the Cypriot authorities to implement the provisions of the RADP and the planning of a new training programme for members of the police on this issue.

35. Following the aforementioned amendments, the right to notify a third party of the fact of one’s detention (and the place of detention) has been strengthened. Section 3 (2) of the RADP now stipulates that such notification should take place “without undue delay” and gives detained persons the right to communicate by telephone, in the presence of a police officer, with a relative or with their employer or with a third person of their choice.³²

Most persons interviewed by the CPT’s delegation who were or had recently been held in police custody confirmed that they had been given the opportunity to make a telephone call to notify a family member (or another person) at the outset of their deprivation of liberty by the police, with the exception of one case where the exercise of this right had been made conditional on first giving a written statement (see paragraph 13). It also remains positive that visitor facilities are available for persons who are remanded in police stations designated for custody of periods over 24 hours and the delegation found that it was not uncommon for these detainees to receive visitors. That said, no written record is kept of the fact that a detainee has requested, and been granted, access to a telephone to notify a relative or a third person of his/her situation. **The CPT recommends that this shortcoming be remedied.**

36. According to Section 5 (1), foreign nationals in police custody also have the right to contact the consulate of their country or the Ombudsman’s Office. The findings of the visit indicate that this right was generally respected in practice. However, several foreign nationals met by the delegation claimed that they had not been given the opportunity to inform their family if the family lived abroad; police officers confirmed to the CPT’s delegation that phone calls were only authorised within Cyprus and that international calls required approval from the Ministry.

a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty.

³⁰ See also Section 7 of the RADP, which lists the corresponding obligations of police officers in this regard.

³¹ See Section 8 of the RADP, which stipulates the obligations of police officers in connection with the exercise of rights.

³² Juveniles under 18 are able to inform their parents or guardians about their arrest or detention (Section 3 (2B) of the RADP). The latter are entitled to be informed by a member of the police (Section 6 of the RADP). In case of arrest of a mentally impaired person, a member of the police must notify a relative (Section 4 of the RADP).

The CPT recommends that the Cypriot authorities ensure that any person held in police custody (including foreign nationals) are able to notify (e.g. by making a free-of-charge phone call) the fact of their detention to their family or a third person of their choice.

37. The right of access to a lawyer is mainly regulated in Sections 3 and 8 of the RADP³³ and has been formally reinforced by the March 2017 amendments. A detained person now has the right to contact a lawyer of his/her choice immediately after his/her arrest, “without undue delay” and in a confidential manner. For this purpose, he/she is provided with a list of names and telephone numbers of practising lawyers. The right of access to a lawyer now also entails the detained person’s right to meet his/her lawyer, “at any time, including before the interrogation by the Cyprus Police” and “request the presence and participation of the lawyer during questioning”.³⁴ It is still the case that any communication between detained persons and their lawyers is confidential.

That said, the findings of the 2017 visit indicate that in practice there were no improvements with respect to the exercise of the right of access to a lawyer. A detailed examination of custody registers in a number of police stations visited revealed that only some 20% of persons detained by the police had actually benefited from access to a lawyer during their stay in police custody. One of the annexes of the booklet on rights contained a waiver of the right to legal assistance, which could be signed by the detainee. It was striking that, while only a minority of detainees were assisted by a lawyer, it was very rare to find a signed confirmation that they did not wish to make use of the services of a lawyer.

Before the first court hearing, a detained person had to have the financial means in order to have access to a lawyer; even then, access was hindered in practice. From interviews carried out with both detained persons and lawyers, it emerged that detainees were being prevented by police officers from contacting a lawyer until they had made a written statement; representatives of the Bar Association confirmed that the presence of a lawyer was not permitted during police interviews. This is a fundamental protection gap, given that it is precisely during the period immediately following the deprivation of liberty that the risk of intimidation and ill-treatment is at its greatest. In this context, it is of paramount importance that the right of access to a lawyer includes the possibility of speaking with a lawyer in private as from the very outset of the deprivation of liberty; this is now guaranteed under the amended provisions of the RADP.

In the light of the above, the CPT once again calls upon the Cypriot authorities to take the necessary measures to ensure that all persons detained by the police can effectively benefit, if they so wish, from access to a lawyer from the very outset of their deprivation of liberty, including during any police questioning. In particular, access to a lawyer should not be subject to the prior submission of a written statement by the suspect. The clear legal provisions regarding the rights of detained persons to access a lawyer should be reiterated to all police officers.

Further, the waiver of the right to legal assistance should be systematically signed by the detained person if he/she does not wish to exercise his/her right to access to a lawyer.

³³ See also Sections 12 and 13 of the RADP that apply to persons remanded in police custody.

³⁴ Section 3 (2A) and (2B) of the RADP.

38. As the CPT already highlighted in its 2013 visit report, the system of legal aid is not effective in practice, in particular for foreign nationals. The fact that free legal aid for a person deprived of his/her liberty requires a decision from a court – subject to a “means and merits” test – before a lawyer can be assigned to the case, has the effect that legal aid is not available at the outset of deprivation of liberty. The conclusion of the Cypriot authorities in their response to the CPT’s report on the 2013 visit that “a suspect or accused person is entitled to a lawyer from the outset of his deprivation of liberty” is therefore not correct in legal aid cases. Further, over the last six years since the introduction of legal aid for detention, only a handful of applications were successful, and foreign nationals are particularly disadvantaged.³⁵ Legal aid will never be granted before police interviews take place.

The fact that legal aid is not available at the pre-trial stage was confirmed by the Bar Association and also acknowledged by the Attorney General. Consequently, indigent persons detained by the police, in respect of whom an *ex officio* lawyer had been appointed, were usually only able to meet that lawyer for the first time at the court hearing. Further, in practice, lawyers were only contacted shortly before the hearing. The CPT must recall in this respect that for the right of access to a lawyer to be fully effective in practice, appropriate provision should be made for persons who cannot afford to pay for a lawyer. This notably requires the review of the current provisions so as to establish a robust legal aid system which enables a duty lawyer to be called immediately wherever a person is deprived of his/her liberty by the police.

The CPT recommends that the Cypriot authorities extend the legal aid system so that State-appointed lawyers can be contacted and can meet their clients while in police custody, including during police questioning. This system should be applicable as from the very outset of police custody, irrespective of the severity of the offence allegedly committed and irrespective of whether the person concerned has formally been charged with an offence.

39. According to Section 10 of the RADP, the presence of a lawyer during police questioning shall be mandatory when the suspect is a minor. However, this provision appeared not always to be complied with in practice. For instance, the delegation met with a juvenile remand detainee at Limassol Police Station who alleged that, on 27 January 2017, he had been questioned by CID police officers without the presence of a lawyer. He had then been released and re-arrested a few days later, when he had been interviewed again without the presence of a lawyer. He also complained that he had not been able to access a lawyer throughout the entire period of his detention at the police station, despite his repeated requests to see one; he eventually confessed to the charges against him. If true, such a state of affairs would be unacceptable.

The CPT reiterates its recommendation that the Cypriot authorities take immediate steps to ensure that juveniles are never be subjected to police questioning or requested to make any statement or to sign any document concerning the offence(s) they are suspected of having committed without the presence of a lawyer and, in principle, a trusted adult person. Such arrangements will protect this age group and provide them with adult support so that they do not have to make decisions with important legal implications on their own.

³⁵ The low number of successful applications also mirrors the extremely low number of applications submitted for legal aid. This is mainly due to the lack of knowledge/awareness of the procedure among detained persons and the fact that the procedure requires legal knowledge, which, in the absence of legal assistance, acts as a deterrent to applying for legal aid, especially for foreign nationals. Further, applicants also face many practical obstacles, such as the need to submit the application in Greek.

40. There were no changes with respect to the right of access to a doctor since the CPT's 2013 visit. It is recalled that, according to Section 23 of the RADP, every person deprived of his/her liberty has the right, at any given time, to have access to urgent medical care free of charge or to a doctor of his/her own choice; in the latter case, the expenses are to be covered by the detainee him-/herself. The findings of the visit suggest that detainees who so wished appeared to have fairly easy access to a doctor for urgent medical treatment, usually at an outside hospital. However, this was not the case in all police stations visited, and particularly at Limassol and Paphos Central Police Station, where detained persons were not able to access a doctor despite their requests. Further, injuries were not adequately recorded at least in one case (see paragraph 13).

The Committee has emphasised the important contribution which the right to access to a doctor can make in preventing ill-treatment of persons held in police custody. It also has stressed that the accurate and timely documenting and reporting of medical evidence will greatly facilitate the investigation of cases of possible ill-treatment and the holding of perpetrators to account.

Therefore, the CPT recommends that the Cypriot authorities ensure that all persons held in police custody can effectively make use of their right to access to a doctor from the very outset of their deprivation of liberty. As regards documenting and reporting of medical evidence of ill-treatment, reference is also made to the CPT's recommendations made in paragraph 89, which also apply to persons held in police custody.

41. Moreover, it is a matter of concern that Section 30 of the RADP still prescribes prohibitive criminal sanctions³⁶ for persons who "abuse" the right to medical examination or treatment. The Committee has to reiterate that such a provision has a dissuasive effect on detained persons – including those who consider themselves to be victims of ill-treatment – to make use of their right of access to a doctor. Prior to the visit, the Cypriot authorities indicated again in writing that they were planning to repeal this Section in the context of the ongoing legislative review; however, the March 2017 Amendment to the RADP did not address this matter.

The CPT calls upon the Cypriot authorities to repeal Section 30 of the RADP.

42. The custody records seen in the police establishments visited were of variable quality. In particular, the delegation found that the custody records were incomplete in some police stations, such as Nicosia Central or Lakatamia Police Stations. This was in part due to the use of both paper and electronic records. In this respect, the Cypriot authorities' renewed instructions to police officers to complete both the paper and electronic version in a proper and diligent way and their efforts to harmonise custody records are to be welcomed.

More generally, the CPT is of the view that the use of the booklet on detained persons' rights as an element of the custody records is a practice that could be improved. In practice, although a copy of the entire booklet was included in the custody records, police officers only asked detained persons to sign the relevant annex confirming that they had received a copy of the booklet on rights. The Committee considers that there should be a single form which states not only that detained persons have been informed of their rights and received a copy of the booklet but also whether or not they wish to exercise their specific rights (i.e. notification of custody and rights of access to a lawyer and access to a doctor). This should be confirmed by the detainee's signature.

³⁶ Up to three years of imprisonment and/or a fine of up to 5,125 euros.

The CPT trusts that the Cypriot authorities will be vigilant in ensuring that police custody records are accurately maintained.

Further, the CPT recommends that the Cypriot authorities introduce a single form for recording the rights offered to detained persons as part of the custody records.

5. Conditions of detention

43. The delegation observed that police stations designated to detain persons for more than 24 hours³⁷ generally offered satisfactory material conditions. In particular, the single-occupancy cells were of sufficient size (measuring from 7 to 12 m²). They were all equipped with a plinth or bunk-bed and a mattress, a fixed stool and a table, as well as a call bell and in-cell sanitation.

The Committee is pleased to note that a number of positive changes had occurred since the Committee's 2013 visit to Cyprus. At Aradippou Police Station, the capacity of the detention facility had been reduced by 50%, which had significantly improved living conditions for detainees and working conditions for police officers. Refurbishment works had been carried out in a number of police stations or were being undertaken at the time of the visit, such as at Lakatamia Police Station.³⁸ Measures included the removal of the opaque glass block windows and their replacement with windows that provided access to natural light and fresh air, as well as the painting of the detention facility in lighter colours. The glass separation screen in the visiting rooms had also been removed. Most of the police stations visited now had a cell that was accessible for persons with disabilities. Further, all detainees were provided with personal hygiene items and bedding, and a stock of these was generally available in a dedicated storage place in all police stations visited. The CPT welcomes the measures taken.

That said, in a number of cells at Aradippou, Limassol and Paphos Central, as well as at Pera Chorio Nisou Police Stations, access to natural light was insufficient, either due to the design of the small opaque windows covered with layers of mesh or due to the location of the cells in the building. Further, the state of hygiene at Aradippou Police Station was once again poor and not all the call bells at Limassol Central Police Station were working. **The CPT recommends that these shortcomings be remedied.**

44. All of the police stations visited had recreational areas for out-of-cell exercise equipped with metal tables and benches fixed to the floor and a television, and with access to fresh air and natural light. By communication of 31 March 2017, the Cypriot authorities informed the CPT that efforts are being made to grant all detainees held longer than 24 hours access to these areas for at least one hour per day. Further, they were in the process of creating additional out-of-cell areas in other police stations with a large capacity (i.e. Kofinou and Ayia Napa Police Stations).

³⁷ Namely, Aradippou, Ayia Napa (not visited by the delegation), Lakatamia, Limassol, Paphos, Pera Chorio Nisou and Polis Chrysochous Police Stations.

³⁸ Only 9 out of 39 cells were operating, at the time of the visit.

45. In sum, conditions of detention in police stations designated to detain persons for longer than 24 hours were, on the whole, reasonably good and acceptable for periods of a few days. That said, the examination of custody registers in the police stations visited and the information gathered through interviews with persons who were or had recently been in police custody revealed that criminal suspects were still being held in police custody for an average of eight days and for up to 15 days. The CPT has to reiterate its position that remand custody on police premises in itself presents an increased risk of ill-treatment and that police establishments are not an appropriate environment for detaining persons for more than a few days. Consequently, persons remanded in custody beyond three days should be promptly transferred to Nicosia Central Prison; such an approach does not preclude the police from carrying out further questioning, if necessary, of persons remanded in custody.

The CPT calls upon the Cypriot authorities to end the current practice of detaining persons in police custody for prolonged periods (i.e. more than three days), in the light of the above remarks.

46. Similarly, police stations designated to detain persons for up to 24 hours, such as Nicosia Police Station, are not suitable for holding persons for longer periods. However, the delegation found that detainees had been held at that establishment for aggregate periods totalling 72 hours or more, interspersed with 24 hour stays in other police establishments. By communication of 31 March 2017, the Cypriot authorities informed the CPT that detainees are no longer kept in custody at Nicosia Police Station for more than 24 hours and that efforts are made to transfer all detainees who remain in police custody for longer periods to those police stations that are specially designated for this purpose.

47. At Larnaca Central Police Station, the delegation learned that detained persons may be handcuffed to one of two metal benches located in the two offices used for the purpose of interviewing arrested suspects. Indeed, the armrests of both metal benches displayed clear marks indicating the use of handcuffs.

The CPT recommends that the practice of handcuffing detained persons to fixed objects be ended. Every police facility where persons may be deprived of their liberty should be equipped with one or more rooms designated for detention purposes and offering appropriate security arrangements.

B. Foreign nationals held under aliens legislation

1. Preliminary remarks

48. The legal and policy landscape governing immigration detention has undergone some significant and positive changes since the CPT's 2013 visit. The number of detained asylum-seekers is down, Menoyia Detention Centre's capacity has been reduced by half, a new policy has ended the detention of Syrian asylum seekers, there has been an increase of refugee status recognition rates and improvements were made to judicial review avenues for failed asylum decisions (a new Administrative Court has replaced the Supreme Court as the first instance judicial review authority for asylum decisions).

49. Cyprus maintains a total of eleven establishments that may be used for holding irregular migrants, including eight police stations (designated for holding persons for longer than 24 hours), holding rooms in Larnaca and Paphos International Airports and Menoyia Immigration Detention Centre. The CPT's delegation visited Menoyia Detention Centre, various police stations (see Appendix I) and the holding facilities for immigration detainees at Larnaca and Paphos Airports. It also visited the Rescue Camp in Kokkinotrimithia.

