



**Convention against Torture  
and Other Cruel, Inhuman  
or Degrading Treatment  
or Punishment**

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**Committee against Torture**

**Ninth periodic report submitted by Norway under  
article 19 of the Convention pursuant to the  
simplified reporting procedure, due in 2022<sup>\*</sup>, <sup>\*\*</sup>**

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<sup>\*</sup> The present document is being issued without formal editing.  
<sup>\*\*</sup> The annexes to the present report may be accessed from the web page of the Committee.



## **I. Introduction**

1. This report is submitted in pursuance of Article 19 (1) of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which entered into force with respect to Norway on 26 June 1987. The report is organised in conformity with the optional reporting procedure adopted by the Committee against Torture at its 38th session in May 2007, which Norway accepted on 14 April 2010.
2. The report addresses the changes in legislation and legal and administrative practices and other measures relating to the individual material provisions of the Convention that have been made since the Government of Norway submitted its eighth report (CAT/C/NOR/Q/8) in 2016, and the subsequent oral examination in 2018.
3. The report was prepared by the Norwegian Ministry of Justice and Public Security in cooperation with other Ministries. Civil society was consulted, when seeking their views on issues which should be addressed in the report.
4. Reference is also made to the general account of Norwegian society in the Common core document (HRI/CORE/NOR/2017).

## **II. Specific information on the implementation of articles 1 to 16 of the Convention, including with regard to the Committee's previous recommendations**

### **Articles 1 and 4 of the Convention**

#### **Reply to the paragraph 2 of the list of issues (CAT/C/NOR/QPR/9)**

##### **Definition of torture**

5. The Government of Norway reiterates that Norwegian criminal law is fully compliant with the Convention, which requires each State party to ensure that all acts of torture are offences under its criminal law. The Norwegian penal legislation procedure is to formulate the elements of the crime as precisely as possible rather than replicating the exact wording of the Convention. A 2016 independent expert report on the protection against discrimination in criminal law noted that there will be very little difference in practice, if any, between the two formulations, and that Norway fulfils its international obligations in a satisfactory manner.

6. Regarding grounds of discrimination, Section 174 of the Norwegian Penal Code lists several grounds of discrimination, i.e., a person's religion or belief, skin colour, national or ethnic origin, sexual orientation, sex, gender identity and gender expression or disability. Gender identity, gender expression and sexual orientation were added to the list of grounds in January 2021.

##### **Statutes of limitations**

7. In criminal proceedings, statutes of limitations are applicable to the crime of torture, except where a person has died as a result of the torture. Under Section 86 (d) of the Penal Code, the limitation period for criminal liability is 15 years whenever the maximum statutory penalty prescribed is imprisonment for a term not exceeding 15 years, which is the case for torture pursuant to Section 174 of the Penal Code. For aggravated torture, the limitation period is 25 years, cf. Section 86 (e). Under Section 91 of the Penal Code, criminal liability for genocide, crimes against humanity, war crimes and terrorist acts are not subject to limitation if the acts are punishable by imprisonment for a term of 15 years or more. In 2020, a new provision was added to Section 91, which prescribes that aggravated torture shall not be subject to limitation where negligence caused a person to die as a result of the torture.

8. Victims of torture may seek damages and compensation for their pecuniary and non-pecuniary losses in civil proceedings. Under Section 9 of the Act Relating to the Limitation

Period for Claims (Limitation Act), claims for damages are subject to a limitation period of three years from the date the injured party gained or ought to have gained the necessary knowledge of the damage and the party responsible. This statute of limitation is applicable to damages caused by the crime of torture and its aggravated form, as described in Sections 174 and 175 of the Penal Code.

9. Section 10 of the Limitation Act prescribes that if the limitation period cannot be interrupted on account of a Norwegian or foreign statute or other insurmountable hindrance not ascribable to the claim holder's own circumstances, the limitation period shall expire at the earliest one year after the date on which the hindrance ceased.

## Article 2

### Reply to the paragraph 3 of the list of issues

10. Reference is made to the above reply to the issues raised in paragraph 2 of the list of issues and the Norwegian penal tradition. The obligation of criminalisation set out in the Convention has been implemented in Norwegian law through Sections 174 and 175 of the Penal Code (referred to as *active transformation*). The Government currently has no plans to incorporate the Convention as such into Norwegian law.

### Reply to the paragraph 4 a) to g) of the list of issues

11. The Committee requests information regarding new safeguarding measures taken or introduced since 2018. Therefore, not all issues raised in the Committee's list appear below, since some have been in place prior to 2018.

12. A new Regulation Relating to the use of police custody cells, issued by the Norwegian National Police Directorate (POD), took effect on 9 November 2018. The Regulation prescribes that detained persons shall, as a general principle, be informed of the grounds for their detention and their rights and duties. If the detained person does not comprehend the Norwegian language, such information shall be provided in a language the detained person understands. An interpreter shall be used if there is reason to believe the detained person otherwise would not understand or has not understood the content of the information. Written information regarding the various rights and duties is also prepared in various languages and is distributed to each detained person.

13. The Regulation contains several measures intended to reduce potential distress resulting from time spent in a police custody cell. Detained persons are now to a greater extent able to communicate and receive visits from family members, interact with other detained persons, and retain personal belongings and reading material in cells. The Regulation also sets out stricter requirements for the keeping of custody records, requiring that all movements outside the cell must be recorded.

14. Norway has in 2019 provided an account of the right to a defence lawyer at the public expense in our response to the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), following its visit in 2018 (see document CPT/Inf (2019) 22, item 20). No new legislation regarding this topic has been drafted during the reporting period.

15. In the Norwegian Official Report (NOU) 2016: 24 New Norwegian Criminal Procedure Act, the Commission on the Criminal Procedure Act proposed to expand the right to defence counsel, inter alia, during examination by the police and when the victim is entitled to counsel. The Ministry of Justice and Public Security has amended several sections in the Criminal Procedure Act in accordance with the Commission's proposal. However, the rules concerning the right to defence counsel remain under consideration.

16. No new legislation has been drafted regarding the right to request and receive a medical examination during the reporting period.

17. Concerning the right to challenge the lawfulness of detention: pursuant to Section 183, first paragraph, first sentence of the Criminal Procedure Act, the Norwegian Prosecuting Authority shall bring an apprehended person before a judge "as soon as possible" and "not

later than the third day following the arrest”. However, in 2021, the Norwegian Parliament adopted an amendment, which, in compliance with the Committee’s recommendation in CAT/C/NOR/8, paragraph 12, explicitly prescribes the 48-hour limit as the general rule. Pursuant to the amendment, the apprehended person shall be brought before a judge as soon as possible and within 48 hours. However, in exceptional cases, where justified by specific circumstances as necessary and proportionate, the apprehension period may exceed 48 hours, as long as it is limited to the third day following the apprehension.

18. At the same time, the Parliament also adopted an amendment that limits the apprehension period for persons under 18 years of age. Pursuant to Section 183, second paragraph, second sentence of the Criminal Procedure Act, the time limit for bringing an apprehended minor before a judge (as soon as possible and no later than the day after the apprehension) is extended by one day if the apprehension takes place on the day before a Saturday, Sunday or a public holiday. The amendment abolishes such extensions. Therefore, the absolute time limit for bringing an apprehended minor before a judge shall be the day after the apprehension. The amendments are expected to enter into force on 1 July 2022.

#### **Reply to the paragraph 5 a) to f) of the list of issues**

19. Norway has recently provided an account of Government measures on the issue of violence against women/domestic violence by way of various strategies and action plans in the 2021 State Report to the Committee on the Elimination of Discrimination against Women (CEDAW) (cf. CEDAW/C/NOR/10). See paragraphs 63 to 71 regarding, *inter alia*, information on the separate plans that address different issues such as rape, violence and abuse of children and adolescents. In 2021, the Government launched its sixth National Action Plan against Domestic Violence for the period 2021–2024. The Action Plan contains a section on violence and abuse in Sámi communities, specifically.

20. In the State Report to CEDAW, Norway also provided an account of the Penal Code in relation to sexual offences and its possible revision, see paragraphs 74 to 76. In March 2021, the Ministry of Justice and Public Security commissioned a public committee, the Criminal Law Commission, to assess whether legislative amendments should be made to the provisions of the Penal Code relating to sexual offences, including, but not limited to, whether a condition of consent should be introduced in Section 291 of the Penal Code. The Committee (composed of members with experience from the courts, the Prosecuting Authority, defence counsel and academia) is scheduled to submit its report by 15 December 2022.

21. A national Action Plan against Rape was launched in 2019. The Action Plan emphasises that victims shall be approached by the police and other support services with assurances that reporting the incident was the appropriate course of action. The Plan contains a number of measures to enhance the quality of investigations of and training on this type of crime. Students enrolled in basic educational programmes relating to health sciences, social work, police, teaching and special needs education learn to cooperate to counter violence and assault during their education. The Plan does not contain measures specifically directed at reducing the period from the assault occurred until a possible report has been filed with the police, but several measures facilitate a lower threshold through improved safeguarding of victims and improved information regarding available services. The Action Plan contains measures that disseminate knowledge regarding sexual assault referral centres among all segments of the population. In terms of competence measures for crisis centres, topics including indirect harm and professional follow-up care following sexual violence are integrated. Support Centres for Victims of Crime were established in all police districts late 2017/early 2018. The Support Centres are tasked with caring for persons who have been subjected to crimes against personal integrity such as violence and rape, by providing psychosocial support, information and guidance during criminal proceedings. The Centres also assist individuals with applications for compensation for victims of violent crime. Individual victims can enquire with the Centres even if a case has not been reported. Among the enquiries made with the Support Centres, many currently relate to domestic violence and rape.

22. Regarding the survey published in 2019 by the Norwegian Armed Forces, no disciplinary or criminal investigations were launched as a result of the mentioned survey

because the survey was anonymous. However, victims were encouraged to report and/or notify of criminal offences but we are not aware of any actual reported offences in relation to what was addressed in the survey. The Director of Public Prosecutions assessed the survey's findings jointly with the Judge Advocate General and the Armed Forces, but determined that the responses (submitted anonymously) were not of such a nature that steps could be taken in terms of criminal or disciplinary sanctions. Follow-up measures have been of a structural nature, in the form of regulatory efforts, information efforts focusing on these topics, as well as guidance from the Office of the Judge Advocate General to the Armed Forces.

23. Regarding gender-based crimes during the reporting period, reference is made to the statistics provided in the tables below. Concerning intimate partner homicide, six women were killed by their intimate partner/former partner in 2018. In relation to five of these homicides, both the victim and perpetrator had a citizenship other than Norwegian. In 2019, four women were killed by their intimate partner/former partner. In the case of one of the homicides, both the victim and the perpetrator had a citizenship other than Norwegian. In 2020, five women were killed by their intimate partner/former partner. In the case of two of the homicides, both the victim and the perpetrator had a citizenship other than Norwegian.

24. In 2018, there were 45 reports filed regarding trafficking in persons. During the same year, there were two convictions. In 2019, there were 36 reports filed and three convictions. In 2020, there were 39 reports filed and one conviction.

25. Number of rape offences (victims) reported in 2018–2020\*, \*\* by age group and gender:

<i>Year</i>	<i>Age group</i>		<i>Gender</i>		<i>Total</i>
	<i>Under 14 years of age</i>	<i>Over 14 years of age</i>	<i>Female</i>	<i>Male</i>	
2018	1 609	787	1 991	405	2 396
2019	1 417	684	1 838	263	2 101
2020	1 384	709	1 819	274	2 093

\* Includes figures for both rape and aggravated rape offences, cf. the Penal Code, Sections 291 and 293.

\*\* 2021 figures were not available at the time of completion of the report.

26. Number of investigations of rape offences 2019–2020\*, \*\* by victims' age group:

<i>Year</i>	<i>Investigations</i>		<i>Total</i>
	<i>Under 14 years of age</i>	<i>Over 14 years of age</i>	
2018	607	1 319	1 926
2019	605	1 352	1 957
2020	673	1 390	2 063

\* Includes figures for both rape and aggravated rape offences, cf. the Penal Code, Sections 291 and 293.

\*\* Data from 2021 was not available at the time of completion of the report.

27. Number of perpetrators sanctioned for rape offences in 2019–2020\*, \*\* by victims' age group and the perpetrators' gender:

Year	Offences according to victims' age group		Perpetrators' gender		Total
	Under 14 years of age	Over 14 years of age	Female	Male	
2018	94	120	1	213	214
2019	107	136	4	239	243
2020	110	159	4	265	269

\* Includes figures for both rape and aggravated rape offences, cf. the Penal Code, Sections 291 and 293.

\*\* 2021 figures were not available at the time of completion of the report.

28. The Ministry of Justice and Public Security contributes financially to the operation of two national advice services for persons seeking assistance in ending their involvement in purchasing of sexual services.

