United Nations CAT/C/NOR/8

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

Distr.: General
16 December 2016

Original: English
English, French and Spanish only

Committee against Torture

Consideration of reports submitted by States parties under article 19 of the Convention pursuant to the optional reporting procedure

Eighth periodic report of States parties due in 2016

Norway*, **, ***

[Date received: 23 November 2016]

* The combined sixth and seventh reports of Norway are contained in document CAT/C/NOR/6-7; they were considered by the Committee at its 1100th and 1103rd meetings, held on 1 and 2 November 2012 (CAT/C/SR.1100 and 1103). For their consideration, see the Committee's concluding observations (CAT/C/NOR/CO/6-7).

** The present document is being issued without formal editing.

*** The annexes to the present report are on file with the Secretariat and are available for consultation. They may also be consulted online from the web page of the Committee against Torture.

GE.16-22126(E)
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I. Introduction

1. This report is submitted in pursuance of article 19, paragraph 1 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which entered into force in Norway on 26 June 1987. The report is organised in conformity with the new 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 deals with the changes in legislation and legal and administrative practice relating to the individual material provisions of the Convention that have been made since the Government of Norway submitted its combined sixth and seventh report (CAT/C/NOR/Q/7), with a reference to the list of issues adopted by the Committee at its 52nd session (CAT/C/NOR/QPR8), in accordance with the new optional reporting procedures established by the Committee at its 38th session.

3. Reference is made to the general description of Norwegian society in the core document (HRI/CORE/NOR/2013).

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

Article 1

Reply to the issues raised in paragraph 1 of the list of issues (CAT/C/NOR/QPR/8)

4. The Penal Code of 2005 entered into force on 1 October 2015, at which time, the General Civil Penal Code of 1902 was repealed. Sections 174 and 175 of the Penal Code draw largely on section 117 a of the General Civil Penal Code of 1902. Section 174 includes disability in the list of discriminatory grounds, matching Section 185 (hateful speech) and Section 186 (discrimination) in this regard.

5. Norway maintains that the elements of the crime should be formulated as precisely as possible. To this end, it may be preferable to enumerate the relevant types of discrimination rather than replicating the exact wording of the Convention. Norway reiterates that Norwegian criminal law fully complies with the Convention, which requires each State party to ensure that all acts of torture are offences under its criminal law.

6. Norway has previously stated that an elaboration of other grounds of discrimination, such as political views or sexual orientation, will be considered. The question was part of the mandate of an expert tasked by the Ministry of Children and Equality with preparing a report on the criminal law protection against discrimination. The report will be considered by the relevant Ministries.

Article 2

Reply to the issues raised in paragraph 2 of the list of issues

7. The obligation of criminalisation set out in the Convention has been implemented in Norwegian law through sections 174 and 175 of the Penal Code (active transformation). At present, there are no plans to incorporate the Convention into Norwegian law.

Reply to the issues raised in paragraph 3 of the list of issues

8. A new National Human Rights Institution (NIM) was established by the Act of 22 May 2015 No. 33 on Norway's National Human Rights Institution (the NIM Act). The Board of the NIM held its first meeting in August 2015, and a director was appointed in November 2015. Since then, the institution has engaged in recruiting staff, submitted its first annual report and begun work on performing its statutory functions.

9. The NIM seeks to ensure full compliance with the Paris Principles. Under section 2 of the NIM Act, the Storting lays down general instructions for the institution. NIM is required to perform its functions "independently and autonomously", and determines itself how its work is to be structured and organised. Under section 3, the NIM is tasked with improving the implementation of human rights instruments, among other things by "monitoring and reporting on the human rights situation in Norway, including making recommendations to ensure that Norway's human rights obligations are fulfilled", and "advising the Storting, the Government, the Sami parliament and other public bodies and private parties on the implementation of human rights".

10. As a consequence of the establishment of the NIM, the Norwegian Centre for Human Rights no longer serves as a national institution.

Reply to the issues raised in paragraph 4 of the list of issues

11. Section 40 of the 2005 Penal Code was amended in 2012, and replaces the corresponding provision in section 39 c, second paragraph, of the General Civil Penal Code. It provides that minors may not be sentenced to preventive detention unless "wholly extraordinary circumstances" exist.

Reply to the issues raised in paragraph 5 of the list of issues

12. *The Juvenile Sentence* entered into force on 1 July 2014. This is a non-custodial sanction for young offenders between 15 and 18 years of age, who have committed serious and/or repeated offences. The juvenile Sentence is an alternative to a custodial sentence which is based on a restorative process. The sentence may vary in length from six months up to two (maximum three) years and is executed by the Mediation Service (*Konfliktrådene*), instead of the Correctional Services.

13. To ensure a coherent chain of individualised sanctions, the Storting (Norwegian parliament) concurrently adopted another diversionary sanction for young offenders, so-called *Juvenile Follow-up*. The Juvenile Follow-up may be imposed at the local prosecutorial level for a duration of up to one year and is also executed by the Mediation Service.

14. As of mid-2016, the Mediation Service had received 563 cases, of which 70 concern Juvenile Sentences and 493 concern Juvenile Follow-up.

Reply to the issues raised in paragraph 6 of the list of issues

15. Since 2014, a range of measures have been adopted to reduce the number of persons who spend more than 48 hours in police custody after being arrested. In June 2014, the Director General of Public Prosecutions issued provisional guidelines on the use of police custody to ensure that the 48-hour rule is practiced more rigorously, and to mitigate the effects of isolation resulting from the stay in police custody.

16. In July 2014, the Norwegian National Police Directorate (POD) laid down guidelines on the use of police custody facilities, which were replaced by new guidelines in July 2015. The guidelines also apply to measures to prevent and mitigate the effects of isolation resulting from the stay in police custody.

17. It follows from the guidelines that custody personnel, in consultation with a prosecutor, must seek to prevent or mitigate the effects of isolation on the confined person. Police districts are required, every four hours between 0700 and 2300 hours, to assess, offer and carry out adequate compensatory measures.

18. A variety of alternative measures are mentioned that may be implemented. It is up to the districts to assess what action should be taken as the implementation of some of the measures will be contingent on the physical framework conditions.

19. Relevant measures may include:

- More interaction with custody personnel and more time spent in the company of other inmates by sharing a cell in the daytime.
- Contact with health personnel, a psychologist, etc.
- Possibility of spending time outdoors.
- Access to personal belongings.
- Music and reading materials.
- External visitors.
- Telephone calls.
- Newspapers, radio and television.

20. The National Police Directorate will draw up central custody instructions.

21. Statistics for the number of persons detained in a police cell beyond the 48-hour time limit show a considerable decrease due to the measures that have been implemented. The increase in remand capacity following the entry into an agreement to lease a prison in the Netherlands has made a significant contribution. In 2014, there were 3 465 cases of excessive detention, while the figure for 2015 was 2 160. The statistics for the first eight months of 2016 show only 582 cases of excessive detention in the period.

Children in police custody

22. Purposeful efforts are being made to reduce the number of children detained in police custody, and to ensure that their stay is as brief and untraumatic as possible.

23. The police districts take a variety of measures to meet the needs of persons under 18 years of age who are brought to a police station:

- Detention in custody is only used when no other alternatives appear to be feasible.
- Wherever possible, children are placed with an adult in an office, instead of in a cell.
- The cell door is kept open and an adult is present at all times.
- More frequent inspections and offers of food and activities outside the cell.
- Offered the possibility of talking to someone.
- Offered the possibility of close contact with a parent or guardian.

24. Some police districts state that they place children in cells with a television, sink and toilet, which is considered to be less distressing than being held in other cells.

25. In 2014, a total of 632 children were detained in custody, while there were 482 child detainees in 2015. In the first eight months of 2016, 216 children were detained in custody.

Reply to the issues raised in paragraph 7 a) to d) of the list of issues

Complete and partial exclusions

26. Some progress has been made. Since September 2014, the Correctional Services have used a computer system to gather and analysed data on complete and partial exclusion[1] of prisoners. The statistics are now more detailed in that they include the duration of all incidents of complete or partial exclusion from the company of other prisoners. In 2015 there were 4018 incidents of complete exclusion of prisoners from other prisoners' company. The average exclusion lasted for approximately 5 days.

