



CPT/Inf (2026) 14

## **Response**

**of the Serbian Government  
to the report of the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)  
on its visit to Serbia**

**from 14 to 22 November 2024  
and from 16 to 18 December 2024**

The Government of Serbia has requested the publication of this response. The CPT's report on the 2024 visits to Serbia is set out in document CPT/Inf (2026) 13.

Strasbourg, 23 April 2026

Belgrade, 28 June 2025

We would like to thank the Committee's delegation for the recommendations addressed to the competent authorities of the Republic of Serbia with a view to improving respect for the rights of persons deprived of their liberty.

### **A. Establishments under the authority of the Ministry of Justice**

With regard to the comments and recommendations put forward by the Committee, we submit the following replies, point by point:

#### **Educational and Correctional Institution in Kruševac**

**21.** A working group of the Ministry of Justice has been set up to draft the Law on Juvenile Offenders and the Criminal Law Protection of Minors. Adoption of the law is planned by the end of 2025, and the Committee will receive a working version of the draft in due course.

**23.** Because the Committee's visit focused on the work and conduct of staff toward minors placed in the Intensive Care Unit of the Educational and Correctional Institution in Kruševac, the new management of the institution has acted on the recommendations and adopted comprehensive measures to improve the implementation of the programme of educational-correctional measures in this unit. In addition to implementing the established programme for dealing with the juveniles, the following enhancements have been introduced: supplementary educational-corrective forms of work and purpose-oriented daily activities; a re-organised schooling model and expanded sports activities. The new regime is expected to enable juvenile offenders to meet, in a shorter period, the conditions for subsequent re-classification to the general regime; the more intensive work should also help them satisfy the criteria needed to propose discontinuation of the educational measure. To foster more effective resocialisation, positive personal change and appropriate behaviour—in line with the purpose of the imposed measure—the following activities and interventions are now applied:

A support team has been established to assist the educational work with juveniles who are at increased risk. The team currently consists of eight treatment officers. The purpose of this form of work is to provide additional support in working with juveniles who are at increased risk based on the following criteria: resistance to the imposed educational measure or the prescribed treatment plan, frequent disciplinary offenses involving elements of violence, and a tendency toward self-harm.

An intensified professional work has been introduced with juveniles placed in the Intensive Care Unit, who are subject to the special measure of placement under enhanced supervision or the disciplinary measure of segregation in a special room, through regular educational workshops on the following topics: Communication Skills, Anger Management, Alcohol Abuse Prevention, and Drug Abuse Prevention.

A pilot of the Specialised Programme for the Prevention of Self-Aggressive Behaviour (May 2025) is also underway, with workshops held once a week.

Mediation is carried out, aimed at resolving peer conflicts, under the guidance and support of a trained mediator.

In addition to the above, as an important form of continuous monitoring of juveniles in the Intensive Care Unit, with a view to their subsequent re-classification to the general regime, regular visits to the juveniles (at least once a week) by educators from their original group have been introduced. The aim of these conversations is to maintain contact and a relationship of trust between the educator and the juvenile, as well as to motivate progress and fulfil the conditions for subsequent re-classification to the General Unit.

Furthermore, communication between the juveniles and their families has been enabled also via video calls, in addition to the daily and legally prescribed right to telephone calls, using tablets. Usage is regulated by a pre-determined schedule in order to ensure access for all juveniles, in all units, including the Intensive Care Unit.

Work engagement of juveniles in the Intensive Care Unit — a cooperation agreement has been signed with a socially responsible company, the printing house “Printeks KŠ,” which will assist in the work engagement of juveniles subsequently placed in the Intensive Care Unit. Pursuant to the Law on Juvenile Offenders, Article 128, and the House Rules, Article 35, juveniles receive remuneration for their work. Work engagement in the Intensive Care Unit is voluntary and includes tasks of assembling paper and paper stationery. This occupational work will have a positive impact on the overall functioning of the juveniles, allowing them to spend time constructively and develop new skills. In addition, through engagement in the newly opened workshop, the juveniles will have the opportunity to advance more quickly through the Points and Levels System, as they will earn points daily according to their engagement, just like juveniles in the General Unit.

Regular educational activities for juveniles take place in all units of the Educational-Correctional Facility, including during their stay in the enhanced supervision room and the special room when serving a disciplinary sanction, through regular classes, exam preparation, and the possibility of taking exams. Regular classes are organised for juveniles who are serving the disciplinary measure of segregation in a special room.

Organised leisure time includes the possibility of requesting books from the library, watching TV programmes and other content via DVD and music devices, walking, daily sports activities, and participation in tournaments and competitions (chess, table tennis, darts, futsal). Since May of this year, with the renovation of the yard, juveniles in the Intensive Care Unit have also been given the opportunity to play basketball.

Juveniles are also given the opportunity to join sports clubs within the institution and participate in competitions (football club “Mladost,” table tennis club “Ping Pong”).

The "Paw of Salvation" project was also implemented in the Juvenile Correctional Facility in cooperation with the Centre for rehabilitation through imagination from Belgrade and included planning, repair of the existing and construction of a new infrastructure for keeping shelter dogs. A programme has been developed for minors who are trained to work in a dog shelter, which involves acquiring the knowledge and skills necessary for the daily care of dogs and their preparation for adoption. Minors can also obtain a certificate. Diplomas of completed education and certificates for various professions do not state that they were obtained in the facility, in order to avoid any form of discrimination and stigmatisation after release. Considering the extremely positive effects of the programme, residents of the Intensive Work Department shall be included in the project in the next quarter.

