



IDA
International
Disability Alliance

**IDA's Compilation of Disability
Related Extracts of Concluding
Observations of the Committee
Against Torture**

**CAT Committee 79th session
(15 Apr 2024 - 10 May 2024)**

Committee Against Torture – 79th session- 2024	
Total number of Concluding Observations	6
Number of countries receiving recommendations on persons with disabilities	6
Percentage of countries receiving recommendations on persons with disabilities	100%
Number of recommendations including explicit references to disability	13

AUSTRIA - CAT/C/AUT/CO/7	2
AZERBAIJAN - CAT/C/AZE/CO/5	3
FINLAND - CAT/C/FIN/CO/8	3
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Official versions of Concluding Observation are available on the website devoted to the session [here](#).

AUSTRIA - CAT/C/AUT/CO/7

Conditions of detention

24. While expressing appreciation for the State party's efforts to avoid overcrowding in prisons, including through the construction of new correctional facilities and the use of alternative non-custodial measures, and to improve mental health services for prisoners, the Committee remains concerned about reports that staff shortages are still a problem in many places of detention, which has led to situations in which detainees, in particular pretrial detainees, are locked up for long periods with very limited access to recreational and educational activities to foster their rehabilitation. It is concerned about reports of inadequate health-care services, in particular mental health services, provided to detainees with intellectual and/or psychosocial disabilities, which are due to shortcomings in health-care staffing levels and in the provision of adequate training and have resulted in cases of neglect. It is also concerned about the practice of involving prison officers in the performance of health-care duties, which may constitute a breach of medical confidentiality and compromise perceptions of the professional independence of prison health-care staff. Moreover, the Committee is concerned about the continued and, in some cases, prolonged use of solitary confinement for both adult and juvenile detainees (arts. 2, 11 and 16).

25. The State party should:

(a) Continue its efforts to improve conditions in all places of deprivation of liberty and prevent the overcrowding of penitentiary institutions and other detention facilities, including through the broader application of non-custodial measures. In this regard, the Committee draws the State party's attention to the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) and the United Nations Rules for the Treatment of Women Prisoners and Non - custodial Measures for Women Offenders (the Bangkok Rules);

(b) Increase the number of trained and qualified prison staff, including medical staff;

(c) Improve the provision of gender- and age-specific and culturally appropriate medical services, including mental health services, to all persons deprived of their liberty, in particular those with intellectual and/or psychosocial disabilities;

...

(f) Ensure that solitary confinement is used only in exceptional cases, as a last resort, for as short a time as possible (and in no case for more than 15 consecutive days for adults), subject to independent review and only pursuant to authorization by a competent authority, in accordance with rule 45 (1) of the Nelson Mandela Rules. The State party should ensure that instances of solitary confinement are properly registered and documented. The Committee wishes to draw the State party's attention to rule 45 (2) of the Nelson Mandela Rules, under which solitary confinement should be prohibited in the case of prisoners with intellectual and/or psychosocial or physical disabilities when their conditions would be exacerbated by such a measure. In addition, rule 43 (3) of the Nelson Mandela Rules provides that disciplinary sanctions or restrictive measures must not include the prohibition of family contact and that the means of family contact may be restricted only for a limited time period and as strictly required for the maintenance of security and order.

Forensic psychiatric facilities

32. While noting the measures taken by the State party to improve the situation of persons with disabilities detained in forensic psychiatric facilities, including the ban on the use of psychiatric intensive care beds (net beds) and other cage-like beds, the Committee is concerned about legislation that allows for involuntary detention and compulsory treatment on the basis of impairment, including Act No. 155/1990 of 1 March 1990 on the Involuntary Placement of Mentally Ill Persons in Hospitals. The Committee is also concerned about the legal permissibility and continued and, in some cases, prolonged use of solitary confinement, seclusion, physical and chemical restraints and other restrictive practices in respect of persons with disabilities, in particular persons with intellectual and/or psychosocial disabilities, including children with disabilities, in places of detention (arts. 2, 11 and 16).