50. The CPT has, since the first visit to Cyprus in 1992, repeatedly pointed out the problems associated with holding foreign nationals detained under aliens legislation for prolonged periods on police premises. In its reports on the 2008 and 2013 visits, it described how the conditions of detention for such persons were inadequate and should be ended.³⁹ In response, the Cypriot authorities emphasised that detention in police detention centres is now exceptional and only after permission is granted by the Assistant Chief of Police.⁴⁰ Further, all immigration detainees must now be transferred to Menoyia within 48 hours, unless they are about to be deported. In this respect, revisions to the relevant regulations have been undertaken⁴¹ and Memoranda issued from the Ministry of Justice and various circular letters issued to the police by the Chief of Police.⁴² The CPT notes these positive developments and its delegation observed that, in practice, few immigration detainees were being deprived of their liberty in places other than Menoyia.

Nevertheless, given police stations are not suitable places to accommodate immigration detainees, **the CPT considers that every effort should be made to keep the period of time spent by immigration detainees in such establishments to the absolute minimum (i.e. less than 24 hours).**⁴³

³⁹ Report to the Government of Cyprus on the visit to Cyprus carried out by the CPT from 23 September to 1 October 2013, CPT/Inf (2014) 31, paragraph 31.

⁴⁰ CPT/Inf (2014) 32, Response of the Government of Cyprus to the report of the CPT on its visit to Cyprus from 23 September to 1 October 2013, page 13.

⁴¹ Article 6(1), Regulations on the establishment & regulation of premises of Illegal Immigrants.

⁴² Circular letters issued by the Chief of Police dated 2 July 2014, 17 September 2014 and 10 March 2015.

⁴³ See also the CPT Immigration Detention Factsheet, section 3, CPT/Inf(2017)3, March 2017.

51. The CPT was pleased to note that mothers with children and unaccompanied minors were not being detained for immigration detention purposes at Menoyia or the police stations visited during the time of the visit. Pursuant to the revised Refugee Law and a circular letter to the police,⁴⁴ as soon as an unaccompanied minor enters Cyprus, the minor should be placed under the care of the Director of Social Welfare Services, who acts as a guardian and a representative of the minor in order to safeguard access to his/her rights based on his/her best interests.

52. As regards the Kokkinotrimithia Rescue Camp, this camp is run by the Cypriot Civil Defence Force. It is a tented village, encircled by wire fencing and a padlocked metal gate. The Civil Defence Force utilise the Camp in the event of an emergency, when emergency accommodation is required. In general, it is used to house large groups of recently-arrived migrants, who are required to undergo compulsory medical checks after their arrival, typically for three days.

The Camp has the capacity to accommodate up to 240 persons and is staffed by 20 Civil Defence officers and had available volunteers from a pool of 650 volunteers, where required, who operate on a shift basis. Accommodation was provided in 20 large canvas weather-proof tents that can accommodate up to 12 persons each. In each tent are folding beds, bedding and two power points just outside (for artificial light, heaters and fans). The communal areas were equipped with a kitchen, dining room, toilets, wash-basins and shower facilities (12 showers for women and 12 showers for men). The bathroom facilities were clean and in working order. In addition, there was a facility where the Red Cross offered provisions to those who lacked clothes or supplies. There was dedicated medical centre within the facility and the health-care services appeared adequate for short stays.

At the time of the delegation's visit, no one was present. Nonetheless, there had been a recent large group of 93 migrants, who had arrived the week before the visit by boat to Cyprus and had been accommodated in the Camp pending medical checks and before being released. According to the Civil Defence authorities, during the period in which compulsory medical examinations are undertaken, the migrants housed in the Camp are free to come and go during the day, but at night there are roll-calls and the gates are locked. Newly-arrived migrants are given, compulsorily, a Mantoux test for tuberculosis; if the test is positive, the migrant is required to stay in the Camp for up to two weeks.

No information was available regarding the legal basis for this type of deprivation of liberty or on the availability of safeguards. In this respect, **the CPT wishes to request that the Cypriot authorities send it information on the legal basis for the deprivation of liberty, and the regulation of safeguards, concerning the Kokkinotrimithia Rescue Camp.**

⁴⁴

Dated 30 March 2016.

2. Menoyia Detention Centre

a. introduction

53. There have been a number of positive developments at Menoyia Detention Centre since the 2013 visit, including the halving of the Centre's capacity to 128. At the time of the 2017 visit, there were 70 detainees, including 21 women and no juveniles. The reduction in actual numbers has had beneficial effects on improving some material conditions, better provisions for contact with the outside world (with more regular visits and access to mobile phones, and, occasionally, to Voice over Internet Protocol technology) and improved health-care provision.

54. The length of time detainees spent in detention in Menoyia was also generally less than in 2013.⁴⁵ Nevertheless, some detainees still spent a significant amount of time at the Centre. During the visit, the delegation met one detainee who had been at Menoyia for a year and four months. Many other detainees had been detained for many months, with an average of around four months of detention.

55. Overall, the high security fence, heavy metal shuttered slats on all windows, heavy cell doors, association rooms metal tables and stools (all fixed to the floor) and lack of any decoration created a sterile and carceral environment. The prison-like atmosphere was accentuated by the strict rules, distant and impersonal staff-detainee relations and a limited regime in place. Despite some improvements since the CPT's 2013 visit, the environment remains unnecessarily restrictive, given the nature and purpose of administrative detention of migrants.

The CPT recommends that the Cypriot authorities take further steps to put in place a less restrictive environment at the Menoyia Detention Centre (see also paragraphs 59 and 60).

b. ill-treatment

56. The delegation received a few allegations of physical abuse of detainees by the police staff at Menoyia, as well as several allegations of verbal and racist abuse. The allegations of physical ill-treatment comprised mainly excessive use of force upon hand-cuffing and removal to the admissions' waiting room, which served as an informal disciplinary room. The delegation received several consistent accounts of verbal and racist abuse by staff towards the detained migrants.

The CPT notes that a criminal investigation is underway into a previous incident involving a police staff member, who verbally abused a detained person and whose behaviour was recorded by another detainee and posted online.

The CPT recommends that the senior management reiterate to all custodial staff that any form of ill-treatment of detainees – whether physical or verbal, including racist behaviour – is unacceptable and will be punished accordingly. Further, the Committee would like to be informed of the outcome of the investigation into the above allegation of verbal abuse.

⁴⁵ CPT/Inf (2014) 31, paragraph 29.

57. As concerns the escorting of detainees from Menoyia for the purposes of deportation, the delegation received numerous consistent allegations of physical and verbal ill-treatment by immigration police, one of which involved sexual abuse. Allegations were received from both male and female detained persons of ill-treatment during the escorting process and in the nearby airport's waiting room and lift. The delegation also received many allegations of physical and verbal abuse on the return journey to Menoyia, after a failed deportation (see also paragraphs 12 and 13).

While the immigration police are responsible for the treatment of the detainees under escort, the management of Menoyia could, and should, do more to prevent the risk of ill-treatment during escorting to and from its premises. **The CPT recommends that medical examinations on departure and on return from Menoyia premises be systematically undertaken, which can contribute to evidence for later complaints and act as a deterrent. Equally, the health-care service and management should ensure that allegations, or suspicions, of ill-treatment are systematically forwarded on to the competent authorities.**

The CPT also considers that all places of deprivation of liberty should be regularly monitored by an independent monitoring mechanism and notes that as regards escort transport vehicles and airport holding areas this is currently not the case; in this respect, **it recommends that the Cypriot NPM should be afforded sufficient resources in order be able to carry out its mandate fully** (see paragraph 9).

c. conditions of detention and regime

58. The halving of the official capacity meant that each multiple-occupancy cell of 17m² now only contains two sets of bunk beds, with a maximum of four persons. This provided sufficient living space for each detained person and more space for them to move around. As was the case in 2013, the cells had reasonable access to natural light and sufficient ventilation and were equipped with a cupboard and a table.

That said, the delegation found that many of the showers, especially in the female wing, were malfunctioning. Many of the female detained persons interviewed had not had a proper shower for many weeks. By communication of 31 March 2017, the Cypriot authorities informed the CPT that the showers have been repaired. The CPT welcomes this development and **trusts that the washing facilities will be maintained in a good working condition.**

59. As regards the regime, the delegation noted that the exercise yards had been refurbished, with volleyball and basketball courts installed, and some organised activities had been introduced (gym and dance classes were now on offer, as were painting and music lessons). Cell doors remained open during the day and there was ready access to association rooms, which were equipped with fixed metal tables and stools, televisions and board games. Access to the outside exercise yard was, in principle, permitted for four hours per day.

Nevertheless, many detainees complained of having too little to occupy their day, spending their time wandering listlessly down the corridors or sitting idle in the association rooms. Lessons or activities essentially only accounted for a couple of hours of their week and access to the yards in practice was only for two one-hour slots, due to the need to separate male and female outdoor time. There is no reason why access to the yards cannot be permitted throughout the day with detainees having free access.

60. In sum, the regime is still, in practice, extremely limited, especially given the lengths of time that detainees may be held there (up to 18 months). The Committee believes that the longer the period for which persons are detained, the more developed should be the activities which are offered to them. Conditions of detention for irregular migrants should reflect the nature of their deprivation of liberty, with limited restrictions in place and a varied regime of activities. Within the detention facility, detained persons should be restricted in their freedom of movement as little as possible and detained irregular migrants should in principle have free access to outdoor exercise throughout the day.

The CPT recommends that Cypriot authorities further develop the range of, and greater access to, purposeful activities for persons held at the Menoyia Detention Centre. It also recommends that detained persons be restricted in their freedom of movement as little as possible and that the detained irregular migrants at Menoyia have free access to outdoor exercise throughout the day.

d. staffing

61. The delegation found that staff no longer carried truncheons and they now wore identification badges. Detainees also were no longer required to wear wrist-bands indicating their name and registration number. These are positive developments.

Nevertheless, the CPT recalls the particular importance it attaches to the careful selection and appropriate training of supervisory staff in centres for immigration detainees. As well as possessing well developed techniques of interpersonal communication, the staff concerned should be familiarised with the different cultures of the detainees and at least some of them should have relevant language skills.

It was clear to the delegation that there is very little dynamic interaction between staff and detained persons. Staff remained behind blacked-out glass doors and, as was the case in 2013, continued to address foreign nationals by their number and not by their name, using a speaker system, despite repeated CPT recommendations to cease this impersonal mode of communication. The overall result was a carceral and dehumanising environment.

The CPT takes notes of the communication of 31 March 2017, whereby the Cypriot authorities informed it that written directions had been issued by the management of Menoyia terminating the practice of calling detainees by their number, instead of by their names. The CPT welcomes this development.

The CPT reiterates its recommendation that staff be encouraged to interact more with the detained irregular migrants and to take a proactive role towards resolving potential problems. To this end, officers should be more regularly present inside the accommodation areas and consideration should be taken to removing the blacked-out glass on the doors.

62. More generally, regarding operational control and police officer staffing of Menoyia, the Committee is of the view that staffing of the custody establishment by regular police officers, with minimal custody training, on a compulsory and routine rotation of duty basis, is inherently problematic. The CPT considers that such an establishment should be run by professional and specially trained custodial staff, designated and trained to work in the specific environment, and with the specific needs, of immigration detainees, as opposed to a compulsory staff placement that forms part of routine rotation of ordinary police duties. In this respect, **it invites the Cypriot authorities to review the current training and requirements of police staff at Menoyia, to ensure that only specially trained custodial staff, designated to work in the specific environment, and with the specific needs of immigration detainees, work at the establishment.**

e. health-care services

63. Generally, health-care services at Menoyia have improved significantly since the CPT's 2013 visit to the Centre. At the time of the visit, one general practitioner was working at the establishment from Monday to Friday from 7.30 a.m. to 14.30 p.m.; the provision of 24-hour nursing services was organised under the auspices of the Assistant Matron at Larnaca General Hospital which drew from a pool of 39 nurses. Additionally, access to specialists happens through referrals to local clinics, as required. A psychiatric nurse visits Monday, Wednesday and Friday and a public health nurse on Wednesday. A clinical psychologist also visits the establishment once a week.

64. Upon arrival, every detained person is systematically medically examined and is offered tests for HIV, syphilis and hepatitis, and a Mantoux test is conducted for tuberculosis. Risk assessments for behavioural and other risks are conducted by police staff with a view to room allocation, with reference to the mental-health team where required. The health-care records were well maintained.

65. The situation had also notably improved as regards medical confidentiality. While a nurse is present during medical consultations, no police staff are permitted. Equally, police staff no longer have access to the medical files of detainees. Medicine distribution has also improved at Menoyia; all medications are dispensed and administered by nursing staff at Menoyia. A review of the prescription sheets showed these to be in order and there was a good range of medicines, all within date, available in the onsite dispensary.

66. The CPT noted that while there had been no deaths in the past three years at Menoyia, there had been a few instances of self-inflicted harm. In each case the person concerned was referred to a psychiatrist for review. However, no central registers were kept that recorded self-harm incidents or trauma. Such registers are important to ensure management retains an accurate oversight of the key issues. In this respect, **the CPT recommends that all instances of self-harm be recorded in a dedicated register.**

f. other issues

67. As was the case in 2013, the delegation found that there was little resort to measures for maintaining good order. The current practice for detainees who displayed challenging behaviour was to separate them from the rest of the population and lock them for a couple of hours in a waiting room by admissions to “cool down”. Nevertheless, isolation could be, in principle, for five days, although there was no official room allocated for its execution and no clearly defined procedures were in place for maintaining good order.

68. Moreover, the delegation found that there was little recording of instances of discipline and no central register with a full record of the frequency, duration and use of the waiting room. Nor was any record kept on other measures such as the use of restraints, use of force, or even of any extraordinary incidents. Such registers are important to ensure management retains an accurate oversight of the key events in the establishment, as well as for reasons of accountability.

The CPT recommends that if any form of separation, for more than a few hours, is imposed, the person concerned should be provided with a copy of the relevant decision and information on the possibilities to appeal the measure to an outside authority, separation should be time-limited and a separate register should be established with time of arrival and exit. The decision to separate should also systematically trigger a visit by a medical professional to the separated person, to assess if the person concerned has urgent medical needs and to take action, if necessary.

Further, it recommends that the frequency, duration and use of the waiting room, as well as other measures such as the use of means of restraints, use of force or other extraordinary incidents, should be systematically recorded in a central register.

The CPT also recommends that the disciplinary procedures should be explained clearly in the House Rules.

69. At the time of the visit, the House Rules were in the process of being revised. Staff attempt to follow the existing rules, but do not have an instruction handbook with which to work. Further, many detained persons complained that they were unaware of their rights and obligations. **The CPT recommends that the Cypriot authorities adopt the proposed new House Rules (that should be available in the most commonly spoken languages) as swiftly as possible and ensure that staff and detained persons (immediately upon admission) are made fully aware of their rights and their obligations.**

70. As for complaints' mechanisms, avenues had been introduced for internal and external complaints. Regarding internal complaints' avenues, detained persons may complain either directly to the Head of the establishment or to the newly-established internal Complaints' Commission, formed in January 2017, using locked complaints' boxes located on each Wing. The Complaints' Commission consists of a psychologist civil servant, an immigration expert from the Ministry of the Interior and a social worker from the Ministry of Employment and Social Affairs. However, there was no central register for complaints. The delegation was informed that no complaints had been received about the actions of staff at the establishment. Nonetheless, it was notable that complaints had been made against police involved in escorts to and from the airport for deportation or after failed deportation, which had been referred to the Independent Authority of the Investigation of Allegations and Complaints against the Police.