Cooperation with the local community takes place through the inclusion of juveniles in cultural and educational activities and events outside the institution, as well as visits by other organisations to the Facility (e.g. organising forums, visits to the mobile library, vaccinating residents, etc.), which contributes to the preparation for a more efficient return to the social community after release.

**24.** Upon the juvenile's arrival at the Educational-Correctional Facility, the professional team of the Personality Assessment Section determines the treatment, which, after subsequent classification, is carried out by the juvenile with the support and guidance of the assigned educator. The treatment is determined after a one-month observation period, based on the juvenile's personality structure, abilities, habits, interests and attitudes, as well as taking into account the committed criminal offences and all other relevant information about the juvenile. In addition to daily behaviour, which must comply with the House Rules of the institution, the juvenile's effort in working on individual goals is also assessed. Educators evaluate the juvenile's effort on a daily basis and enable advancement as soon as the results permit. In this way, their progress and changes — which represent the purpose of the imposed educational measure — are monitored. When all prescribed conditions are met, the educator, with the consent of the professional team and the director, initiates a proposal to the competent court to discontinue the educational measure. The law prescribes that the educational measure may last from 6 months to 4 years, so the juvenile resident, with the support of the educator, is motivated toward the necessary behavioural changes and actively participates in implementing the individual treatment programme.

Acting in accordance with the Committee's recommendations, new elements have been introduced in the procedures of the Intensive Care Unit, as one of the motivational factors for re-classification to the General Unit regime, which is described in detail in point 23.

**28.** Following the Committee's visit, the measure of placement in the enhanced supervision room has been reduced to a minimum and is applied only when necessary, i.e. when a juvenile seriously violates the house rules or commits more serious disciplinary offences, most often involving violence against another person, refusal to comply with a lawful order from a staff member, possession, production, or use of prohibited substances. Strict and regular oversight by the management of the institution has been introduced, with a clear message that abuse in any form will be punished most severely.

**30-64.** At the Educational and Correctional Facility in Kruševac, the governor and the heads of services carry out daily oversight of the conduct of staff in all departments, with a clear message that excessive use of force, as well as any form of unlawful conduct and mistreatment of juvenile offenders, will not be tolerated. As stated in our Response to the preliminary observations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, as of 27 December 2024, custodial officers have no longer been equipped with rubber batons.

The heads of the Custodial Service and the Treatment Service regularly visit all blocks, creating an environment of mutual trust so that juveniles can express their problems or any violations of their rights during the execution of the educational measure. Juveniles also have the right to confidential conversations with the Governor, the Deputy Governor, and the heads of services, as well as daily contact with educators. Juveniles regularly request assistance, and are encouraged to do so by staff, in an atmosphere of trust. They also have access to the phone number of the Ombudsman and other non-governmental organisations that have visited the facility. Submissions through which juveniles seek protection in confidential conversations are

properly recorded and verifiable. All reports of excessive use of force, along with documentation, will be forwarded to the competent public prosecutor's office.

By order of the Administration for the Enforcement of Criminal Sanctions, during May and June 2025, training sessions were held for all staff on the following topics: "Guidelines for the conduct of staff in penal institutions in cases of allegations of ill-treatment" and "Risk assessment of sexual and gender-based violence, identifying victims and how to treat victims of sexual and gender-based violence." Among other objectives, the goal of the training was to enable staff to recognise victims of all forms of violence and to draw staff's attention to the fact that abuse in any form is prohibited and punishable by law.

All staff members within the custodial service underwent detailed training on the topic "Prevention of torture and use of force in institutions for execution of criminal sanctions", containing conditions and procedures for proper use of force and special training for verbal techniques of calming down violent and agitated persons, skills that enable a minimal use of force, through prevention techniques and de-escalation skills.

The video surveillance system meets current needs, but its modernisation is foreseen in the financial plan. Video recordings are kept confidential, and the storage of video footage is under strict supervision and protection. Access to recordings is granted exclusively with the approval of the Director of the institution, and such access is recorded.

Since the Committee's visit, one complaint of violence by a juvenile was made orally to a staff member, and action was taken the same day. After establishing the facts, the staff member was immediately suspended and disciplinary proceedings were initiated against him. The Kruševac Police Department and the Public Prosecutor's Office were notified of the incident. The proceedings are ongoing.

In addition, juveniles have the option to lodge complaints completely anonymously by placing them in boxes located in the blocks where they reside. The boxes are emptied by the educational activities coordinator, who delivers the submissions directly to the designated persons. Juveniles also have the possibility to address the management through written submissions, as described in detail in report point 118.

**65.** Through continuous educational-corrective work and an individual approach, staff strive to influence the appropriate behaviour of juveniles in the institution, while at the same time addressing heterogeneous pre-existing problems related to the environment from which the minors come. It is important to emphasise that juveniles placed in the general regime move freely within the institution and that their assigned educators and other staff who work directly with them and implement the prescribed treatment are constantly available to them, without additional or special announcements or procedures, which positively affects the possibility of building trust and enables them to present their problems and needs at moments that are favourable to them. Likewise, juveniles in the Intensive Care Unit have constant direct contact with staff from the Treatment Service and other services. In addition, since April 2025, the above-mentioned additional forms of work by the support team, educational programmes, and specialised treatment programmes (general cognitive-behavioural programme, specialised programme for violent offenders, programme for assertive communication) have been applied — all with the aim of developing the capacity for non-violent problem solving and resolving peer conflicts.