29. A comprehensive structure has been built upon national, regional and local efforts to combat violence and abuse, and Norway has largely succeeded in building a nationwide service for assisting and supporting victims. For further information on the Victims Compensation Scheme, reference is made to the reply to the issues raised in paragraph 25 of the list of issues. However, the need to strengthen and institutionalise coordination between supporting actors at the operational level nationwide has been identified as an area in need of improvement. Therefore, enhanced coordination will be an important objective in the forthcoming years and is addressed in e.g., the above-mentioned Action Plan on domestic violence.

#### **Reply to the paragraph 6 of the list of issues**

##### **Quality and care for unaccompanied asylum-seeking minors over 15 years of age**

30. All unaccompanied asylum-seeking minors require a level of care and accommodation designated for their needs. Accordingly, Norway has an age-adjusted reception system.

31. The Norwegian Directorate of Immigration (UDI) is responsible for the accommodation and care of unaccompanied asylum-seeking minors over 15 years of age staying in asylum reception centres and is obliged to ensure that this group receives necessary care and security for the duration of their stay in a reception centre designated for this group. The responsibility and care for this group was incorporated into the Act Relating to the admission of foreign nationals into the realm and their stay here (Immigration Act) and its Regulations in 2021.

32. Unaccompanied asylum-seeking minors under 15 years of age are offered accommodation and care in a care centre. This offer is regulated in Child Welfare Act (Chapter 5A). The Norwegian Office for Children, Youth and Family Affairs (Bufetat) is responsible for the accommodation and care for this group, but the care centres are responsible for the provision of care on behalf of Bufetat.

33. The reception facilities offered to unaccompanied minors over 15 years of age are specially designed to meet the needs of this group. UDI is working systematically to ensure that the care for these unaccompanied minors is managed in the best possible manner, including by enhancing the quality and quantity of staff in the reception centres and by strengthening childcare competence, as well as earlier settlement in a municipality of unaccompanied minors with limited residence permits. Furthermore, UDI has prioritised the processing of the asylum cases of unaccompanied minors, to reduce waiting time. The Ministry of Justice and Public Security presented in April 2022 a proposal to the Parliament regarding state supervision of asylum reception centres for unaccompanied minors. The proposal entails that the County Governor shall supervise the care of the unaccompanied minors, while the Board of Health Supervision shall have the overall responsibility for the supervision. The Act and Regulation are expected to enter into force in July 2022.

34. All unaccompanied minors, both under and over 15 years of age, are entitled to necessary care from other public sectors. The reception centres have a duty to ensure that the minors residing in such centres receive services from other sectors, including healthcare and child welfare services.

#### **Measures to prevent minors from going missing from asylum centres**

35. Every year, there are residents at reception and care centres for unaccompanied minors who go missing. Several disappearances have occurred before an age determination test or asylum interview has been completed and there may be uncertainties regarding the age of these individuals.

36. Staying at a reception centre is voluntary, including for minors. The police assume that most unaccompanied minors leave voluntarily and relocate to other European countries. If an unaccompanied minor has gone missing, the reception centre is obliged to notify the police, the child welfare authorities and UDI. The relevant authorities assess how each case is to be followed up.

37. Since 2016, UDI has received increased funding and implemented measures regarding, e.g., childcare competence. The authorities will continue to assess measures that can be introduced to improve the existing system to prevent disappearances.

#### **Measures to strengthen the investigation of missing minors and all cases of trafficking in persons**

38. In 2016, the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) and POD developed guidelines on the cooperation between the Child Welfare Services and the police when a child goes missing from a child welfare institution. These guidelines clarified duties and responsibilities and contributed to strengthening the cooperation between the services to ensure that appropriate measures are implemented at the right time. The guidelines are currently being revised.

39. Based on Measure no. 10 of the Government's Action Plan to Combat Human Trafficking, a working group consisting of representatives from the Child Welfare Services, the Prosecuting Authority and the police has developed procedures for carrying out effective investigations when children may be victims of human trafficking. These procedures (completed in 2020) clarify the roles and responsibilities of the relevant actors. Specialised units against trafficking in persons have been established in all 12 police districts, usually within the organised crime departments.

#### **Reply to the issues raised in paragraph 7 of the list of issues**

40. For introductory remarks regarding the Norwegian National Human Rights Institution (NIM), reference is made to the 2016 State Report (cf. CAT/C/NO/8), see paragraphs 8 to 10. The Parliament's work on establishing a new institution in accordance with the UN Paris Principles on National Human Rights Institutions was completed when the Sub-committee on Accreditation (SCA) in 2017 recommended A status, with which the Global Alliance of NHRIs (GANHRI) agreed. Already at the time of establishment of NIM, the Parliament decided that it would be evaluated following four years of operation and it was determined that the recommendations the Committee is enquiring about would be assessed in this context. A Parliament-commissioned evaluation of NIM has therefore been completed and the final report was submitted in December 2020.

41. The findings and recommendations of the evaluation primarily relate to the GANHRI-SCA's point three regarding selection and appointment. The evaluation proposes, inter alia, that responsibility for appointment and removal of the director should be assigned to the board of directors. Furthermore, it is proposed that procedures for appointment of the board and director should be set out in the Act Relating to the Norwegian National Human Rights Institution (NIM Act), with direct reference to SCA's recommendations.

42. In 2021, the Parliament considered NIM's evaluation. It proposed amendments to Section 7 of the NIM Act, entailing that the board appoints and removes the director. These amendments entered into force on 1 July 2021.

43. NIM does not have a mandate to receive individual complaints regarding incidents of torture. When NIM was established, it was considered that the Norwegian Parliamentary Ombud, in the context of the general right of appeal in the public administration, as well as certain complaint tribunals, including the Norwegian Anti-Discrimination Tribunal, and finally, the courts, satisfied the need for right of complaints. Consequently, it was not necessary to include yet another complaints' mechanism via a National Human Rights Institution.

44. The Parliamentary Ombud, in accordance with its mandate as Norway's national preventive mechanism (NPM), visits places where persons are or may be deprived of their liberty. During such visits, it focuses on identifying risks for abuses and inhuman and degrading treatment. All of the NPM's reports from and recommendations following visits are publicly available and published on the Ombud's website. The places visited are requested to provide an account to the NPM of how the recommendations have been followed up within a few months. These accounts are also published.

45. During the reporting period, visits were carried out at three prisons: Oslo, Bergen and Arendal, as well as one police custody facility (Oslo). In 2020, the Directorate of the Norwegian Correctional Service (KDI) followed up the Ombud's recommendations, by e.g., ordering prison and probation units to continuously adapt to recommendations that are made and to which KDI has agreed, and that they are required to ensure that procedures and physical conditions are in accordance with accepted recommendations. All of the above-mentioned prisons have responded to the points for follow-up and the Ombud concluded the follow-up of the respective prisons in 2020.

46. Regarding follow-up of the Ombud's Special Report to the Parliament regarding isolation and the lack of meaningful human contact in prisons (cf. Document 4:3 (2018/2019)), new rules regarding a Supervisory Board for the Correctional Service were published for consultation in November 2021. The Ministry of Justice and Public Security is currently working on a bill on this topic. Furthermore, efforts are underway on a revision of the regulations regarding exclusion from company and use of coercive measures in prisons.

47. During the reporting period, visits were made to eight mental health care institutions, two homes for people with developmental disabilities and two nursing homes. The Ombud's recommendations are in most cases addressed to the institution, the municipality, the control commission for mental health care and the County Governor. The Ombud's follow-up points has been answered by all. With the exception of the two most recent visits, the Ombud has completed the follow-up of the visits.

48. In the thematic report on shielding, recommendations are addressed to the central health authorities. The Ombud recommended that a national overview be prepared of the duration of protection measures with information on geographical variations and long-term measures. The recommendation is followed up by the Directorate of Health (HDIR). The Ombud further recommended an assessment on whether legislation on the use of protection corresponds with human rights' requirements and standards. The Ombud further recommended assessing related national development projects, such as projects on safe design of units in mental health care, less intrusive methods for and alternatives to implementing shielding.

49. In the consultation memorandum published during summer 2021, the Ministry of Health and Care Services has made preliminary assessments of the right to use shielding. The memorandum states that the Ministry's further work on coercive legislation will be based on the Compulsory Law Committee's proposal that there should be access to shielding as acute injury prevention, short-term implementation measures for treatment in mental health care and protection of fellow patients.

50. During the reporting period, visits were made to eight child welfare institutions. The Ombud's recommendations are in most cases addressed to the institution, the municipality, Bufdir and the County Governor. The Ombud's follow-up points have been met.



## Article 3

### Reply to the paragraph 8 of the list of issues

#### Procedural safeguards to ensure the non-refoulement principle

51. The Immigration Act differentiates between individuals facing expulsion for having contravened the Immigration Act or the Penal Code, and individuals facing return following a negative decision on their application for asylum, which includes a return decision cf. Article 6 of the EU Return Directive.<sup>1</sup>

52. Applications for international protection can be made at any border post, airport or seaport and within Norwegian territory at any police station. If the foreign national does not address his/her request for asylum to the competent authority, the applicant will be transferred or referred to the National Police Immigration Service (NPIS). The NPIS is the competent authority for the registration of such applications. At the border or in transit zones, information regarding the right to apply for asylum is systematically provided orally by the officers in charge of the border checkpoint.

53. Information provided by NPIS during the registration of an application for asylum includes information about the asylum procedure, the applicant's rights and obligations, possible consequences of failure to comply with his/her obligations and failure to cooperate with the authorities, relevant time frames, means at his/her disposal for submitting the elements needed to substantiate the application, and the consequences of an explicit or implicit withdrawal.

54. If in detention, information is provided systematically by NPIS in Oslo before registration takes place. Applicants are informed about their rights, obligations and about the asylum procedure, as well as other relevant topics such as the Dublin Regulation, and consequences of providing false information to the authorities.

55. UDI has published information in a number of languages regarding the standard asylum procedure and the accelerated procedures. UDI has also produced informational videos in up to 25 languages: one on the general asylum procedure, one on unaccompanied minors and another on the accelerated 48-hour procedure. The Norwegian Organisation for Asylum Seekers (NOAS), a NGO, is responsible for distributing this information on behalf of UDI. NOAS also publishes informational videos for asylum seekers and provides information during both individual and group meetings.

56. UDI informs all applicants with a negative asylum decision of their right to appeal, including instructions on how to appeal and the appointment of a lawyer, unless one has already been appointed. Such decisions are only issued in Norwegian and UDI does not provide a translation. Translations must be ensured by the police and the appointed lawyer. The applicant receives electronic access to the file and to the information on which the decision is based via his/her representative. The time limit to appeal is three weeks from notification of the negative decision.

57. Appeals do not have automatic suspensive effect. In practice, however, UDI normally grants suspensive effect of the appeal until a final decision is issued. If UDI refuses to grant suspensive effect, that decision may be appealed to the Immigration Appeals Board (UNE). Once a final decision is issued and an applicant has a duty to leave the country, s/he may submit a petition for suspensive effect to the police.

#### Free legal aid

58. Free legal assistance and representation is, as a rule, not granted during initial assessment of the case by UDI, but newly arrived asylum seekers are offered individual guidance from an independent NGO (NOAS). However, unaccompanied asylum-seeking minors and persons who risk exclusion from the right to recognition as a refugee under

<sup>1</sup> Directive 2008/115/EC.

Section 31 of the Immigration Act also have a right to free legal advice during the initial assessment of the case.

59. Free legal assistance and representation, including legal advice and assistance is also generally granted in preparation of all appeals. The appellant is assigned a lawyer for a certain number of hours (normally five) at UDI's expense. UDI maintains regional lists of lawyers with experience in refugee law and assigns lawyers to rejected asylum seekers from this list. If appellants wish to contact other lawyers than those on UDI's list, they must cover the costs themselves. Appellants may also at this stage of the process receive free legal aid from NOAS or the organisation Self-help for immigrants and refugees (SEIF). Decisions by UNE may be brought before the courts but, in such circumstances, there is a clear main rule that no legal aid is provided.

### **Interpretation services**

60. In asylum cases, it is assumed that there will normally be a need for interpreter assistance. Use of an interpreter for up to three hours is pre-approved. If there is a need for interpreter assistance in excess of three hours, the lawyer is required to send a justified application to the relevant County Governor, in advance.

61. NPIS is responsible for booking qualified interpreters for the registration of applications for asylum and UDI is responsible for booking qualified interpreters for asylum interviews.

62. The asylum interview is conducted in Norwegian and the applicant's mother tongue/preferred language, with an interpreter present. During the interview, information regarding languages is confirmed and additional questions are asked, if necessary. The quality of the interpretation is checked regularly by sending the audio recording from the interview to an external professional company. The Norwegian National Registry for Interpreters is administered by the Directorate of Integration and Diversity (IMDi). All interpreters in the database are divided into seven categories according to their documented qualifications. Interpreters working for UDI and UNE are required to present a police certificate of conduct. Qualified interpreters are always prioritised.

63. For some languages, neither interpreter training nor tests are available. Interpreters of such languages are required to undergo a specially developed quality assurance program. In all interviews involving interpretation by unqualified interpreters, an audio recording must be made. Applicants are always asked whether they have any objections regarding the interpreter during the interview.