33. The State party should:

(a) Consider reviewing any legislation, including Act No. 155/1990, that allows for deprivation of liberty on the basis of impairment and forced medical interventions on persons with disabilities, in particular persons with intellectual and/or psychosocial disabilities ;

(b) Prohibit the use of solitary confinement for persons with psychosocial and/or intellectual disabilities, including children, when their conditions would be exacerbated by such measures, and ensure that instruments of restraint and force are used in accordance with the law, under appropriate supervision, for the shortest time possible and only when strictly necessary and proportionate ;

(c) Conduct prompt, impartial and thorough investigations into all allegations of ill-treatment in health-care institutions, both public and private, prosecute persons suspected of ill-treatment and, if they are found guilty, ensure that they are punished according to the gravity of their acts and provide effective remedies and redress to the victims;

(d) Provide regular training to all medical and non-medical staff, including security personnel, on standards and methods of care for persons with disabilities, in particular persons with intellectual and/or psychosocial disabilities;

(e) Ensure that forensic psychiatric facilities are adequately monitored and that effective safeguards are in place to prevent any torture or ill-treatment of persons in such facilities.

AZERBAIJAN - CAT/C/AZE/CO/5

No disability relevant extracts.

FINLAND - CAT/C/FIN/CO/8

Conditions of detention

22. While appreciating the measures taken by the State party to improve conditions of detention in general, including steps to further reduce the prison population and legal amendments that have shortened the maximum length of disciplinary solitary confinement from 14 to 10 days and fully abolished that sanction in respect of juveniles, the Committee is concerned about reports that overcrowding, staff shortages, in particular shortages of medical staff, and inter-prisoner violence remain problems in several places of detention. It is also concerned about reports that, in a number of places of deprivation of liberty, health-care services, in particular mental health services, remain inadequate, and that recreational and educational activities to foster the rehabilitation of detainees remain

limited, in particular for remand prisoners and prisoners in need of protection (so-called “fearful” inmates), who are reportedly subjected to a very restrictive regime that is akin to solitary confinement. While noting the low number of detainees below the age of 18 in the State party and the establishment of separate sections for detainees below the age of 18 in several prisons, the Committee remains concerned that detainees below the age of 18 are not yet segregated from adult prisoners in all places of detention and thus remain vulnerable to violence and sexual abuse (arts. 2, 11 and 16).

23. The State party should:

(a) Continue its efforts to improve conditions in all places of deprivation of liberty and alleviate the overcrowding of penitentiary institutions and other detention facilities, including through the application of non-custodial measures. In this regard, the Committee draws the State party’s attention to the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules);

(b) Adopt practical measures to remedy the lack of meaningful recreational and educational activities in order to foster the rehabilitation of detainees, in particular remand and “fearful” detainees;

(c) Improve the provision of gender- and age-specific and culturally appropriate medical services to all persons deprived of their liberty, in particular those with intellectual or psychosocial disabilities;

(d) Increase the number of trained and qualified prison staff, including medical staff, and strengthen the monitoring and management of inter-prisoner violence ;

(e) Ensure that detainees below the age of 18 are segregated from adult prisoners in all places of detention, bearing in mind their best interests, in accordance with the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty.

Psychiatric institutions

30. The Committee takes note of the measures taken to improve the situation of persons with disabilities detained in psychiatric institutions and strengthen their right to self-determination, including the amendments to the Mental Health Act and the Administrative Court Act that entered into force on 1 April 2024 and allow patients to challenge decisions regarding the involuntary administration of medication directly before the administrative courts. It remains, however, concerned about:

(a) Legislation that allows for involuntary hospitalization and compulsory treatment on the basis of impairment;

(b) The continued and, in some cases, prolonged use of solitary confinement, seclusion, physical and chemical restraints and other restrictive practices in respect of persons with psychosocial or intellectual disabilities in psychiatric institutions without sufficient procedural safeguards to guarantee their rights and interests;

(c) The insufficient progress achieved in ensuring access to effective legal remedies to challenge involuntary psychiatric hospitalization and compulsory treatment;

(d) The failure to repeal section 2 of Act No. 283/1970 on Sterilization, which permits the sterilization of women with psychosocial or intellectual disabilities who have limited legal capacity or who have been deprived of their legal capacity without their consent (arts. 2, 11 and 16).