**67.** All juveniles placed in the enhanced supervision room have daily conversations with their assigned educator, and, as needed, with a psychiatrist and psychologist, and since April 2025

they have also been included in the work of the Support Team for educational work with juveniles at increased risk. The purpose of this form of work is to provide additional support in working with juveniles who are at increased risk based on the following criteria: resistance to the imposed educational measure, frequent disciplinary offenses involving elements of violence, and a tendency toward self-harm. The Support Team focuses on working with juveniles placed in the Intensive Care Unit as well as those in enhanced supervision rooms. Particular attention is paid to residents who are prone to self-harm, have suicidal thoughts or ideas, or have been victims of abuse. Psychological assistance consists of creating a climate of trust and a safe space where they can speak freely, without fear or judgment, about everything they have experienced, while avoiding further victimisation. Experienced professional staff, through daily conversations, map possible risk factors and develop a detailed plan for further treatment work.

72. In previous statements of the report (points 23, 63, 65, 67), activities related to the recommendations of this point have been described in detail.

In cases of violence or abuse, a procedure has been established to ensure full protection of the victims. All forms of inter-juvenile violence which have resulted in mild or severe physical injuries as well as allegations of sexual abuse are reported to the competent prosecution office. The public prosecutor takes investigative actions.

Sexual abuse is a particularly monitored indicator in institutions. Upon becoming aware of possible sexual abuse, the institutional doctor interviews the person deprived of liberty and refers them to the competent specialist for a forensic examination. Every report of sexual abuse is taken seriously by staff, and all necessary measures are undertaken to investigate, eliminate, and prevent the causes that led to it. The Educational-Correctional Facility provides psychological and psychiatric support to the victim through the Special Prison Hospital as well as through its own professional team and psychiatrist. By order of the Administration for the Enforcement of Criminal Sanctions, during May and June 2025, training was conducted for all staff of the institution on the implementation of the manual *Risk assessment of sexual and gender-based violence, identifying victims and how to treat victims of sexual and gender-based violence*.

73. The treatment determined for juveniles upon arrival at the Educational-Correctional Facility includes a component relating to the assessment of possible risks. These are mapped in the Personality Assessment Section and forwarded to the assigned educators, who then monitor the implementation of the treatment. The needs of the juveniles are also included in the treatment and are interwoven through all segments addressed during the execution of the measure. Based on the assessment of risks, capacities, and needs, individual goals are defined.

The House Rules of the Educational-Correctional Facility prescribe the professional work of the multidisciplinary team working in the Reception Unit. During the juvenile's stay in the Reception Unit, the professional team of the unit, based on the collected documentation and direct work with the juvenile and his or her parents, adoptive parent, or guardian, conducts a comprehensive assessment from psychological, pedagogical, social, medical, criminological, security, and other relevant perspectives. The professional team of the Reception Unit consists of: a psychologist, a special pedagogue-educator, and a social worker.

The professional team also includes, as needed, a doctor, a vocational teacher, an educator, a representative of the Custodial Service, and other participants directly involved in implementing the programme of treatment for the juvenile. Based on the established findings, a single report is compiled for the juvenile. This report contains an explanation of the juvenile's

behaviour to date, a proposal for an individual treatment programme, and a preliminary release plan. The report of the Reception Unit is submitted to: The Director and the professional team. The educator of the educational group informs the juvenile and his or her parents, adoptive parent, or guardian about the individual treatment programme.

From the time of admission to the Educational-Correctional Facility, the juvenile is provided with all necessary information about the content of the programme, the schedule, the time and place of mandatory daily and periodic activities, the content of the existing educational, pedagogical, occupational, and recreational programmes, as well as the content of the existing organised leisure activities.

The juvenile must also have access to basic legal acts, such as the Constitution of the Republic of Serbia, the Convention on the Rights of the Child, the European Convention for the Protection of Human Rights and Fundamental Freedoms, the Law on Juvenile Offenders and Criminal Law Protection of Minors, the Criminal Code, the Criminal Procedure Code, the Law on the Execution of Criminal Sanctions, and other subordinate legal acts.

77. As stated above (point 23), work with juveniles in the Intensive Care Unit has, since the appointment of the new Head of the Treatment Service, been carried out according to a special plan for working with juveniles with behavioural problems, with daily guidance and motivation, so that within the planned timeframes for implementing the prescribed activities they can progress to the general regime.

83. Following the Committee's visit and the recommendations given, the paint that was preventing light from entering was removed from all the windows in the Intensive Care Unit, and the rooms are now adequately lit. Construction of new accommodation units for juveniles placed in the Intensive Care Unit is underway, and these units will also be equipped with a bell to attract the attention of custodial staff. In the meantime, during their temporary accommodation, the ward commanders more closely monitor the juveniles and their movements.

87. In order to ensure a purposeful daily schedule, the activity regime for juveniles in the Intensive Care Unit has been changed, as described in detail in report point 23. Walks for the juveniles are carried out throughout the morning, and proper records are kept of this.