64. Regarding the translation of documents, it is presumed that the respective public body that is processing the underlying case will itself ensure translation of relevant documents, if this is necessary in order to issue a justifiable decision in the case. Such expenses fall outside of the scope of the Act Relating to free legal aid (Legal Aid Act). The need for written translation must be justified. In practice, it is not considered necessary to translate decisions in cases where the applicant is entitled to legal assistance. In such circumstances, it is presumed that the lawyer will communicate the outcome and the significant parts of the justification to the applicant.

### **Identification of vulnerable applicants, including victims of torture**

65. UDI has developed a set of *Action Cards*, which are designed to aid staff in identifying vulnerable applicants and allocating the appropriate assistance/guidance. This includes Action Cards for identifying victims or potential victims of forced marriage, human trafficking and female genital mutilation. There is also a general Action Card for physical and mental illness. To identify vulnerability during the asylum interview, all applicants receive information and questions to promote self-identification. At the beginning of an interview, the applicant is asked if s/he has any specific needs that should be considered during the interview. The applicant is also asked if s/he has physical or mental health problems, and s/he is informed of the right to medical care. In addition, the applicant is informed that persons who are in a difficult situation in Norway can receive help. For example, if s/he has been, or may be, exposed to serious abuse, violence or threats, s/he may be provided with a safe place to live and receive help. The applicant is asked directly if s/he

requires emergency assistance or if s/he wants to receive more information about the available support services.

66. There are specific procedures for cases where an interviewer identifies potential indicators of human trafficking, domestic violence, forced marriage or female genital mutilation. In such cases, the interviewer will adjust the interview and questioning strategies according to the needs of the applicant and offer additional information, inter alia, regarding the possibility of follow-up assistance and legal assistance. There is also a possibility of conducting the interview using a case officer with adequate expertise on the topic or with training on handling such interviews, as well as to extend the time needed for conducting the interview or/and take frequent breaks.

67. UDI has also developed guidelines for identification and follow-up of vulnerable residents in asylum reception centres, with Action Cards for child marriage, domestic violence and human trafficking. The Action Cards provide guidance regarding indicators for the various vulnerable groups and how to best follow up any special needs, including legal assistance and medical care. They also include the information to be provided to the asylum seeker regarding their rights and where they can seek further assistance, for example, phone numbers to non-governmental support organisations. There is no immediate referral to services that can address their psychological and other needs. The applicant is, however, informed of the right to medical treatment according to national law.

68. The identification procedure does not, in the first instance, include an expert assessment based on the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol).

69. HDIR's guide on health services for asylum seekers, refugees and reunited families (IS-1022) recommends that persons with special needs, such as pregnant women, persons with disabilities, persons with symptoms of disease and others in at-risk groups, should be ensured necessary assistance as early as possible following arrival in Norway. The guide also contains recommendations relating to persons who have been traumatised or tortured or who have war-related injuries. Health professionals are required to be familiar with symptoms of torture, diagnostics, treatment and follow-up in compliance with the Istanbul Protocol. Health professionals are also required to consider whether an evaluation by specialists, such as a forensic clinician, psychologist, psychiatrist or gynaecologist, will form a necessary component of an effective investigation and documentation. The investigation and documentation of injuries resulting from torture must culminate in an expert report based on the Istanbul Protocol.

70. HDIR's guide further recommends that asylum seekers, refugees and reunited families be offered medical examinations three months after arrival in Norway. The Directorate has developed a questionnaire to be used during the examination. The questionnaire contains specific questions about torture, as well as more indirect questions about physical and psychological symptoms. If the examination indicates mental illness, the person is to be referred to a physician for further examination, or, in more severe cases, directly to mental health care services.

71. The guide also provides a toolbox for health professionals to identify victims of trafficking. Currently, there are no specific rules regarding healthcare for such victims. The extent of the right to healthcare depends on factors such as the person's residency status in Norway, the length of their (legal) stay, membership in the Norwegian National Insurance Scheme, agreements with other countries etc. Therefore, not every victim of trafficking is entitled to healthcare to the same extent as residents and members of the National Insurance Scheme, even if they have applied for or have been granted a reflection period (a six-month residence permit for possible victims of human trafficking).

72. Considering that victims of trafficking are in an especially vulnerable situation, the Government will assess the question of offering healthcare in additional situations to victims who do not have full rights to healthcare under the current rules.

**Research report on victims of torture in the asylum procedure, 2021**

73. In 2020, UDI commissioned a research report on Norway's international legal obligations in relation to victims of torture in the asylum procedure. The recommendations are currently being assessed by the relevant authorities. One of the main findings in the report (published in 2021), was that despite of a number of good initiatives and measures, the identification of asylum seekers who have been exposed to torture remains unsystematic.

74. The report notes that cooperation with health services is imperative to implementing several of the report's recommendations, specifically regarding identification through an initial health examination at the National Arrival Centre, where 70 per cent of all asylum applications are to be decided within three weeks of arrival.

75. In the health sector, the researchers found, inter alia, a general lack of familiarity with or knowledge of the Istanbul Protocol, and injuries resulting from torture. UDI is now in the process of following up on the recommendations in the report, in collaboration with HDIR and the Directorate of eHealth.

**Extradition**

76. The Norwegian *extradition procedure* generally involves both a judicial and an administrative procedure. The legal basis for extradition is found in the Act Relating to extradition of offenders etc. (Extradition Act). Initially, such a request is formally assessed by the Ministry of Justice and Public Security. If it is clear that the criteria in the Extradition Act have not been met, the Ministry may refuse the request at this stage. If the request has not been refused by the Ministry, it will be forwarded to the Prosecuting Authority for examination. Subsequently, the Prosecuting Authority brings the case before the District Court for an assessment of whether the legal requirements in the Extradition Act have been met.

77. The person concerned is appointed a defence counsel at public expense. The counsel shall inform the person of his/her rights during the procedure, including the right to appeal a decision.

78. The court decision may be appealed, first to the Court of Appeal and subsequently to the Supreme Court. Provided it is decided by a final and enforceable court ruling that the criteria of the Extradition Act have been met, the Ministry of Justice and Public Security will decide whether to comply with the request for extradition. Before such a decision is taken, the defence counsel is given an opportunity to comment. The decision by the Ministry may be appealed to the King-in-Council.

79. A more simplified *surrender procedure* is applied between the Nordic countries and between Norway and Member States of the European Union. This procedure is based on the Convention between the Nordic countries on surrender of persons for criminal offences (Nordic Arrest Warrant) and the Agreement between the European Union, Iceland and Norway on a surrender procedure.<sup>2</sup> The latter entered into force on 1 November 2019. These instruments are regulated by the Act Relating to arrest and surrender to and from Norway for criminal offences on the basis of an arrest warrant (Arrest Warrant Act). The grounds for non-execution are reduced and an obligation to execute the arrest warrant is established. Time limits for the decision to execute the arrest warrant are also introduced. The procedure continues to include a judicial procedure with the right to appeal to the Court of Appeal and the Supreme Court. As a main rule, the final decision regarding surrender is made by the Prosecuting Authority with the possibility of appeal. In the same manner as for the extradition procedure, the person concerned is appointed a public defence counsel.

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<sup>2</sup> Referred to as the Nordic-European Arrest Warrant, cf. Agreement of 28 June 2006 between the European Union and the Republic of Iceland and the Kingdom of Norway on the surrender procedure between the member states of the European Union and Iceland and Norway.

## Reply to the paragraph 9 a) to d) of the list of issues

### Asylum applications

80. A total of 8,002 asylum applications were registered during the reporting period (see appendix 1). When interpreting the figures for both 2020 and 2021, the COVID-19 pandemic must be taken into account. In 2020, a total of 1,386 asylum applications were received, representing a decrease of 40 per cent, compared to 2019. The decrease can largely be explained by travel restrictions etc. In general, the number of asylum applications registered has steadily decreased since 2016. However, the rate of approved applications for protection has increased. For 2020, Syria, Turkey and Eritrea were the three countries of origin (citizenship) with the highest number of approved applications (in order of descent). This is also the case for 2019 and 2018, although in different orders of descent.

81. Number of asylum applications registered, as well as number of approved applications and number of applications approved due to risk of torture etc., 2018–2021:

	2018	2019	2020	2021
Total number of asylum applications p.a.	3 054	2 305	1 386	1 656
Total number of asylum applications approved, with approval rate in percentage*, **	1 453 (72%)	1 789 (75%)	1 140 (76%)	1 105 (87%)
Number of applications approved due to risk of torture etc.*** (Included in the above figures)	52	47	50	136

\* Includes persons granted protection on Convention grounds and other humanitarian grounds such as due to the risk of torture etc., or other serious justifications.

\*\* First instance decisions. Resettlement refugees and appeals are not included. Approved applications by decisions on case merits.

\*\*\* Risk of capital punishment, torture and cruel, inhuman or degrading treatment.

### Returns

82. A total of 38,066 persons were forcibly returned/expelled from Norway during the reporting period, cf. the below table and Appendix 2. The police return all persons who do not have a legal right to stay in Norway. There are four principal categories of returns: 1) Persons who have applied for protection (asylum) in Norway and who have had their application processed and rejected and who have exhausted all avenues of appeal; 2) anyone returned under the Dublin Regulation; 3) persons who have been refused entry or stay as they are not permitted to stay in the realm; and 4) anyone expelled from Norway who has not applied for protection (asylum) or who is not subject to the Dublin Regulation. Most of those who fall into this category have been expelled due to a criminal conviction and are banned from Norway for a specified period of time.

83. The COVID-19 pandemic must be taken into consideration when interpreting the figures. In 2020, 7,995 persons of the overall number of 10,041 persons returned were refused entry and ordered to leave the country under the Control of Communicable Diseases Act. In 2021, of the overall number of 18,791 persons, 17,013 were ordered to leave for the same reason; more than 9 out of 10 cases. For 2019 as a whole, 1,419 convicted offenders were returned, compared with 1,781 in 2018. The most common nationalities among convicted persons returned between 2018 and 2020 were Romanian, Polish and Lithuanian, while in 2021, these were Romanian, Polish and Swedish nationals.

84. A total of 96 persons who were denied protection (asylum) were returned in 2021, which was the lowest number during the reporting period, compared to 552 in 2018. In 2021, Albania (11), Russia (13), and Ukraine (8) were the three countries of origin with the most persons returned due to rejection of an application for protection (asylum). In 2020, these were Russia (12), Georgia (9), and Ukraine (9). In 2019, Albania (38), Somalia (38) and Afghanistan (36); and in 2018, Afghanistan (96), Iraq (59), Somalia (43).

## 85. Number of persons forcibly returned/expelled from Norway, 2018–2021:

Year	2018			2019			2020			2021		
	Asylum	Dublin	Refused entry/expelled	Asylum	Dublin	Refused entry/expelled	Asylum	Dublin	Refused entry/expelled	Asylum	Dublin	Refused entry/expelled
N.	552	471	4 054	358	343	3 456	112	150	9 779	96	177	18 518
%	10.87	9.27	79.85	8.61	8.25	83.13	1.11	1.49	97.39	0.51	0.94	98.54
<b>Total p.a.</b>	<b>5 077</b>			<b>4 157</b>			<b>10 041</b>			<b>18 791</b>		

**Assisted returns**

86. Asylum seekers who are refused protection, may apply for assistance and funds to return home and resettle in their home country through the Voluntary Assisted Return Programme. Voluntary assisted return is an alternative to remaining in Norway without legal residence and thereby at risk of being forcibly returned by the police. In 2018, 242 persons were returned through this programme; 213 in 2019; 127 in 2020 and 127 also in 2021.

**Appeals**

87. There is no available data on the number of appeals of rejected asylum cases that are made on the basis of risk of torture/ill-treatment, as this is not specifically registered by the immigration authorities. A general overview of the number of appeals(not disaggregated by basis for appeal) is available in Appendix 2.

**Extradition**

88. There are no official statistics on the number of extradition or surrender cases, or for the types of crimes for which extradition or surrender is sought. However, according to the Ministry of Justice and Public Security's data, the Ministry processed approximately 251 extradition cases between 2018 and 2021. This figure does not include arrest warrants processed under the Arrest Warrant Act, cf. the reply to the issues raised in paragraph 8 of the list of issues. Given the limited number of extradition requests to and from Norway during the reporting period, it is not possible to provide detailed statistics on the different countries in question without disclosing information that might lead to the disclosure of personal identifiable information. Additionally, the Prosecuting Authority processed another 158 cases during the period between 2019 and 2021, in accordance with the surrender procedure (which entered into force 1 November 2019).

## 89. Extradition cases, 2018–2021:

Year	From Norway	To Norway	Total
2018	64	50	114
2019	69	34	103
2020	1	6	7
2021	14	13	27
<b>Total during the reporting period</b>	<b>148</b>	<b>103</b>	<b>251</b>

## 90. Surrender cases pursuant to the Nordic-European Arrest Warrant, 2019–2021\*:

<i>Year</i>	<i>From Norway</i>	<i>To Norway</i>	<i>Total</i>
2019	3	2	5
2020	56	42	98
2021	38	33	71
<b>Total during the reporting period</b>	<b>97</b>	<b>77</b>	<b>174</b>

\* The table reflects surrender cases that are based on a SIS-wanted notice and does not reflect all the cases that may have been processed to and from Norway.