31. The State party should:

(a) Consider repealing any legislation that allows deprivation of liberty on the basis of impairment and that allows forced medical interventions on persons with disabilities, in particular persons with intellectual or psychosocial disabilities;

(b) Consider the discontinuance of the use of solitary confinement in respect of persons with psychosocial or intellectual disabilities, including children, and ensure that instruments of restraint and force are used in accordance with the law, under appropriate and strict supervision, for the shortest time possible, only when strictly necessary and proportionate and as a measure of last resort, with a view to further minimizing and eventually discontinuing their use;

(c) Conduct prompt, impartial and thorough investigations into all allegations of ill-treatment in health-care institutions, both public and private, prosecute persons suspected of ill-treatment and, if they are found guilty, ensure that they are punished in a manner commensurate with the gravity of their acts, and provide effective remedies and redress to the victims;

(d) Continue providing regular training to all medical and non-medical staff, including security personnel, on methods of non-violent and non-coercive care;

(e) Consider taking immediate steps to repeal section 2 of the Act on Sterilization and provide effective remedies for women victims of forced or involuntary sterilization.

HONDURAS - CAT/C/HND/CO/3

No disability relevant extracts.

LIECHTENSTEIN - CAT/C/LIE/CO/5

Extraterritorial incarceration

19. The Committee notes with concern the expansion of the State party's practice of transferring prisoners to Austria and Switzerland, previously to serve sentences for longer than two years and, since 2018, for all sentences regardless of length, as well as its plans to conclude an agreement with Switzerland on the involuntary placement of patients in psychiatric or social welfare institutions. Recalling concerns raised by the Human Rights Committee, the Committee is concerned that the State party lacks oversight of the conditions of places of deprivation of liberty in Austria and Switzerland. Moreover, it is concerned about the ramifications of this practice with regard to detainees' unimpeded access to lawyers, as well as visitation rights and the ability of detainees to maintain social connections in Liechtenstein, particularly with their children and parents. Finally, it is concerned that the practice may lead to legal uncertainties regarding the State party's responsibilities under the Convention (arts. 2, 11–14, 16 and 22).

20. The State party should:

(a) Review the arrangements under the bilateral treaty between Liechtenstein and Austria of 1982 on accommodation of prisoners, and ensure that the fundamental legal safeguards against torture and ill-treatment are guaranteed for detainees from Liechtenstein held abroad, including by taking steps to enable State party authorities and the national

preventive mechanism under the Optional Protocol to the Convention to visit detainees held abroad, and to ensure that detainees held abroad have unimpeded access to independent lawyers of their choice and the ability to maintain social connections in Liechtenstein, especially with their children, parents, other close relatives and partners;

(b) Take steps to clarify the legal uncertainties regarding the State party's responsibilities under the Convention in respect of detainees held abroad, in relation to investigating allegations of torture under article 12, receiving complaints under article 13, ensuring redress under article 14 and responding to individual communications under article 22 ;

(c) Consider expanding the capacity of the State penitentiary system in Liechtenstein to enable sentenced prisoners to remain in Liechtenstein for the duration of their sentence.

NORTH MACEDONIA - CAT/C/MKD/CO/4

Prison violence and deaths in custody

16. The Committee takes note of the information provided by the State party about the steps taken to develop dynamic security training programmes in prisons, to record and report cases in which means of coercion are applied by prison police officers and to ensure that a special register of all injuries is kept by health professionals in prisons. However, it is concerned at reports indicating that instances of abuse by prison staff often go unreported, that investigations of reported cases, including cases of deaths in custody, are ineffective and deficient and that doctors report the injuries recorded to the administration of the prison rather than directly to an independent authority. In addition, it expresses concern that a number of the persons who reportedly died violently in custody were from the Roma community. The Committee remains concerned that little progress has been made in assessing the risks faced by and needs of individual prisoners in order to prevent inter-prisoner violence and that persons with physical or psychosocial disabilities, lesbian, gay, bisexual, transgender and intersex persons and those who belong to ethnic or religious minority groups are frequently at a higher risk of such violence. In this connection, the Committee expresses appreciation for the information provided by the State party's delegation about its plans to adopt a strategy to tackle inter-prisoner violence by 2025. Lastly, the Committee is deeply concerned about the overall lack of funding for and understaffing of the prison system, although it takes note of the State party's recent efforts to fill 192 positions. The Committee is alarmed by those chronic deficiencies in staffing, notably at Idrizovo prison, where they led to the declaration of a crisis on 6 June 2023 and the deployment of armed forces to support the maintenance of security at the prison. In this connection, it takes note of a specific action plan that is being prepared to address the crisis, as reported by the delegation (arts. 2, 11 and 16).