89. The new forms of work and activities introduced at the beginning of 2025, especially in the work of the Intensive Care Unit, are described in detail in point 23. The Treatment Service has adopted the Committee's recommendations regarding the regime of activities and education for the children in the Intensive Care Unit, the enhanced supervision rooms, and those serving a disciplinary measure. The pavilion housing these blocks includes a dedicated room for educational activities aimed at achieving individualised goals, with access to the library and educational materials. Educators are required to carry out daily checks and individual conversations with the juveniles and to involve them in group activities. Upon cessation of the reason for enhanced supervision, educators are obliged to propose the suspension of the measure to the Director without delay.

92, 93. The Committee's recommendations have been fully implemented, and new activities have been introduced in the Intensive Care Unit, so that the part of the day juveniles spend in their rooms now also includes free movement within the pavilion, access to a common room where they can engage in various activities (board games, TV, video player, radio), and access to the educator's office. The organisation of the juveniles' free time is designed to ensure safety and calm, so they can relax and spend their free time constructively. Classes are held daily and

without interruption even in the Intensive Care Unit, in accordance with the organisation of life and work in that unit. Classes follow the school curriculum for functional primary education of adults and are divided into 3 cycles, so that pupils complete primary school in 3 years. The first cycle covers grades 1 to 4 and lasts one year; the second cycle covers grades 5 and 6 and also lasts one year; and the third cycle covers grades 7 and 8 and also lasts one year. Upon completing primary school, the juveniles are able to continue their education at secondary level. Secondary school is attended as external students, while the secondary school “Vožd” from Belgrade conducts regular online teaching. They prepare daily for exams under the guidance of teachers employed in the Educational-Correctional Facility. Juveniles who wish to attend secondary school in another city are allowed to take exams in schools of their choice. Sports and recreational activities take place both inside the pavilion and outside in the yard. They can participate in team sports: futsal, volleyball, table tennis, and, at the juveniles’ request, basketball has also been introduced. They also have access to a gym. Clubs are organised according to the juveniles’ interests: art, literature, and chess. Tournaments are organised in sports disciplines and board games. With juveniles who are in the final phase of the educational measure, a life-skills preparation programme is implemented to help them cope with practical life situations they will face upon release from the institution.

**99,100, 106, 111.** Report points 23, 24, 77, 93 describe in detail the changes introduced in line with the Committee’s recommendations to create better conditions for implementing the educational measure. Juveniles placed in enhanced supervision rooms are allowed to sit and lie on their beds during the day, as well as to spend at least three hours in the fresh air, and the rooms are equipped with a mini library.

**103.** Juveniles serving a disciplinary measure or subject to enhanced supervision have, since April 2025, been attending classes regularly, held in a room located in the building where the measures are implemented. Also, as described in point 23, a multidisciplinary team (Support Team for educational work with juveniles at increased risk) works with these juveniles, providing support, preparing, and encouraging them to return to the regular regime of the educational measure. Telephone calls are allowed daily. They make calls as they wish, either from the educator’s office or from the telephone booth located in the building’s corridor. Books may be read during the implementation of the measure and are delivered from the library through the educator.

**105.** The measure of placing juveniles in enhanced supervision rooms is reduced to the shortest possible duration; it is applied very rarely and only in exceptional situations prescribed by law, and juveniles are very rarely held there for more than three days. We remind that this measure does not constitute a sanction but rather a necessity in the juvenile’s interest at the given moment (to prevent self-harm, harm to others, or serious disruption of order and safety).

**107.** The stay of juveniles under enhanced supervision is reviewed daily through mandatory visits by educators and individual work and interviews with the juveniles. Details and the content of these conversations are properly recorded in the juvenile’s personal file, and the dates of the visits are entered in the visit logbook kept in the pavilion where the measure is implemented.

**110, 111.** The preceding points describe the current way of working, as well as innovations relating to the work of the Treatment Service (the time spent under the enhanced supervision measure has been reduced to a minimum and only very rarely and in exceptional situations lasts longer than three days; daily review by educators, with the setting of goals to enable more efficient reintegration into the regular regime of the educational measure, which is carefully recorded — individual interviews, uninterrupted attendance at classes and taking of exams,

daily telephone calls). Also, following the Committee's visit, juveniles have been allowed, at their own discretion, to sit and lie on their beds during the disciplinary measure of segregation in special rooms.

*112.* The dentist employed at the Educational-Correctional Facility in Kruševac, who was temporarily absent from work, has been working full time since February 2025. During her absence, juveniles were referred to the Dental Service of the Kruševac Health Centre and to local private dental clinics.

*115.* With regard to juveniles who are positive for hepatitis C, following the Committee's visit they were referred to the Kruševac General Hospital – Infectious Diseases Department, where consultations were held with specialist doctors after a full set of laboratory tests had been carried out. We also note that the doctor in the Educational-Correctional Facility spoke with all juveniles who are positive for hepatitis C, explaining to them all available treatment options and the risks of refusing the necessary treatment. They were also informed about the potential consequences that delayed treatment could have on their health. All consultations and laboratory tests are recorded in the juvenile's medical file.

*116.* As regards the storage of medicines, they are properly organised in alphabetical order. For recording refusals of therapy, a register of therapy refusals by juveniles has been introduced, maintained by the on-duty nurse with the juvenile's signature. The therapy taken by the juveniles is, in any case, entered in the juvenile's medical file, and therapeutic charts are currently being developed.