27. *See the appendix for statistics on registered exclusions from the company of other prisoners in 2015*.

28. Statistics have been compiled manually eleven times since 2012. On 11 different days over a four-year period, prison staff have manually counted prisoners who were excluded from the company of other prisoners. On average, approximately 200 of the prisoners counted (of an average of 3 700 prisoners) spent no time or less than two hours with other prisoners on the days of the manual calculations.

29. As of June 2016, following a decision made by the Correctional Services, approximately 100 out of 3 800 prisoners had been excluded from the company of other prisoners for a variety of reasons: to prevent prisoners from continuing to influence the prison environment in a particularly negative manner in spite of a written warning, to prevent prisoners from injuring themselves or acting violently or threatening others, to prevent considerable material damage, to prevent criminal acts or to maintain peace, order and security. About one third of these decisions were made due to building or staffing conditions. Based on the above-mentioned findings, the Directorate of Norwegian Correctional Services has assessed the current use of exclusions. The guidelines regulating exclusion have been revised accordingly and are currently awaiting implementation.

30. Legal amendments regarding exclusion of minors entered into force as of October 2015. Exclusion of minors may only take place if it is considered to be "strictly necessary" and if less restrictive measures have been tried in vain or will be clearly inadequate. Simultaneously, strict reporting obligations were introduced. Children who have been excluded shall be continuously monitored and the best interests of the child shall always be considered when assessing whether the child should be excluded from the company of others.

31. In 2015 there was only one registered exclusion of a minor, which lasted for a total of six days.

32. With a few exceptions, which are clearly defined by law, prisoners in Norwegian prisons are guaranteed due process rights in decisions regarding exclusion pursuant to the Public Administration Act. If complete exclusion from the company of others exceeds 14 days, the regional level (which is above the local prison level) may decide to halt the exclusion. Exclusions exceeding 42 days shall be reported to the Directorate (which is above the regional level). Thereafter, reports shall be made to the Directorate at 14-day intervals. The prisoner may file a complaint with the prison administration.

[1] Complete exclusion means that prisoner spend no time whatsoever in the company of other prisoners in the course of the day. Partial exclusion means that an prisoner's access to company is limited more than is normally the case, for example by depriving him/her of the right to participate in communal work activities, but not of the right to participate in communal recreational activities later that day.

33. As of June 2016, the Directorate had received five reports of cases where the total period of complete exclusion exceeded 42 days. In all of 2015 the number of such exclusions varied between 5 and 12 at any given time.

34. *See the Appendix for statistics on registered exclusions from the company of other prisoners exceeding 42 days in 2015.*

35. The prisoner also has access to an independent judicial review. Both the nature of the exclusion and its underlying justification may be challenged through the courts of law. Prisoners are not per se entitled to free legal aid, but may be under specific circumstances. Alternatively, the prisoner may complain to the Parliamentary Ombudsman. Making a complaint to the Ombudsman is free of charge.

36. In June 2013, the Norwegian Storting designated the Parliamentary Ombudsman as the National Preventive Mechanism against Torture and Inhuman Treatment (NPM), in accordance with the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). An autonomous NPM has now been established at the Ombudsman's office. The NPM makes regular visits to prisons and other places of detention.

Reply to the issues raised in paragraph 8 a) to e) of the list of issues

37. In a consultation paper circulated in February 2013, the Ministry of Justice and Public Security raised the question of adopting a legal definition of rape in the Penal Code so as to make lack of consent the core issue. The consultative bodies expressed differing views on the proposal. In a bill submitted to the Storting in December 2015, the Ministry stated that the proposal raises fundamental issues which the Ministry wishes to return to at a later date.

38. Norway emphasises that the definition of "rape" in section 291 of the Penal Code already covers most situations of sexual conduct without the consent of the victim. Further, committing any sexual act without consent is a crime pursuant to section 297 of the Penal Code.

Violence against women and children

39. Separate plans and strategies for different forms of violence have been drawn up.

40. A white paper on violence against women and domestic violence was presented in March 2013, followed by a new national action plan containing 45 measures for the period 2014-2017. Reducing domestic violence can be achieved by implementing a broad range of measures, making use of policy instruments in the fields of justice, gender equality, social welfare, health and education.

41. Violence against children has devastating, long-lasting effects on individuals, communities and societies. In November 2015, the Norwegian Government launched a new action plan called *A good childhood lasts a lifetime* comprising 43 measures. It combines the efforts of four ministries: the Ministry of Children and Equality, the Ministry of Education, the Ministry of Justice and Public Security and the Ministry of Health.

42. The Norwegian Storting has decided that efforts to combat violence against children and youth should be further strengthened in the years to come. A new plan to combat domestic violence and to strengthen the care of children exposed to violence and sexual abuse was launched in October 2016.

43. In the 2005 Penal Code, the maximum sentence for domestic abuse is six years. For gross domestic abuse the maximum sentence is 15 years.

44. The Government has tightened and strengthened the duty of prevention laid down in section 196 of the Penal Code. This provision imposes a duty to contact the police or otherwise attempt to prevent a serious criminal act if it is considered most probable that such an act will be committed. It is now also a criminal offence to be an accessory to a breach of the duty of prevention. In addition, the duty of prevention has been extended to include a number of serious offences, such as domestic violence as well as several types of sexual offence against children.

45. The police have a range of measures to protect persons subjected to domestic violence, including a mobile violence alarm, bans on visits or contact, and address shielding. Since 2013 a ban on contact can be reinforced through electronic monitoring (reverse assault alarm).

46. In 2014, the Ministry of Justice and Public Security established a new funding scheme for measures to prevent and combat domestic violence. In 2016, funding totalled NOK 11.6 million and was distributed on the basis of applications to NGOs and other non-profit organizations, private actors and crisis centres.

47. Persons subjected to domestic violence are entitled to assistance that covers all needs and aspects of the case. This help must extend to the person's children and the perpetrator of the violence. In the spring of 2015, the urban district of Stovner in Oslo established a collaborative project in which persons subjected to violence are offered assistance by the police and health and care services at a shared location. . The project results will be evaluated as part of the Norwegian Social Research centre (NOVA)'s domestic violence research programme. The project seeks information on how the police and other agencies can better serve persons subjected to violence.

Campaigns

48. In November 2013 the police launched a campaign that targets young people and is intended to prevent "party rape". The campaign emphasises young men's own ability to take responsibility for themselves and others. The campaign, which has a dedicated website and more than 66 000 followers on Facebook, provides facts about "party rape" and information on where to obtain assistance. The campaign uses animation, posters, urban billboards, cinema advertising and stickers to convey its message. The website is also available on the Norwegian police intranet.

49. The Ministry of Justice and Public Security has earmarked funds for a special "*preventive package*" aimed at strengthening efforts to combat domestic violence. In 2014, funds were allocated to a domestic violence campaign targeting youth on the Office for Children, Youth and Family Affairs (Bufetat)'s website. Funds were also earmarked through this "package" to adapt the International Child Development Programme (ICDP), a parental guidance programme, for crisis centres and asylum reception centres. In 2015, the police conducted an information campaign for persons subjected to domestic violence and the general public. The campaign "*How little should you tolerate*?" was designed to increase awareness of domestic violence, highlight the role of the police in this field and spur reporting of such violence to the police.

50. The Government launched a new web portal on 15 February 2016, containing updated, relevant information for victims, dependents, perpetrators and support services, on domestic violence and rape. The web portal has been developed and is operated by the Norwegian Centre for Violence and Traumatic Stress Studies in collaboration with NGOs. In the first three months 20 000 individuals visited the web portal. Separate campaigns have been run to promote the web portal, including film clips, posters and Facebook campaigns.

Research

51. In 2014, the Ministry of Justice and Public Security launched a five-year research programme on domestic violence. A total of NOK 50 million has been allocated for the programme. In addition, the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) has been given an annual grant of NOK 2 million for research into the health consequences of domestic violence. The purpose of the research programme is to produce knowledge in a wide range of specific areas, such as the underlying causes, extent and consequences of domestic violence, welfare services' work with domestic violence and these services' encounters with persons exposed to such violence, and NGO efforts in this field.

52. The Ministry of Justice and Public Security has funded a three-year research project to review every intimate partner homicide in the 1991-2012 period. The project was completed in December 2015.