The CPT recommends that the management of Menoyia introduce a central register on complaints to ensure that management retains an accurate oversight of the key issues. It also recommends that detainees due to be escorted for deportation, or returned from failed deportations to the establishment are made fully aware of the complaints' processes in place (see also paragraphs 12, 13 and 57).

Further, the CPT would like to be provided with information about how many complaints were received during the first nine months of 2017, how many were upheld and what action the internal Complaints' Commission can take if it finds a substantive violation.

71. The possibilities for detained persons to have contact with the outside world had improved since 2013. Telephones were available on each wing and detainees could keep and use their mobile phones and laptops. Further, several fax machines were available, including in the visiting room, and no payment was required for communications to the European Court of Human Rights. There were no restrictions on visits and visits from lawyers could take place at any time. The environment of the visiting room for family and friends had been improved and made more child-friendly. Equally, communication using Voice over Internet Protocol technology on one computer was available and more computers had been ordered.

3. Airport holding facilities

72. At Larnaca Airport, foreign nationals waiting to be deported on a flight were held in a room equipped with wooden benches near the departure lounges (a "waiting room"); an examination of the registers showed that persons were only kept there for a few hours. Foreign nationals who had been refused entry into Cyprus upon their arrival at Larnaca Airport were held in one of the three holding rooms (a three-bed room for men, a four bed-room for women and a separate room for families) which were designed for short-term deprivation of liberty. At Paphos airport holding facility, foreign nationals refused entry were held in one of three holding rooms (a two-bed room for men, and in the family area, two rooms with two sets of bunk beds each). At both airport facilities, there was no natural light in any of the rooms. There was a shower and toilet area just off the accommodation rooms. Neither facility had any reading materials, television or any other forms of entertainment. There was no outdoor exercise area at either airport holding facility, apparently for security reasons, and no access to fresh air.

Moreover, most persons, in practice, were held at the Larnaca and Paphos airport facilities for one or two days, and an examination of the custody register showed that several foreign nationals had previously been held in the facilities for three days or more. This included one person who had remained for a total of eight days at the Larnaca holding facility⁴⁶ and had not benefited from access to outdoor exercise or fresh air throughout his deprivation of liberty.

These conditions of detention are only acceptable for holding persons for a few hours, as acknowledged by the Cypriot authorities themselves. In this respect, **it recommends that the Cypriot authorities ensure that any foreign national who is deprived of their liberty at Larnaca and Paphos Airport holding facilities in excess of 24 hours should be transferred to another suitable holding facility.**

⁴⁶ This was due to the fact that, in some cases, there were no frequent return flights or space in the plane available.

C. Nicosia Central Prisons

1. Preliminary remarks

73. Nicosia Central Prisons (NCP), built in 1884, remains the only prison facility in Cyprus. The Committee has visited NCP on each of its visits since 1992.⁴⁷ At the outset, it wishes to acknowledge that its delegation found some significant and positive changes since the previous visit in 2013 and that much of the progress may be ascribed to the new leadership in the prison from November 2014.

At the time of the visit, NCP was accommodating 611 inmates for an official capacity of 528. In the closed part of the prison, the occupancy was 564, for a capacity of 397; in the open section, the occupancy was 33 for a capacity for 106. The establishment held 168 remand prisoners (149 male and 19 female remand prisoners) and 443 sentenced prisoners (420 male and 23 female). There were 6 sentenced male young offenders and 8 on remand (18 to 20 year-olds) and two male juvenile prisoners and two on remand (14, 16 and 17 year-olds). Some 40% (244) of the prison population were foreign nationals.

Notably, the delegation was pleased to see that material conditions have improved throughout the prison, the regime and living conditions in the female unit have improved, and there is better contact with the outside world. Similarly, aspects of the health-care services have ameliorated, including the system of provision of psychiatric and psycho-social health care and the development of a nascent suicide prevention strategy. There have been notable efforts to reduce the number of self-harm attempts, suicides and incidents of inter-prisoner violence. Moreover, the prison had further increased the out of cell time for inmates.

74. That said, the momentum led by management is being held back by several structural, cultural and managerial issues, which must be addressed if the positive effects of reform thus far are to be sustained and built upon. These include serious allegations of staff ill-treatment of inmates, continued overcrowding, staffing issues, the treatment of foreign prisoners and fundamental procedural deficiencies within the disciplinary system.

The findings of the visit show that not only do the above points need to be addressed at senior and middle management levels, but if they are genuinely to take effect, they need to be fully understood and implemented by all prison officers, along with the adequate oversight by middle managers, in co-operation with senior management and sufficient staff training undertaken.

⁴⁷ Reports on the visit to Cyprus by the CPT in 1992 CPT/Inf (97) 5 [Part 1], 1996 CPT/Inf (97) 5 [Part 2] , 2000 CPT/Inf (2003) 1, 2004 CPT/Inf (2008) 17, 2008 CPT/Inf (2012) 34, and 2013 CPT/Inf (2014) 31.

75. Overcrowding remained a persistent problem. Since 2013, Blocks 3 (female) and Block 10 (psychiatric unit) have been expanded and/or renovated. Block 3 has increased its capacity from 23 in 2013 to 71 in 2017. However, despite these improvements, the overcrowding in the closed prison remained significant; for a capacity of 397 in the closed prison, there was an occupancy of 564. In comparison Block 1A has the capacity for 33, but was accommodating 77 inmates. On the other hand, the open section of the prison has the capacity for 106 places, but was only accommodating 33 at the time of the visit.

Following the 2013 visit, the Committee recommended that long-term strategies were needed to sustainably reduce the prison population, including the need to first consider alternatives to detention, to ensure that imprisonment is the measure of last resort in practice.

The Cypriot authorities, in response, outlined various nascent measures under consideration to reduce the population. These include reforms of the parole board, plans to increase the number of inmates who can qualify for electronic monitoring (as an early release measure), suspension of sentences (including of foreign nationals serving short-term sentences once they are two months from their release date), change of policy envisaged for debtors and an increase in the prison's capacity.

However, it appears that these measures have had little effect to date, as the actual number of persons imprisoned has not reduced since its last visit, and overcrowding still blights all aspects of life at NCP. Urgent action is now required, in the Committee's view, to adequately implement sustainable alternatives to custody and to reduce the high percentage of remand prisoners. As highlighted in discussions with the Attorney General, the high numbers of remand prisoners and the lengthy remand periods, which could be the maximum sentence permitted for the offence, is indicative of deficiencies in the court processes and of a *prima facie* abuse of the principle of proportionality in remand detention.

The CPT once again calls upon the Cypriot authorities to adopt and implement a coherent strategy designed to concretely reduce the prison population. In particular, it reiterates its recommendation that pre-trial detention should only be used on an exceptional basis and that alternatives to detention should be concretely applied to a far greater extent. It wishes to be informed of the content of the concrete steps envisaged, and the timeframe, to implement this recommendation.

2. Ill-treatment

76. The majority of prisoners interviewed made no allegations of physical ill-treatment by custodial staff and in a few of the accommodation blocks, such as Blocks 8 and 10, the CPT's delegation noted a calm atmosphere and positive relations between staff and prisoners.

However, the CPT's delegation received several consistent allegations of staff ill-treatment of prisoners, comprising physical and verbal abuse. The physical abuse consisted mainly of punches and kicks. Prisoners also complained of being dragged by their handcuffs during the escort by staff to a cell in the gatehouse area that was designed as a visits room, but was used unofficially for disciplinary purposes. Moreover, persons who alleged physical ill-treatment claimed that they had been threatened with reprisals, such as threats of further violence, if they made a formal complaint about the ill-treatment. The delegation was informed that the locations of concern were not covered by CCTV from the kitchen area to the gatehouse / admissions area. Further, it appeared that management was not aware of the incidents.

In one case, the delegation requested that immediate measures be taken to secure the safety of an inmate (Prisoner B). On the day before the visit, this inmate had been allegedly kicked and punched by staff following an altercation, and had had handcuffs applied and had his head banged against the grille gate of the guardroom. The injuries to his wrists (one wrist had been stitched) were consistent with excessively tight use of handcuffs. He had made a formal complaint of ill-treatment and had been referred by the prison doctor to the hospital. Upon his return, he had allegedly been threatened with reprisals by the same staff members involved in the incident for making the complaint. The delegation made an immediate observation under Article 8, paragraph 5, of the Convention requesting the Cypriot authorities to provide, *inter alia*, information on the action taken to guarantee the safety of Prisoner B, and to move certain staff members away from his unit (see paragraph 8). By communication of 31 March 2017, the Cypriot authorities confirmed that the prison's management had given instructions that the relevant staff should not come into contact with the inmate. The CPT notes that this action has been taken, however, it has received subsequent information suggestive that the risk of reprisals towards Prisoner B continues. **The CPT remains concerned about the safety of Prisoner B notwithstanding the response from the Cypriot authorities and would like to be informed of necessary additional measures that should be taken to fully ensure his continuing safety.**

The delegation's findings are indicative that physical abuse by prison staff remains a problematic feature at NCP. This means that, on the one hand, more training of prison staff is required to promote a culture whereby ill-treatment is viewed negatively. On the other hand, better management oversight is required to ensure effective investigations are undertaken and that there is systematic referral of all abuse allegations to the competent authorities, with a view to prosecution for the crime of ill-treatment.

The CPT calls upon the Minister of Justice and the management of NCP to deliver a clear message to custodial staff – and reiterate it at regular intervals – that all forms of ill-treatment, including physical and verbal abuse, are unacceptable and will be punished accordingly and in a way that is commensurate with the gravity of the offence. Equally, prison management should ensure that all prisoners may make a complaint of ill-treatment without fear of reprisals by staff.

77. The CPT's delegation was informed by management that various efforts have been made to tackle inter-prisoner violence; however, the delegation still received several allegations of inter-prisoner violence during its visit. For instance, an alleged incident of rape occurred during the period when the delegation visited the prison. This incident had been reported to staff, who simply told the victim to write a report. As a consequence, the person did not receive any immediate medical attention and the prison management was not informed of the incident. More generally, incidents of inter-prisoner violence were not recorded, staff did not react promptly to incidents and to prevent violence and few measures to safeguard prisoners were taken, which cumulatively contributed to an unsafe environment for prisoners.

In the case of the alleged attempted rape and sexual abuse incident, the delegation requested that immediate measures be taken to investigate this allegation. By communication of 31 March 2017, the Cypriot authorities informed the CPT that the inmate concerned had been sent to the General Hospital for examination (which did not find evidence matching the allegation) and the prison and police were conducting separate investigations into the alleged incident. The internal investigation by the prison had apparently been completed, whereby the inmate was met by management who concluded that as the inmate appeared in good temper and had not made mention of the incident, the case was closed. The CPT is not convinced of the thoroughness of the investigation methodology of the internal investigation. Also, it considers that given the type of sexual abuse alleged (digital anal penetration), the lack of forensic evidence in these circumstances does not disprove the allegation. Further, it notes that the police investigation is still underway. **The Committee would like to be provided with an update of the police investigation when completed and request that the results of the internal investigation be reviewed in the light of the above remarks.**

78. 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. The prison authorities must act in a proactive manner to prevent violence by inmates against other inmates. The duty of care to maintain a safe prison extends to all persons held or working within its walls, including the prison staff.

The measures outlined by the authorities in the communication of 15 January 2017 to address inter-prisoner violence appear to have had only limited success. The Committee considers that the metrics used to gauge true reductions in inter-prisoner violence were still underdeveloped and gained the impression that the actual number of violent incidents appreciably exceeded the number recorded.

The CPT recommends that management urgently review its violence prevention policy to establish measures to more adequately and accurately record, respond, investigate and establish measures to prevent inter-prisoner violence. These should include the adoption of a comprehensive anti-bullying policy and systematic and regular risk-assessments regarding allocation and placement of inmates, as well as training of staff to take proactive measures to identify suspicions of any risk of inter-prisoner violence and report it to management, as well as the regular monitoring of CCTV cameras and ensuring their good operational maintenance.

79. The CPT's delegation met an inmate (Prisoner A) living in totally inappropriate conditions, in the gatehouse area. The inmate was living alone in the admissions area, for several months, in a room designed for interviews, which measured some 5m². The room was equipped with a bench against two walls and a mattress lay on the floor. There was no window, no toilet, nor any running water. The inmate was accompanied to the toilet by staff for security reasons and was accompanied to the shower at 11p.m. every day. The inmate was not allowed to associate with other prisoners, nor go outside for daily exercise. Moreover, this prisoner also alleged that he had been beaten by staff in the gatehouse in April and November/December 2016, which was corroborated separately by witnesses (see also the immediate observation under Article 8, paragraph 5, of the Convention, referenced in paragraph 8).

The delegation requested that immediate measures be taken to secure the safety of this inmate and to address these poor living conditions. By communication of 31 March 2017, the Cypriot authorities informed the CPT that they had examined the relevant CCTV footage and did not see evidence substantiating the allegation of ill-treatment. They also informed the Committee that the inmate concerned has been transferred to an ordinary accommodation block.

The Committee acknowledges that the inmate concerned presents some considerable challenges for the prison management. However, it considers that it is totally inappropriate to keep any inmate in conditions that could amount to *de facto* solitary confinement in such poor living conditions; **in the CPT's view, these could amount to inhuman and degrading conditions of detention. The CPT recommends that:**

- **the allegations of physical ill-treatment of the inmate in question should be duly investigated with information on the outcome sent to the Committee; and**
- **more generally, rooms in gatehouse area should not be used to accommodate or punish prisoners.**

3. Conditions of detention and regime

a. material conditions

80. The overall design and layout of the NCP remained substantively unchanged since 2013.⁴⁸ Nevertheless, some material conditions had significantly improved. Since the previous visit in 2013, Blocks 3, 4, 9 and 10 (psychiatric-care unit) have been renovated in the intervening period and now provide better material conditions. This is positive.

However, other parts of the prison remained seriously overcrowded, particularly Blocks 1 and 2; capacity for both Blocks was 148 and the occupancy was 265 at the time of the visit. In these blocks, the cells were designed for single occupancy (around 6m²) but were accommodating two persons. Cells of this size are hardly suitable for accommodating one person, never mind two.⁴⁹

⁴⁸ See CPT/Inf (2014) 31, paragraphs 62 to 64.

⁴⁹ See CPT/Inf (2015) 44, 'Living space per prisoner in prison establishments: CPT standards', Strasbourg, 15 December 2015.

The CPT recommends that measures be taken to reduce the occupancy levels in Blocks 1, 2, 5 and 8. To this end, it should be ensured that those cells measuring less than 8m² are only used to accommodate one prisoner and that the living space in multiple-occupancy cells is at least 4m² per prisoner.

81. The delegation received numerous complaints that call bells were not responded to promptly during the night. Most of the male prisoners interviewed urinated into a bottle during the night, rather than waiting for the cell door to be opened. Moreover, in the few areas where there were in-cell toilets (Blocks 3 and 9), the toilets were only semi-partitioned from the room with a 1m high screen in a cell, which two or more persons shared, which meant little privacy from the other cell-mate. The lack of privacy was aggravated by the fact that all cell doors were kept open during the day, exposing the use of the toilet to other prisoners.

By communication of 31 March 2017, the Cypriot authorities informed the CPT that, while individual cells generally did not possess toilets, staff were called to open cell doors during the night (on average more than 75 per night for a block of 60 inmates) to enable inmates to access the communal toilets at night.