*118.* Upon arrival at the Educational-Correctional Facility, the team of educators working in the Personality Assessment Section, among other things, also inform the juveniles about how they can protect their rights. Complaints are submitted in writing, indicating to whom they are addressed and requesting either a confidential conversation or a written reply, as the juvenile chooses. The submission is placed in a sealed envelope so that its contents remain confidential. Within the time limit prescribed by law, the authorised person to whom the juvenile has addressed the submission replies in the requested form (in writing or through a conversation with the juvenile). Complaint forms are available to juveniles in the educators' offices.

Pursuant to the Law on Juvenile Offenders (Art. 21), the competent juvenile judge reviews every six months whether there are grounds for terminating the measure or replacing it with another educational measure. During visits by the competent juvenile judges and prosecutors and representatives of social work centres, who monitor the implementation of the educational measure, confidential conversations are also held with the juveniles. In addition, the juveniles may address the juvenile judge and the Protector of Citizens directly in order to protect the rights prescribed by the Law on Juvenile Offenders and Criminal Law Protection of Minors.

The new management of the Educational and Correctional Institution has also organised the preparation of materials in the field of communication skills development, for the additional training of all staff in the Treatment Service, Custodial Service, and Training and Employment Service who work directly with juveniles, with the aim of upgrading their skills in working with minors and providing higher-quality training for work with juveniles. The training will be implemented primarily by the end of the current year, as well as on an ongoing basis.

As we stated in the response during the previous Committee visit, the Educational and Correctional Institution in Kruševac conducted a public procurement procedure for the preparation of design and technical documentation for the construction of a new Intensive Care Unit and concluded a contract with the selected contractor.

The construction of the new building will provide conditions in the Intensive Care Unit in line with the Committee's recommendations, with numerous sports facilities, work and school activities, all aimed at ensuring optimal living and working conditions for the juveniles in the facility.



## **Special Prison Hospital in Belgrade**

**125-139.** The Administration for the Enforcement of Criminal Sanctions has achieved significant results in the implementation of the Strategy for the Development of the System of Enforcement of Criminal Sanctions in the Republic of Serbia 2022-2027, in the field of human rights, treatment, health care, improvement of housing conditions of persons deprived of liberty, resolution of the overcrowding problem, and execution of alternative sanctions and measures.

In view of the above, one of the directions of the development of the system of execution of criminal sanctions is making the housing conditions more humane and improving the professional work with persons deprived of liberty with mental disorders.

The Strategy lays down the objective of improving health care in the system of execution of criminal sanctions, and, with respect to protection of mental health, two components are provided for: one of them is infrastructure - construction of new buildings, and the other concerns development of a medical treatment programme for persons with mental health disorders, and training of medical staff for application of the programme.

The main infrastructural investment in this field is construction of a new building of the Special Prison Hospital in Padinska Skela, Belgrade, for the purposes of expanding the capacities of the Special Prison Hospital in Belgrade for persons included in the security measure of mandatory inpatient psychiatric treatment, in view of the current number of persons undergoing this measure. Implementation of this security measure requires conditions which allow patients to spend a part of the day outdoors, in fresh air, performing various appropriate activities suitable for the needs of the patients. The professional team for the implementation of the project of the Administration for the Enforcement of Criminal Sanctions will take into account all suggestions and proposals of the Committee regarding the preparation of design documentation for the construction of the new hospital building, so that European standards in this area are fully applied, and we will inform the Committee accordingly.

The second component is implemented through a project funded by the European Union, carried out by the Administration for the Enforcement of Criminal Sanctions in cooperation with the Council of Europe. The project is scheduled to start in September 2025. The project includes development of individual medical treatment programmes in accordance with the European standards, psychosocial programmes and occupational therapy for persons with mental disorders, as well as training for prison staff for working with this category of persons deprived of liberty.

The programmes will include initial risk assessment instruments, needs for treatment and other psychosocial needs, and an assessment of patients' capacities for being included in certain types of medical treatment and work programmes, as well as development of expert programmes for medical treatment and psychosocial support tailored to the identified risks, needs, and capacities of the patients, and instruments for performance evaluation of specific programmes. The project will be guided and executed in coordination with other ministries and institutions with a view to substituting this security measure with a milder measure of mandatory psychiatric treatment outside of institutions, i.e. its suspension and provision of the reception of the person in the community.

The Special Prison Hospital in Belgrade has had excellent cooperation with the Clinic for mental disorders "Dr Laza Lazarevic" in Padinska Skela, under the agreement reached between the Ministry of Justice and the Ministry of Health to make capacities of this psychiatric hospital

available for accommodation of forensic patients. A Forensic Psychiatry Unit has been formed for patients for whom the court decides that they may continue the execution of the security measure in this healthcare institution.

The Special Prison Hospital will continue, in accordance with Article 195(4) of the Law on Enforcement of Criminal Sanctions, to submit proposals to the competent courts for the transfer of persons under the security measure of compulsory psychiatric treatment and confinement in a healthcare institution, based on risk assessments and the possibility of further psychiatric treatment and care in healthcare institutions under the competence of the Ministry of Health.