The efforts of the health authorities

53. E-learning courses are being provided to strengthen the expertise of regular general practitioners on domestic violence, including forced marriages and female genital mutilation. These courses will be completed in the autumn of 2016. Persons from relevant countries are given specially adapted information on the health consequences of female genital mutilation and the health care available, and on the prohibition of forced marriages. Public health clinics and school health services offer counselling and voluntary gynaecological examinations for girls from relevant countries with a view to preventing female genital mutilation.

54. In 2014, the Norwegian Directorate of Health issued national guidelines for pregnancy care and detecting violence (*Nasjonal faglig retningslinje for svangerskapsomsorgen — Hvordan avdekke vold*). The guidelines recommend that health professionals bring up the topic of domestic violence as early as possible in the pregnancy as part of established good clinical practice. Domestic violence must be dealt with in the same way as other issues that health professionals routinely invite pregnant women to discuss. In these guidelines, the term "violence" covers physical, psychological and sexual violence. Health professionals are asked to talk to all pregnant women respectfully and empathetically about their experiences with violence. In cases where violence is identified, the health personnel will, in consultation with the woman, refer her to the appropriate follow-up.

55. The Norwegian Directorate of eHealth is currently assessing a potential new electronic health card for pregnant women, which will include questions on violence.

56. Amendments to the Patient and User Rights Act came into force on 1 November 2015. The prioritisation guidelines for the specialist health services have been revised in accordance with the statutory amendments. Domestic violence has been included as a separate factor that must be considered in each case.

57. Services for persons subjected to violence and abuse are to be integrated into ordinary services, and as from 2016 the specialist health services have been given primary responsibility for providing services for children and adults subjected to sexual abuse. Existing robust municipal reception centres are to be maintained under agreements between regional health enterprises and municipalities.

58. New regulations on the requirements for and organisation of municipal emergency primary health care, ambulance services, an emergency medical service communication system, etc. (the Emergency Medical Services Regulations) came into force on 1 May 2015. The regulations lay down requirements for training in emergency medicine and in dealing

with violence and abuse for physicians and other health personnel who work in emergency primary health care services.

59. The five Regional Centres for Violence, Traumatic Stress and Suicide (RVTS) work actively to support municipal efforts to develop action plans against domestic violence. The results for 2015 shows that 35 percent of municipalities in Norway had an active action plan for dealing with domestic violence. This is a substantial increase from the previous year, when one out of five municipalities had such a plan. A total of 79 percent of large municipalities (population of 50 000 or more) have adopted an active action plan. The municipalities with an active plan have used the guide for developing action plans. The web-based guide for developing municipal action plans may be downloaded here: http://www.nkvts.no/sites/komplan/Sider/default.asp

60. The subject of domestic violence is included in the main investigation and operational study areas in the bachelor's programme at the Norwegian Police University College (PHS). During the practice/training year many students work at shelters or other institutions with domestic violence as their focus.

61. As part of *the Action Plan on Domestic Violence*, annual seminars on domestic violence are conducted for the police and prosecuting authorities. The topics are various aspects of the legal treatment of cases of domestic violence. The Police Directorate, the Director General of Public Prosecutions and the Norwegian National Criminal Investigation Service (KRIPOS) are responsible for implementing this training.

Crisis Centres and Children's Houses

62. Norway's Act relating to Municipal Crisis Centre Services entered into force on 1 January 2010, and highlights public-sector responsibility to ensure that persons subjected to domestic violence receive protection, help and follow-up services. In February 2015, a guide to the Crisis Centre Act was published. Adaptation of services to the individual needs of women and men, persons with disabilities and persons with an ethnic minority background are some of the topics covered in the guide. The guide is now being widely distributed. The Regional Centres for Violence, Traumatic Stress and Suicide Prevention (RVTS) have been tasked with organising national and regional training programmes particularly designed for crisis centre employees.

63. The Government has established a nation-wide network of Children's Houses, based on the Icelandic model. Children's Houses are a service for children and young people under 16 years of age, and for adults with intellectual disabilities, who are thought to have been subjected to violence or sexual abuse, or to have witnessed such violence, in cases that have been reported to the police. As of January 2016, ten Children's Houses had been established.

64. A nation-wide survey carried out in 2014 showed that approximately nine percent of women over 15 years of age in Norway have been victims of severe violence (life-threatening violence: attempted strangulation, use of weapons, head beaten against an object or wall) committed by their current or former partner one or more times in the course of their lives. The prevalence of lifetime rape was 9.4 percent in women and 1.1 percent in men.

65. There has been a sharp rise in the number of reported cases of domestic violence in the past few years (see section 219 of the 1902 Penal Code, sections 282 and 283 of the 2005 Penal Code). In 2014, 3 337 cases were reported, an increase of 8 percent from 2011 to 2015. The increase in the number of cases reported must, in the view of the Norwegian authorities, be seen in conjunction with the increased efforts of the police to combat domestic violence in recent years. We refer in this connection to the fact that the violence

figures from Statistics Norway's survey of living conditions and crisis centre statistics have been relatively stable in recent years.

66. Ten out of 23 homicide victims in 2015 were killed by a current or former intimate partner.

67. The Ministry of Justice and Public Security has started several studies on various issues related to the treatment of cases of domestic violence in the police, prosecution and court system. The Norwegian Police University College is conducting a study on the application of the "family violence" section of the Penal Code.

68. Statistics Norway (SSB) is conducting a review of the cases of domestic violence and violence and sexual abuse against children covering every stage of the criminal process, from the reporting of the case through every stage of the criminal process, to the final outcome of the court case, if any

69. Family violence coordinators have been established in every police district in Norway. Similarly, sexual abuse coordinators have been established in police districts. In some districts these two functions are carried out by the same person. Several districts also have dedicated teams that operate on a cross-district basis in domestic violence investigations and cases of sexual abuse. Dedicated teams can also be established to investigate special cases. In the most serious cases, KRIPOS can provide assistance.

Reply to the issues raised in paragraph 10 a) to c) of the list of issues

70. The Norwegian Storting earmarked NOK 15 million from 2015 onwards for the establishment of specialised anti-trafficking units in the five largest police districts. The Police Directorate supervised the establishment of the groups and will constantly review the way the groups function. From 1 January 2016, the number of police districts in Norway was reduced from 27 to 12. The Storting has stated that the change was made to improve investigations into serious crime, especially human trafficking, and in December 2015 requested the establishment of specialised units in every district.

71. According to the Police Directorate, disappearances from asylum reception centres are seldom the result of a criminal act, and not everyone who goes missing from a reception centre for unaccompanied minors ends up in a criminal environment or becomes a victim of human trafficking. Investigating cases involving minors who leave asylum reception centres is difficult. This is primarily due not to a lack of resources, but to the lack of information on which to build an investigation.

72. In many cases, there is reason to believe that minors leave the reception centres of their own volition. Nonetheless, the immigration authorities take a serious view of children disappearing from centres without providing a new address. The Norwegian Directorate of Immigration (UDI), in cooperation with both the police and the child welfare services, has drawn up detailed procedures for following up on disappearances. The asylum reception centre is required to alert the police, the child welfare services, the County Governor and UDI as soon as the disappearance is discovered, and within 24 hours at the latest. Efforts related to disappearances among unaccompanied asylum-seeking minors at reception centres must be carried out on a cross-sectoral basis. The immigration authorities, the police and the child welfare services all have a responsibility in this respect.

73. Responsibility for unaccompanied asylum-seeking minors over the age of 15 who live in a reception centre lies with UDI. On an everyday basis, the asylum reception centres are responsible for the care of unaccompanied asylum-seeking minors, and preventing disappearances constitutes a part of this responsibility. In its circulars UDI sets out a number of requirements for asylum reception centre operators that can help to prevent unaccompanied minors from going missing. These requirements cover staffing, broad-

based employee expertise, a sound formative environment, resident participation and activity programmes.

74. UDI also sets requirements regarding the individual assessment of unaccompanied minors, aimed at ensuring that each child receives systematic follow-up and the type of care he or she requires. In a prevention perspective, it is particularly important to assess the needs of those with special challenges.