The CPT calls upon the Cypriot authorities to guarantee all inmates' access to the toilet when required and in a timely manner. Equally, it recommends that where there are in-cell toilets, these be fully partitioned to safeguard inmates' privacy.

b. regime

82. There continued to be an open-door regime at the NCP, which allowed inmates to be out of their cells from 7 a.m. until 10 p.m. during weekdays and to spend several hours a day in the outdoor exercise yards. There was also an improvement in terms of the range of organised activities and classes on offer, including theatrical productions, gym, sports classes and competitions, book-binding, arts and crafts, and various education and language classes. Prisoners also had access to a church and a mosque. There was also an improvement in the numbers attending work, and around 60% of the population were allocated some type of work. All blocks have access to exercise yards.

Nevertheless, the delegation still received a large number of complaints from the male prison, notably from foreign national prisoners (around 40% of the population), about limited access to activities. Equally, classes and activities only accounted for a couple of hours of most prisoners' days, the rest of the day was unoccupied. The delegation gained the distinct impression that while there was plenty of time spent out of cell, there was still a lack of enough purposeful activities to structure the time and occupy prisoners sufficiently during the day.

The CPT calls upon the Cypriot authorities to increase the availability of purposeful activities for all inmates including work, vocational training, sports, educational and other activities, with a view to ensuring that *all* prisoners may be purposefully engaged for most of the day.

83. As was the case in 2013, life-sentenced prisoners were critical of the lack of access to a wide range of purposeful activities of a varied nature and spent large parts of their day idle. They were also still not provided with an individual custody plan; nor were there any psycho-social support programmes in place. No action had been taken to implement the CPT's previous recommendations on this matter.

The CPT again calls upon the Cypriot authorities to take specific measures to put in place individual sentence plans and psycho-social support programmes for prisoners serving life-sentences and long sentences and to monitor the ongoing situation; as well as increase access to a wide range of purposeful activities for these prisoners.

4. Health-care services

a. preliminary remarks

84. The prison offers general health care to all persons detained within NCP. Since the previous visit in 2013, the CPT's delegation noted that various aspects of the health-care services had improved, including the system of provision of psychiatric and psycho-social health care and the development of a nascent suicide prevention strategy. There have been notable efforts to reduce the number of self-harm attempts and suicides (for example, the adoption of more comprehensive risk assessments at induction (see paragraph 95). Further, the health-care facilities were well-equipped.

b. health-care staffing

85. At the time of the visit, there were two general practitioners employed on a full-time basis, two psychiatrists, three full-time psychologists and one part-time occupational therapist. Further, there were seven nurses (one senior nurse and six nurses); at least one nurse was on duty every day and nurses worked in shifts to ensure a presence for 24 hours, seven days a week at the prison. This is a positive development. A dermatologist visits NCP once per month and a dentist twice per week. A public-health nurse visits once per month to carry out Mantoux tests for tuberculosis.

The prison continues to employ ten prison officers, to work as medical orderlies (i.e. prison officers trained in first aid), who spent most of their time administering medication and accompanying the doctors on their rounds. Four prison officer medical orderlies were on duty during the day and one at night.

86. The CPT reiterates that prison officers should not dispense prescription medication nor administer injections and can, in no circumstances, be considered as a substitute for trained nurses; nor should they accompany doctors on their rounds. In this respect, **the CPT recommends that the Cypriot authorities progressively replace all prison officer medical orderlies by qualified nursing staff.**

87. As regards mental health-care staffing, there are two full-time psychiatrists, who were present in the prison from 7 a.m. until 3 p.m. on weekdays. They are supported by three registered mental-health nurses, three psychologists and two occupational therapists. In addition, there are six registered mental health nurses who work in Block 10.

c. medical screening and recording of injuries

88. As regards medical screening of newly-arrived inmates, a notable improvement since 2013 was that all inmates are systematically asked on arrival whether they would like to be seen by a psychiatrist and/or a member of the in-house mental-health team. That said, while an inmate is still usually seen by a doctor within 24 hours of his or her arrival in the establishment; those inmates arriving on a Friday are not seen until the following Monday.

The Committee reiterates the importance of prompt medical screening of all newly-arrived prisoners. **The CPT again recommends that such screening, conducted by at least a nurse reporting to a doctor, should always take place within 24 hours of a person's admission to the establishment.**

89. Concerning the recording of physical injuries observed on admission or following a violent incident inside the establishment, these were recorded by health-care staff in the inmates' medical files. Nevertheless, as was the situation in 2013, the descriptions of the injuries were particularly brief, continued to lack detail and were incomplete. In particular, there were few to no observations made by the doctor as regards the consistency between the inmate's statement and the injuries observed.

In this respect, it appears that the doctors had been explicitly told by prison officers that they should not include a forensic report within the medical notes of a prisoner. The doctors had been advised not to include their conclusions about the consistency of the allegations and the clinical findings and to keep their medical annotations brief. Clearly, such instructions by prison officers to health-care staff are not acceptable.

The CPT recalls that prison health-care services can make a significant contribution to the prevention of ill-treatment of detained persons, through the systematic and proper recording of injuries and, when appropriate, the provision of information to the relevant authorities.

The CPT again calls upon the Cypriot authorities to take the necessary steps to ensure that the record drawn up after the medical examination of a prisoner – whether newly-arrived or following a violent incident in the prison – contains:

- i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment),**
- ii) a full account of objective medical findings based on a thorough examination, and**
- iii) the health-care professional's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

The record should also contain the results of additional examinations carried out, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed. Recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with body charts for marking traumatic injuries that will be kept in the medical file of the prisoner. Further, it would be desirable for photographs to be taken of the injuries, and the photographs should also be placed in the medical file. In addition, a special trauma register should be kept in which all types of injury observed should be recorded.

In addition, the CPT recommends that the prison management ensure that the NCP's doctors receive accurate information regarding their obligations to record and report injuries properly, in line with the above norms, and clarify that prison officers are not empowered to direct health-care staff on how they should work.

d. medical confidentiality

90. As regards medical confidentiality, as was the case in 2013, medical examinations took place out of the hearing and out of the sight of custodial staff, but often within the presence of the medical orderlies (unless the inmates expressly requested otherwise). Prison officers who worked in the health-care centre continued have ready access to prisoner's medical files. This resulted in a situation where there was clearly little confidentiality of prisoners' medical records.

The CPT reiterates its recommendation that the confidentiality of medical data within the prison be guaranteed. Health-care staff may inform prison officers on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents to additional information being given. Moreover, medical orderlies should not be present during medical examinations.

91. The delegation found that medications are dispensed three times per day by prison officers without any oversight by pharmacy or nursing staff. Upon leaving the dispensary, medicines are taken from their original packets and placed in plastic containers. The name of the medication is written (often illegibly) on the lid. Each container can hold medication of a variety of different strengths and for differing purposes. These containers are distributed by prison officers to inmates in the kitchen area during the day and, at night, they are taken to the various prisoner accommodation blocks.

The CPT considers that there is no procedure to ensure that the right medicine is dispensed to the right prisoner at the right time. Moreover, prison officers are not qualified to dispense and administer medicines; rather, this should only be done by qualified pharmacy or nursing staff. The current system is unsafe and contrary to medical ethics and good practice.

The CPT recommends that the Cypriot authorities ensure the system of dispensing medicines only be undertaken by qualified pharmacy or nursing staff, and not prison officers. Further, the procedure and organisation of the dispensing of medication should be reviewed to ensure that prisoners receive the correct medication at the right time.

e. mental health and drug abuse treatment

92. There is a new mental health unit (Block 10) within the NCP, which provides ten single cells. Its purpose is to accommodate those prisoners requiring psychiatric treatment that is not severe enough to require hospitalisation.

93. The current team was sufficiently resourced to carry out its tasks, in so far as all newly-arrived prisoners are systematically examined by a member of the mental-health team, and thus those suffering from drug misuse are assessed and identified early on. This is a significant improvement from situation found during the CPT's previous visit. Further, it is positive that an interpretation service is now available for inmates unable to communicate in Greek or English.

However, the CPT has some concerns that the treatment for persons with mental-health disorders and those suffering from substance abuse was over-reliant on pharmacotherapy, and considers that those patients based in Block 10 should be offered non-pharmacological treatment adapted, on a regular basis, to the individual needs of the person concerned.

94. As for its material conditions, Block 10 comprises ten single cells, each measuring some 7.5m². Cells 3 to 10 were equipped with a plinth for sleeping. Cells 1 and 2 are high security padded cells equipped with a mattress on the floor. All the cells had poor access to natural light and insufficient artificial lighting. Prisoners are provided with a pillow and three blankets but no sheets, due to the risk of suicide or self-harm. There is a communal association room with a television, a dining room, a room for visits and the toilets and shower facilities are located outside of the cells.

Patients were allowed out of their cells from 6 a.m. until 1.30 p.m. and from 3 p.m. until 9 p.m. daily, but they only had access to the outside exercise yard for one hour per day. Activities were mainly limited to inside the Block, such as cleaning, playing table football or watching television.

Such austere material conditions and impoverished regime, with little access to purposeful, rehabilitative or therapy-based programmes, cannot be considered as providing a therapeutic environment and is not conducive to assisting the patients' mental health to improve. **The CPT recommends that patients in Block 10 are afforded:**

- **their own bed or sleeping platform, rather than a mattress on the floor;**
- **adequate access to natural light and sufficient artificial lighting in each cell;**
- **access to varied and purposeful, rehabilitative or therapy-based programmes and activities; and**
- **more time permitted outside.**

Inmate patients should be transferred to a designated mental-health care facility (see Section II (D) (Athlassa Psychiatric Hospital)), if their condition so requires.

f. prevention of suicide and self-harm

95. The authorities informed the CPT that numbers of suicides and self-harm incidents at NCP had significantly reduced and there have been no suicides in the last two years. The authorities informed the CPT that this is due to new procedures on admission of the newly arrived prisoners including individual interviewing and risk assessments, by health-care staff, to identify indicators for every inmate to help management decide on their block allocation or special measures that might be required. These are positive developments.

That said, there was no central register kept to record incidents of self-harm and suicides at the NCP. In this respect, **the CPT recommends that a central register be kept to record all incidents of self-harm and suicide attempts, to enable management and external monitors to have a clear picture of the situation at NCP.**

5. Other issues

a. prison staff

96. At the time of the visit, there were 320 prison staff (250 permanent and 70 temporary); 52 vacancies, 34 of which were in the process of being filled. The management and staff believed that that they were chronically understaffed, which was exacerbated by high levels of staff sick leave. The delegation was informed that the average number of days that staff took off sick per year was around 50 (i.e. 16,100 days).

97. The management of staff deployment has also not evolved since 2013. The continued employment of a large number of temporary staff weakens the professionalism of the system. Staff reported a paucity of initial and ongoing training, training that is essential to maximise the contribution of staff and for their job satisfaction. The continued use of six-hour 15 minute shift patterns for front-line staff remains inefficient and does not permit a full day of structured activities for inmates. There was still a lack of incentives available to staff to progress. Promotion is strictly linked to length of service and passing an examination, it apparently takes up to 23 years to gain a promotion from grade 5 (prison guard) to grade 7 (sergeant).

98. The Committee is of the view that the high level of sick leave both reflects and compounds the problem of staff shortages. The staff attendance pattern does not help either. More efficient use of shift patterns would result in greater productivity. More introductory and in-service training would improve staff professionalism. Further, overtime working – on the rare occasions when it should be required, if there is a proper staffing complement – should be properly rewarded, as well as monitored, to ensure that staff do not suffer from burn-out.

The Committee considers that promotion by length of service is highly inefficient. When younger, qualified, trained and well-regarded officers see those with more service than them being promoted only on the basis of seniority, they are likely to become disillusioned. A crucial by-product of this in this establishment is that the senior uniformed staff are not necessarily able to perform the role of middle management and provide both proper supervision of staff and offer practical, intelligence-led and experienced-based information and advice to senior management. Middle management should ensure that the ethos being developed by senior management is both based on a full understanding of the complexities of the establishment and adopted by all staff. For this to happen, the promotion system must identify the best candidates to fulfil these crucial roles.

99. In light of the above remarks, the CPT recommends that the Cypriot authorities to take the necessary measures to:

- **develop the capacity and role of prison officers;**
- **extend shifts to allow more dedicated time off for staff and minimise time spent travelling to and from work;**
- **adopt more introductory and in-service training;**
- **properly reward any overtime working;**
- **develop initiatives to tackle absenteeism, including the rewarding of good attendance and effective sanctions for persistent absenteeism; and**
- **reform the system of promotion by length of service to a promotion system that is based on merit, and one that can identify the best candidates to fulfil crucial middle-management roles.**

Further, greater efforts should be made to promote staff awareness for the rationale behind management reform initiatives; in particular, middle management should be responsible for overseeing their implementation in practice.

The CPT would like to be informed of how many of the 52 prison officer vacancies have now been filled.

b. discipline and isolation

100. At the time of this 2017 visit, the issue of discipline was governed by the same provisions as before (i.e. by Sections 153 to 162 of the Prison Regulations).

However, the CPT is pleased to note that the prison administration continues in practice to stop imposing a prohibition on contact with the outside world in cases of disciplinary punishment. Further, the CPT notes the authorities' explanation that resort to solitary confinement as a formal disciplinary punishment is infrequent and that the maximum periods (in a special isolation cell for up to 60 days or confinement to a personal cell for up to 90 days) are not imposed.

The Committee takes note of the discussions underway for reform of the prison legislation of the Republic of Cyprus⁵⁰ since the European Court of Human Rights case of *Onoufriou v. Cyprus*,⁵¹ notably concerning the procedural guarantees and safeguards required for inmates placed in solitary confinement.⁵² These include ensuring, during solitary confinement, the right of better access to sanitary facilities, outdoor exercise and regular meals, a maximum length of solitary confinement of 14 days, due process safeguards (information in writing on reasons and duration, daily medical staff visits, etc.), fewer restrictions placed on visits, increased contact with the outside world and less monitoring of correspondence of persons held in solitary confinement (including unrestricted correspondence with the Attorney General, the Commissioner for Administration and Human Rights, the Prisons' Board, the Prisoner's Council, the CPT and the European Court of Human Rights). **The CPT would like to be informed of developments in the reform process, and of the timing of the adoption and implementation of these reforms.**

101. The Committee continues to have concerns regarding the power of senior prison officers to confine a prisoner to a cell for up to six days (four immediate days plus two additional days for investigation) as an immediate response to an alleged breach of discipline.⁵³ The intention of this rule is to provide an opportunity for the alleged offence to be investigated fully and charges prepared ("investigative lock-up"). In practice, it clearly appears to be used routinely and is perceived by inmates more like a punishment, without due process. The delegation found that the recording of use of disciplinary punishments was not consistently undertaken and it was not provided with the actual records requested concerning number, actual lengths and frequency of investigative lock-ups and sanctions of solitary confinement, despite repeated requests. In this respect, **the Committee requests that the authorities send, within three months, the number, actual lengths and frequency of 'investigative lock-ups' and solitary confinement sanctions for 2016 and the first nine months of 2017.** Further, **the CPT recommends that record keeping of disciplinary sanctions be improved.**

In the CPT's opinion, the placing of prisoners in provisional disciplinary isolation ('investigative lock-up') following a suspicion that they may have committed a disciplinary offence, and prior to a formal charge being brought, should not last longer than a few hours. Confinement to a cell for longer than a few hours, in relation to an incident giving rise to a disciplinary procedure, should not occur without the prisoner being charged and being given an opportunity to be heard on the matter and to explain his/her behaviour to a senior prison officer reporting to the director.

Further, investigative lock-ups are approved by the director or her deputy *ex post facto*. In practice, all prisoners interviewed said it their lock-up invariably lasted for the full six days and they never saw the director during this time.