**140.** The staff of the Special Prison Hospital (SPH) are in constant contact with the patients in order to act preventively in situations of misunderstanding or potential conflicts between patients. They conduct regular ward rounds, administer therapy, and hold individual interviews. In situations of potential conflict between patients, they are immediately separated into different rooms. For patients in remand custody, the health service and custodial service are also easily accessible to them for addressing issues and preventing potential conflicts.

**145.** The Special Prison Hospital in Belgrade maintains a central trauma register containing a report of each incident, which is sent to the Operational Centre of the Administration for the Enforcement of Criminal Sanctions, medical reports with descriptions of injuries, including photographs, a body chart with marked injury sites, as well as information on the possible mechanism of injury.

The Special Prison Hospital continuously works on improving the documentation in the central injury register, with the aim of making all records as complete, precise, and aligned with best practices in medical and forensic documentation as possible.

**147.** The number of restrained patients has decreased over the past three years compared to the period before that. The number and duration of restraints depend on the diagnoses of the patients admitted to the SPH. It is often the patients' first psychiatric treatment, and there may be a slow response to therapy, or they come from other institutions where they had not been therapeutically treated until then. Patients are unrestrained after two hours, and this is regularly carried out.

**148.** In the restraint process, SPH doctors always (not sometimes) administer injectable psychiatric therapy — chemical restraint — to avoid physical restraint or to shorten its duration. The administered injectable therapy is always recorded both in the patient's therapeutic chart and again in the progress note — the restraint report — which is part of the medical history, meaning it is documented in two medical records.

**150.** The restraint of patients is carried out in a dedicated room. Currently, a smaller room is being adapted for use, if needed, for restraining female patients.

**151.** During psychomotor agitation of patients, it is usually not possible to inform the patient that they will be restrained, given their current mental and clinical state. After unrestraining, a conversation is held. Each patient restraint is recorded in two places. There is a standardised restraint order at the level of the entire hospital, which is completed and submitted to the supervisor of the Custodial Staff. The second record is the progress note in the patient's medical history, written during and after the restraint. The event is also recorded in the handover notebook of the medical technicians of the home ward.

**153.** The healthcare staff, during the act of restraint or afterwards during rounds, always corrected any deficiencies, so that they never lasted long, nor were any injuries recorded as a result. In a state of psychomotor agitation, the patient cannot be in the toilet because their safety is at risk. Restraining of patients is not done routinely but is always the result of an assessment of the patient's current mental state, which in the case of agitation and a full room is the only solution for calming them and ensuring the safety of other patients.

**155.** All employees at the Special Prison Hospital in Belgrade are fully committed to respecting human rights and the principles of proportionate and justified use of means of restraint. Every use of force and means of restraint is documented in detail, including the reason for its use, the type of means used, duration, and outcome, with a clear explanation of why other de-escalation measures were unsuccessful.

In cases when the use of means of restraint is necessary, it is applied exclusively as a last resort, under strict supervision and in accordance with prescribed procedures. All employees also undergo regular training in conflict de-escalation and non-violent communication, to minimise the use of force. Patient restraint at the Special Prison Hospital is carried out on the basis of a written order from a doctor by the Health Care Service, in accordance with the Law on Patients' Rights (Official Gazette of RS, No. 45/2013) and the Law on the Protection of Persons with Mental Disorders (Official Gazette of RS, No 45/2013). These measures are applied only when necessary to prevent an immediate danger to the life and health of the patient or others.

Every application of restraint measures is strictly recorded in the medical documentation, including the reasons for its application, duration of the measure, as well as regular assessment of its justification and the need to continue or terminate it.

**156.** With the aim of improving the work of the custodial staff and ensuring lawful conduct towards persons accommodated in the Special Prison Hospital in Belgrade, special attention is focused on reducing the excessive use of means of restraint. This is achieved through continuous education and training that encourage the use of verbal communication and other non-invasive de-escalation techniques instead of physical force.

In order to reduce the need to apply means of restraint — both physical force and ultimate measures such as the use of rubber batons — regular lectures and knowledge checks are organised for all members of the custodial staff, with particular attention to newly recruited staff.

Training is conducted throughout the calendar year in accordance with the annual Training Plan and Programme for employees of the Administration for the Enforcement of Criminal Sanctions, which provides for the continuous professional development of employees. Regular training of custodial staff is carried out in eight subject areas:

1. Prevention of torture and use of means of restraint in institutions,
2. Security knowledge and skills,
3. Regulatory framework,
4. Training in handling weapons and equipment,
5. Special physical training,
6. Protection of human rights,
7. Psychology with psychopathology, and
8. Knowledge, skills and physical fitness assessment.

It is particularly important to emphasise that an increasing part of the training covers techniques for peacefully resolving conflicts and recognising behavioural patterns that precede violent episodes, enabling timely and non-violent intervention.

In this way, staff acquire practical knowledge to assess risk in a timely manner, establish verbal contact, and calm the individual without the need to use physical force.

In May 2025, additional training was conducted with a focus on protecting victims of sexual and gender-based violence in penal settings, further highlighting the role of the SPH custodial staff in safeguarding human dignity and respecting the rights of each individual.

All the above-mentioned areas and methods of training aim to improve the professional conduct of employees, with an emphasis on the use of communication skills and a psychological approach in high-risk situations. This approach results in a significant reduction in the need to use force, increased safety in the institution, and the creation of a relationship of trust between staff and persons deprived of liberty.