75. The early identification of persons at risk of disappearing can also have a preventive effect. In one measure that has been carried out, minors at risk of disappearing are fast-tracked in UDI's processing of asylum cases. UDI has recently also developed a reporting system to ensure that it has an up-to-date, comprehensive overview of the number of unaccompanied minors who go missing from reception centres. This should better enable UDI to assess the need for improvement measures, both internally in UDI and in cooperation with the police and the child welfare services.

76. UDI circular RS 2015-009 provides an updated, more accurate description of the responsibilities of reception centres and the procedures they must follow when a minor disappears from the centre. These guidelines are intended to promote more effective notification and follow-up of disappearances.

77. In 2016, NOK 48.5 million was granted to strengthen the staffing and the expertise of childhood professionals employed in ordinary asylum reception centres and transit centres for unaccompanied asylum-seeking minors over the age of 15. The funds are to be used for the general enhancement of the knowledge and skills of childhood professionals with a view to improving efforts to identify and follow up on unaccompanied minors with special needs as early as possible, and to improve their safety and mental health.

Reply to the issues raised in paragraph 11 of the list of issues

78. Prisoners in Norway have the same right to health services as the rest of the population. The municipality in which the prison is located is thus responsible for the provision of all primary health care and the specialist health services in the region are responsible for providing secondary care.

79. Norwegian prisons do not have hospital wards to which prisoners are admitted for care. Those who must be hospitalised with somatic or mental health problems are placed in ordinary wards in a public hospital. A nation-wide study (the Cramer study) conducted by the SIFER regional centre for research and education in forensic psychiatry and psychology in South-Eastern Norway shows that the incidence of mental disorders among convicted persons in Norwegian prisons is significantly higher than among the rest of the population. As many as 92 percent of a representative sample of prisoners showed signs of a mental disorder, and 65 percent were substance addicts prior to incarceration.

80. The Directorate of Norwegian Correctional Services (KDI) and the Directorate of Health were tasked by the Ministry of Justice and Public Security and the Ministry of Health with appointing a working group to follow up on the study findings. The working group has submitted a report with recommended measures. In consultation with the directorates, the ministries will assess the recommendations and take suitable action to follow up on them.

Reply to the issues raised in paragraph 12 a) to c) of the list of issues

81. Under section 3-2, first paragraph, of the Patient and User Rights Act, the patient must be informed of the content of the health care provided, including possible risks and side effects. In 2015, the Directorate of Health issued an updated circular concerning the Act with comments (IS-8/2015).

82. As far as possible, both health professionals and political authorities wish mental health care services to be available on a voluntary basis. This wish has been expressed in the national reform plan for mental health care (*Opptrappingsplanen for psykisk helse*), in the Coordination Reform to ensure that patients receive proper treatment at the right place and right time and in the Ministry of Health and Care Services' national strategy to increase the prevalence of voluntary treatment in mental health services ("*Bedre kvalitet — økt frivillighet*"). The latter three-part strategy consists of a national, a regional and a local planning part. The Directorate of Health has been responsible for the national planning part, which has comprised 14 measures. At the end of 2016, most of the 14 measures have been implemented. The few measures that remain, are followed up by the Directorate of Health and will be implemented successively.

83. In a report to the Storting on mental disorders and available mental health care services (*St.meld. nr. 25 (1996-1997) Åpenhet og helhet*), which was the origin of national reform plan for mental health care, a course was staked out for restructuring and reorganising mental health care. In many people's opinion, the intentions of improving the quality and content of the services were not adequately fulfilled. However, there is a general perception that the quality of mental health care services has changed for the better in the past 20 years. This view concurs with a review carried out by the OECD in 2013, which shows that Norway is making progress towards achieving robust, coherent mental care services. Based on quality indicators for mental health care, Norway exhibits impressive improvement in many fields.

84. The goal of the strategy is to promote more voluntary treatment and reduce use of coercion, but as of today it is difficult to estimate the "correct" level of use of coercion in Norway. Appropriate use of coercion can also save lives and constitute good care. As regards the geographical differences between and within health regions that have remained stable for many years, these are unacceptable unless they can be explained by the population base and patient composition.

85. The use of coercion appears to be relatively stable to date. Nonetheless, there may be changes that are not reflected by the indicators used. This applies to the extent to which a more correct use of coercion has been achieved. It is in the nature of preventive efforts that changes may be slow to take hold, and it is difficult to measure the effect of measures. Many of the national measures aim at building up expertise, improving quality assurance, producing and developing knowledge, contributing to research and providing documentation.

86. According to the Directorate of Health's report IS-2452 on use of coercion in mental health care for adults in 2014 (*Bruk av tvang i psykisk helsevern for voksne i 2014*), it is now assumed that the reporting to the National Patient Registry of administrative decisions to issue an order for compulsory mental health care and admission to an institution for compulsory observation is relatively good, and it is therefore possible to monitor changes in the number of involuntary admissions in health care services. This information is published on a four-monthly basis as a quality indicator on www.helsenorge.no.

87. However, there is still uncertainty attached to the statistics reported on use of coercion without admission and decisions made during mental health care (including coercive interventions and involuntary medication). This limits the possibilities of analysis in the latter areas. To help upgrade the quality of data on coercion in the Norwegian National Patient Registry, a new reporting format is being developed for reporting data registered in accordance with the standard for registering decisions on use of coercion in electronic patient medical records (the EPJ standard for decisions). This data registration method will make it possible to register all information on use of coercion in one place and for several purposes. At the same time, one of the biggest suppliers of patient administration systems is now developing a user interface to register data in accordance

with the EPJ standard. This is expected to enhance the quality of the data. It is expected to be possible to test this new method of reporting data on coercion as from 2016.

88. Work on drawing up national professional guidelines for the use of electro-convulsive therapy (ECT), which will establish a national standard for when and how ECT may be used as a treatment, will be completed in 2017. ECT treatment is voluntary in Norway, but it is important that the patient and his or her next-of-kin are given adequate information. Only in extremely few cases may ECT be administered without consent, such as in a situation of necessity. However, detailed grounds must be provided for the use of such treatment and reported in the patient's medical records. The Directorate of Health proposes to establish a national quality registry that can provide base data for evaluating the quality of and compliance with the recommendations in the guidelines.

89. The regional health enterprises were ordered to establish medication-free treatment programmes by 1 June 2016. This is intended to be a real option for those who wish an alternative to medication, including help to gradually reduce and terminate use of medication and begin participating in other therapeutic support and treatment programmes.

The Mental Health Act

90. In June 2016, the Government presented a bill to the Storting on a number of amendments in the Mental Health Care Act (Prop. 147 L (2015-16)). The bill is expected to be debated and adopted by the Storting in the 2016/2017 session. The purpose of the amendments is to strengthen the due process rights of mental health care patients who refuse treatment or other interventions, and to strengthen the patient's right to make decisions that will have consequences for his or her own health.

91. Some of the key proposals include:

- Making incapacity to consent a condition for use of coercion (capacity-based model).
- Giving the patient the right to state his or her opinion before a decision is made regarding coercive measures or involuntary medication, etc.
- Imposing a duty on the health professional in charge to consult with other qualified health personnel before making administrative decisions on treatment without the patient's consent.
- Strengthening requirements for administrative decisions, justification and time limits.
- Evaluation of use of coercion and shielding, i.e. segregation from other patients in a room or a segregated area accompanied by staff.
- Extending the obligatory period of examination prior to making an administrative decision on involuntary medication.
- Granting the right to free legal aid in connection with appeals against administrative decisions on involuntary medication.

92. Furthermore, in June 2016, the Government appointed an official legislative committee, chaired by Professor Bjørn Henning Østenstad (Faculty of Law, University of Bergen). The committee has been tasked with conducting an overall review of the regulation of coercion in health and care services. The tasks of the committee include examining whether the current rules governing coercion support the objectives of reducing use of coercion and instead using alternative voluntary measures. The committee has been given a deadline of 1 September 2018.

Article 3

Reply to the issues raised in paragraph 13 a) to d) of the list of issues

93. In 2015, a total of 7 825 persons without lawful residence in Norway were forcibly deported. Of this 1 559 persons were deported after their application for asylum was rejected, while 1,144 were deported to a safe third party country under the Dublin Regulation. Of the total number, 2 570 persons had been sentenced for a criminal offence. Of this group, 18 percent were Romanian nationals, 14 percent were Polish nationals, 11 percent were Lithuanian nationals and 9 percent were Nigerian nationals.