**Reply to the paragraph 10 of the list of issues**

91. During the reporting period, Norway has extradited one person based on the acceptance of assurances. Personnel from the Norwegian Embassy have visited the person concerned. Norway has not offered assurances or diplomatic guarantees in extradition cases during the reporting period.

**Articles 5–9****Reply to the paragraph 11 of the list of issues**

92. No new legislation or measures have been adopted to implement Article 5 of the Convention, as the Penal Code already fully covers this article. Under Section 4 of the Penal Code, Norwegian criminal legislation applies to all acts committed in areas under Norwegian jurisdiction. The criminal legislation also applies to all acts committed on Norwegian vessels and aircraft. Furthermore, Section 5, first paragraph a) to c) prescribes that the criminal legislation also applies to certain acts committed outside of areas under Norwegian jurisdiction, if these acts are committed by Norwegian nationals, by persons domiciled in Norway, or on behalf of an enterprise registered in Norway. The criminal legislation also applies to certain acts committed by persons who, after the time of the act, become a Norwegian national or have become domiciled in Norway, see Section 5, second paragraph a). Likewise, the criminal legislation applies to certain acts committed by a person who is or has become a national of or domiciled in another Nordic country, see second paragraph b).

93. Section 5, paragraph one, numbers 1 to 13 list the types of acts committed outside of areas under Norwegian jurisdiction, to which the criminal legislation may apply. The relevant alternatives are:

- Where the act in question is punishable also under the law of the country in which it is committed (number 1);
- War crimes, genocide, crimes against humanity and breaches of the laws of war (numbers 2 and 3);
- Acts that are committed outside the area of sovereignty of any state and are punishable by imprisonment (number 7);
- Certain acts that fall within the scope of provisions concerning serious sexual offences (number 9).

94. Finally, pursuant to Section 5, fifth paragraph, Norwegian criminal legislation applies to all acts committed outside of areas under Norwegian jurisdiction if the act carries a maximum penalty of imprisonment for a term of six years or more and is directed at someone who is a Norwegian national or domiciled in Norway.

**Obligation to prosecute**

95. In 2021, as a measure to speed up the prosecution process, the Parliament adopted an amendment to Section 249, first paragraph of the Criminal Procedure Act, providing a time limit for the Prosecuting Authority to decide whether to prosecute a suspect. Pursuant to the amendment, the Prosecuting Authority shall decide whether to prosecute a suspect “as soon

as the case is sufficiently clarified and within reasonable time after which the person in question was considered a suspect". Similar requirements are set out in Article 95 of the Norwegian Constitution and Article 6 (1) of the European Convention on Human Rights (ECHR).

96. Exceeding of the time limit is not subject to judicial review. However, this may result in the use of compensating mechanisms such as a penalty discount pursuant to the Penal Code, and/or compensation for unjustified investigation pursuant to the Criminal Procedure Act. The amendment is expected to enter into force 1 July 2022.

### **Extradition and mutual legal assistance**

97. Since the previous report, Norwegian authorities have not, to our knowledge, extradited or rejected any request for extradition by another State of an individual suspected of having committed an offence of torture, and thus instituted its own prosecution. Extradition from Norway may take place irrespective of the existence of an extradition treaty between the parties, provided the conditions of the Extradition Act are met. As a general rule, extradition is possible in relation to all criminal acts. Acts of torture is an extraditable offence, as the offence is punishable under Norwegian law by a term of imprisonment exceeding one year.

98. Norway has not concluded any bilateral extradition or mutual legal assistance agreements (MLA agreements) since the previous report, but the Agreement between the EU, Iceland and Norway on surrender procedure has entered into force, and Norway ratified the UN Convention on Enforced Disappearance in September 2019, which includes provisions on MLA and extradition.

99. As there are no official statistics on MLA requests and the crimes to which they relate, it is not possible to state whether these treaties or agreements have resulted, in practice, in the transfer of any evidence in connection with prosecutions relating to torture or ill-treatment.

## **Article 10**

### **Reply to the paragraph 12 of the list of issues**

100. Prison officers are required to complete a two-year basic educational programme in order to become a permanent employee. A designated university college, University College of Norwegian Correctional Service (KRUS), organises and offers study programmes and courses for staff members in the Correctional Service. The curriculum at the institution was revised in 2017. Extensive instruction is provided regarding human rights, including about the prohibition against torture and other degrading treatment through multiple subjects that form part of the basic educational programme. All staff members have the option of taking courses in subjects they require.

101. Some of the courses in the basic educational programme are mandatory and some are optional. Inter alia, instruction is provided regarding the prevention of isolation (mandatory) and empathetic communication (optional) in relation to particularly vulnerable prisoners.

102. Between 2018 and 2020, 60 to 70 different courses and conferences were held, averaging approx. 2,500 participants annually. Furthermore, higher professional education is arranged for supervisors, with approx. 20 participants annually. Regular student evaluations are implemented during the study programme and upon completion of the programme. Courses are also evaluated upon completion. No evaluation has been carried out regarding the impact of topics in study programmes and courses on the treatment of prisoners in the field of practice.

103. All judges in the ordinary courts are generalists and judges and courts are not, in principle, specialised in relation to particular areas of law. However, human rights and international conventions are part of the Norwegian legal education.

104. Staff members with police education at the National Police Immigration Detention Centre have a bachelor's degree from the Norwegian Police University College. In the relevant framework plans, professional ethical issues and reflections on the police's duties,



working environment and organisational culture are emphasised. Furthermore, emphasis is placed on human rights.

105. UDI does not have special training relating to UNCAT for UDI's case officers or for staff members at reception centres. UDI provides more general training on vulnerable groups. Newly recruited staff members who will work on protection cases undergo a two-week training programme, including training relating to interviews and vulnerability assessments. Furthermore, stand-alone courses and lectures on topics relating to vulnerable groups are provided at irregular intervals.

106. Comprehensive knowledge of the rights of children in child welfare institutions is important in order to ensure proper care and conduct, and that the child's personal integrity and other rights are safeguarded. It is the director of each institution's responsibility to ensure that all employees complete necessary training and to ensure that the relevant competence is maintained. Bufdir has developed guidelines and e-learning material, and provides training for employees.

#### **Reply to the paragraph 13 of the list of issues**

107. There are no specific educational courses for staff members in the Correctional Service regarding identifying signs of torture in prisoners. However, human rights and the prohibition against torture is part of the education, cf. the reply to issue 12 of the list of issues. The municipality in which the prison is located has the statutory responsibility, hires and is responsible for the training of medical personnel in the prison. This entails that the *host municipality* for the individual prison is responsible for offering primary health and care services to prisoners, while specialist health care services are provided by the state through the four regional hospital trusts (referred to as the *import model*). Both physicians and nurses in prisons have the same education as medical personnel in the society-at-large. Furthermore, approx. half of all nurses in the prison health services have additional education in mental health and substance abuse treatment.

108. Regarding the courts, judges are offered a strategic and systematic competence programme. There is no special competence measure directed at UNCAT. However, criminal law and human rights is a regular topic in the competence measures that are offered. All newly appointed judges undergo an induction programme that consists of a national, module-based induction programme, as well as local and regional measures. Thereafter, the competence measures transition to a continuing education phase, with annual judge seminars on targeted competence measures.

109. Similar to the situation for prison staff members and judges, there is no specific educational pathway regarding the effects of torture for the police.

### **Article 11**

#### **Reply to the paragraph 14 of the list of issues**

110. Reference is made to the reply to the issues raised in paragraph 4 (f) of the list of issues. The number of overstay in police custody has been significantly reduced in recent years. There may be several reasons for overstaying, e.g., delayed clarification of the circumstances, the nature of the case and logistics/distances that contribute to non-compliance with the time limit. There is good coordination between the police and the Correctional Service for temporarily transferring arrested persons from police custody facilities to a prison until a court ruling regarding imprisonment is issued.

111. Number of arrests (overstays) exceeding the 48-hour period, 2018–2021:

2018	2019	2020	2021
478	486	436	N/A

112. POD conducted a more detailed study on registered overstaying of children in police custody facilities exceeding 24 hours in 2020. It was revealed that, for a small number, this

was in fact occurring, whereas for others, such incidents were due to e.g., the fact that it was impossible to hold a remand hearing before the end of the 24-hour period, in addition to some accrued time from the end of the remand hearing regarding practical matters relating to transfer to prison. There are many actors that are to be notified and that are to be present during a remand hearing for a child, including defence counsel, a representative from Child Welfare Services, guardians etc. This may result in a delayed hearing. Furthermore, some time may accrue after the remand hearing has been completed to prepare and implement the actual prison transfer.

113. Number of overstays of children exceeding 24 hours, 2018–2021:

2018	2019	2020	2021
24	0	21	N/A

114. In 2021, the Parliamentary Ombud published a report regarding children in police custody. The report showed that national figures on the use of police custody in relation to minors continue to be uncertain. The Ombud's impression from visits to Oslo Police District was that officers appeared to be conscious of the high threshold for apprehending children. The report shows that good alternatives to the use of cells for children in the police custody facility are lacking and that patrols would in some cases wait with the minor in the vehicle to avoid placing the minor in a cell, or that interview rooms or other rooms were used for shorter periods. In the Oslo Police Custody Facility, there were five cells that had been adapted for minors.

115. During the period 1 January 2021 until 12 May 2021, an average of 14 hours passed from detention until release for minors who were placed in a cell in Oslo Police District. Supervision of minors was in most custody records documented as having been implemented every half hour or every hour in the evening or night. Oslo Police District had entered into an agreement with the Child Care Emergency Unit, which ensured that all minors detained in police custody were offered a conversation with the Child Welfare Services. Less than half of the minors accepted the offer of a conversation. There were no indications that detained minors were prevented from contacting defence counsel if this was requested. The visit to Oslo Police District revealed that minors receive the same written information upon detention in police custody as adults. The use of coercive measures appears to be rarely used in relation to minors inside the police custody facility and very rarely inside the cell. The report was forwarded to Oslo Police District together with a section containing recommendations.

#### Reply to the paragraph 15 of the list of issues

116. For statistics on the prison population, including capacity rate, reference is made to Appendix 3. For a general overview, see the following table.

117. Number of remand prisoners and convicted prisoners, 2018–2021\* \*\*:

2018		2019		2020		2021		Total
Remand	Convicted	Remand	Convicted	Remand	Convicted	Remand	Convicted	
831.08	2 420.42	811.57	2 264.19	735.69	2,049.99	593.29	2,315.6	
<b>Total p.a.</b>		<b>3 251.5</b>		<b>3 075.76</b>		<b>2 785.68</b>		<b>2 908.89 12 021.83</b>

\* Excluding persons detained under preventive detention sentences (cf. Penal Code, Ch. 7), and persons detained as an alternative to payment of fines (cf. Penal Code, Ch. 9).

\*\* Average of daily numbers, over 365 days.

118. There is no widespread problem of overcrowding in Norwegian prisons, even though some prisons operate at full capacity for shorter periods, as the statistics in the appendix shows. Regarding amendments to alternatives to imprisonment, these include an increase in the execution period for electronic monitoring from four to six months through the Act Relating to amendments to the Execution of Sentences Act etc. This Act entered into force on 1 July 2020. From 1 September 2020, the Act also provides a legal basis for the use of

tracking technology. Such technology shall be used to monitor that persons serving their sentence do not breach the conditions regarding the place of stay. The legislative amendments entail that the target group for this type of sanction will increase and ensures a more effective monitoring of compliance with the conditions for electronic monitoring.

119. For a general overview over non-custodial sanctions for offenders under 18 years of age, reference is made to the 2016 State Report to the Committee on the Rights of the Child (CRC) (cf. CRC/C/NOR/5-6, see paragraphs 323 to 327). The Ministry of Justice and Public Security has released proposals for improvements to sanctions for consultation and the comments received are currently being assessed. The National Mediation Service executes the following criminal sanctions: victim-offender mediation, follow-up by the Mediation Service, youth follow-up and youth punishment, and were from 2019 allocated additional funds as part of a special effort relating to youth crime and criminal environments.

120. The funds have contributed to increasing staffing at the local offices of the Mediation Services and thereby to the work involving follow-up of vulnerable youths. The funds have also contributed to a speedier implementation of the criminal sanctions. The average case processing time with the Mediation Service has been reduced from 65 days in 2018 to 56 days in 2021.

121. Regarding the standard of police custody facilities, including at Bergen Police Headquarters, the Government decided in 2021 that a new police station with a police custody facility will be constructed in Bergen. The local police are in the meantime continuing its work of implementing compensatory measures, including the use of cells in Bergen Prison, so that stays in police custody facilities are as brief as possible. The Supervisory Committee for Police Custody Facilities inspected the police custody facilities in five of the country's police districts in 2020 and 2021. The three custody facilities in Møre og Romsdal Police District had cells without access to daylight, which was compensated by outdoor time for the persons detained. The conditions in the remaining police custody facilities were considered to be acceptable, but the Supervisory Committee made recommendations to all of the districts to ensure that all requirements in the Regulation Relating to the use of police custody cells are implemented.