In line with the above, the Special Prison Hospital, through disciplinary proceedings, sanctions any member of the custodial staff found to have used means of restraint excessively, thereby consistently implementing a zero-tolerance policy towards unjustified and disproportionate use of force. The hospital is also obliged to notify the competent prosecutor's office of any allegations of torture. However, it is important to note that such cases in the work of the Special Prison Hospital are very rare and isolated, which speaks to the high level of professionalism and responsibility of the staff.

**157.** Every injury of a patient in the Special Prison Hospital is described in detail by a doctor, photographed, marked on a body chart, with the patient's statement on how the injury occurred and the doctor's observation on the consistency between the patient's account and the objective medical findings. As already stated under point 145, efforts are being made to improve the documentation, with the aim of making it as detailed as possible.

**165.** The Special Prison Hospital strives to provide sufficient hygiene supplies for patients, particularly for those who cannot afford to purchase these themselves. For years, eradication of bedbugs has been successfully and continuously carried out, and during the most recent inspection no bedbugs were found in the rooms. As for lice, the problem lies in the personal hygiene of patients, who often refuse to bathe, so medical staff must constantly monitor and intervene.

**168.** For several years now, the Special Prison Hospital has been developing the park as a pleasant space for patients to spend time outdoors. They go outside during most of the year, except when weather conditions do not allow it. All patients have access to the park, except those who are somatically compromised or in psychiatric deterioration, following prior consultation with the Health Care Service, whose staff are aware of the importance of being in the fresh air and constantly motivate certain patients who are unwilling to go out.

**174-177.** During the treatment of a patient, in the doctor-patient relationship, constant observation is carried out, monitoring of the patient's clinical condition and the effect of medication. Conversations are held in which many problems are resolved, other treatment goals are planned while assessing the patient — such as changes to therapy, consideration of the social and family environment — and many events are recorded in the medical history. Every patient in the hospital is approached exclusively on an individual basis, as in psychiatry it cannot be otherwise. A particular focus of the project funded by the EU and implemented by the

Administration in cooperation with the Council of Europe is on expanding the number of occupational therapy and psychosocial programmes, as well as training healthcare staff to develop individual treatment plans.

**180.** Patients in acute psychiatry who are placed in pre-trial detention receive psychiatric support and have regular conversations, as well as immediate assistance in emergency situations when needed. They are allowed daily access to fresh air and to the canteen/shop for purchases.

**189.** Upon admission of patients to the Special Prison Hospital, it is often not possible to conduct the requested screening adapted for female patients. These are often psychotic clinical presentations, where some questions — especially about sexual abuse — are inappropriate at that moment. All screening data are adapted for female patients; all sensitive information is obtained over time, after developing a trust-based doctor–patient relationship, at which point efforts are made to provide them with all necessary psychological support.

**199.** We will provide the Committee with the Draft Law on Juvenile Offenders and Criminal Law Protection of Minors as soon as a working version of this act is prepared, which also contains provisions on the execution of the security measure of compulsory psychiatric treatment and confinement in a healthcare institution with respect to minors. Until the adoption of the new legislation, the Special Prison Hospital will take all necessary measures to ensure that minors to whom this security measure has been imposed are transferred to an appropriate forensic department of a specialised healthcare institution, or referred for execution of the security measure of compulsory psychiatric treatment in the community.

### **C. Psychiatric establishments (for adults and children) under the authority of the Ministry of Health**

The Ministry of Health implements measures and activities aimed at improving work in all psychiatric establishments where adult patients and children are or may be located.

215. The Special Hospital for Psychiatric Diseases in Kovin will continue to work on improving the quality of mental health care in the community. By expanding services and capacities of the Mental Healthcare Centre and forming new mobile teams, it will increase the number of services in the community, support the process of deinstitutionalisation, and reduce the duration of hospital treatment, as well as the number of re-hospitalisations.

216. Works are underway for the investment maintenance of the facilities of SHPD 'Kovin'. The completion of works on the Acute Male Ward with a capacity of 60 beds is planned by the end of 2025 (funds totalling RSD 24,000,000.00 have been secured).

The Directorate for Capital Investments of the Autonomous Province of Vojvodina has allocated funds in the amount of RSD 58,000,000.00 for the reconstruction of the Acute Female Ward, which was previously evacuated due to unsafe conditions. All of the above will contribute to the humanization of the space, a more dignified stay and treatment of patients, as well as better working conditions for employees.

220. All reported incidents of harassment were documented exclusively as verbal claims from patients in the Acute Male Ward for psychotic disorders. Each patient's report is compared

with statements from other patients who were in the same room, we check reports from the present staff and notes from the on-duty nurses.

In addition, in the complaint boxes, which are placed in each ward, we did not receive complaints regarding inadequate and unprofessional behaviour from the staff.

At each admission, the patient is provided with a Patient Rights Brochure, which he/she can read. The patient has the right to seek additional clarifications regarding his/her rights. At the same time, he/she is made aware of the house rules of the establishment, after which he/she confirms with his/her signature that he/she is informed and agrees with his/her obligations and rights. If he/she wants additional assistance or to report a problem, the patient has the right to contact the head of the service/ward, the director of the establishment, or the Protector of Patient's Rights. In each ward, the contact details of the Protector of Patient's Rights are displayed on the information board.