94. In the course of 2015, 528 minors were deported, 31 of whom were travelling alone, while the others were travelling with their family. Those travelling alone are escorted by the police, and are met by family members or other carers.

95. Statistics for 2015 on deportation destinations show the following five main destinations:

- Italy: 1 268
- Albania: 665
- Russia: 584
- Romania: 517
- Spain: 465

96. *See the Appendix for statistics on registered asylum requests, assisted returns etc.*

97. Reference is made to Norway's previous reports regarding extradition. The legal basis is still *Act No 39 of 13 June 1975 relating to the extradition of offenders (The Extradition Act)*. However, a new act has been adopted on surrender between Norway and the EU states and between the Nordic states. This legislation implements the Agreement between Norway, Iceland and the EU on surrender procedures and a Nordic convention on surrender procedures. Both agreements are based on the principles of the EU Council framework decision of 13 June 2002 on the European arrest warrant and the surrender procedures between Member States. The Nordic Convention on surrender procedures entered into force on 16 October 2012, and from the same date the Nordic Extradition Act was replaced by the Act on surrender procedures. As the EU agreement has not yet entered into force, extradition to all other countries outside the Nordic region is still regulated by the Extradition Act.

98. There are no official statistics available on extradition cases. However, according to the Ministry of Justice and Public Security's data, the Ministry handled 422 cases in the period 2011-2015. Of these cases, 233 concerned the extradition of a wanted person from Norway to a foreign country, whilst 189 cases concerned the extradition of a wanted person to Norway from a foreign country. Cases involving surrender to the Nordic countries are not included in the numbers, as these cases are not dealt with by the Ministry and are subject to a different procedure. There are no statistics available on the persons' sex, age and country of origin. The number of extraditions to Norway relates to send requests.

99. Extradition cases 2011-2015

Year	From Norway	To Norway	**Total**
2011	39	29	**68**
2012	51	46	**97**
2013	54	47	**101**
2014	39	29	**68**
2015	50	38	**88**
Total	**233**	**189**	**422**

100. *See appendix for more detailed statistics on extradition*.

Reply to the issues raised in paragraph 14 a) to c) of the list of issues

101. Foreign nationals have a right to free legal aid without assessment of their assets in cases concerning expulsion or revocation of a permit. This does not apply, however, in cases of expulsion due to a penal sanction for a criminal offence. In 2015, 2 096 persons were granted free legal aid in cases concerning expulsion or revocation of a permit.

102. Based on information provided by the County Governors, only a handful of the applicants were denied free legal aid in cases concerning expulsion or revocation of a permit in 2015. These denials were all based on the ground that the expulsions were due to a penal sanction for a criminal offence.

103. A pilot project establishing free first-line legal aid was carried out between 2010-2012. The main purpose of the pilot project was to provide free legal aid to those not covered by the current scheme. The overall objective was to reduce the number of conflicts in the legal system, ensuring that conflicts are resolved at an earlier stage than under the current scheme and preventing inappropriate matters from being brought before the courts. In 2013, Oxford Research conducted an evaluation of this pilot project commissioned by the Ministry of Justice and Public Security.

104. The evaluation showed that the scheme reached a broad user group. There were also indications that the scheme reached vulnerable groups in society. Relatively few of the cases in the pilot project fell within the scope of the Legal Aid Act. Hence the scheme would not appreciably reduce the demand for legal aid under the current free legal aid scheme. There were also indications that the scheme had become a substitute for guidance provided by public authorities, for example in social security matters. The evaluation also indicated that the scheme reached groups who are less vulnerable than the persons who use the current free legal aid scheme. Based on its findings, the Oxford Research evaluation recommended that the scheme should be carried out on a larger scale. However, the Ministry of Justice and Public Security decided not to make the scheme permanent. The Government is concerned to ensure that society’s resources are used efficiently, and considered that it would be a more efficient use of resources to concentrate on changes within the current legal aid scheme.

Articles 5 and 7

Reply to the issues raised in paragraph 15 of the list of issues

105. Since the previous report, Norwegian authorities have not, to our knowledge, 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.

Article 10

Reply to the issues raised in paragraph 16 a) to c) of the list of issues

106. Both the police and the Correctional Services have focused attention on the elements of risk related to use of various control techniques. The Norwegian Police University College (PHS)provides instruction on the risks involved in use of the prone position. The PHS has developed a new control technique (lateral position) to be used once the subject has been handcuffed. During training, the students regularly practice this control position. The technical aspects are covered extensively in the course on arrest techniques. The textbook underscores the risks inherent in the prone position and neck restraints. This topic is also presented in the training provided by the specialised instructors.

107. The students have a graded examination on arrest techniques. In this examination, the students draw different assignments in the field of arrest techniques, release techniques and self-defence techniques. All students must master the application of handcuffs and use of the prone position and the lateral position. Furthermore, all students are required to answer a theory question taken from the textbook; these questions also include questions related to these elements of risk.

108. The PHS ensures that students are aware of the physical stress that lying in a fixed prone position can cause by carrying out an exercise in which the students build up a high pulse rate before being handcuffed in a prone position.

109. The Norwegian Bureau for the Investigation of Police Affairs reports that it has investigated the following deaths, which are not due to suicide, in connection with arrests and detention in police custody during the four-year period 2012-2015.

2012

110. A death in connection with the police's escorting of a person to the Oslo Emergency Outpatient Clinic on 29 November 2012. The person wished to leave the clinic and came to blows with the police officers escorting him. An ambulance staff member who saw the incident intervened in defence of the police and in doing so used a neck restraint which resulted in the person's death. The case was dropped by the Norwegian Bureau for the Investigation of Police Affairs on grounds of insufficient evidence. Upon consideration of an appeal, the Director General of Public Prosecutions amended the grounds for dropping the case to no criminal offence found to be proven.

2013

111. A death in a cell on 13 January 2013, Rogaland Police District (stroke). The case was dropped on the grounds of no criminal offence found to be proven/ insufficient evidence. A custody officer was criticised for inadequate inspections. The case was submitted for administrative assessment. Upon appeal the decision was upheld by the Director General of Public Prosecutions.

112. A death in a cell on 24 November 2013. Agder Police District (combined drug intoxication). The case was dropped because no criminal offence was found to be proven. The case was submitted for administrative assessment.

2015

113. A death in connection with the police's intervention in respect of a person thought to be mentally ill on 5 March 2015, Midtre Hålogaland Police District (cardiac arrest). The case was dropped on grounds of no criminal offence found to be proven. The case was submitted for administrative assessment.

114. A death in a cell on 17 July 2015, Troms Police District (combined drug intoxication). The case was dropped by the Norwegian Bureau for the Investigation of Police Affairs because no criminal offence was found to be proven/insufficient evidence. Doubts were raised concerning assessments made by a custody officer. Following an appeal, the Bureau's decision was upheld by the Director General of Public Prosecutions.

115. Steps have also been taken within the Correctional Services to improve and update arrest techniques. *The University College of Norwegian Correctional Service* (KRUS) keeps prison staff updated on the hazards involved in the use of appropriate arrest techniques in its training programmes, including positional asphyxia, restraint asphyxiation and excited delirium syndrome. Furthermore, KRUS continuously monitors the need for updating knowledge within the Correctional Services. Information on the number of suicides in custody is provided in paragraph 123.

116. The University College of Norwegian Correctional Service has a high focus on conforming its training programmes with international human rights standards. Both the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) standards and the UN Basic Principles for the Treatment of Prisoners are included in the syllabus of the two-year study programme offered to prison officers at the University College. Practical training is also given on reducing incidents of excessive use of force and ill-treatment; see the above on updated arrest techniques. Thorough instruction is also given on the Regulations to the Execution of Sentences Act, which state that the staff may only use physical force against prisoners who do not comply with provisions concerning peace, order and discipline, when this is necessary and justifiable and less intrusive measures have been tried in vain or appear to be inadequate.

117. However, no special methodology has been developed to assess the effectiveness and impact of the training and educational programmes. Cases of torture committed by law enforcement personnel remain rare in Norway, making it difficult to develop such a methodology.