#### **Reply to the paragraph 16 of the list of issues**

122. There is no definition of the term *isolation* in the Execution of Sentences Act or in accompanying regulations. Section 37 of the Regulation includes the term “exclusion from company”. This means that prisoners’ access to the company of other prisoners are wholly or partly restricted. This is a decision (by the Correctional Service) that may be appealed. Exclusion from company may be used in relation to convicted prisoners as well as remand prisoners.

123. However, the Supreme Court has defined what constitutes “actual isolation” or *de facto* isolation of prisoners. The Court defines it as *de facto* isolation if a prisoner is excluded from company for more than 22 hours per day. *De facto* isolation may be due to older prison buildings, with inadequate facilities for socialising between prisoners. It may also occur because of lack of personnel.

124. Based on case law concerning *de facto* isolation, the Directorate of Norwegian Correctional Service (KDI) has decided that all units in all prisons are required to implement a *daily schedule* whereby all prisoners are offered at least two hours of meaningful contact during the day. This applies to both convicted prisoners and remand prisoners.

125. For prisoners who are excluded from company with other prisoners for an expected length of more than 72 hours, the Correctional Service is required to make a weekly schedule for offering the prisoner daily two hours of “meaningful” contact. Deviation from these requirements shall be recorded. Meaningful contact includes conversations with a social worker, prison officer, priest, physician, teacher, supervisor or similar, or activities outside the cell. Meaningful contact also includes contact with and visits from a lawyer, relatives, friends etc. This practice is in accordance with the Nelson Mandela Rules and the Supreme Court’s definition.

126. In light of the Parliamentary Ombud's Special Report to the Parliament regarding isolation in prisons (cf. document 4:3 (2018/2019)), the Ministry is currently reviewing the regulation regarding exclusion and use of coercive means.

127. In Norwegian Official Report (NOU) 2016: 24 New Norwegian Criminal Procedure Act, the Commission on the Criminal Procedure Act proposed new limitations on court-ordered full isolation. As opposed to the provisions set out in Section 186 a, second paragraph of the Criminal Procedure Act, the Commission proposed that full isolation may only be imposed for two weeks at a time, and, furthermore, that extensions of such isolation may apply only in exceptional cases. The Ministry has amended several sections in the Criminal Procedure Act in accordance with the Commission's proposal. However, the rules concerning court-ordered full isolation remain under consideration.

128. Reference is made to the below table for statistics regarding exclusion from company pursuant to Section 37 of the Execution of Sentences Act. There have been circumstances in which this legal basis has been incorrectly applied, in that it has also been applied as a legal basis in cases where the exclusion was not due to acute conditions. Therefore, KDI has distributed a letter to the Correctional Service where it is emphasised that the provision is only to be applied as a legal basis for exclusion of prisoners in acute circumstances. With the establishment of new prison capacity or upgrades in older structures, access to areas for company with other prisoners is now being ensured.

129. Exclusion due to structural or staffing matters, 2018–2021:

	2018	2019	2020*	2021
Number of exclusions	303	100	106	1 557
Number of hours	8 133	5 531	8 663	20 358
Average number of hours per exclusion	26.8	55.3	81.7	13.1

\* Number for average hours exceptionally high due to necessary restrictions because of the COVID-19 pandemic.

130. Decisions regarding exclusion of prisoners from company in accordance with Section 37 have a time limit for appeal of 7 days. All prisoners have the right to make a statement in connection with a decision by the Correctional Service regarding exclusion. Statements by prisoners are recorded in writing and shall be included as part of the justification in the decision regarding exclusion from company.

131. The project referred to in paragraph 16 (d) in the list of issues has ended. The project resulted in several measures that are implemented. Among these are online publication of monthly statistics on isolation, establishment of a resource team at Bredtveit Security and Detention Prison and also establishment of activation teams at several prisons. A *checklist* has been prepared for prison inspections, based on the findings of the NPM at the Parliamentary Ombud.

132. Furthermore, KDI has established a coordination group to ensure that the Correctional Service is actively working on the issue of isolation, and also established interdisciplinary, regional isolation teams, which follow up the local units' practicing of regulations and organising of isolation-reducing measures.

133. In accordance with the Execution of Sentences Act the Correctional Service are required to contact a physician for prisoners that are wholly excluded from company. These prisoners shall also be observed by prison staff multiple times per day. Records shall be kept of observations and contact with medical personnel.

134. KDI's statistics on the use and duration of exclusion is made publicly available. It includes, inter alia, data on the maximum and average duration of exclusion. Furthermore, KDI publishes monthly statistics on the number of wholly excluded prisoners, disaggregated according to legal basis. In addition to this KDI carries out what is referred to as day measurements, three times a year. Day measurements record the prisoners' time spent outside of their cells on a given date. Compensatory measures are included as part of the daily measurement. This entails that the measures that follow from the weekly schedule, cf. the

explanation above, are to be included as part of the day measurement and recorded as a compensatory measure for the prisoners.

135. In March 2020, KDI introduced a 14-day quarantine period for all new prisoners, due to the COVID-19 pandemic. KDI deemed it necessary to exclude prisoners for a period of time, in the absence of testing options for newly arrived prisoners. The Correctional Service continuously focused on offering compensatory measures to excluded prisoners during this period. The use of routine exclusion with the arrival of new prisoners was discontinued on 22 June 2020, when quarantine was imposed based on an individual assessment.

136. In 2020, partial exclusion from company was also permitted upon arrival of new prisoners. This was resolved in that smaller groups composed of the same prisoners had limited company with other prisoners during the same period.

137. A new Chapter 3 A of the Execution of Sentences Act entered into force on 18 December 2020 and provided the Correctional Service with various statutory provisions related to the pandemic. The rules were originally issued with a duration to 1 June 2021. A new Chapter 3 A was thereafter adopted in the Execution of Sentences Act, which sets out special provisions applicable during the outbreak of a communicable disease which endangers public health, i.e., not solely in relation to COVID-19. The Chapter regulates the scope of the Act, visits to prisons, exclusion from the company of other prisoners, execution of sentence outside of prison, leave from prison, day-release, as well as interruption of a sentence for execution of sentence in the community. These provisions are currently in effect until 1 July 2022. In a hearing in April 2022 the Ministry of Justice and Public Security proposed to extend the duration of the rules until 1 July 2023.

#### **Reply to the paragraph 17 of the list of issues**

138. Detention in a security cell or a restraint bed is intrusive and such measures can potentially result in harm to the prisoners' physical and mental health. The background for such an intervention is often that the prisoner is very aggressive or is experiencing a form of mental health crisis. In many cases the background for the measure is an assessed substantial risk that the prisoner will attempt to commit suicide or other acts of severe self-harm.

139. The guidelines to the Execution of Sentences Act states that "before a security cell or restraint bed is used, a medical opinion from a physician shall be obtained, to the extent possible. If this is not possible, a physician shall be contacted as soon as possible and be given the opportunity to provide advice regarding the follow-up care of the prisoner. To the extent possible, prisoners are required to be observed by medical personnel at least once daily. Records shall be kept of observations and what contact there has been with medical personnel". For the use of security cells in the juvenile units, see the account below.

140. In 2020, KDI established a working group to evaluate whether, and possibly how, the Correctional Service could discontinue the use of restraint beds in prisons. The working group evaluated alternatives to the use of restraint beds, including the possibility of designing security cells in such a manner as to render restraint beds unnecessary as a coercive measure to prevent severe self-harm/suicide. Furthermore, the working group has assessed risk factors relating to a possible discontinuation of restraint beds. The working group submitted its report to KDI in February 2022 and the report is currently being followed up by the Directorate.

141. The vulnerability of women and other groups in the prison population is addressed in the reply to the issues raised in paragraph 18 of the list of issues.

142. The new amendments to Section 38 of the Execution of Sentences Act, which was implemented in April 2021, distinguishes between severe coercive measures such as security cell and restraining bed, and coercive measures such as for example spit guards and hand cuffs. All coercive measures may only be used if it is absolutely necessary, and when less invasive measures have been unsuccessfully attempted or will clearly be inadequate.

143. Spit guards are only to be used to prevent physical attacks on a person, when the attack is liable to cause fear, pain or other considerable discomfort. Ordinary inappropriate behaviour does not form grounds for the use of such coercive means. Furthermore, it is a prerequisite that less intrusive measures are insufficient in remedying the situation and that the coercive measure is used with caution. Prisoners shall always be supervised while using

a spit guard and the equipment shall immediately be removed if there is a suffocation risk. Furthermore, the use thereof shall immediately cease once the grounds for such use no longer apply.

144. Guidelines for the use of spit guards are on public hearing and the measure will likely be implemented during the summer of 2022. Since the use of spit guards is not yet implemented, there has been no evaluation so far. However, regular practice is continuous evaluation of practice and routines when a new coercive measure is implemented.

145. In accordance with Section 38, coercive means in relation to children under 18 years of age may only be used if this is absolutely imperative, and less intrusive measures have been unsuccessfully attempted or will clearly be inadequate. Coercive means shall be used with caution, so that no person is inflicted unnecessary harm or suffering. If the use of coercive means in relation to minors becomes relevant, a medical opinion shall be obtained insofar as this is possible.

146. Separate procedures for the use of security cells have been developed in both Juvenile Units. These procedures contain, inter alia, requirements for a proportionality assessment, the use of less intrusive measures and the duration of the measure in question. There shall be a continuous assessment of the basis for maintaining the measure and this assessment shall be recorded. The assessment shall be performed by the senior officer in consultation with a legal practitioner. Prisoners placed in a security cell shall also be observed by medical personnel and, where possible, other cooperation partners, such as an interdisciplinary team, shall also give their opinion.

147. At the juvenile units, there is also a secluded unit that is used for isolation of prisoners pursuant to Section 37 of the Execution of Sentences Act. The secluded unit will always be used prior to using a security cell. Furthermore, the unit has an enhanced cell as a compensatory measure to avoid the use of a security cell. This cell has a shower, toilet, television and music facilities and the option to make phone calls via a calling system. There is also access to a separate outdoor area, television/conversation room and the possibility to prepare food.

148. Regarding strip searches, in September 2020, KDI issued a directive stating that no one shall be subjected to routine strip searches and that strip searches are not to be performed unless there is a sufficient and individually assessed basis for doing so. Furthermore, an incremental search is to be applied and searches shall, as a main rule, be performed by a staff member of the same sex as the prisoner. These guidelines are effective until further notice and will later be replaced by permanent guidelines. Possible decisions regarding strip searches shall be recorded in the Correctional Service's computer systems for documentation purposes. KDI has issued the same guidelines to KRUS to ensure that the training of staff corresponds with the guidelines.

149. Where body scanners have been installed, these shall be used before it becomes relevant to proceed with a strip search. If the scanner indicates possible illegal items, it will be relevant to perform a strip search. However, strip searches are to be carried out in accordance with the provisional guidelines, cf. above.

150. The Supervisory Board for the National Police Immigration Detention Centre has in 2021 been in dialogue with the institution regarding the procedures for strip searches. The Board has been concerned that staff members, in practice, will not perform an individual assessment of the need for searches, based on the current wording of the guidelines. The Board has recommended that the procedures be amended and that body scanners be acquired. The Ministry of Justice and Public Security will consider this in connection with the ongoing revision of the Regulations Relating to the National Police Immigration Detention Centre.

151. The Regulation Relating to the use of police custody cells sets out when a strip search can occur upon detention in a police custody facility. The custody record shall state who has made the decision, the justification for the search, who has performed it and the possible findings that were made. The central and local Supervisory Boards for Police Custody Facilities are responsible for ensuring that procedures correspond with the instructions.

### Reply to the paragraph 18 of the list of issues

152. Prior to detainment in police custody cells the police must, cf. the Regulation, assess the need for medical care and ensure necessary access to a physician. Furthermore, during the period in custody, the detainee shall be entitled to contact a physician for medical care. The Regulation also prescribe that the police officers who accompany the detainee must contribute to maintaining the neutrality of the medical personnel. The detainee must be allowed to speak directly and uncensored to medical personal without police officers being able to hear what is said. Police officers are also not permitted to be present in or be able to look into the treatment room unless other medical personnel so request or if there is a risk of absconding.

153. Remand prisoners and convicted prisoners have the same patient rights as the general population. This applies to services from both the municipal health and care services and the specialist health care service. Health services for prisoners in prisons are administratively placed outside of the prison and is thus independent of the Correction Service.

154. The Correctional Service performs a voluntary needs and resources assessment (BRIK) of prisoners when they are imprisoned. This assessment is carried out by staff members at the prison. The conversation relates, inter alia, to physical and mental health conditions, as well as substance abuse and possible use of medications. This assessment is to ensure that prisoners are able to contact the health service at the prison and for optimal cooperation between the Correctional Service and the municipal health and care services. Women and men receive similar/equal health assessment offers.

