

Oslo, 19 October 2026

SUBMISSION REGARDING THE 9TH PERIODIC REPORT OF NORWAY TO THE UN COMMITTEE AGAINST TORTURE

On behalf of

- Amnesty International Norway
- Jussbuss (free legal aid clinic)
- Legal Counselling for Women
- The Human Rights Committee of the Norwegian Bar Association
- The Human Rights Committee of the Norwegian Psychologist Association
- The Norwegian Helsinki Committee
- The Norwegian Red Cross

The present report has been drafted by the above-listed organisations, which are members of the Norwegian NGO-Forum for Human Rights, and reflects their main concerns and priorities. The organisations have drafted different parts of the report and may not have policies in sections that address issues beyond their mandates.

In addition, the following NGO Forum member organisations have endorsed the report: Plan International Norway, the International Commission of Jurists Norway (ICJ Norway), the International Society for Health and Human Rights, the Norwegian Organisation for Asylum Seekers (NOAS), and the Norwegian Centre Against Racism.

The report has been prepared as input for the UN Committee against Torture (CAT), which is considering the Norwegian state report during its 9th reporting cycle in 2026.

The themes of the report have been selected to address issues raised in the 2018 CAT Concluding Observations for the 8th reporting cycle, as well as other issues deemed important. Each section title includes a reference to the list of issues and the CAT's 2018 Concluding Observations.

The report is not intended to be a comprehensive and conclusive statement on the issues under the Convention. The fact that an issue is not addressed does not mean it is not a relevant human rights concern under the Convention.

The report was edited by Gunnar M. Ekelove-Slydal, Deputy Secretary General of the Norwegian Helsinki Committee (e-mail: ges@nhc.no).

Contents

1.	Repetitive issues.....	3
2.	Incorporation of the Convention against Torture into domestic law	4
3.	Legal definition of torture	4
4.	Detention in police cells	4
5.	Prison conditions	5
6.	Mental health care in prisons.....	10
7.	Working conditions and mental health of prison personnel	14
8.	Women in prison	14
9.	Children in prison	17
10.	Violence against women	19
11.	Use of coercive measures in mental health care	21
12.	Rehabilitation of torture survivors	24
13.	Treatment of asylum-seekers.....	27
14.	Trandum Immigration Detention Centre	30
15.	Risk of refoulement of Russian draft evaders	32

1. Repetitive issues

List of issues: paras. 1-2; Concluding Observations passim.

In general, Norwegian authorities are open to dialogue with human rights actors. Over the past three to four years, a series of meetings on selected UN treaty body recommendations has been held among relevant ministries, civil society organisations, the Norwegian Human Rights Institution (NIM) and the Equality and Anti-Discrimination Ombud.

While this is positive, we note that key issues highlighted in this report are repeated from previous reporting cycles. There has been limited willingness to address them in ways that fully reflect CAT's views.

In response to repeated criticism, the government typically argues that developments are moving in the right direction. In some areas, Norwegian authorities contend that CAT either underestimates existing legal safeguards or fails to fully account for Norwegian circumstances. This is particularly true of coercive measures in mental health care, where Norway maintains that such measures are strictly regulated and subject to judicial and supervisory oversight.

When CAT recommends incorporating the entire Convention into Norway's Human Rights Act, the government argues that the Convention is already binding on Norway and that Norwegian legislation largely complies with it.

National human rights actors have often supported CAT's concerns, particularly regarding solitary confinement in prisons, mental health care for prisoners, coercion within mental health care, and conditions in police detention facilities.

Norway's failure to fully implement well-founded recommendations is significant, given the government's repeated assertions that it abides by international law and seeks to uphold its institutions. We therefore argue that the recurrence of some of the issues highlighted across several CAT reporting cycles indicates room for improvement in the government's implementation of treaty body recommendations.

We note with interest that the government published its "Procedures for following up on judgments against Norway from the European Court of Human Rights" on 27 August 2026.¹ We call for the publication of similar procedures to follow up on recommendations from UN treaty bodies.

Recommendation:

The government should publish how it follows up on UN treaty body recommendations and how it engages civil society in the follow-up.

¹ [Rutiner for oppfølging av dommer mot Norge fra Den europeiske menneskerettsdomstol](#) [Procedures for following up on judgments against Norway from the European Court of Human Rights], Government announcement 27 August 2026.

2. Incorporation of the Convention against Torture into domestic law

List of issues: para. 3; Concluding Observations: para. 10.

The Human Rights Act incorporates several UN human rights treaties into domestic law.² The incorporated conventions prevail over any other statutory provision. The Convention against Torture is not incorporated into domestic law at any level.

Recommendation:

Implement the Convention against Torture in the Human Rights Act.

3. Legal definition of torture

List of issues: para. 2; Concluding Observations: para. 7.

Torture is defined in Section 174 of the Penal Code, which, *inter alia*, includes acts by a public official that cause another person injury or serious physical or mental pain ... because of that person's religion or belief, skin colour, national or ethnic origin, sexual orientation, sex, gender identity, gender expression or disability. Gender identity, gender expression and sexual orientation were added to the list of grounds in January 2021.

In its Concluding Observations, CAT recommended amending the provision to ensure full compliance with Article 1 of the Convention by adding a reference to "discrimination of any kind". This has not been done.

Recommendation:

Amend Article 174 of the Penal Code by including a reference to "discrimination of any kind".

4. Detention in police cells

List of issues: paras. 1, 4 and 14; Concluding Observations: paras. 11-14.