The CPT recommends that the Cypriot authorities ensure that placement in provisional or precautionary disciplinary isolation (investigative lock-up) is in line with the above precepts, including ensuring that it is not used routinely, complies with due process safeguards and should generally not last longer than a few hours.

⁵⁰ Prison Law 1996 (Law 62(I)/96), Prison (Amendment) Law no. 37(I)/2009, Prison (General) Regulations 18 April 1997 ((P.I. 121/97-307/2005).

⁵¹ European Court of Human Rights, Application no. 24407/04, Chamber judgment of 7 January 2010 and finalised on 7 April 2010.

⁵² Prison Regulations 114, 115, 151, 155 to 162 are in the process of being revised.

⁵³ Article 155, Prison Regulations.

102. The Committee is concerned about the lack of various procedural safeguards regarding the disciplinary process. There were long delays between the commission of an alleged disciplinary offence and the formal adjudication process and sanction. The delegation found several cases where prisoners had been subjected to several repeated six-day lock-up periods during a short space of time for different offences and then had to wait for months before the adjudication process. The adjudication process was slow, and various offences allegedly committed in mid-2016 were only being addressed during the visit (February 2017).

The CPT believes that prison disciplinary proceedings are by their nature summary proceedings. Their function is to respond as quickly as possible, consistent with the need to give adequate notice of hearings and charges to be faced, after the alleged offence has been discovered. The sooner the punishment is imposed the more likely it is to be effective. Waiting for weeks – or sometimes months – to hold the hearing and impose any penalty renders the procedure ineffective. Equally, the vast majority of prison disciplinary cases are typically relatively clear cut and can be investigated very quickly. In NCP, there were long delays between the alleged incident and the imposition of any disciplinary sanction. Justice requires that a sanction for a disciplinary offence be adjudicated upon, and executed, as soon as possible, not months later.

The CPT recommends that the prison management fundamentally review the operation of the disciplinary procedures, to ensure that any offence is investigated, adjudicated upon and executed in a timely manner.

103. The Committee is disappointed that the prison director's power to remove remission from prisoners as a result of disciplinary offences has not been addressed in the proposed reforms. In the case of NCP, from 30 October 2014 until February 2017, loss of remission had been imposed on 127 occasions, with one case involving a sentence of 180 additional days (for an escape). The loss of remission can be considered as an additional sentence and thus requires the full range of safeguards associated with a fair trial (i.e. an independent judge, not the prison director, should adjudicate such cases).⁵⁴ The practice of prison director's power to remove remission has been abolished in most countries because such procedures risk non-compliance with all the rules of natural justice. These rules, *inter alia*, require that the adjudicating officer is conspicuously independent and comes to the case *de novo*. A prison director cannot comply with the rules.

In this regard, the CPT recommends that the Cypriot authorities amend the relevant provisions of the Prison Regulations, as well as any other relevant legislation, to ensure that disciplinary proceedings that may result in loss of remission are dealt with by an independent judge.

c. foreign nationals

104. The numbers of foreign national prisoners at NCP remain significant (around 40% of the inmate population (244)), but little was being done to address their specific needs. Foreign national inmates were still not provided with written information about the internal regulations in a language they could understand and many complained about being totally unaware of their rights and obligations within the establishment. Further, they had little regular access to interpretation services.

⁵⁴ ECtHR judgment of *Ezeh and Connors v. the United Kingdom* (9 October 2003, Applications nos. 39665/98 and 40086/98).

Many of the allegations received by the delegation were of discrimination towards foreign national prisoners in terms of access to education, health care, work and recreation. Most pertinently, there was deep discontent that, unlike Cypriot prisoners, apparently they were unable by law to apply for progression to semi-open and open prison and for parole. According to prison management, staff and prisoners alike, this feeling of inequality was the source of great frustration and they all considered that affording foreign national equal rights would ameliorate staff-prisoner relations and lessen tensions between foreign nationals and staff.

The CPT recommends that the Cypriot authorities should ensure that foreign nationals have the right to progress to open prison and the right for consideration for early release, to afford them equal rights and treatment as afforded to Cypriot prisoners. In this respect, the principle of non-discrimination should be respected, in line with international norms prohibiting discrimination.⁵⁵

It also recommends that the Cypriot authorities should increase the support provided to foreign nationals in NCP through, *inter alia*,:

- **appointing a dedicated foreign national liaison officer;**
- **ensuring written information on inmates' rights, obligations and house rules is provided upon admission, in a range of the most commonly spoken languages and including information on immigration procedures and systematically given to foreign nationals; and**
- **ensuring foreign national prisoners have recourse to interpretation services when required.**

d. contact with outside world

105. The Committee is pleased to note that the possibilities to maintain contact with the outside world had greatly improved at NCP.

Regarding visits, open visits were now the general practice and the visiting facilities had been upgraded. The number of visits had been increased (six per week), as had the maximum numbers of persons allowed to visit inmates. Access to the telephone had also been increased; all inmates now have access to telephone calls on a daily basis from 8 a.m. to 6 p.m. That said, foreign national prisoners complained that due to prohibitive costs of telephone cards and lack of financial resources, their ability to make telephone calls was very restricted.

Voice-over-Internal Protocol has been introduced to the prison. However, there was only one computer for the whole of the prison (with an occupancy of 611), and in practice it was only available once per month and only for certain categories of inmate. In this respect, **the CPT invites the authorities to review access to Voice-over-Internal Protocol technology and consider expanding its use, notably for foreign national inmates.**

⁵⁵ Including Rule 13 of the European Prison Rules.

e. complaints

106. The CPT's delegation received numerous complaints about the lack of a functioning complaints' system and the limited trust that the prisoners held in the internal complaints' system. While there were locked complaints' boxes available, many inmates complained that their complaints were never responded to, or worse, in several cases, were ripped up in front of their eyes. In sum, the situation had not improved since the 2013 visit.

The CPT believes that effective complaints and inspection procedures are basic safeguards against ill-treatment in prisons. As regards complaints procedures, prisoners should have ready access to avenues, both within and outside the prison system, and be entitled to confidential access to an appropriate complaints authority. In addition to addressing the individual case involved, the CPT considers that a careful analysis of complaints can be a useful tool in identifying patterns of problematic issues to be addressed at a general level.

The CPT recommends that all written complaints should be registered centrally within the prison before being allocated to a particular service for investigation or follow up. In all cases, the investigation should be carried out expeditiously (with any delays justified) and prisoners should be informed within clearly defined time periods of the action taken to address their concern or of the reasons for considering the complaint not justified. In addition, statistics on the types of complaints made should be kept as an indicator to management of areas of discontent within the prison. Equally, all staff should be trained on the importance of the complaints' system and their role within this system.

D. Psychiatric establishments

1. Preliminary remarks

107. At the outset of the visit, the Cypriot authorities repeated to the CPT's delegation that plans to build a new Mental Health Centre had once again been postponed for an undetermined period. Therefore, the Cypriot authorities were concentrating their efforts on reducing the number of in-patients and transferring them to community care.⁵⁶ This programme of deinstitutionalisation is positive. Nevertheless, the CPT reiterates the necessity to construct a new Mental Health Centre, as the current facilities at Athalassa Psychiatric Hospital are unable to provide an appropriate therapeutic environment for the remaining psychiatric patients.

The CPT calls upon the Cypriot authorities to prioritise, without further delay, the building of a new Mental Health Centre. Further, it wishes to be informed of the timescale within which it is envisaged that this will be done.

108. *Athalassa Psychiatric Hospital* remains the only psychiatric hospital authorised to admit patients on an involuntary basis.⁵⁷ The numbers of patients admitted to the hospital have steadily decreased since the CPT's visit in 2013. At the time of the 2017 visit, the establishment was accommodating 64 patients, 43 of whom were admitted on an involuntary basis, including two forensic patients,⁵⁸ for a capacity of 104 beds in six wards.⁵⁹ They consisted of two admission wards (male and female), two closed wards for patients with chronic mental disorders (male and female) and two open wards,⁶⁰ including one mixed rehabilitation ward. The two closed wards and the open rehabilitation ward also accommodated 10 patients with severe learning disabilities. While most patients remained at the hospital for relatively short periods of time ranging from several days to a few months, several patients accommodated at the closed chronic wards (in particular, the patients with severe learning disabilities) had spent very long periods – in some cases, decades – at the establishment.⁶¹

Prior to the visit, the Cypriot authorities confirmed in writing that ward no. 14 for patients with severe learning disabilities had been closed permanently. Eight out of the 12 persons formerly residing in that ward had been transferred to a new social care home in the community, while the other four patients had been integrated in the two closed chronic wards at the hospital. There were also plans to gradually transfer the ten patients with severe learning disabilities to homes in the community. **While welcoming these positive steps, the CPT recommends that the Cypriot authorities make further efforts to also transfer the remaining ten patients with severe learning disabilities from Athalassa Psychiatric Hospital to homes in the community.**

⁵⁶ A new legal framework on community care for mental health patients was pending before Parliament.

⁵⁷ The hospital has been visited by the CPT on each of its previous visits to Cyprus. The only psychiatric establishment authorised to involuntarily admit juveniles is the In-patient Unit for Adolescents of the Archbishop Makarios III Hospital in Nicosia.

⁵⁸ Five patients (two voluntary and three involuntary) were on leave of absence at the time of the visit.

⁵⁹ There were also 12 special observation rooms (two rooms per ward).

⁶⁰ The open wards were however closed during the night.

⁶¹ The longest stays concerned two patients who had respectively spent 31 and 28 years at the hospital.

109. The delegation also paid targeted visits to three establishments under the Ministry of Health – the *Anosi Drug Rehabilitation Centre at the old Limassol General Hospital* and the *Psychiatric Clinics of Limassol and Nicosia General Hospitals* – to establish the status of the patients accommodated there. At the time of the visit, all patients at the three facilities, including those on the basis of a court order, were admitted voluntarily.⁶²

That said, the Psychiatric Clinic of Nicosia General Hospital includes a modern secure unit for involuntary patients (composed of two rooms and one seclusion facility) which had however only been used once shortly after the clinic had started operating in 2006. The Cypriot authorities informed the delegation about their plans to transform the unit into a “secure place” for the purpose of observing and assessing juvenile substance abusers who are in an acute state of intoxication until the issuing of a treatment order by the court. **The CPT would like to be informed by the Cypriot authorities of the legal basis on which juveniles will be deprived of their liberty at the secure unit of the Psychiatric Clinic of Nicosia General Hospital.**

2. Ill-treatment

110. In the course of the 2017 visit, the CPT’s delegation received no allegations of deliberate physical ill-treatment of patients by staff at Athalassa Psychiatric Hospital. On the contrary, it noted that staff working at the establishment generally demonstrated a caring attitude towards patients.

However, it did receive a few isolated allegations of disrespectful behaviour by staff working on the male admission ward.

111. The delegation also examined a case of an allegation of excessive use of force by staff and by police officers called to intervene at Athalassa Psychiatric Hospital when restraining a patient in September 2016. The case concerned a sentenced prisoner who was admitted on 4 September 2016 to ward no. 23 for the purpose of receiving treatment at the hospital (see also paragraph 139).

According to the incidents register and the nurse’s report, on 7 September 2016, the patient had been verbally abusive and had reacted violently towards fellow patients and nurses who had called for police support. In the course of the subsequent escalating violent reaction, the patient had reportedly threatened and physically attacked police officers and nurses, and damaged furniture. He was physically restrained, received an injection with rapidly acting tranquilisers and was handcuffed with one hand attached to the metal bedframe of the bed in the doctor’s consultation room (see paragraph 126), where he reportedly self-injured. Subsequently, he was mechanically restrained and brought to the special observation room on ward no. 23. Later in the evening, prison guards transferred him to the nearby Nicosia General Hospital, where he remained hospitalised and received treatment for a fracture of his left tibia. In the CPT’s view, given the type of injury sustained, the explanation of self-injury is not convincing.

⁶² Anosi Drug Rehabilitation Centre at the old Limassol General Hospital was accommodating substance abusers on a voluntary basis, including those who had been issued with a court order for the purpose of receiving alternative treatment for their substance abuse, instead of serving their normal prison sentence (cf. Law on Treatment of Accused or Convicted Substance Abusers (No. 41(I)/2016)). Although patients at the detoxification and rehabilitation unit were not deprived of their liberty, there was a strong incentive for them to continue treatment and to comply with the instructions of the treatment centre, as an interruption of treatment would have as a consequence that the patient concerned was compelled to serve his/her prison sentence. As regards the issue of patients who had occasionally been subjected to treatment without their consent in the context of the so-called “voluntary placement” procedure at the Psychiatric Clinic of Limassol General Hospital, see paragraph 133.

By communication of 31 March 2017, the Cypriot authorities informed the Committee that the investigation into the case was still on-going. **The CPT would like to be informed of the outcome of the investigation.**

112. In the light of the information gathered during the 2017 visit, **the CPT recommends that the management of Athalassa Psychiatric Hospital exercise continuous vigilance and regularly remind staff that any form of ill-treatment (including verbal abuse) or disrespectful behaviour towards patients is unacceptable and will be sanctioned accordingly.**

113. Prior to the visit, the Cypriot authorities also indicated in writing that special investigation committees were set up, on an ad hoc basis, by the management to individually examine cases of alleged ill-treatment at Athalassa Psychiatric Hospital. Depending on the findings of each committee, further appropriate measures might be taken, including the referral of a case to the competent investigation and prosecution authorities. **The CPT would like to be informed of the composition of the special investigation committees as well as of the number of ill-treatment allegations by staff at Athalassa Psychiatric Hospital investigated by these committees during the years 2012 to 2017 and the outcome of these investigations, including any follow-up action taken by the hospital management.**

3. Patients' living conditions

114. The CPT has repeatedly stressed the urgent need to improve material conditions and the existing infrastructure of the out-dated buildings at Athalassa Psychiatric Hospital. The Committee regrets that only marginal improvements have been made since its last visit in 2013.⁶³ These were mainly limited to repainting the walls in some of the wards and repairing the broken sanitary equipment on the female admission ward. That said, several patients complained that the central heating system had been out of service for several days in December 2016 – a problem that was acknowledged by the director of the hospital but had since been remedied. The closed wards – and particularly patients' rooms on the male admission and the closed male chronic wards – remained in a dilapidated state and were austere and impersonal with hardly any visual stimuli or decoration.⁶⁴

Further, despite individual lockable cabinets being available in most of the patients' rooms, the keys to these cabinets were kept by nursing staff. Patients' personal hygiene items were still stored in a separate locked room on each ward and were only distributed by nursing staff upon request. The delegation also noted that the taps in the patients' rooms on the closed female chronic ward had been turned off, as the patients with severe learning disabilities accommodated on this ward had apparently repeatedly flooded the bedrooms, and patients on the closed male chronic ward had no access to warm water in their rooms. Further, for security reasons, patients were still not permitted by staff to use knives and forks during meals. The Committee must reiterate its position that such generally applied restrictions appear disproportionate, except for individually justified cases. **The CPT recommends that these shortcomings be remedied.**

⁶³ See CPT/Inf (2014) 31, paragraph 92.

⁶⁴ Colourful paintings on the walls of the two female wards presented a notable exception.

In sum, although the overall number of patients had further decreased since the 2013 visit, the CPT must reiterate that the material conditions remain substantially below standard and would require complete refurbishment for the hospital to be transformed into a modern psychiatric care facility. In particular, the two admission wards did not offer an adequate therapeutic environment. This situation was acknowledged by the Cypriot authorities, which informed the CPT, by communication of 31 March 2017, that measures are being taken to renovate the current hospital until a new one will be built.