155. In 2020, HDIR was tasked with revising the Health and Care Services to Prisoners Guide (IS-1971), the purpose of which is to contribute to prisoners receiving satisfactory health and care services. This work is ongoing. Furthermore, in 2022, HDIR was tasked with revising a circular on cooperation which is closely related to the Guide.

156. In November 2019, the Supervisory Board for the National Police Immigration Detention Centre recommended that the health services at the institution be provided by the public health services, as is the case with the prisons. The Supervisory Board's impression was that the detainees did not trust the health services and that they perceived them as inaccessible. The Board found a need for a more pronounced divide between the police and the health services. In a 2021 report, HDIR recommended that the import model that is used in the Correctional Service be established at the Centre. This report is currently under consideration.

157. Regarding documentation and reporting signs of ill-treatment, the person providing health and care services is required by law to record or register information in the medical record of each individual patient. Reference is made to Sections 39 and 40 of the Act Relating to health personnel etc. (Health Personnel Act). Medical records shall be kept in accordance with professional ethics and shall contain relevant and necessary information regarding the patient and the medical care provided, as well as such information as is necessary in order to satisfy the duty to notify or duty to provide information laid down in or pursuant to law. Pursuant to the Patient and User Rights Act, patients are entitled to access their medical record and are entitled to a copy thereof following a special request, cf. Article 15 of the General Data Protection Regulation, cf. the Act Relating to processing of personal data (Personal Data Act). On request, patients are also entitled to a brief explanation of professional terminology. Patients may be denied access to their medical record if this is imperative to preventing a risk to life or severe harm to the patient's health, or if access is clearly inadvisable out of consideration for persons closely related to the patient. A representative for the patient is entitled to access information to which the patient has been denied, unless the representative is unfit for this purpose. A physician or lawyer may not be denied access, unless indicated by compelling grounds. Separate procedures for protecting health personnel from reprisals in connection with documentation and notification of signs of ill-treatment is not considered relevant to Norwegian conditions.

158. The municipality, specialist health care service and dental health services have a statutory duty to be especially attentive to the possibility that patients may be subjected to, or are at risk of being subjected to, violence or sexual abuse. Medical personnel have, inter

alia, a duty to provide information to the police when this is necessary to prevent severe harm to a person or damage to property.

159. Furthermore, any party that provides health and care services shall establish an internal control system for the institution and ensure that the institution and services are planned, performed and maintained in accordance with requirements laid down in or pursuant to acts and regulations. Inter alia, the necessary procedures, instructions, routines or other measures to detect, correct and prevent violations of health and care legislation shall be developed and implemented, including in relation to breaches of requirements for professional ethics and systematic work for quality improvement and patient and user safety.

### **Women and other vulnerable groups**

160. As stated in Norway's 2021 State Report to CEDAW, for a long time – including in 2020 – women in prison have accounted for approx. six percent of the Norwegian prison population. The relatively low number of female prisoners entails that the *proximity principle* (e.g., that convicted persons shall be able to serve their sentence as close to home as possible) is challenging to maintain. A priority measure for KDI is therefore to increase the number of women who either serve their sentence in separate prisons or prison units adapted for women, or serve their sentences outside of prison, with the use of electronic monitoring. The Norwegian Anti-Discrimination Tribunal concluded in June 2020 that women in Tromsø Prison were discriminated, cf. the Equality and Anti-Discrimination Act, by being placed in high security prison for men. This practice has since been altered by KDI. The main rule is now that women in the northern part of Norway shall serve their sentence in separate women's unit in Trondheim Prison.

161. To improve prison capacity for women and to ensure that more women serve their sentences separate from men, a separate women's unit was opened in Agder Prison (Evje Unit) in 2019. The unit has 30 spaces, 10 of which are high-security and 20 which are low-security.

162. Funds have also been allocated in 2021 and 2022 for the establishment and operation of a national resource team for women at Bredtveit Detention and Security Prison. This team will contribute to preventing long-term isolation for female prisoners with severe mental illness. The target group is female prisoners with significantly impaired mental health and severe, complex problems, but who nonetheless do not qualify for admission to overnight stays in a mental health care institution. Bredtveit Prison currently has the national responsibility for women sentenced to preventive detention and also receives prisoners from all over Norway with the same types of complex needs.

163. KDI is following up the Strategy for Women in Remanded Custody and Execution of Sentences 2017–2020. The objective of this Strategy is for women to be ensured equal conditions to men. During the strategy period, staff members responsible for women have been established who, inter alia, are tasked with informing about and highlighting the needs of women, as well as safeguarding women's needs and rights during the execution of sentences.

164. In accordance with the UN Convention on the Rights of the Child, Norway has decided that children in prison (i.e., minors under 18 years of age) are not to serve their sentences with older convicted persons and remand prisoners. In order to safeguard the special needs of children who are deprived of their liberty, the Correctional Service has established two separate juvenile units with a total of eight places. Furthermore, three temporary places have been established at an ordinary prison in case of a need for increased capacity to accommodate children (for the shortest possible period), including e.g., increased staffing.

165. In order to ensure a good interagency cooperation pertaining to this group, *interagency teams* have been established at the juvenile units. These teams are to ensure an interdisciplinary approach to the needs of the children and ensure that relevant authorities follow up the children during and after the execution of the sentences. The team consists of representatives from health (including mental health) authorities, child welfare officers and education officers.



166. For vulnerable prisoners with special needs an *activation team* and a *resource team* were established in several prisons in 2021, through which staff members provide services for prisoners requiring special adaptation. The purpose of the teams is to activate the prisoners so that they can participate in regular prison activities, whereas the resource teams are tasked with providing company for prisoners with needs for special assistance relating to mental illness, risk of suicide or self-harm and mild intellectual disability. In the resource teams, there will be an enhanced cooperation with the health services.

167. In 2022, the Correctional Service will establish new activation teams at Indre Østfold Prison (Eidsberg Unit), Telemark Prison (Skien Unit), Stavanger Prison and at Bodø Prison. There will then be a total of nine activation teams and three resource teams in the Correctional Service.

168. In 2018, KDI established guidelines for transgender persons remanded in custody or during execution of sentences. The purpose of these guidelines is, inter alia, to safeguard and ensure equal treatment of transgender persons who are imprisoned. The main rule is that summons and committal to prison occurs on the basis of national ID number, i.e., legal gender. However, if the gender identity and/or gender expression of the prisoner does not correspond to the legal gender, an exemption from the main rules can be made following an individual assessment.

#### Reply to the paragraph 19 of the list of issues

169. Prisoners have the same patient rights as the general population. This also applies to mental health care. Municipalities with prisons receive earmarked funds from HDIR in order to meet this responsibility. Furthermore, it is the regional health authorities in which prisons are located, that is responsible for providing specialist health care. Separate outpatient services are now established within the mental health care services of several of the larger prisons. In 2021, the regional health authorities were tasked with establishing local services for mental health care and interdisciplinary, specialised substance abuse treatment in all prisons.

170. Prisoners with severe mental illness, and which poses a physical danger to oneself or others, cannot be placed in communal sections in prison. They are therefore at risk of being isolated. As referred to above, all prisons are required to implement a daily schedule whereby all prisoners are offered at least two hours of meaningful daily contact.

171. KDI has prepared an action plan against isolation for the period 2020–2021. This plan describes what measures KDI and the Correctional Service will implement to actively reduce the use of isolation to an absolute minimum. During this period, resource teams have also been established in several prisons, amongst them is Ila, Ullersmo, Åna and Bredtveit Prisons. Reference is moreover made to accounts of measures to reduce the use of isolation given above.

#### Reply to the paragraph 20 of the list of issues

172. For statistical data regarding persons detained in relation to migration, reference is made to the following tables.

173. Number of persons detained at the National Police Immigration Detention Centre, 2018–2021, incl. average time of detention and longest detention time\*: \*\*:

Year	Number of persons	Average time of detention (days)	Longest time (days)
2018	633	20	534
2019	636	20	661
2020	328	21	527
2021	N/A	N/A	N/A

\* All persons detained following a court ruling issued during a given year.

\*\* Applies to the year of committal. This entails that a detainment is counted once, also in cases where a person has been detained for more than 365 days.

174. Number of persons for whom alternative measures to detention were used, 2018–2021:

<i>Year</i>	<i>Number of persons</i>	<i>Proportion (%)</i>
2018	151	4.98
2019	100	3.84
2020	55	4.89
2021	N/A	N/A
<b>In total</b>	306	-

175. Detainees at National Police Immigration Detention Centre are entitled to at least one hour of outdoor time daily. The current framework for outdoor time includes three daily periods: 30 minutes, 75 minutes and 30 minutes; 135 minutes in total. The exercise yards at the Centre allow for various physical exercises (sports and fitness equipment). Furthermore, there is access to an activity centre which includes a gymnasium, fitness room and a library. As of September 2021, daily access to this centre is provided for approx. 60 to 90 minutes.

176. Bergen Prison has revised its daily schedules at two of its remand units and has now introduced the possibility of a joint outdoor period for all prisoners for one hour and 15 minutes in the morning and one hour in the afternoon, daily, including weekends. This entails that all prisoners are now offered two hours and 15 minutes of company with other prisoners. One unit also offers time at a workshop for three hours in the morning and two hours and 45 minutes after lunch. The prisoners on this unit are also offered a joint outdoor period for two hours daily. This entails that prisoners on this unit are offered a minimum of seven hours and 45 minutes of company with other prisoners. On weekends, the unit offers four hours of outdoor time, divided into two sessions of two hours.

#### **Reply to the paragraph 21 of the list of issues**

177. In 2018 and 2019 there were no deaths in police custody. In 2020, there were three deaths, two of which resulting from poisoning caused by intoxicants/medicines. The third person suffered a cardiac arrest. Through resuscitative efforts, his pulse was re-established and he was transferred to hospital. He later died due to haemorrhaging following injuries sustained during prolonged cardiopulmonary resuscitation. No figures for 2021 are yet available.

178. Number of deaths in prisons during the period 2018–2021:

<i>Prison</i>	<i>Year</i>	<i>Category</i>	<i>Status</i>	<i>Nationality</i>	<i>Gender</i>	<i>Age</i>	<i>Cause of death</i>
Oslo Prison	2018	Suicide in prison	Remand	Germany	M	28	Hanging/strangulation
Nordland Maximum Security Unit, Bodø	2018	Departure/death in prison	Remand	Norway	M	45	Prisoner found dead in cell
Trondheim Prison	2018	Suicide in prison	Remand	Norway	M	23	Hanging/strangulation
Halden Prison	2019	Suicide during stay with mental health care services	Remand	Norway	M	34	Committed suicide while admitted to mental health care services
Ila Detention and Security Prison	2019	Departure/death in prison	Remand	Albania	M	22	Found dead in bed upon unlocking of cell (cause of death unknown)

<i>Prison</i>	<i>Year</i>	<i>Category</i>	<i>Status</i>	<i>Nationality</i>	<i>Gender</i>	<i>Age</i>	<i>Cause of death</i>
Oslo Prison	2019	Suicide in prison	Remand	Poland	M	31	Hanging/strangulation
Nordland Maximum Security Snit, Bodø	2020	Suicide in prison	Remand	Norway	M	39	Suffocation
Oslo Prison	2020	Suicide in prison	Remand	Norway	M	43	Hanging/strangulation
Oslo Prison	2020	Suicide in prison	Remand	Norway	M	25	Hanging/strangulation
Halden Prison (Sarpsborg Unit)	2021	Suicide in prison	Remand	Norway	M	51	Hanging/strangulation
Bredtveit Prison	2021	Suicide in prison	Remand	Norway	F	44	Hanging/strangulation
Oslo Prison	2021	Suicide in prison	Remand	Romania	M	30	Hanging/strangulation
Telemark Prison (Skien Unit)	2021	Suicide in prison	Remand	Norway	M	62	Hanging/strangulation

179. In October 2019, a detainee at the National Police Immigration Detention Centre died. Following a return to the Centre after having been discharged from hospital, the detainee's health condition deteriorated and he died six days after discharge. The County Governor launched a supervisory investigation in relation to NPIS and the treating physician. The County Governor found that, following the return to the Centre, several days passed before medical personnel examined the detainee, which the County Governor considered to be a deviation from good clinical practice. In a memo from a nurse five days after the detainee's return to the Centre, it was stated that the detainee's general condition had deteriorated. In a subsequent memo from the nurse, it was stated that the patient had collapsed on the unit. The nurse called for a physician. Due to the considerable number of patients on the day in question, the physician did not prioritise attending to the patient. The physician first attended to the patient the following day. No new examinations or assessments were made, including as to whether the patient should be admitted to hospital due to an emergency situation. The detainee died later the same night. In its decision regarding the physician, the County Governor stated that this nonfeasance represented a "substantial deviation from good practice". In relation to NPIS, the County Governor concluded that the health service at The Centre has inadequate procedures. The Norwegian Bureau for the Investigation of Police Affairs launched a routine investigation into the case. The investigation was directed at Centre. On 15 December 2020, the Bureau concluded that investigation or prosecution should be discontinued on account of insufficient evidence.