The Istanbul Protocol

118. The Directorate of Health's guide (IS-1022) on health services for asylum seekers, refugees and reunited families has been updated and digitised. The guide contains a new chapter on persons who have been traumatised or tortured or have war-related injuries. Health professionals must be familiar with symptoms of torture, diagnostics, treatment and follow-up in compliance with the Istanbul Protocol. Health professionals must consider whether an evaluation by specialists such as a forensic clinician, psychologist, psychiatrist or gynaecologist will be a necessary part of effective investigation and documentation. The effective investigation and documentation of injuries due to torture must culminate in an expert report based on the Istanbul Protocol.

119. The updated guide will be made available to the health services, thereby helping to ensure the early identification of victims of trauma, torture or war injuries and to provide good follow-up health care.

120. Since 2012, the Directorate of Health has granted funding for the establishment of adapted dental health services for victims of torture or abuse or who have odontophobia. These services are provided by the county authorities in cooperation with the Regional Centres for Violence, Traumatic Stress and Suicide Prevention (RVTS) and relevant centres of odontological expertise. There are now 28 teams spread throughout Norway, and the plan is to start up more teams in 2016. In 2015, NOK 27.3 million was granted for this purpose.

Article 11

Reply to the issues raised in paragraph 17 a) to c) of the list of issues

121. The Parliamentary Ombudsman's National Preventive Mechanism against Torture and Ill-Treatment (NPM) visited the police immigration detention centre at Trandum in May 2015. The visit was unannounced. The NPM interviewed 60 of the 100 detainees at Trandum.

122. In 2015, a total of 3 191 persons were detained at the immigration detention centre. Approximately 86 percent of the detainees were men and 11 percent were women. The period of detention for individual detainees has increased slightly since 2014: 35 percent stayed for less than a day, 33 percent stayed for between one and three days, while 32 percent stayed for four days or longer.

123. In December 2015 the Parliamentary Ombudsman published a report on the NPM's visit. The report states: "*At the time of the NPM's visit, 61 of a total of 100 detainees had stayed more than two weeks at the detention centre. Seventeen of these had stayed at the centre for more than 100 days. The person who had stayed the longest had been there for 372 days*."

124. The report also included a number of recommendations. The following has been excerpted from the summary of the report:

> "*The NPM emphasises as a positive factor that the detainees mostly had positive things to say about the detention centre staff. Many of them stated that they were treated with respect and received the necessary assistance in their day-to-day pursuits.*
>
> *One of the main findings during the visit was excessive attention to control and security at the expense of the individual detainee's integrity. This has also been pointed out by the Parliamentary Ombudsman after previous visits. Many of the detainees felt that they were treated as criminals, even though they had not been convicted of a crime. Several described the humiliation of undergoing a body search on arrival and after all visits.*
>
> *The detention centre uses largely the same security procedures as the correctional services, including procedures for locking detainees in and out of their rooms, the use of security cells and solitary confinement, and room searches. In some respects, as in the case of full body searches after visits, the procedures appear to be more intrusive than in many prisons. In addition to concerns about the overall control regime, it should be noted that all these control measures can result in more unrest and undesirable incidents rather than a sense of security.*
>
> *The immigration detention centre does not appear to be a suitable place for children. In 2014, 330 children were detained, ten of them without adult guardians. There were no children at the detention centre at the time of the NPM's visit. The atmosphere at the detention centre appears to be characterised by stress and unrest. Several incidents have taken place at the detention centre in 2014 and 2015, including major rebellions. The incidents have included breaking of furniture and fixtures, self-harm, suicide attempts and use of force. This is not deemed to be a satisfactory psychosocial environment for children. In two instances, children have also witnessed parental self-harm.*
>
> *Several weaknesses were also found to exist in the delivery of health services. A clear majority of the detainees were critical of the health services offered by the detention centre. Among other things, the criticism concerned factors such as a lack of confidentiality, availability and follow-up. The immigration detention centre*

purchases health services from a private health enterprise based on a contract between the enterprise and the National Police Immigration Service (NPIS). The contractual relationship between the health enterprise's doctors and the NPIS raises questions about the health service's professional independence. This may undermine the relationship of trust between patients and medical personnel and may weaken the health service's assessments. The health service also includes two nurses. They are temporarily employed by the police. This arrangement may also give rise to doubt about the health service's professional independence.

Health interviews with newly arrived detainees were not conducted as a matter of routine, despite clear recommendations from the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). Detainees are often particularly at risk of poor somatic and mental health. A medical examination on arrival can provide an overview of the detainee's immediate medical needs, document any physical injuries and detect infectious diseases and suicide risk. The detainees also did not have access to mental health care over and above emergency assistance, among other things because of a lack of rights. In addition, the health department lacked procedures for systematic follow-up of persons who are particularly vulnerable as a result of long-term detention. Other findings during the visit include shortcomings in administrative decisions on the use of isolation and security cells, few organised activities, unclear legal authority for locking detainees in their rooms, lack of information on arrival, whether the food that is served is sufficiently nutritious, routine visit control and lack of access to mobile phones."

125. The National Police Immigration Service (NPIS) commented on the report in a letter dated 30 April 2016. The NPIS has reviewed the recommendations of the NPM and has followed some of the recommendations. The general instructions for the detention centre have been revised, and several of the recommendations have been incorporated into the new instructions.

126. However, not all the recommendation can be followed. The report recommended that all newly arrived detainees should have a health interview with a physician, or a nurse reporting to a physician, in the first 24 hours. The health department at the immigration detention centre has previously, over a period of six months, attempted to conduct interviews with new arrivals, but this was considered to be an inefficient use of resources. The number of detentions in the course of a 24-hour period and the turnover of detainees make it difficult to offer the possibility of a health interview in the first 24 hours on a general basis. In some cases, the individual is admitted to the centre in the evening and deported the next morning. A large percentage of the foreign nationals only stay at the centre for one to three days, making it difficult to carry out a routine health examination of all detainees upon admission. The prioritisation of health screening will, for example, be to the detriment of treatment of long-term detainees.

127. The NPIS is in the process of hiring two additional nurses who can help to meet the anticipated increase in the need for health care in connection with the opening of the Module 3 building comprising 90 new places. Thus the appointments cannot be seen as a real expansion of the health department's capacity, but it will make it possible to increase the availability of health services on weekends since the nurses will be able to work weekend shifts.

Detention of children at Trandum

128. In cases concerning families with under-age children, the police may not keep the family under arrest without a remand order for longer than until the day after their arrest. If the family is not deported by that time and the police choose not to release the family, the

case must be brought before a court which will consider whether there are grounds for remanding the family in custody. When the case involves children, the legal requirements regarding the "necessity" of remand are more stringent than in other cases. The police also obtain the opinion of the child welfare service.

129. The Immigration Act contains no special provisions regarding the maximum period of remand in cases involving children beyond the ordinary rules governing time-limits that apply in remand cases. Nor does the ECHR or the UN Convention on the Rights of the Child stipulate any fixed time limit for the length of time for which children or families with children may be remanded in custody. In 2014, 330 children were detained at Trandum, and in 2015 109 children. In the period from 1 January to 15 August 2016, four families with children were remanded for four to seven days, while only two families were detained for longer than that, for. 19 and 24 days respectively.

130. In other words, it is only in cases where there are special circumstances that the police apply for a remand in custody for more than a few days. It is the court that assesses the question of remand and the duration of the remand period, and that considers the individual case in the light of the Immigration Act and applicable international legal rules, including the Convention on the Rights of the Child.

131. The Ministry of Justice and Public Security nonetheless sees that the rules should be clarified and improved in some respects, and is currently preparing draft statutory amendments that will be circulated for public comment before being submitted to the Storting.

132. We otherwise emphasise that no private security guards are used at Trandum.

Reply to the issues raised in paragraph 18 of the list of issues

133. The trial project in which a separate unit for imprisoned children was established in 2009 has been evaluated by independent researchers[2]. Due to the positive results of the project, the evaluation report concludes that the project should be made permanent, on condition that there is no reduction in the resources allocated. To ensure that all children who are being imprisoned can be placed in special units as mentioned, a second unit was opened in eastern Norway, near the capital in April 2016. The Correctional Services thus currently have eight specially adapted places for juveniles who have to serve a prison sentence or who are being held in pre-trial detention.