However, the delegation could observe for itself that the constant postponements of the plans to build a new Mental Health Centre continue to adversely impact the situation of patients at Athalassa Psychiatric Hospital, as long-term prospects for a new centre are preventing the required complete renovation of the current facilities. The CPT notes that the construction of the new Mental Health Centre is long overdue and regrets that, despite its previous recommendations, insufficient steps have been taken to significantly improve patients' living conditions at Athalassa Psychiatric Hospital.

Reference is made to the CPT's recommendation in paragraph 107. In the meantime, the Cypriot authorities should take further steps to improve the living conditions in the light of the above remarks and make increased efforts to render patients' rooms less austere and impersonal.

115. As regards the regime, the CPT's delegation noted that patients had access to their rooms during the day and that the doors of the patients' rooms at the closed male chronic ward are no longer locked at night. However, access to outdoor exercise for patients at Athalassa Psychiatric Hospital was still offered only on an irregular basis. It was still the case that most of the patients from the admission wards were not offered any outdoor exercise. The CPT has to reiterate that this situation is not acceptable. Most of the patients from the closed female chronic ward were permitted to leave their ward only occasionally accompanied by a nurse as there was still no secure outdoor area attached to the ward. Only the ward for male chronic patients had access to a dedicated secure courtyard. In contrast, the outdoor facility, initially intended as a football pitch, was clearly not being used for the daily outdoor exercise of patients.

The possibility for a patient to be outside, preferably in a pleasant garden area, should be a right for every patient. Hence, access to the outdoors should be proactively promoted.

The CPT recommends that the Cypriot authorities take steps to put in place a clear policy for promoting and facilitating the possibility for all patients from the closed wards, including the two admission wards, to access the outdoors every day at Athalassa Psychiatric Hospital. To this end, better use should be made of the existing outdoor facilities. The CPT would like to receive information on how this policy is being implemented.

4. Staff and treatment

116. At the time of the visit, there were two full-time psychiatrists (each working five days per week between 7.30 a.m. and 2.30 p.m. but one of them – the director of the hospital – also dedicated half of her time to administrative duties) and one part-time psychiatrist (present at the hospital for three out of the five working days) working at Athalassa Psychiatric Hospital. In addition, one trainee psychiatrist stood in for one full-time psychiatrist who was on maternity leave. Further, it remains the case that a psychiatrist from the nearby Nicosia General Hospital was on call to provide medical coverage and perform admission procedures every day between 2.30 p.m. and 7.30 a.m., as well as during the weekend. Consequently, psychiatric input was insufficient at the hospital.

The CPT has been informed that, since the visit, the number of psychiatrists has been increased to three full-time psychiatrists and one trainee psychiatrist.

It remains the case that a general practitioner from the neighbouring Nicosia General Hospital visited Athalassa Psychiatric Hospital twice a week and psychiatric patients attended the General Hospital for dental care and in case of an emergency.

117. It is positive that the reduction of inpatients at Athalassa Psychiatric Hospital had not caused a reduction of nursing staff. With five chief nursing officers and approximately 125 nurses employed at the time of the visit, their number had significantly increased since the 2013 visit. The nursing presence had been relatively strengthened with at least one nurse for some three patients on each ward and at least two nurses per ward at night.⁶⁵ The delegation was also informed that the number of nursing staff was adjusted depending on the requirements in the wards (e.g. due to a high number of admissions). Nursing staff appeared to be dedicated to their work and the delegation was impressed by the fact that nurses were raising funds to improve material conditions at the hospital.

As regards training, nurses were only able to benefit from few training courses. In the CPT's view, further efforts are required to diversify training and provide regular refresher courses in line with the needs of staff. Investing in staff development is essential.

The CPT reiterates its recommendation that the Cypriot authorities ensure the provision of continuous mandatory training and refresher courses for mental health nurses.

118. There were only one clinical psychologist and two occupational therapists (and two assistant occupational therapists) employed at Athalassa Psychiatric Hospital. This in turn limited the amount of psychological assistance and occupational therapy offered to patients to a minimum (see also paragraph 121).

The CPT recommends that the Cypriot authorities take steps to increase the number of psychologists and occupational therapists at Athalassa Psychiatric Hospital.

⁶⁵ For instance, on the day of the visit, there were two nurses during the two day-shifts and four nurses at night for 13 patients in the male admission ward.

119. As in the past,⁶⁶ the treatment provided to patients at Athalassa Psychiatric Hospital consisted almost exclusively of pharmacological treatment. A detailed review of psychotropic medication showed that a wide range of antipsychotics was prescribed to a large number of patients from all the closed wards. That said, the delegation also noted some positive changes in their use⁶⁷ and dosage levels of prescribed medication appeared to be within an appropriate therapeutic range.

120. The CPT was pleased to note that file-keeping of patients' medical files and medical registers at Athalassa Psychiatric Hospital was done in a more systematic way than in the past, with updated and individualised treatment plans, relevant documentation on the origin of illness and reason for hospitalisation and medication charts. Medical and nursing notes appeared to be maintained adequately and in a more detailed manner, and recourse to "PRN medication" was recorded in both a dedicated register and the individual patients' files. That said, the delegation noted that these files were not always up to date and complete.

The CPT recommends that the Cypriot authorities take further steps to ensure that patients' individual files contain all the relevant information and documentation.

121. The occupational therapy pavilion⁶⁸ at Athalassa Psychiatric Hospital was still available on weekday mornings mainly for patients from the two open wards. That said, very few patients from the closed wards were involved in the occupational therapy offered at the pavilion and only a limited number of activities was on offer. These activities mainly consisted of group therapy, such as personal grooming activities, gardening and board games, as well as occasional individually-tailored occupational activities.⁶⁹ The majority of patients from the closed wards with whom the delegation spoke did not attend any organised activities at all. It is therefore not surprising that they spent most of their time in the recreational rooms of their wards, watching television. In sum, input in terms of occupational therapy was insufficient at the hospital and reliance on pharmacotherapy excessive.

That said, the Committee takes note of the information provided by the Cypriot authorities in their communication of 31 March 2017 that the Ministerial Council had recently approved the construction of a new building with treatment facilities "to cover the needs" of the current hospital.

The CPT reiterates its recommendation that the Cypriot authorities make greater efforts to involve patients on closed wards at Athalassa Psychiatric Hospital in activities adapted to their psychosocial status and diagnosis. It also reiterates its recommendation that the range of therapeutic, occupational and rehabilitative activities on offer be increased.

⁶⁶ See CPT/Inf (2014) 31, paragraph 96.

⁶⁷ For example, consultation of a broad number of medical files revealed a reduced utilisation of haloperidol and an increased use of second generation antipsychotics, such as olanzapine or quetiapine.

⁶⁸ The pavilion included a cafeteria and a recreational club equipped with table tennis, billiard table and a library.

⁶⁹ There was also a gym class and an arts programme, which both took place once a week, and a pottery group, which was offered twice a week. In addition, some patients attended excursions outside the hospital, several times a year, or could visit the adjacent commercial centre.

5. Means of restraint

122. At Athalassa Psychiatric Hospital, patients were on occasion subjected to physical, mechanical and chemical restraint as well as to seclusion.

The CPT is pleased to note that the competent authorities have elaborated clear guidelines on seclusion and on managing aggressive patients including by means of restraint for Athalassa Psychiatric Hospital (cf. Ministry of Health Guidelines for Psychiatric Nursing Practice), thus implementing the CPT's long-standing recommendation. However, means of restraint are still not explicitly regulated in Cypriot law (cf. the Law on Psychiatric Care, no. 77(I)/1997, as amended). In the CPT's view, given the intrusive nature and the potential for abuse and ill-treatment, all types of restraint (including chemical restraint) and the criteria for their use should be regulated by law.

The CPT recommends that the Cypriot authorities review the Law on Psychiatric Care to explicitly regulate the use of all means of restraint applied at Athalassa Psychiatric Hospital and other psychiatric establishments in Cyprus and the criteria for their use, in line with the CPT's revised standards on means of restraint.⁷⁰

123. A programme to provide nursing staff with training on restraint techniques was being rolled out at Athalassa Psychiatric Hospital – a first training session was scheduled for the week after the delegation's visit. In the CPT's view, such training should not only focus on instructing health-care staff how to apply means of restraint but, equally importantly, it should ensure that they understand the impact the use of restraint may have on a patient and that staff know how to care for a restrained patient.

The CPT recommends that the Cypriot authorities ensure that all nursing staff are provided with mandatory specialised training and refresher courses on de-escalation and restraint techniques for mental health nurses involved in restraining patients at Athalassa Psychiatric Hospital and other psychiatric establishments in Cyprus.

124. As in the past, physical restraint (i.e. a measure of two or three nurses holding or immobilising a patient) was seldom resorted to at Athalassa Psychiatric Hospital. According to the nursing notes and the logbook of the respective wards, where recourse to physical restraint was recorded, it was used only in exceptional cases and for the shortest possible period of time. The measure was usually applied in combination with chemical restraint (see paragraph 127).

125. In contrast to its findings during the 2013 visit, the CPT found that straitjackets continued to be applied occasionally for mechanical restraint in the closed wards of Athalassa Psychiatric Hospital. The delegation came across two documented cases where a straitjacket had been applied (in one case this measure had been resorted to on four occasions within a period of five and a half months). The patient was placed in a special observation room and restrained upon a doctor's order; the application of a straitjacket was generally limited to a maximum of one hour and appeared to be applied in line with the relevant guidelines, and particularly the principles of necessity and proportionality, to prevent the patient self-harming or injuring others. During that time, the patient was supervised via a connecting window from the adjacent nursing room.

⁷⁰ Revised CPT standards on [Means of restraint in psychiatric establishments for adults](#), CPT/Inf(2017)6.

In the CPT's view, in the case of mechanical restraint, a qualified member of staff should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide him/her with prompt assistance.

The CPT recommends that steps be taken at Athalassa Psychiatric Hospital to ensure that whenever a patient is subjected to mechanical restraint, he/she always benefits from the continuous, direct and personal supervision of a trained member of staff nearby.

126. As regards the case of the patient who had been handcuffed with one hand attached to the metal bedframe of the bed in the doctor's consultation room (see paragraph 111), the CPT must underline that, for the purpose of mechanical restraint, only equipment designed to limit harmful effects (preferably, padded cloth straps) should be used in order to minimise the risk of the patient sustaining injury and/or suffering pain. Certain mechanical restraints, such as handcuffs, are totally unsuitable for such a purpose and have no rightful place in psychiatric practice. Further, shackling a patient by means of handcuffs to fixed objects is totally unacceptable in a psychiatric hospital or indeed anywhere else.

The CPT recommends that these precepts be applied at Athalassa Psychiatric Hospital.

127. The CPT also examined the use of chemical restraint (i.e. forcible administration of medication for the purpose of controlling a patient's behaviour). The internal guidelines for nursing staff also contain instructions on the procedure for the administration of medication to restrain agitated or violent patients and require the prior authorisation and prescription by a psychiatrist. In practice, chemical restraint was frequently applied at Athalassa Psychiatric Hospital by way of administering rapidly acting tranquilisers, regularly in combination with other means of restraint. That said, the delegation found that instances of recourse to chemical restraint were not adequately recorded (see paragraph 129).

If recourse is had to chemical restraint such as sedatives or rapidly acting tranquilisers, they should be subjected to the same safeguards as mechanical restraints. The side effects that such medication may have on a particular patient need to be constantly borne in mind, particularly when medication is used in combination with mechanical restraint or seclusion.

128. According to the internal guidelines, patients could be placed under observation in a special observation room on the instructions of a medical doctor and under constant visual monitoring by a dedicated member of the nursing staff with regular recording every two hours. This measure was still applied frequently at Athalassa Psychiatric Hospital, and particularly in the two closed admission wards. For this purpose, each ward had two special observation rooms, each room being equipped with a bed, a mattress and a connecting window to the adjacent nurses' room. As regards newly admitted patients, after a few hours or one day, the door was usually opened during the day so that patients were able to associate with other patients.

The measure regularly amounted to seclusion (i.e. involuntary placement of a patient alone in a locked room), notably to constantly monitor patients who were either in a state of agitation or at risk of self-harm; in these instances, the door remained permanently locked. The measure was almost systematically applied in combination with rapidly acting tranquilisers (see paragraph 127).

The seclusion of agitated patients could last for several days. Nurses monitored the patient through the connecting window and regularly checked the situation of patients, which was documented by a signature on a special form for each patient. The patient was regularly (i.e. every week-day) assessed by a psychiatrist, including after the end of the measure.

That said, the observation rooms in the admission wards of Athalassa Psychiatric Hospital had a sort of metal grille in front of the window which, in the CPT's view, presented a certain danger for patients under special observation who risked self-harming. **The CPT recommends that this shortcoming be remedied.**

129. Athalassa Psychiatric Hospital did not have a comprehensive central register for the use of restraint measures. Although various logbooks were kept in the wards for the purpose of recording incidents of physical and mechanical restraint, in addition to individual patients' files, the Committee did not find any recording of recourse to chemical restraint. Further, no distinction between seclusion and "special observation" was made at the hospital and instances of seclusion were not separately recorded.⁷¹ Due to the great number of specific logbooks used, the delegation had difficulties in obtaining a clear overview of recourse to the various types of restraint at the hospital. The CPT's experience has shown that detailed and accurate recording of instances of restraint can provide hospital management with an oversight of the extent of their occurrence and enable measures to be taken, where appropriate, to reduce their incidence.

The CPT reiterates its recommendation that the Cypriot authorities introduce a specific central register to systematically record all instances of recourse to means of restraint (including chemical restraint) at Athalassa Psychiatric Hospital. This should supplement the records contained within the patient's personal medical file. The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered or approved it; and an account of any injuries sustained by patients or staff. Patients should be entitled to attach comments to the register, and should be informed of this entitlement; at their request, they should receive a copy of the full entry.

⁷¹ That said, instances of special observation were adequately recorded with nurses signing up every two hours.

6. Safeguards

a. initial placement

130. The involuntary placement procedure remains the same as that observed in 2013.⁷² It is recalled that, according to Section 10 (1) of the Law on Psychiatric Care (LPC), as amended, a temporary care order is issued by a judge for a maximum period of 28 days upon application by the person's personal representative, the police or a social welfare officer. The request must be supported by a psychiatric opinion. After the initial period of temporary care, the court can issue a continuing care order for long-term placement, which is limited to an initial period of two months and which may be renewed. The LPC also provides that a patient or, in case of impediment, his/her legal representative, together with a lawyer and/or a psychiatrist of his/her choice, be heard by the court.

However, the deficiencies highlighted in the CPT's 2013 visit report⁷³ have still not been addressed. As in 2013, the great majority of patients interviewed did not appear in front of a judge in the course of the court hearing to decide upon their placement. Court placement orders generally appeared to be uniform and lacked detail, referring exclusively to the psychiatric expert opinion, and they often stated in a standard manner that the patient was in no condition to take part in the proceedings. Similarly, the psychiatric expert opinions seen by the delegation tended to be of a somewhat cursory nature.

The CPT must reiterate its opinion that, in the context of a decision on involuntary psychiatric placement, a patient should be seen by the judge, as required by law. It also considers that the holding of a court hearing at the hospital – direct contact between all the parties concerned (i.e. the patient, his/her lawyer and/or representative, the doctor and the judge) – should supplement the examination of the case file with the medical expert opinion. Such a hearing would enable the judge not only to hear any explanations that the patient and doctor might have, but also to convey his or her decision directly to the patient (with the assistance of the doctor if necessary).