180. Number of deaths in child welfare institutions, 2018–2021\*:

<i>Year</i>	<i>Number of deaths</i>	<i>Gender</i>	<i>Age</i>
2018	1	F	17
2019	1	F	15
2020	1	F	17
2021	1	F	17
2021	1	M	14

\* Institutions and causes of death cannot be disclosed due to risk of identification of the individuals concerned.

181. If the police kill or seriously injure someone, the Norwegian Bureau for the Investigation of Police Affairs will investigate the case regardless of whether or not a criminal

offence is suspected. To the best of our knowledge, the Bureau investigated no cases with deadly outcomes in 2018 and 2019. In 2020, the Bureau investigated one case of arrest that resulted in death. A person with mental illness had attacked a police officer with a knife/machete. In 2021, the Bureau investigated two cases where the police shot and killed a mentally ill person. In the three cases from 2020 and 2021 the actions of the police were considered justifiable, but the cases have been administratively assessed. Many cases in which police firearms are discharged relate to calls where the police are assisting the health services. The aim of the administrative assessments was to improve knowledge and competence in the police regarding persons with mental illness and the procedures for interaction between police and health services. For more information about the Bureau, see the reply to issues raised in paragraph 24 of the list of issues.

182. In the event of death resulting from a criminal act, compensation may be awarded to the spouse, cohabitant, children and parents of the deceased victim. In special cases, siblings may also be awarded compensation. Both the conditions for compensation for victims of violence and the upper limit of the amount vary depending on the time of the incident, due to legislation revisions. Reference is made to the reply to the issues raised in paragraph 25 of the list of issues.

183. To the best of our knowledge, there are no cases in which the relatives of the deceased person were awarded compensation due to death in custody during the reporting period. Compensation following criminal proceedings is not relevant in relation to the described cases, as a claim must be submitted by the claimant, personally, and therefore must be brought before death.

184. If a person dies as a result of a patient injury, the dependants of the deceased will be entitled to compensation. Dependants may also be entitled to patient injury compensation when the deceased person committed suicide, if the suicide could have been prevented, had the relevant care been adequate. In 2018–2021, the Norwegian System of Patient Injury Compensation (NPE) disbursed compensation for 65 suicides and 14 suicide attempts in mental health care. In the same period, they rejected claims for 68 suicides and 22 suicide attempts.

#### **Reply to the paragraph 22 a) to d) of the list of issues**

185. Certain amendments to the Mental Health Care Act (cf. Prop. 147 L (2015–2016)) entered into force on 1 September 2017, strengthening the due process rights of mental health care patients who refuse treatment or other interventions, as well as patients' right to make decisions on the basis of free and informed consent.

186. The right of free and informed consent is the principal rule in Norwegian mental health care legislation. The majority of patients receive assistance voluntarily from the mental health care services. A great number of assertive and ambulatory mental health care services have been established and are active in many municipalities, providing patients and relatives with valuable assistance on site, thereby reducing the need for hospitalisation.

187. However, exceptions can be made in situations where there is an imminent and serious danger to the person's own life, provided that the strict conditions in the Mental Health Care Act are met. The exception to the principle of the right to self-determination applies to all decision relating to coercive measures in mental health care, i.e., treatment, mechanical restraints, isolation, short-term detention and protection.

188. The following conditions must be met in order to use coercive measures:

- (a) The person must have been examined by two physicians;
- (b) Voluntary mental health care must have been attempted;
- (c) The patient must have a severe mental illness;
- (d) Establishment of compulsory mental health care must be necessary:
  - (i) to prevent the person from having their prospects for healing or recovery significantly reduced;

(ii) because there is a high probability that the condition of the person will significantly deteriorate in the very near future; or

(iii) because the person poses an imminent and serious danger to their own or others' life or health.

(e) The patient must lack the capacity to consent. However, this condition does not apply when there is an imminent and serious danger to the person's own life or the life or health of others;

(f) The institution must be professionally and materially able to offer the patient satisfactory treatment and care;

(g) The patient must have had the opportunity to express his or her opinion;

(h) Compulsory mental health care must, following an overall assessment, clearly appear to be the best solution for the person concerned. However, this does not apply when the person poses an imminent and serious danger to the life or health of others. Special emphasis shall be placed on how great a burden the coercive intervention will be for the person. Furthermore, special conditions apply for the use of each individual measure.

189. Supervision of units in the health and care services where persons are subjected to deprivation of liberty is carried out in accordance with the Health Services Supervision Act. The units have a duty to establish an internal control system and to notify authorities in the event of serious incidents. Furthermore, an independent Healthcare Investigation Board has been established, which, inter alia, investigates serious incidents.

190. The use of coercive measures must be recorded in a separate record for coercive measures and in the patient's medical record. The use of the following measures should be evaluated with the patient as soon as possible after the use has ended:

- Seclusion objected to by the person concerned;
- Examination and treatment without consent;
- Examination of rooms and belongings and strip search;
- Drug testing without the patient's consent;
- Mechanical restraints that impede the patient's freedom of movement;
- Short-term placement behind a locked or closed door;
- Single use of short-acting drugs for sedative or anaesthetic purposes;
- Short-term detention.

191. An expert committee will be appointed to evaluate the 2017 amendments in the Mental Health Care Act, which made lack of consent competence a condition for compulsory observation, compulsory mental health care and examination and treatment without own consent. A Law Committee has proposed a common, more diagnostically neutral law where lack of consent competence shall be one of the key conditions. A decision will be made on how the proposals should be followed up when the results of the evaluation are available.

192. There has been an increase in compulsory admissions to mental health care from 2017 and onwards. The number of cases involving the use of coercive measures has also increased, with the exception of use of short-acting drugs.

193. Registered patients subjected to coercive measures in mental health care, 2018–2020\*:

	2018	2019	2020
Compulsory admission to mental health care services 18 years of age and older	7 849	8 147	8 681
Number of admitted patients subject to a decision concerning short-term detention	1 530	1 643	1 715

	2018	2019	2020
Number of admitted patients subject to a decision concerning seclusion	337	388	447
Number of admitted patients subject to a decision concerning single use of short-acting drugs	815	791	885
Number of admitted patients subject to a decision concerning use of mechanical restraints	1 006	991	1 001
Number of admitted patients subject to at least one decision concerning coercive measures during the measurement period	2 164	2 257	2 337

\* 2021 figures were not available at the time of completion of the report.

194. In addition to medication-free units and programmes established at multiple locations in all four Norwegian health regions, there are research and clinical projects aimed at identifying and developing measures for the reduction of coercive measures in mental health care. HDIR has recently published national guidelines on prevention of coercive measures, which are publicly available, and effective from 1 March 2022.

#### **Reply to the paragraph 23 of the list of issues**

195. The use of coercive measures in mental health care institutions requires a formal decision in order to be lawful. Such decisions are recorded in the hospitals' systems and are reported to the Norwegian National Patient Registry. The main task of the Control Commissions in mental health care is to review the legality of compulsory admissions and the use of coercive measures in each case. The Commissions also consider complaints from patients regarding coercive measures' decisions. The County Governors consider complaints regarding compulsory medical treatment.

196. Data on patients subjected to coercive measures are shown above (official data on the number of persons above the age of 18 in these institutions).

197. The vast majority of children who receive help from the child welfare service receive support measures in their home. Specific home-based interventions aimed at children with behavioural difficulties has been developed. Examples include Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent Management Training (Oregon Model) (PMTO).

198. The Act Relating to child welfare services (Child Welfare Act) regulates the rights of the child and the use of coercive measures in child welfare institutions. The Act authorises the placement and detention of a child in an institution, if s/he has serious behavioural difficulties, such as the committing of serious or repeated criminal acts or a persistent abuse of intoxicants or drugs. A child may also be temporarily placed in an institution if s/he is in danger of becoming a victim of human trafficking. The child welfare service shall continuously monitor all children in places of detention. In addition, the County Governor shall supervise that every institution is operated in accordance with the Child Welfare Act. This includes both inspections of institutions, and examinations of cases. The County Governor may also initiate investigations following complaints. If any protocols on the use of coercive measures for a child are in effect, the County Governor will also review such protocols.

199. The Parliament adopted a new Child Welfare Act in 2021. The new act increases the emphasis on prevention and early intervention in order to avoid implementation of more invasive measures involving the use of coercion. The new act also strengthens the legal safeguards for both children and parents. Key provisions from the Regulation on the rights and the use of coercion under detention in a child welfare institution have been implemented in the new act. It is expected to enter into force 1 January 2023.

200. Number of children confined against their will in child welfare institutions, 2018–2021\*:

2018	2019	2020	2021
467	455	430	359

\* Cf. Child Welfare Act Sections 4–24 and 4–25.

## Articles 12 and 13

### Reply to the paragraph 24 of the list of issues

201. Where the accused party in relevant cases are employees in the police or the Prosecuting Authority, the Norwegian Bureau for the Investigation of Police Affairs (the Bureau) is the applicable investigating, case processing and prosecuting authority.

202. To ensure transparency, annual overviews of all cases resulting in criminal sanctions and brief summaries of all cases that have been decided or administratively assessed, are published on the Bureau's website. The summaries indicate the penal provision under which the case has been considered, the gender of the complainant, how the case has been examined by the Bureau, and the outcome of the case. Statistics on age or ethnicity is not available.

203. In 2018, two cases related to physical assault and one case related to custody were processed. In the first two cases, the Bureau found that the actions of the police officers in question were unnecessary and/or disproportionate, cf. Section 271 (physical assault) of the Penal Code. Both officers were fined. In the custody-related case, there was a delay in the release of a foreign national who was held in custody at the National Police Immigration Detention Centre (NPIS) at Trandum. NPIS was fined NOK 100,000 for having violated Section 172 (grossly negligent professional misconduct) of the Penal Code. NPIS has since informed that it has amended its procedures following the incident.

204. In 2019, one case related to physical assault and one case related to misuse of equipment were processed. In the first case, the Bureau found that actions of the police officer were in breach of Section 271, and Section 171 (professional misconduct) of the Penal Code. The officer was fined 20,000 NOK. In the second case from 2019, NPIS notified the Bureau that it had used coercive measures (earplugs and helmet) that did not have a basis in the prevailing regulations during the deportation of a person who was to be returned to his country of origin. The actions were considered a gross breach of the duty of care, and NPIS was fined NOK 100,000 for violation of Section 172 of the Penal Code. NPIS has since informed that it has reviewed its rules regarding the use of equipment following the incident.

205. In 2020, two cases related to physical assault and professional misconduct have been referred to the courts. In the first case, concerning disproportionate use of force during interrogation, the police officer was acquitted in the Court of Appeal. In the second case, concerning disproportionate use of force against a mentally ill person while assisting health personnel, the police officer was convicted for violating Section 271 cf. Section 272 (aggravated physical assault) and Section 171 in the Penal Code. He was sentenced to conditional imprisonment for 36 days and a fine of NOK 15,000.

206. In 2021, two cases related to professional misconduct have been referred to the courts. The first case concerned a police officer's rape and exploitation of position to achieve sexual intercourse. The Bureau considered the actions in violation of Section 291 (sexual assault) cf. 292 (rape), Section 295 (abuse of position to achieve sexual intercourse) and Section 171 in the Penal Code. The case is not yet processed by the courts. The second case concerns a police officer's exploitation of position to achieve sexual intercourse. The Bureau considered the actions in violation of Section 295 of the Penal Code, cf. Section 171, Section 157 (obstruction of justice) and Section 190 (unlawful involvement with firearms) in the Penal Code. The police officer was found guilty in the district court, but the case is appealed to the Court of Appeal.

## Article 14

### Reply to the paragraph 25 of the list of issues

207. A person who has suffered bodily harm or impairment of health as the result of a violent crime that infringes on life, health or freedom, may be entitled to criminal injuries compensation under the Compensation for Victims of Violent Crime Act. This scheme encompasses compensation for expenses, loss of income, loss of future income, damages for pain and suffering for permanent medical disability, compensation for non-pecuniary damage and compensation to surviving relatives. As a main rule, the perpetrator is financially liable for his or her actions in relation to the victims. When compensation is paid by the Norwegian State under the scheme, the State may seek recourse against the perpetrator. The compensation scheme is a subsidiary arrangement, which means that payment from the perpetrator, or other compensations received, is to be deducted. The maximum amount of compensation is currently NOK 6.4 million. Furthermore, the authorities may grant a higher compensation in certain serious cases.

208. In 2016, a government-appointed committee published a report containing proposals regarding the Criminal Injuries Compensation Scheme. However, the proposals were considered to be inadequate. In September 2021, a new proposal was forwarded to the Parliament for consideration and possible adoption.