228. The Clinic for Mental Disorders "Dr. Laza Lazarević" (Laza Lazarević Clinic) has provided new furniture for the Psychiatric Service Emergency Ward. The rearrangement of the workspace has been completed.

The Clinic has provided new distribution kitchens with professional equipment in all clinical departments in the Belgrade sector, as well as new distribution kitchens with professional equipment.

At the Padinska Skela site, work has been completed on the reconstruction which has involved a larger number of wards than previously announced in earlier reports:

- Ward "S", completely renovated facade (external works), complete internal reconstruction, replacement of worn-out sanitary units, ceramic works, etc.
- For outdoor activities, ten summerhouses have been built, new paths for communication between wards, food transport, and other logistics.
- The Female Forensic Ward has been arranged and adapted.
- Minor works have been carried out on the communal infrastructure.

229. In the current circumstances, at the Laza Lazarević Clinic, the implementation of the mentioned recommendation is not possible, but in the previous period, complete project documentation and the entire procedure for obtaining a building permit from the competent institutions for the fundamental reconstruction of the entire space of the Clinic in Belgrade was completed. This includes a complete reconstruction of the inpatient section, demolition of the Day-care Hospital and Dispensary, and construction of a new wing of the Clinic, as well as a complete reconstruction of the Doctor's Tower. All of the mentioned facilities are under the protection of the Institute for the Protection of Cultural Monuments of the City of Belgrade, which has also granted consent for the works. The estimated value of the investment exceeds EUR 25,000,000, which is beyond the Clinic's capacity, and therefore the Clinic has approached the competent Ministry to try to secure the mentioned funds for the investment through its efforts.

232. All patients have been provided with new pyjamas and bed linens, and whenever possible, patients are encouraged to wear their own clothes.

233. In the Special Hospital for Psychiatric Diseases in Kovin, in the adapted ward for acute care of psychotic patients, there is a central switch, but there are also light switches in every patient's room.

In the Acute Female Ward, power sockets are installed and functional in the patients' rooms, which gives the female patients the possibility of autonomy.

The replacement of old, outdated electrical installations is planned in the Acute Male Ward and Forensic Psychiatry Ward in order to adapt conditions for patients. Night lighting is in function in all departments.

234. Video surveillance is used exclusively to monitor the condition of patients, i.e., to ensure their safety. Video surveillance is not installed in every room, but only in a few rooms where patients with increased risk are accommodated, and it is used solely by the staff on duty. In this sense, video surveillance is necessary due to the lack of professional staff (two to three technicians for 50 acute patients, as well as in the forensic department). Only medical staff works in the wards, without the presence of employees from physical and technical security.

The Special Hospital for Psychiatric Diseases in Kovin will continue to adhere to the recommendations of the CPT in the coming period and, through a personalized and multidisciplinary approach, will continue to improve the conditions for the stay and treatment of patients, work on the process of deinstitutionalization, on the humanization of spaces and relationships, training and educating employees, all with the goal of creating a more pleasant and professional environment in our establishment.

237. At the professional board meeting, the Expert Advice was instructed to correct existing and individualize treatment plans for patients. In this regard, the application of clear guidelines was also encouraged, as well as the justification for introducing Clozapine in the individual treatment of patients.

The Symposium for Continuing Education is accredited and is being conducted with all staff at the Clinic, especially in the Department of Emergency Psychiatry. The education programme titled 'Prevention of Psychomotor Agitation and Natural Interventions' is conducted by Dr. Tijana Mirjanić.

244. In the Laza Lazarević Clinic's Intensive Care Unit for agitated patients, an additional number of nursing technicians was employed, so that in each shift, compared to the previous period and other wards, there is one more nurse actively working.

The Clinic has equipped a dental office in the Padinska Skela site. A revision of the staffing plan is underway to allow for the engagement of dentists, thus providing dental services to patients, avoiding the need for treatment, transport to external clinics/consultations.

251-253. In our psychiatric doctrine, the rooms for fixation have been surpassed. The Clinic's management is seeking possible solutions to provide privacy for patients who are mechanically restrained, in the sense that protective privacy screens are provided. In situations where there is mechanical restraint using parenteral therapy, the duration of mechanical fixation is reduced to a minimum.

272. At the Laza Lazarević Clinic, every patient is allowed to anonymously express their opinion about the treatment and care. Feedback boxes for complaints are provided in all wards.

Regular and extraordinary professional supervision is also conducted regarding reports and comments from both patients and their family members.

282. The Clinic of Neurology and Psychiatry for Children and Adolescents is an establishment whose structure is of a pavilion type, and for safety reasons and the protection of patients, it has bars in residential and common areas. If the European Committee has a proposal for an alternative solution, in accordance with the possibilities and in line with the specified constructive and organizationally compatible structure of the Clinic, we kindly request their advice and instructions.

We would also like to inform you that only in case of receiving a large number of patients and filled capacities, the Clinic has more than 4 beds occupied in one room. The Clinic makes significant efforts to ensure that at any given moment, less than 4 beds are occupied in one room.

288. Patients of the Clinic have regular meals, which a legal person providing food for the patients delivers for each individual patient according to the agreed nutritional value assessed according to patient's needs and health condition. Furthermore, patients of the Clinic have two snacks during the day and can always request an additional meal as needed.