Reply to the issues raised in paragraph 19 of the list of issues

134. In 2013, the Norwegian Correctional Services had a worrying increase in the number of suicides, 11 in total, committed by persons held in pre-trial detention (not including police custody). All the suicides were committed in custody. The figures have never been so high. The suicide statistics of the Norwegian Correctional Services have traditionally been low, also in a Nordic context. In 2014, six suicides were registered, all in custody.

135. The police are always notified of deaths in Norwegian prisons. The police then assess and decide whether the death must be investigated. None of the aforementioned suicides have resulted in criminal proceedings, as the circumstances have given no reason to suspect criminal offences. The higher incidence of suicides in 2013 has, however, served to alarm the Norwegian Correctional Services. A thorough investigation has been conducted of each suicide, and steps have been taken to prevent new suicides. In 2015, two suicides were reported. As of June 2016 one suicide has been reported.

[2] Norwegian Social Research institute (NOVA).

136. An article in the Journal of the Norwegian Medical Association (3-2014) reports on a study of deaths in police custody facilities. The article points out that in 2002 a working group carried out a study of deaths in Norwegian police custody facilities during the period 1993-2001 and found 36 deaths, equivalent to four deaths per year. The researchers reviewed the deaths during the period 2003-2012 and compared them with the first study.

137. In the period 2003-2012 a total of 11 deaths were reported, i.e. an average of 1.1 death per year. In the studies, there were four suicides in the first period and three in the second. In other words, there has been a significant *decrease* in the number of deaths in police custody, and no increase in the number of suicides.

138. The Norwegian Bureau for the Investigation of Police Affairs has investigated the following two cases of suicide in connection with police custody in the four-year period 2012-2015:

2012

139. Death in a cell on 10 November 2012, Nord-Trøndelag Police District (use of a trouser drawstring). The case was dropped by the Bureau because no criminal offence was found to be proven. The case was submitted for administrative assessment.

2015

140. Death after a stay in a cell on 1 July 2015, Hordaland Police District (self-harm, strangulation). The case was dropped by the Bureau on 23 February 2016 because no criminal offence was found to be proven. In connection with the processing of an appeal against the Bureau's administrative decision of 27 June 2016, the Director General of Public Prosecutions has ordered further investigative action.

Reply to the issues raised in paragraph 20 of the list of issues

141. In May 2016, the Director General of Public Prosecutions issued a circular on police interviews. The circular underscores that due process of law, human rights, trust and transparency are fundamental values in the methods used. It also emphasises that the police's and prosecuting authority's duty of objectivity, laid down in article 6 of the European Convention on Human Rights, is pivotal to the processing of all criminal cases.

Articles 12 and 13

Reply to the issues raised in paragraph 21 of the list of issues

142. When a case is registered with the Norwegian Bureau for the Investigation of Police Affairs, no information is entered regarding the nationality or ethnicity of the complainant. The statistical tool does not permit the recording of such data. In this respect, the Bureau applies the same standard as for the registration of reports to the police. The statistics are based on the offence reported and the penal provisions under which the case has been investigated and decided. This means that the statistical data per se do not suffice as a basis for commenting on the extent of or content of reported offences of racism or discrimination.

143. The Bureau has previously attempted to keep a manual record of reported offences concerning ethnic discrimination, but partly because there proved to be few reports that referred explicitly to such discrimination, this is no longer done. However, summaries of all cases are published on the Bureau's website, and it will be apparent in these summaries whether the report contains an allegation of ethnic discrimination.

144. The Bureau's Prosecution Instructions specify that processing of reports of alleged racism must be prioritised. This means, among other things, that in such cases a more detailed statement regarding the report will be obtained more often than in other cases.

Reply to the issues raised in paragraph 22 of the list of issues

145. The Norwegian Bureau for the Investigation of Police Affairs keeps statistics on the processing of the reports it receives. Like all other criminal statistics, the statistics are based on the statistical categories in the police register of criminal cases. This means that the statistics are based on the offence reported and the penal provisions under which the case has been investigated and decided. Only infrequently is a case coded for the penal provision on torture. Reports/cases concerning offences within the scope of article 3 may be coded in relation to a number of different provisions in penal legislation — such as the provisions on assault and gross misjudgement in the course of duty.

146. Annual overviews of all cases resulting in a penal sanction are published on the Bureau's website, and the facts of each case are set out in case summaries. In addition, there are brief summaries of all cases that have been decided. The summaries ensure full transparency as regards what is reported to the Bureau, the penal provision under which the report has been considered, how the case has been dealt with by the Bureau and the outcome. The summaries and annual statistics indicate the gender of the complainant, but there are no statistics on age or ethnicity.

147. *See the Appendix for the statistics of the Norwegian Bureau for the Investigation of Police Affairs.*

Article 14

Reply to the issues raised in paragraph 23 of the list of issues

148. In Norway, provision of services for traumatised victims of war and torture is basically the responsibility of the primary health services. The priority guidelines for adult mental health care state the following:

> "*Trauma reactions*
>
> *As a basic rule, persons exposed to trauma should receive supportive follow-up in the primary health services. If they are referred to the specialist health services, their symptoms should exceed the expected normal reactions to serious life events. When assessing the individual's rights and determining a time limit for provision of care, weight must be attached to the severity of the symptoms, not the seriousness of the event.*
>
> *Many trauma patients are referred with symptoms of anxiety and/or depression and must be assessed on the basis of these symptoms. If it is suspected that the patient is developing a post-traumatic stress disorder (PTSD) or has an underlying PTSD, the specialist health service should assess the patient and begin treatment and/or provide guidance for the primary health services. PTSD can be a serious illness entailing loss of functions and quality of life.*
>
> *A similar assessment should be made in the case of victims of childhood trauma in the form of violence or sexual abuse, as well as victims of war and torture.*"

149. In 2016, the Directorate of Health published a guide for health services for asylum seekers, refugees and reunited families (*Veileder for helsetjenestetilbudet til asylsøkere, flyktninger og familiegjenforente*). In the guide it is recommended that municipalities offer all refugees and asylum seekers a medical examination three months after their arrival in

Norway to determine their state of health and identify any need for psychological and/or somatic follow-up.

150. This medical examination covers, among other things:

- Questions designed to reveal mental health problems and any need for psycho-social follow-up.
- Questions regarding traumatic experiences and psychological symptoms.

151. Assessment and treatment provided by the specialist health services:

- Health professionals' use of the Istanbul Protocol; see article 10 (16 c).
- The Eastern Norway Regional Centre for Violence, Traumatic Stress and Suicide Prevention (RVTS-Øst) — A course on safer trauma therapists.
- Sørlandet hospital, Kristiansand and Helse Bergen Haukeland University Hospital have trauma polyclinics.
- Input from the Directorate of Health (National Health and Hospital Plan): Treatment for severely traumatised persons is to be established at some of Norway's regional psychiatric centres as an area function/specialised expertise function (also proposed for other groups where the number of patients is not large enough and such a high level of expertise is required that it is not expedient to provide such treatment and expertise in every regional psychiatric centre. Such categories include mentally ill inmates, people with eating disorders who are severely underweight, young abusers).

152. To the best of our knowledge, after having examined accessible sources, there are no cases in which the courts have ordered redress and compensation measures, including rehabilitation programmes, for victims of torture.

Article 16

Reply to the issues raised in paragraph 24 a) and b) of the list of issues

153. Acts that appear to be motivated by the aggrieved person's ethnicity, nationality, belief, homosexual orientation or disability (hate crime) are a type of case that must have central, nation-wide priority in public prosecutors' offices and police districts, on a par with other crimes constituting serious breaches of integrity. The Director General of Public Prosecutions' goals and prioritisation guidelines for 2016 state that police districts must see to it that investigation of hate crime is given the necessary priority. This is to be ensured by establishing a common definition of and registration procedures for hate crime in every police district in Norway. The police must have a good knowledge of hate crime and the way such offences are recorded in the police register of criminal cases. To ensure that this goal is achieved, the Directorate of Police will prepare guidelines for police registration of hate crime. An important aspect of the local police reform (*Nærpolitireformen*) is to strengthen collaboration between the police and municipal authorities. Expertise on hate crime is to be developed across police districts and in interaction between the police and civil society.