131. It also remains the case that patients or their personal representatives were generally not informed of the possibility of contacting a lawyer. Consequently, none of the patients interviewed by the delegation effectively benefited from the assistance of a lawyer at the hearing. This situation was also partly due to the ineffective system of legal aid in place (see paragraph 38). In the CPT's view, indigent patients should be entitled to legal assistance in involuntary placement proceedings. Where the patient does not appear before the judge (for the reasons prescribed by law), he or she should normally be represented by a person acting in his or her interest.

Further, for a number of patients, the personal representative was a family member and therefore the same person who had actually requested the hospitalisation. In the case, when a family member genuinely believes that the patient needs to be hospitalised, he or she cannot independently represent the patient's best interests.

Moreover, none of the patients interviewed by the delegation had received a copy of the relevant court order on involuntary placement or was informed of his or her right to appeal.

⁷² See CPT/Inf (2014) 31, paragraph 109.

⁷³ Idem.

132. In the light of the above, **the CPT recommends that the Cypriot authorities take the necessary steps to ensure that:**

- **all patients who are admitted on an involuntary basis have the effective right to be heard in person by the court during involuntary placement procedures. In this respect, the possibility of a court hearing at the hospital should be considered;**
- **all indigent patients or their personal representatives benefit from free legal representation;**
- **the independence and impartiality of the personal representative is guaranteed;**
- **all patients receive a copy of any court decision on involuntary placement in a psychiatric hospital and are informed both orally and in writing about the reasons for the decision and the avenues/deadlines for lodging an appeal.**

133. Despite the Committee's repeated criticism, the so-called "voluntary placement" procedure under Section 8(2) of the LPC still remains in force. Under this provision, a patient who has been voluntarily admitted to a psychiatric establishment can be treated without his/her consent for up to 72 hours upon the recommendation of two doctors (one of whom must be a psychiatrist). Only after this time has elapsed and the duty psychiatrist of the facility recommends continuing the treatment but the patient still refuses to consent to it, is the procedure for involuntary placement initiated.

During the visit, the CPT's delegation was informed that patients at the Psychiatric Clinic of Limassol General Hospital had occasionally been subjected to treatment without their consent for up to 72 hours. In the CPT's view, such a procedure presents a major shortfall in the protection of patients and opens the door to abuse, as these patients had not been given the opportunity to give their free and informed consent to admission. This consent is also not a prerequisite, given that the provision under Section 10(3) of the LPC already allows a judge to issue an examination order to evaluate the patient's condition, if the patient refuses to be examined for the purpose of providing the medical opinion required for the issuing of a temporary care order.

The CPT reiterates its recommendation that this provision be abrogated. All patients admitted to a psychiatric institution without their consent should benefit from the safeguards associated with involuntary placement as from the moment of their admission and before being subjected to treatment without their consent.

b. safeguards during placement

134. Under the current legal framework, there is no clear distinction between the procedure for involuntary placement in a psychiatric institution and the procedure for involuntary psychiatric treatment. According to Section 26 (2) of the LPC, “intrusive treatment” is only administered once the patient’s or his/her personal representative’s consent has been obtained.⁷⁴ Section 27 of the LPC provides for two exceptions to the need to obtain consent: the involuntary treatment must be applied promptly either to save the patient’s life or to prevent a serious deterioration of his/her condition. Moreover, Section 13 of the Patient’s Rights Law (No. 1(I)/2005) contains a number of provisions regarding consent to treatment but gives wide discretion to the treating psychiatrist if involuntary treatment is urgently required.

In practice, a separate court order for involuntary treatment is not required; the decision to subject a person to involuntary treatment is exclusively taken by the treating psychiatrist (usually with the consent of the patient’s personal representative). Consequently, patients were not able to appeal involuntary treatment decisions separately.

In the CPT’s view, the decision to treat a person for a psychiatric disorder without his/her free and informed consent should be separate from the decision on involuntary placement in a psychiatric institution. A placement order should never be construed as authorising involuntary medical treatment. All decisions concerning involuntary treatment should entitle patients to appeal these decisions.

The CPT recommends that the Cypriot authorities take steps – including of a legislative nature – to distinguish clearly between the procedure for involuntary placement in a psychiatric institution and the procedure for involuntary psychiatric treatment to allow patients to appeal involuntary treatment decisions separately.

135. Despite the CPT’s repeated recommendations over the years, the information leaflet at Athalassa Psychiatric Hospital had not been updated and still did not mention any patients’ rights, with the exception of how to file a complaint to the Mental Health Supervisory Committee. Moreover, despite the Cypriot authorities’ affirmation to the contrary, most patients interviewed by the delegation complained that they were not provided with adequate assistance to understand their rights. Consequently, the great majority of the patients seemed to be unaware of them.

By communication of 31 March 2017, the Cypriot authorities informed that Committee that they were in the process of developing a “welcome pack” for patients, which would provide information on their admission to the hospital and on their rights.

The CPT would like to receive a copy of the revised documentation provided to newly admitted patients at Athalassa Psychiatric Hospital. Further, it reiterates its recommendation that the Cypriot authorities take steps to ensure that patients unable to understand the information receive appropriate assistance.

⁷⁴

If no such consent has been obtained, the patient or his/her personal representative has a right of recourse to the Mental Health Supervisory Committee, which submits a pertinent opinion to the Minister of Health.

136. As regards complaints to independent external monitoring bodies, it remains the case that patients at Athalassa Psychiatric Hospital could address written complaints to the Mental Health Supervisory Committee⁷⁵ through dedicated complaint boxes present in all the wards, which were emptied on a monthly basis. They were also theoretically entitled to address their complaints to the Ombudsman's Office, although none of the patients interviewed by the delegation was aware of this possibility.

The Supervisory Committee now had a part-time secretary. Moreover, according to the information provided by the Committee, the insufficient budgetary resources limited its ability to carry out its many tasks effectively. It only carried out visits to psychiatric establishments in Cyprus once a year.⁷⁶

The CPT recommends that the Cypriot authorities take the necessary steps to ensure that the Mental Health Supervisory Committee is allocated adequate staffing and budgetary resources to be in a position to effectively perform its duties, including conducting frequent and unannounced visits to places where involuntary psychiatric patients are admitted.

Further, patients at Athalassa Psychiatric Hospital should be provided with information on how to address complaints to the Ombudsman's Office.

137. There were no changes as regards contact with the wider community, compared to the situation observed at the time of the 2013 visit. Patients in the closed wards still experienced difficulties in accessing the telephone and their communications continued to be monitored by staff. More should also be done to provide further contacts with the wider community for these patients, which were basically limited to occasional visits to a neighbouring commercial centre.

The CPT calls on the Cypriot authorities to take the necessary measures to ensure that all patients at Athalassa Psychiatric Hospital are able to communicate by telephone during the day and under conditions allowing privacy, unless there is a reasoned doctor's order to the contrary. The Committee also reiterates its recommendation that more frequent contact with the wider community be offered to patients unless there are serious medical reasons preventing such contact.

⁷⁵ See the CPT's report on its 2000 visit to Cyprus (CPT/Inf 2003 1, paragraph 65) for a detailed description of the genesis and mandate of the Mental Health Supervisory Committee.

⁷⁶ See Section 21(1) of the LPC.

c. discharge from involuntary care

138. As regards the renewal procedure and the termination of involuntary in-patient care, the CPT must reiterate its concern that the Committee's previous recommendations have not been implemented in practice. According to the LPC, a judge may renew a continuing care order for successive periods not exceeding 12 months at a time, upon application by the patient's personal representative, a nurse or a social worker. Section 11 of the LPC still does not provide for a personal hearing of patients or their personal representatives at court proceedings concerning the renewal of their involuntary placement. Further, Section 15 of the LPC still requires the positive assessment of the treating psychiatrist before patients are allowed to request the termination of their involuntary placement.

In practice, it is still the case that the treating psychiatrist completed a standard form to obtain the renewal of the hospitalisation term of a patient at Athalassa Psychiatric Hospital, which was subsequently endorsed by a judge on the basis of very minimal information and without a formal hearing. From the examination of the individual files of long-stay patients, it became apparent that the review, which was carried out on a two-monthly basis, was largely a *pro forma* exercise with little or no involvement of the patient. The summary proceedings meant that neither the patient nor his/her legal representative could intervene to challenge the renewal of the placement. Further, none of the patients interviewed by the delegation appeared to be aware of their right to submit an opinion from an independent psychiatrist of their own choice during the discharge procedure.

The findings of the 2017 visit to Athalassa Psychiatric Hospital show that the current law and practice in Cyprus still does not offer a meaningful review of the need for continued placement of long-term patients.

The CPT calls upon the Cypriot authorities to amend the Law on Psychiatric Care to ensure that:

- **patients are granted the right to be heard in person and/or through their legal representative at all court hearings prior to any decision concerning the renewal of their involuntary placement;**
- **patients are permitted to request the termination of their hospitalisation measure without having to first obtain a positive assessment from their treating psychiatrist.**

Further, the Committee reiterates its recommendation that patients be informed of the possibility of submitting the opinion from an independent psychiatrist of their own choice at public expense, if necessary, during a discharge procedure.

7. Transfer of remand and sentenced prisoners for treatment purposes

139. Section 38 of the LPC allows for a judge to issue a psychiatric care order to authorise the admission of a convicted offender with a mental disorder to a suitable centre for the purpose of receiving the required treatment and serving his/her sentence. This procedure may be initiated following a written or oral medical opinion by a psychiatrist. That said, there is currently no forensic psychiatric establishment for the treatment of convicted offenders in Cyprus. According to Section 37 (1) of the LPC, the Minister of Health, acting upon a request of the director of Nicosia Central Prison, may order, in writing, the transfer of a person serving a prison sentence to a secure detention centre for a period of up to six months, which may be renewed with court approval, if the treatment cannot be provided in the prison. This order must be based on a psychiatric expert opinion by one doctor.

The CPT learned that if remand or sentenced prisoners from Nicosia Central Prison, after a medical examination by the prison psychiatrist, are diagnosed as suffering from a psychiatric disorder which renders them a danger to themselves or to other prisoners, they are transferred to Athalassa Psychiatric Hospital for involuntary treatment. Such a transfer is ordered by the Minister of Health in line with the provisions of Section 37 (1) of the LPC. This procedure is distinct both from the regular involuntary placement procedure (cf. paragraph 130) and from the procedure of issuing a psychiatric care order under Section 38 of the LPC, as the decision to hospitalise a prisoner is not taken by a court, but by the competent ministerial authorities. Therefore, there is no involvement of an independent judicial authority in the context of the involuntary placement of prisoners.

The current practice of transferring remand and sentenced prisoners from Nicosia Central Prison to the male admission ward of Athalassa Psychiatric Hospital for treatment also poses a number of practical problems in terms of lack of suitable therapeutic conditions, appropriate security arrangements and adequate training for nursing staff (see also paragraph 111). These points were acknowledged by the Cypriot authorities. Further, nurses at the hospital stressed to the delegation the fact that the admission of convicted prisoners was highly demanding in terms of staffing requirements and might negatively impact the regime of the other patients.

In the light of the above, the CPT encourages the Cypriot authorities to consider the possibility of creating a secure dedicated psychiatric unit for forensic patients with an appropriate security and therapeutic environment aimed at their rehabilitation.

In the meantime, the Committee recommends that the Cypriot authorities take the necessary measures to ensure that at Athalassa Psychiatric Hospital appropriate security arrangements are in place and adequate training for nursing staff is provided to enable them to deal with prisoners. Further, procedural safeguards should be strengthened by involving an independent judicial authority in the context of the involuntary placement procedure for prisoners. The relevant legislation should be amended accordingly.

E. Social care homes

140. The current system of social care homes in Cyprus was established in the 1970s and consists of both homes that provide shelter, protection and care to children⁷⁷ and homes for the elderly and the disabled. The majority of homes are private with the authorities only running a handful of state institutions for the elderly and the disabled. In addition, the de-institutionalisation process of the Nea Eleousa Institution for persons with severe learning disabilities has led to the opening of six small state-run homes to accommodate the former residents of Nea Eleousa.

Nea Eleousa ceased operating in January 2015 with the accommodation of the last six male residents in a new home in the community run by the Social Welfare Services. The Committee welcomes this development and the approach taken by the Cypriot authorities to prioritise deinstitutionalisation.

141. At the outset, the CPT notes the inadequate legislative framework governing the operation of social care homes in Cyprus. The Homes for the Elderly and Disabled Persons Law (No. 222/1991), as amended, was designed for the purpose of quality control of services offered to elderly persons by the private sector.⁷⁸ Therefore, the operation of social care homes run by the Social Welfare Services is currently not governed by any primary or other legislation. Further, the legal framework for the elderly and the disabled has not been designed to serve the needs of, for instance, persons with severe intellectual disabilities, who require rehabilitation, psychiatric treatment or other specific health-care services.

By communication of 31 March 2017, the Cypriot authorities acknowledged this state of affairs and informed the Committee that the legislative framework governing the operation of social care homes was currently under revision with a view to improving the quality of controls and services. The revised legislation will also apply to state-run social care homes.

Moreover, the CPT's delegation was informed that a new legislative framework on community care for mental health patients, including for persons with severe learning disabilities, was pending before Parliament. Further, the review of the legal framework for children (cf. Children Law, Cap. 352) allowing for their placement in social care homes,⁷⁹ which dates back to 1956, was still being carried out by the Ministry of Labour, Welfare and Social Insurance.

The CPT would like to be informed by the Cypriot authorities of the planned timeline for the revision of the legislative frameworks governing the operation of social care homes, community care for mental health patients and children. Further, the Committee would like to receive in due course a copy of the adopted legislation.

⁷⁷ There are currently four state institutions for children, two youth hostels for boys and girls and a special state institution for teenagers in Cyprus. Further, three state homes accommodate unaccompanied minors.

⁷⁸ The placement itself of adults in social care homes is regulated under the Public Assistance and Services Law (No. 8/1991).

⁷⁹ Moreover, according to Section 10 (1) of the Law on Refugees, as soon as an unaccompanied minor enters Cyprus, he/she is placed under the care of the Director of the Social Welfare Services who acts as a guardian and a representative of the minor and acts on his/her behalf. The minor is placed in foster institutional care, based on an individual assessment and has the right to seek international protection.

142. In the course of the 2017 visit, the CPT's delegation visited, for the first time, the following private social care homes:

- “*Ariadni*” Home, situated in a house in the city centre of Nicosia, is a rehabilitation centre for mental health patients. With 35 male and female residents⁸⁰ aged between 19 and 70 years, the home was running at full capacity. Residents with different diagnoses and needs were accommodated in the home, including persons with learning disabilities, schizophrenia or dementia; the three residents with learning disabilities were under partial guardianship.
- “*Ayios Christophoros*” Home is located around a pleasant garden area in one of the outskirts of Nicosia (Strovolos) and consists of eight units in four homes aimed at providing a family-like atmosphere for persons with learning disabilities. The delegation visited the three units which were run by a private foundation. These accommodated 24 residents for an intended capacity of 18 places.⁸¹ All residents were under guardianship and had previously been placed in other state institutions; three of them had several learning disabilities and suffered from Alzheimer's disease. The five other units of the home were rented to the Cypriot state and were accommodating both teenage boys and adults with severe learning disabilities.⁸²
- “*Ayios Georgios*” Home, which initially had started operating as a home for disabled children, is a purpose-built one-storey building located in a residential area in Larnaca. At the time of the visit, the private institution accommodated nine residents on a permanent basis – including one minor and eight adults – and nine additional day-care guests for an official capacity of 28 places. All the residents were severely mentally disabled and dependent on assistance, and some of them had additional multiple physical disabilities.