209. The proposal of a new Compensation for Victims of Violent Crime Act follows general compensation law. All claims are to be processed in the criminal case before the court. Without further application, the compensation is to be paid shortly after the court proceedings. The State will then bring recourse claims against the offender for the corresponding amount. The scope of the new Act will exclusively be linked to specific sections in the Penal Code, with no additional condition regarding personal injury. Thereby, the victim can easily interpret whether or not the offence is covered by the scheme. The calculation of compensation also follows general compensation law and encompasses compensation for expenses, loss of income, loss of future income, damages for pain and suffering for permanent medical disability, compensation for non-pecuniary damage and compensation for surviving relatives.

210. According to the new proposal, when no criminal case is brought before the courts and the alleged offender is known, the victim can file an application for compensation to the Criminal Injuries Compensation Authority, if the alleged offender agrees to this process. S/he must also be a party in the administrative case and will be held liable for the compensation. If the alleged offender objects to administrative proceedings, a civil lawsuit is required. Legal costs of the parties will be covered by the State.

211. The new proposal suggests applying a similar procedure also in other cases without court proceedings, e.g., in cases resolved by way of conditional discharge of prosecution, or where the offender is under 15 years of age or not criminally responsible.

212. To the best of our knowledge, there are no cases in which the courts have ordered redress and compensation measures, including rehabilitation programmes, for victims of torture, therefore, no statistics are available.

213. Furthermore, under the compensation scheme in connection with criminal prosecution pursuant to Chapter 31 of the Criminal Procedure Act, claims may be submitted relating to breaches of the ECHR or other conventions. Any violation of conventions will be emphasised in the assessment of the size of the redress. Compensation under the scheme is only awarded for the period until the final court decision (i.e., for as long as the person in question has been charged during the investigation).

214. Violations during imprisonment are handled by the Correctional Service. In 2020, an in-court settlement was agreed between the State and a former prisoner at Bredtveit Detention and Security Prison. In the settlement, the State acknowledged a breach of Article 3 of the ECHR relating to degrading treatment for conditions to which the prisoner had been subjected. The conditions involved, inter alia, prolonged use of restraint bed. The State paid the prisoner NOK 150,000 in redress for having breached ECHR Article 3. In 2021, an in-court settlement was agreed between the State and a former prisoner at Ila Detention and



Security Prison. In the settlement, Norway acknowledged that the prisoner had been subjected to degrading treatment contrary to ECHR Article 3. In this case, reference was made to the fact that the prisoner received inadequate follow-up care from the health services and that there had been extensive use of exclusion from company. The State paid the prisoner NOK 500,000 in redress for having breached ECHR Article 3. Additionally, in 2018, the State reached an out-of-court settlement with a former prisoner at Ila Detention and Security Prison, where the State acknowledged a breach of ECHR Article 5 and paid NOK 150,000 in redress.

215. Regarding compensation violations related to mental health care services, compulsory admissions to mental health care institutions does not fall within the scope of the Patient Injury Compensation Scheme. Unjustified admissions can, however, fall within general compensation law.

216. The established national mental health care services are intended to treat all types of mental illness or psychological injuries, irrespective of cause. Patients with severe and complex mental health problems can be referred to specialised units in the health regions, based on an individual assessment of their needs. Over the years, competence in treatment of trauma has improved in the specialist mental health care services.

217. Funds are allocated in the National Budget for developing and disseminating methods for trauma therapy in the specialist health care services. In 2021, NOK 7.5 million was allocated for the dissemination of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) in the outpatient child and adolescent mental care health services and NOK 5.8 million for the development and implementation of knowledge-based trauma therapy in the mental health care services for adults.

218. Since 2011, the Parliament has allocated funding for the development and establishment of adapted dental health services for victims of torture or abuse and for persons with odontophobia. The development of this service is considered pioneering work in an international context. Patients are referred to or contact these teams directly for a preliminary screening. Based on this screening, it will be determined whether the person in question meets the criteria for such free-of-charge dental care. A recent evaluation has revealed that these services help patients overcome their fear of dentistry and that it has positive impacts on other aspects of their lives. In 2021, NOK 100 million was allocated for this purpose.

## Article 15

### Reply to the paragraph 26 of the list of issues

219. Generally, there are very few cases before the courts where the relationship to UNCAT becomes relevant. Norwegian procedural law is intended to ensure that evidence obtained through torture is not relied. Persons charged are entitled to have defence counsel present during police interviews and the main rule is that audio and video recordings are made during interviews. During the main hearing, the person charged is represented by defence counsel, who will safeguard the rights of the person and cite possible breaches thereof. Except for in minor cases, defence counsel is appointed at the public expense. Court proceedings are presumptively open to the general public. There is additional openness regarding court rulings through the publishing thereof on the free-for-all website Lovdata. There is no available overview of cases that have been dismissed by the courts due to evidence obtained as a result of breaches of the provisions of the Convention.

## Article 16

### Reply to the paragraph 27 of the list of issues

220. A number of action plans developed by the authorities are directed at discrimination of minority groups. These action plans encompass measures to prevent and combat discrimination and hate crime across public bodies. In the police, several measures have been implemented to improve the competence regarding hate crime. Investigators and lawyers have reviewed the mandatory training on hate crime in 2020. Special education on hate crime

has been established at the Norwegian Police University College, which has extensive participation from the police.

221. In 2021, funds were allocated by the authorities for the development of a National Competence Community on Hate Crime in the police. The Competence Community is to develop a competence development programme for the police districts, at the same time as it assists the districts' handling of individual cases. For a description of Support Centres for Victims of Crime, see the reply to the issues raised in paragraph 5 of the list of issues.

222. The police's case registration system is developed to be able to record hate crime directed at specific minority groups. In 2018, guidelines were prepared for the recording of hate crime. A criminal act is categorised as a hate crime in the police's register, either in that the criminal offence is covered by provisions in the Penal Code that are to be regarded as hate crime, i.e., Sections 185 and 186 of the Penal Code, or that reports relating to other penal provisions are specially marked as hate crime based on a presumed hate-crime motive in the case processing system.

223. The police's own figures show that 804 cases decided by the Prosecuting Authority with a recorded hate-crime motive were registered in 2020, i.e., cases that have been investigated by the police and decided by the Prosecuting Authority. The number of cases decided by the Prosecuting Authority has steadily increased over a five-year period as a result of an increase in the number of reported criminal offences.

224. The rate of cleared offences for such cases was at 52 per cent in 2020, which was higher than the previous year. Figures from Statistics Norway show that in 2020, charges were brought in 70 cases concerning either hate speech (cf. Section 185 of the Penal Code) or discrimination (cf. Section 186 of the Penal Code). This is nine more cases than in 2019 and double the number of cases from 2016. The statistics for indictment decisions does not cover other types of criminal offences where hate-crime motives are added as an aggravating factor (cf. Section 77 (i) of the Penal Code).

225. Number of reports for hate crime, number of cases decided by the Prosecuting Authority, number of cleared cases decided by the Prosecuting Authority and clearance rate, 2018–2021:

	2018	2019	2020	2021
Number of reports	624	761	744	815
Cases decided by the Norwegian Prosecuting Authority	586	744	804	N/A
Clearance rate of cases decided by the Norwegian Prosecuting Authority	255	322	382	N/A
Clearance rate (%)	49	47	52	N/A

#### **Reply to the paragraph 28 of the list of issues**

226. Currently, Norway does not have legislation that specifically addresses conversion therapy. However, the Penal Code, Health Personnel Act and the Act Relating to the alternative treatment of disease, illness, etc. contain certain provisions that, depending on the situation, might be relevant.

227. Pursuant to Section 251 of the Penal Code, a penalty of a fine or imprisonment for a term not exceeding two years shall be applied to any person who by criminal or other wrongful conduct or by threatening with such conduct forces a person to perform, submit or omit to an act. Furthermore, a penalty of a fine or imprisonment for a term not exceeding one year shall be applied to any person who by threatening to put forward harmful information or a defamatory allegation forces a person to perform, submit or omit to an act. The provisions are applicable if any person forces another person to undergo a form of treatment, including conversion therapy, by using one of the above-mentioned means. A victim who suffers a personal injury (including mental illness) due to misconduct as mentioned in Section 251 of the Penal Code may be entitled to compensation pursuant to the Act Relating to compensation

in certain circumstances. The offender may also be ordered to pay the victim such a lump sum amount as the court deems reasonable.

228. Pursuant to Section 4 of the Health Personnel Act, health personnel shall conduct their work in accordance with the requirements of professional responsibility and diligent care that can be expected based on their qualifications, the nature of their work and the situation in general. Attempting to change a person's sexual orientation or gender identity is contrary to the requirement of professional responsibility. Breaches of this requirement may result in sanctions including a warning, suspension or revocation of authorisation, license or certificate of completion of specialist training, limiting of authorisation or a penalty in the form of a fine or imprisonment for a term not exceeding three months. If health personnel contravene the requirement of professional responsibility and the patient suffers an injury (including mental illness) resulting in financial loss, the patient may be entitled to compensation pursuant to the Act Relating to patient injury compensation.

229. In some cases, conversion therapy will be prohibited pursuant to the Act Relating to the alternative treatment of disease, illness, etc. Common religious practices are not considered alternative treatment and are not covered by the Act.

230. Regarding non-urgent medical or surgical treatment aimed at determining the sex of an intersex child; the practice in Norway is to defer the matter until the child is capable of participating in such a decision. The child is provided with age-appropriate information throughout the medical follow-up process, based on the best interests of the child.

231. Conversion therapy is a priority area in a government action plan for the LGBTIQ population for the period 2021–2024. A draft bill on regulation of conversion therapy was released for public consultation in June 2021 by the Ministry of Culture and Equality. In the draft bill, conversion therapy is defined as “treatment-like” acts intending to make another person change or deny (alternatively suppress) his or her sexual orientation or gender identity. In the bill, the Ministry proposes that performing conversion therapy on a child under 16 years of age shall be punishable by a fine or imprisonment for a term not exceeding one year. The Ministry further proposes that the same penalty shall apply to any person who performs conversion therapy on an adult who has not given his or her consent or if other circumstances render such conduct improper. Regarding children between 16 and 18 years of age, the Ministry has not concluded whether an absolute or a conditional prohibition against conversion therapy is most suitable. The Ministry also proposes that a penalty in the form of a fine or imprisonment for a term not exceeding one year shall be applied to any person who by deceit or improper pressure makes another person undergo conversion therapy in Norway or abroad.

### III. Other

#### Reply to the paragraph 29 of the list of issues

232. The Government is mindful of the fact that restrictive measures taken against persons deprived of their liberty to prevent the spread of COVID-19 should have a legal basis and be necessary, proportionate, respectful of human dignity and restricted in time. To this end, persons deprived of their liberty also have the right to receive information about any such measures.

233. For example, prisoners may under certain conditions be excluded from the company of others when this is necessary to prevent the spread of COVID-19. Nevertheless, prisoners have the right to be offered meaningful human contact every day, cf. Section 45 c of the Execution of Sentences Act. Also, in accordance with Section 45 b, visits in the prison may only be refused then the visit entails a clear risk of transmission, or when it is disproportionately difficult to carry out the visit due to the outbreak of disease. Visits from a lawyer or representative from a public authority may only be refused if the visit cannot be implemented in a medically appropriate manner. In such cases, the Correctional Service shall facilitate contact by way of remote communication. As the protection of health and safety of all persons deprived of their liberty is paramount, prisoners' access to health services cannot be restricted on the basis of this provision.

234. The Control of Communicable Diseases Act states that infection control measures must be necessary and proportionate. These conditions must be satisfied when measures are implemented and measures must cease when the conditions are no longer met.

235. HDIR has also provided written information to various actors in the health and care services on how they can ensure that human rights are safeguarded during the pandemic. The Directorate has, inter alia, provided advice on how central health and care services can be maintained in a manner that safeguards infection control considerations, on measures to counteract social isolation in institutions and on what restrictions may be placed on visits to various institutions.

#### **IV. General information on other measures and developments relating to the implementation of the Convention in the State party**

236. The Law Commission that was tasked with assessing the need for amendments to laws relating to the use of coercive measures in the health and care sector submitted its report on 18 June 2019. On 6 July 2021, the Ministry of Health and Care Services issued a new consultation memorandum on the follow-up of the proposals from the Commission. The time limit for submitting comments was 8 November 2021. Work on the follow-up of the Commission continues in the Ministry.

237. A Commission that has reviewed the legal aid system submitted its report on 30 April 2020 (cf. NOU: 2020: 5 Equality before the law – Act Relating to support for legal aid). The Commission proposes a new Act Relating to support for legal aid, including a substantial strengthening of the right to free legal assistance in immigration cases. The report has been released for consultation and is currently being followed up by the Ministry of Justice and Public Security.

238. On 13 November 2020, the Government appointed a Commission tasked with reviewing arrest warrant, surrender and extradition regulations. The Commission consists of experts from the judiciary, the prosecuting authority etc. and is mandated to perform a general review of the existing international and national regulations in the field of extradition and surrender of criminals, and to suggest new national regulations.

239. The Ministry of Children and Families will carry out a complete review of the rules for the rights and use of coercive measures in child welfare institutions. The Government has also appointed a Commission tasked with reviewing the legal safeguards for parents and children in child welfare cases. The Commission will submit its report by 1 March 2023.

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