Reply to the issues raised in paragraph 25 a) and b) of the list of issues

154. When necessary, prisoners will receive treatment provided by an ordinary health service. See also paragraphs 75 to 77. After hospitalisation, for example, they will be transferred back to prison when the specialist health service find this justifiable on medical grounds. Inmates with a mental illness must be provided with health care by the primary and specialist health services. Both prison staff and the health services in municipalities

with a prison report that inmates who are hospitalised for psychiatric treatment return to prison too soon.

155. Under section 459 of the Criminal Procedure Act, the execution of a custodial sentence (or community sentence) shall be deferred if the convicted person has become seriously mentally ill or his state of health otherwise makes execution inadvisable. Otherwise, imprisonment may be deferred when there are other weighty reasons for doing so. This implies that persons with a serious mental illness must not be imprisoned. As of June 2016, 139 executions of custodial sentences had been deferred because the convicted person's state of health required it. This means that the convicted person has remained at liberty.

156. If a person becomes seriously mentally ill during imprisonment, the Correctional Services may, under section 29 of the Execution of Sentences Act, decide that execution of the sentence shall be interrupted if the prisoner's state of health requires it, or if there are other particularly weighty reasons for doing so that cannot be satisfied in any other way.

157. Finally, pursuant to section 12 of the Execution of Sentences Act, a sentence may in special cases be wholly or partly executed by 24-hour detention in an institution if such detention is necessary for improving the convicted person's capacity to function socially and in a law-abiding manner, or if there are other weighty reasons for doing so. This includes care or treatment institutions for drug dependency and mild mental disorders, family homes, nursing homes, regional psychiatric centres (DPS), residential care, etc. Such detention is voluntary and the prisoner must apply for it. In late 2014, the Correctional Services set a target whereby the number of days per year served in institutions would be increased to 50 300 days, from 30 700 days in 2013 and 36 840 days in 2014. This was a very ambitious goal. The target was reached and a total of 51 076 days were served in an institution in 2015.

Reception centres

158. Children and adults in asylum reception centres must have the same health care from municipal and specialist health services as the rest of the population. Access to mental health care and the quality of services may vary from one reception centre or municipality to another. It has been reported that referrals of refugees and asylum seekers to regional psychiatric centres have been refused, in part due to therapists' lack of expertise of treating persons with a different linguistic and cultural background and to assessments concluding that it is not expedient to start treatment of persons whose residence status is uncertain. While unaccompanied asylum-seeking minors have been identified as a particularly vulnerable group who may be in need of therapy, there appear to be some obstacles to access to specialist health services; see a NTNU report (Berg et al. 2015).

159. The Norwegian Directorate of Immigration (UDI)'s circular on grants to host municipalities for asylum reception centres and care centres states that the municipality must ensure that people residing in the municipality are offered the necessary health services; see section 3-1 of the Health and Care Services Act. Asylum seekers have the same right to health care as the rest of the population. These rights apply to both somatic and psychological health care.

160. With regard to health care services for unaccompanied asylum-seeking minors in particular, UDI has set the following requirements.

161. The reception centre must:

(a) Ensure that each person receives the health care that he or she needs, both physical and psychological;

(b) Take steps to ensure that each person receives help to deal with psychological problems due to experiences of war, conflict, flight, loss and life in exile;

(c) Encourage minors to engage in physical activity and experience nature in order to take care of their own health and experience the pleasure of such activity;

(d) Provide training and guidance on how the minors themselves can follow a good, healthy diet in accordance with the recommendations of the National Council on Nutrition. It is advisable that the reception centre check to ensure that the unaccompanied minors have a good, healthy diet;

(e) If the centre has a canteen, ensure that the food served is based on the recommendation of the National Council on Nutrition.

Other issues

Reply to the issues raised in paragraph 26 of the list of issues

162. Ratification of the International Convention for the Protection of All Persons from Enforced Disappearance would entail amendments to the Norwegian Penal Code, something which is currently under consideration.

163. Norway has decided not to ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families. As Norway stated in its UPR hearing, the improvement of labour standards is of fundamental importance for the Norwegian Government. This is also crucial in the context of migrants' rights. Norway has ratified all the key instruments and the ILO core conventions on workers' rights. Norway takes the implementation of these concrete legal commitments seriously. They also apply to foreign nationals residing in Norway.

164. The UN Convention on the Rights of Persons with Disabilities was signed by Norway in 2007. Norway ratified the Convention in 2013. Norway's first report to the committee that monitors implementation of the Convention was submitted to the committee in July 2015.

165. In September 2016, the Government presented a white paper to the Storting on procedures for individual complaints under the International Covenant on Economic, Social and Cultural rights, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities. Independent reporters have considered the consequences of Norway's potential accession to each of the three optional protocols on procedures for individual complaints, and the reports have been circulated for general consultation, including to Norway's National Human Rights Institution and affected civil society organisations. After thorough assessment, the Government has concluded that it will not present a proposal for Norway's accession to the protocols on these individual complaints procedures.

Reply to the issues raised in paragraph 27 of the list of issues

166. The Government wishes to adopt a broad range of measures to prevent radicalisation and violent extremism, the most extreme consequence of which is acts of terrorism. An Action Plan against Radicalisation and Violent Extremism was launched in 2014, and is continuously updated. Through this action plan, the Government seeks to improve the cross-sectoral preventive efforts aimed at identifying persons who are potentially at risk as early as possible and focusing on them with measures that work. Terrorism is the most extreme consequence of radicalisation and violent extremism. Preventive efforts are thus pivotal to safeguarding fundamental values such as democracy, human rights and security.

167. In the Norwegian Police University College's bachelor programme, there is already focus on radicalisation and violent extremism, such as in the training in preventive police work and in a new subject, digital police work. The preventive perspective will be strengthened on a general basis in both the basic study programme and post-graduate studies, including in leadership training courses. At the post-graduate level, radicalism will be included as one of several topics in the courses on combating and preventing organised crime, police efforts to prevent crime, cultural awareness and diversity, and conflict management in a multi-cultural society.

168. One of the measures in the action plan consists of tasking the Norwegian Police Security Service (PST) with informing and advising other stakeholders. In the PST's experience, the focus on the national action plan, including the awareness-raising work carried out by the PST and/or the police's local radicalisation contacts, is beginning to show results. Every police district has established radicalisation contacts. The level of knowledge and awareness of radicalisation and violent extremism has been significantly raised among first-line police and municipal employees.

169. In 2013, the Storting adopted new penal provisions governing preparations for terrorist actions. Section 136a of the 2005 Penal Code (formerly section 147d of the 1902 General Civil Penal Code) imposes sanctions on any person who forms, participates in, recruits members for or provides financial or other material support to a terrorist organisation. Persons charged with terrorism or acts related to terrorism are afforded the same legal safeguards and remedies as those afforded to persons charged with other serious crimes. Several investigations have been conducted of possible breaches of the provision targeting Norwegian nationals who have participated as foreign warriors in conflicts in other countries.

170. By the Borgarting Court of Appeal's judgment of 18 January 2016, three men were convicted of contravening the provision. After an appeal hearing in the Supreme Court, the accused No. 1 was sentenced to a term of imprisonment of four years and three months for having participated in ISIL. The accused No. 2 was convicted of participation and attempting to provide material support to ISIL. A sentence of four years and six months was imposed. The accused No. 3 was convicted of attempted contravention and sentenced to seven months' imprisonment.

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

Reply to the issues raised in paragraph 8 of the list of issues

171. In March 2016, the Directorate of Health published guidelines for psychosocial follow-up after crises, accidents and disasters (*Mestring, samhørighet og håp — Veileder for psykososiale tiltak ved kriser, ulykker og katastrofer (IS-2428)*. The revised guidelines cover new legislation, new research and experiences after the terrorist acts of 22 July 2011 and discusses the consequences of violence. The revised version deals with both major accidents and disasters and individual crises (such as the consequences of and work with violent incidents). The five Regional Centres for Violence, Traumatic Stress and Suicide Prevention (RVTS) play a key role in efforts to implement the guidelines.