17. The State party should:

(a) Continue to strengthen measures to record all violent incidents, injuries and deaths in prison and ensure that such cases are immediately brought to the attention of relevant authorities ex officio for further investigation, including independent forensic examination. In cases in which autopsies are called for, they should be performed in accordance with the Minnesota Protocol on the Investigation of Potentially Unlawful Death. The State party should compile and provide the Committee with detailed information on the number of cases of injuries and deaths in all places of detention, their causes and the outcomes of investigations into them;

(b) Intensify its efforts to adopt strategies and programmes for the prevention and management of inter-prisoner violence, including by introducing a risk assessment tool across the prison system and by monitoring, documenting and impartially investigating incidents of this type, and strengthen the protection of prisoners in vulnerable circumstances and other prisoners at risk, in accordance with the Nelson Mandela Rules and the European Prison Rules adopted by the Council of Europe;

(c) Continue to recruit sufficient prison personnel to ensure an adequate ratio of prisoners to staff and to improve security, reduce violence and ensure the proper treatment of inmates, including by providing training to prison personnel on dynamic security principles, intensify its efforts to address the crisis declared at Idrizovo prison, avoid the recurrent use of exceptional measures, such as the declaration of a crisis, limit the deployment of armed forces at Idrizovo prison to situations of absolute necessity and ensure that security is maintained generally by the prison police;

(d) Continue to strengthen training programmes for all relevant staff, including medical and psychological personnel, prosecutors and judges, on the identification, documentation and investigation of cases of torture and ill-treatment, in accordance with the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol), as revised, and ensure that, if the medical personnel conducting the examination of the detainee or recording the injury in prison have grounds to believe that a person has been ill-treated, the case is immediately reported to the prosecutor's office and all other relevant independent entities.

Psychiatric institutions

28. The Committee is concerned about critical staffing shortages in psychiatric hospitals, in particular shortages of medical personnel, and about the lack of adequate training available to staff, including on methods of non-violent and non-coercive care, although it notes the information provided by the delegation about the planned recruitment of additional personnel by the end of 2024. According to information received by the Committee, indications of the excessive use of means of restraint, isolation and neglect have been detected in psychiatric hospitals. The Committee notes that no complaints of those practices have been lodged by persons hospitalized in psychiatric institutions. It is concerned about the lack of adequate channels for lodging such complaints, although it notes the complaint boxes located in hospitals. In addition, the hygiene and living conditions in Negorci and Demir Hisar psychiatric hospitals are reportedly in need of serious improvement. In this regard, the Committee expresses appreciation for the information reported by the delegation about the recent reconstruction of and equipment procured for the Skopje and Demir Hisar psychiatric hospitals and the newly built forensic psychiatric unit. Another issue of concern is the overhospitalization of persons on the basis of impairment, as well as the fact that many persons with psychosocial disabilities remain unnecessarily hospitalized for years on end, primarily owing to insufficient community-based services (arts. 2, 11 and 16).

29. The State party should:

(a) Increase the number of medical personnel, including psychiatrists and nurses, as well as the number of psychologists and social workers, in all psychiatric hospitals and provide regular training to all medical and non-medical staff, including security and technical personnel, on methods of non-violent and non-coercive care;

- (b) Ensure that means of restraint and force are used in accordance with the law, under strict supervision and regular monitoring by specialized medical personnel, for the shortest time possible to prevent the risk of harm to the individual concerned or to others and only when strictly necessary and proportionate, when all other reasonable options would fail to satisfactorily contain that risk, ensure that their use is rigorously recorded in special registers and guarantee that any abuse is effectively investigated and prosecuted, where necessary;**
- (c) Reinforce efforts to provide an effective, independent, confidential and accessible complaint mechanism for persons with disabilities in psychiatric institutions;**
- (d) Continue improving material conditions in all psychiatric institutions and intensify its efforts towards deinstitutionalization in the form of alternative and community-based care services and other forms of outpatient treatment programmes, including through the effective implementation of the National Strategy for Deinstitutionalization (2018–2027).**