The delegation ascertained for itself that neither the teenagers accommodated at the state-run *Institution for Unaccompanied Teenage Girls* in Larnaca⁸³ nor the residents at the private “*Agios Ioannis*” Home in Kolossi (Limassol)⁸⁴ were *de facto* deprived of their liberty, as they could leave the institution at specific times during the day.

143. The delegation did not receive any allegations of ill-treatment of residents by staff in any of the social care homes visited. It observed that staff-resident relations were particularly good at *Ayios Christophoros Home* and staff was showing a caring attitude vis-à-vis patients.

⁸⁰ Two residents were treated at the local hospital.

⁸¹ Initially, each unit was supposed to accommodate six residents in single-bed rooms. That said, the spacious bedrooms provided sufficient living space for two residents at a time.

⁸² “*Agios Christophoros*” Homes and “*Lara*” Home.

⁸³ Situated in a three-storey family house in a residential area of Larnaca, the institution was accommodating 22 residents for an official capacity of 20 places, on the day of the visit. All 22 teenagers, between 15 and 18 years of age, were under the guardianship of a social worker from the Social Welfare Services which also ran the institution. Most of the girls attended school and could leave the home unaccompanied in the afternoon and early evening.

⁸⁴ This home for the elderly and disabled persons accommodated exclusively mental health patients aged between 18 and 90 years, most of whom had previously been admitted to Athalassa Psychiatric Hospital. At the time of the visit, the home accommodated 44 residents who were all under guardianship.

144. Living conditions varied greatly between the different homes visited. Material conditions were excellent at *Ayios Christophoros Home*, where residents benefited from large single or double occupancy rooms, with brightly decorated living and dining room areas, clean bathrooms and showers, and a pleasant garden, providing a family-like atmosphere. Similarly, they were of a high standard at *Ayios Georgios Home* with spacious and clean bedrooms, well-furnished and purpose-built common rooms and three protected garden areas.

However, at *Ariadni Home*, material conditions were poor. Both bedrooms and common rooms were spartan and did not provide sufficient living space and privacy for the high number of residents accommodated. For instance, two 12 m² bedrooms were each accommodating three residents with hardly any access to natural light and one also served as a passage to give access to the stairs and to the lift both leading to the ground floor. In particular, the male bedrooms on the first floor that were occupied by up to four residents were dirty, stuffy, and unhygienic. Bed linen was filthy and several windows were covered with dust. The bathrooms were also in a dilapidated state.

The CPT recommends that the Cypriot authorities take the necessary steps to improve the material conditions at Ariadni Home.

145. As regards activities, residents at *Ayios Christophoros* and *Ayios Georgios Homes* were able to participate in a range of occupational therapies, including for instance sensory stimulation activities or music therapy, while at *Ariadni Home* only few occupational activities were on offer. The delegation learned that only some five residents participated in these activities; the same five residents were also occasionally engaged in part-time jobs at a nearby kiosk or hotel notwithstanding that a number of residents were capable of working. Hence, the majority of residents did not benefit from any meaningful or rehabilitative activity.

The CPT recommends that the Cypriot authorities take steps to increase the range of purposeful activities on offer to residents accommodated at Ariadni Home and actively encourage residents to participate in these activities. Occupational therapy should play an important part in the long-term treatment programme, provision being made for motivational work, evaluation of learning and relational skills, the acquisition of specific knowledge and improvement of self-esteem.

146. At *Ariadni Home*, the delegation gained a negative impression about the care provided to residents by staff, particularly as regards the residents' personal hygiene. Several of the residents appeared neglected and were dressed in dirty and smelly clothes or had neglected hair or dirty fingernails. Staff should interact more with the residents and assist them in maintaining their personal hygiene.

Further, more efforts should be made in terms of staff development at *Ayios Georgios Home*, given that most of the carers did not have any professional qualifications. This is due to the fact that there are no formal professional requirements or training for carers.

The CPT is of the opinion that the development of an appropriate programme of activities combined with specialised training for the staff would have a considerable impact upon the quality of life of residents. Further, all private institutions visited by the CPT faced severe budgetary constraints as state-funding only covered a part (usually between 30% and 80%) of their operational budget, making them dependent on other sources of funding (e.g. donations) to provide an adequate standard of care and quality of life to their residents.

The CPT recommends that the Cypriot authorities take the necessary measures to ensure that staff at Ariadni Home actively promote and care for the residents' personal hygiene, including through increased interaction with all residents. Staff working at Ariadni and Ayios Georgios Homes should benefit from regular professional training (including training that leads to qualifications).

Further, the CPT would like to receive information about steps being taken by the Cypriot authorities to ensure that social care homes are sufficiently funded to carry out their care task and that regular inspections and controls are being carried out by the competent hygiene and sanitary authorities.

147. Cypriot legislation does not provide for an involuntary placement procedure in social care homes. Residents or their relatives acting on their behalf fill out an application to be accepted by a home. If accepted, they must sign an admission contract with the management of the home (which is also signed by a witness or by the guardian who usually was a member of the family). By signing the contract the residents agree to their voluntary stay and undertake to follow the rules of the home which includes taking any prescribed medication.

That said, the delegation found that, at the time of the visit, several residents accommodated at *Ariadni*, *Ayios Christophoros* and *Ayios Georgios Homes* (e.g. residents with multiple disabilities, dementia or Alzheimer's disease) were prevented from leaving the social care homes, although they were formally considered as "voluntary" residents. For instance, the entrance doors of the three residential units at *Ayios Christophoros Home* were locked on a permanent basis, notably due to the presence of Alzheimer patients, and only a few residents were allowed to leave the units on their own. It follows that these residents were *de facto* deprived of their liberty without benefiting from appropriate safeguards.

In the CPT's view, involuntary placement and stay of residents (including imposition of restrictions amounting to *de facto* deprivation of liberty) in social care homes should be regulated by law. In particular, the Committee wishes to recall that deprivation of liberty (*de facto* or otherwise) is such a serious measure that it is only justified where other, less severe measures have been considered and found to be insufficient to safeguard the individual concerned or the public interest. This means that it is not sufficient that deprivation of liberty is in conformity with national law; the law should also require that it is necessary in the circumstances.⁸⁵ Any placement must be made in the light of objective medical expertise, including of a psychiatric nature. Moreover, deprivation of liberty cannot be considered lawful if the domestic procedure does not provide sufficient safeguards against arbitrariness.

⁸⁵ See ECtHR, *Červenka v. the Czech Republic*, Application no. 62507/12, Judgment of 13 October 2016, paragraph 105.

148. Moreover, the examination of personal files and interviews carried out with the residents at *Ariadni*, *Ayios Christophoros*, and *Ayios Georgios Homes* showed that a number of them were not or no longer in a position to give valid consent to their stay in the home. This was, for instance, the case of at least one of the three residents with learning disabilities at *Ariadni Home* who was not officially deprived of her legal capacity.

In the Committee's view, all residents who are *de facto* deprived of their liberty in this type of establishment, whether or not they have a legal guardian, must enjoy an effective right to bring proceedings to have the lawfulness of their placement and stay (including the imposition of restrictions amounting to *de facto* deprivation of liberty) decided speedily and reviewed regularly by a court and, in this context, must be given the opportunity to be heard in person by the judge and to be represented by a lawyer.

The CPT recommends that the Cypriot authorities act to put in place a clear and comprehensive legal framework governing involuntary placement and stay of residents (including the imposition of restrictions amounting to *de facto* deprivation of liberty) in social care homes, in the light of the preceding remarks.

149. By communication of 31 March 2017, the Cypriot authorities informed the CPT that, in relation to the lack of specific legal provisions observed by the delegation regulating the right of persons with learning disabilities to exercise legal capacity and decide for themselves, including the decision of where to live, the Ministry of Labour, Welfare and Social Insurance was in the process of consulting stakeholders to reform the current legislation. According to the authorities, the new draft legislation under consideration provides for a supported decision making system (and not a substitute decision making system), thereby complying with the provisions of the UN Convention on the Rights of Persons with Disabilities. **The CPT would like to receive a copy of the revised legislation once it has been adopted.**

150. As stated above, residents were asked to sign an admission contract, thereby explicitly consenting in a blanket manner to taking any prescribed medication and following the instructions of a medical doctor. The delegation was informed that, if a resident refused to take his/her medication, the admission contract was ended. Thus, formally, all residents at the social care homes visited were receiving their medication on a "voluntary" basis.

The CPT considers that consent to admission/stay and consent to treatment are two distinct issues and residents should be requested to express their position on both of these issues separately. **The CPT recommends that the practice of linking the requirement to take medication with consent to admission and stay by means of the admission contract should be reviewed.**

151. According to Section 8 of the Homes for the Elderly and Disabled Persons Law, any person authorised for this purpose by the Ministry of Labour, Welfare and Social Insurance may enter all private social care homes for the purpose of carrying out inspections. The CPT learned that the Social Welfare Services was regularly (i.e. once a year) carrying out inspections, including by way of unannounced visits. That said, social care homes were not visited on a regular basis by independent outside bodies; although the Office of the Commissioner for Administration and Human Rights (Ombudsman) had recently carried out a number of visits to social care institutions, it did not have the capacity to visit all social care institutions on a regular basis (see paragraph 9).

The CPT recommends that the Cypriot authorities take the necessary steps to ensure that social care homes are regularly visited – including on an unannounced basis – by bodies which are independent of the Social Welfare Services.

152. At *Ariadni Home*, none of the residents the delegation spoke with was aware of his/her right to submit complaints to independent outside bodies, such as the Ombudsman's Office.

The CPT recommends that steps be taken to ensure that residents are informed of their rights and possibilities to lodge formal complaints, on a confidential basis, with clearly designated outside bodies. This information should form part of the contracts signed by residents or their legal guardians. Residents unable to understand the contracts should receive appropriate assistance.

APPENDIX I

List of the establishments visited by the CPT's delegation

Ministry of Justice and Public Order

- Nicosia Central Prisons

Immigration detention facilities:

- Holding facilities for immigration detainees at Larnaca Airport
- Holding facility for immigration detainees at Paphos Airport
- Kokkinotrimithia Rescue Camp
- Menoyia Detention Centre for Illegal Immigrants

Police establishments:

Larnaca Division

- Aradippou Police Station
- Larnaca Central Police Station*

Limassol Division

- Limassol Central Police Station

Nicosia Division

- Lakatamia Police Station
- Nicosia Central Police Station
- Pera Chorio Nisou Police Station

Paphos Division

- Paphos Central Police Stations
- Polis Chrysochous Police Station

Ministry of Health

- Anosi Drug Rehabilitation Centre at the old Limassol General Hospital*
- Athalassa Psychiatric Hospital, Nicosia
- Psychiatric Clinic of Limassol General Hospital*
- Psychiatric Clinic of Nicosia General Hospital*

Ministry of Labour and Social Insurance

- "Ayios Christophoros" Home, Nicosia**
- "Ayios Georgios" Home, Larnaca
- "Ayios Ioannis" Home, Kolossi (Limassol)*
- "Ariadni" Home, Nicosia
- Institution for Unaccompanied Teenage Girls, Larnaca*

* targeted visit

** partial visit

APPENDIX II

List of the national authorities and organisations met by the CPT's delegation

A. National authorities

Ministry of Justice and Public Order

Ionas Nicolaou	Minister of Justice and Public Order
Andreas Mylonas	Permanent Secretary
Maro Varnavidou	Senior Administrative Officer
Niki Saourou	Administrative Officer
Anthi Papoutsidou	Administrative Officer
Stelios Papatheodorou	Assistance Chief of Police (Administration), Cyprus Police
Glykerios Leontiou	Superintendent A', Commander of Aliens and Immigration Service, Cyprus Police
Xenios Mama	Sergeant, Head of the Human Rights Office, Cyprus Police
Anna Aristotelous	Director, Prison Department
Athena Demetriou	Acting Senior Prison Officer, Prison Department

Ministry of the Interior

Constantinos Nicolaides	Permanent Secretary
Anta Argyropoulou	Administrative Officer
Makis Polydorou	Acting Director, Civil, Registry and Migration Department
Xenia Geogriadou	Administrative Officer, Civil Registry and Migration Department

Ministry of Foreign Affairs

Maria Kourti	Secretariat of the Chairmanship of the Council of Europe Committee of Ministers, Ministry of Foreign Affairs
--------------	--

Ministry of Health

Dr. George Pamboridis	Minister of Health
Dr Olga Kalakouta	Chief Health Officer, Administration
Elena Makrigiorgi	Administrative Officer, Administration
Dr Charalambos Charilaou	Chief Nursing Officer, Department of Medical and Public Health Services
Dr Anna Paradeisiotou	Assistant Director of Clinic/ Department (Child Psychiatrist), Department of Mental Health Services
Dr George Mikellides	Medical Officer (Psychiatrist), Department of Mental Health Services
Dr Antonis Farmakas	Senior Nursing Officer, Nursing Services
Dr Maria Pitta	Assistant Director of Clinic/ Department (Psychiatrist), Athalassa Psychiatric Hospital
Anastasia Argyrou	Chief Nursing Officer, Mental Health Nursing Services Administration
Anthos Yiannapis	Senior Nursing Officer, Mental Health Nursing Services Athalassa Psychiatric Hospital
Dr Eirini Georgiou	Assistant Director of Clinic/ Department (Psychiatrist), Central Prison
Dr Ekaterini Hadjivasiliou	2nd Class Medical Officer, Central Prison
Kyriaki Christodoulou	Senior Nursing Officer, Central Prison

Ministry of Labour, Welfare and Social Insurance

Zeta Emilianidou	Minister of Labour, Welfare and Social Insurance
Natalia Andreou	Administrative Officer, Department for International Relations
Toula Kouloumou	Director, Social Welfare Services
Marina Efthymiadou	Officer, Social Welfare Services
Christina Flouretzou	Director, Department for Social Inclusion of Persons with Disabilities
Vasiliki Frangaki	Officer, Department for Social Inclusion of Persons with Disabilities

B. Other authorities

Law Office of the Republic

Costas Clerides	Attorney-General
Theodora Christodoulidou	Counsel of the Republic of Cyprus for the Attorney General
Angeliki Karnou	Counsel of the Republic of Cyprus for the Attorney General

Independent Authority for the Investigation of Allegations and Complaints Against the Police

Andreas Spyridakis	Chairperson
George Karas	Executive Secretary

Nicosia Bar Association

Orestis Nikitas	Member of the Board
Koulia Vakis	Chief Executive Officer

Prison Board

Androula Boularan	Member (Psychologist-Criminologist)
Tina Pavlou	Member (Psychologist at the Agia Skepi Rehabilitation Unit)

Cyprus Mental Health Commission

Dr Agathi Valanidou	Member, Assistant Director Department/ Clinic (Psychiatrist), Mental Health Services, Prisons Department
Anna N. Pilidou	Member, Representative of the Cyprus Bar Association
Marios Adonis	Member, Head of Department, Associate Professor of Clinical Health Psychology, Department of Social Sciences, University of Nicosia

Office of the Commissioner for Administration and Human Rights (Ombudsman, NPM)

Eliza Savvidou	Commissioner for Administration and Human Rights (Ombudswoman)
Aristos Tsiartas	Head of the Human Rights Department, the NPM and the Cyprus Anti-Discrimination Body
Kalia Kambanella	Officer

Office of the Commissioner for Children's Rights

Leda KOURSOU MBA	Commissioner for Children's Rights
Christiana PASA	Officer
Lefkios NEOPHYTOU	Officer

C. International and civil society organisations

United Nations High Commissioner for Refugees (UNHCR) Office in Cyprus

Cyprus Red Cross Society

KISA

Future World Centre

Advocacy Group for the Mentally Ill

Patriotic Social Movement