Norway has established a supervisory committee (Tilsynsutvalget) for police custody facilities. The supervisory arrangements are set out in section 4-2 of the Regulations on the use of police custody cells.³ The Supervisory Committee comprises representatives of the National Police Directorate, the local public prosecutor, and an independent representative appointed at the proposal of the Norwegian Bar Association.

The Supervisory Committee shall ensure that the premises and operations of police custody facilities comply with applicable laws, regulations, guidelines and local instructions. We assume that the Norwegian authorities have made the reports on supervisory visits available to the CAT.

Generally, we have found that the detention time limit is met. When it is breached, the reason is rarely clear. However, compensation is usually granted as an additional day of full isolation, credited in remand upon conviction.

² [Act Relating to the Status of Human Rights in Norwegian Law](#) of 21 May 1999 no. 30 (*Menneskerettsloven*).

³ [Regulations relating to the use of police custody cells - Chapter 2. General rules relating to the conditions in police custody cells - Lovdata](#).

Another observation is that video links are used excessively in remand hearings and remand extensions due to a lack of resources for in-person transport. For example, a defence attorney described a case in which a 16-year-old was not brought to court for a remand extension because the police entered the wrong information into the system; the judge then decided that he would participate by video link from prison, even though everyone agreed that the hearing should have been in person.

The main concerns about detention in police cells are:

- Apprehended people are often not allowed to notify their next of kin, despite clear rules stating that this is a right.
- Reports from several police districts over many years suggest that improvements in record-keeping and notoriety should be a priority.
- Defence lawyers are not always appointed promptly, and often the arrested person is assigned a lawyer only when close to the 24-hour limit.

Recommendation:

Norway should ensure that apprehended individuals are permitted to notify their next of kin, that records are kept in accordance with applicable regulations, and that defence lawyers are promptly appointed.

5. Prison conditions

List of issues: paras. 16 and 18; Concluding Observations: paras. 17-19.

The Norwegian Correctional Service operates 27 prisons across the country's five correctional regions, as well as eight halfway houses. As of August 2025, there were 3,010 inmates, representing 88% of total capacity.

The situation in Norwegian prisons is deeply worrying. The Parliamentary Ombudsperson has produced several inspection and thematic reports and submitted formal notifications of concern to Parliament in 2019 and 2025.⁴ In a report from June 2026, the Ombudsperson found that over the past ten years, children on numerous occasions have been unlawfully held in isolation in security cells.⁵ The Supervisory Council for the Correctional Services has expressed concern about conditions at the Bjørgvin prison's youth unit, where children between the ages of 15 and 18 are held.⁶ The Council found that the use of security cells and isolation was insufficiently documented. Criticism was also directed at the absence of a body scanner, which led to more extensive body searches.

The Parliamentary Ombudsperson has identified significant shortcomings in the use of interpreters, consistent with lawyers' experiences.⁷ There are instances in which decisions of significant

⁴ [Særskilt melding til Stortinget om innlåsing og faktisk isolasjon i fengslene](#) [Special Report to the Parliament on Confinement to Cells and de Facto Solitary Confinement in Prisons].

⁵ [Barn på sikkerhetscelle og i sikkerhetsseng i norske fengsler 2016–2025 - Sivilombudet](#) [Children in security cells and security beds in Norwegian prisons 2016–2025 – Parliamentary Ombud].

⁶ [Tilsynsrapport Bjørgvin ungdomsenhet](#) [Inspection Report: Bjørgvin Youth Unit]. See also [Rapporter og publikasjoner](#) [Reports and Publications] for all reports.

⁷ [Bruk av tolk i norske fengsler](#) [Use of interpreters in Norwegian prisons].

consequence are enforced against inmates who do not understand them and are not provided with an interpreter, resulting in the appeal deadline expiring.⁸ These shortcomings risk leaving non-Norwegian-speaking inmates without adequate legal protection, preventing prisons from obtaining the information necessary to address inmates' basic needs and health, and exposing inmates to unnecessary use of force and coercion.⁹

Regarding access to outdoor exercise, this seems to work reasonably well overall. However, some prisons do not have good exercise yards, such as in Telemark Prison, Kragerø Unit.

Furthermore, there is an issue with how prisons manage employees' summer leave. During this period, some prisons operate in so-called "night mode" due to low staffing levels.¹⁰ As a result, inmates receive neither outdoor exercise nor visits.

Healthcare

Recurring cancellations and delays in medical escorts and transport from prisons to external health appointments undermine detainees' access to healthcare. Because these escorts are handled and prioritised without adequate regard for medical urgency, even necessary and time-sensitive appointments can be postponed. This creates a systemic risk of disrupted continuity of care and, in serious cases, deterioration of health that could have been prevented with timely access to services.

Responsibility for arranging escorts and transport to health appointments varies depending on whether a person is serving a sentence or held on remand. The Correctional Service is responsible for those serving a sentence, while the police are responsible for those in remand custody. This also means there is no coordinated system for prioritisation or for recording cancellations or rescheduling.

Observations from members of the Norwegian Bar Association suggest that in some prisons, it can take weeks or months for inmates to speak with a doctor or other health personnel about matters that prison management does not consider severe. This is particularly unfortunate when it concerns referrals to institutions and similar arrangements needed, for example, to obtain a remand alternative or to be transferred to serve a sentence under section 12 of the Norwegian Execution of Sentences Act.¹¹

A separate structural challenge concerns the sharing of health information among prisons, prison health services, courts, and defence counsel. There is no shared system or consistent routine to ensure that relevant health information is communicated within confidentiality limits. Information disclosed in one setting (e.g., in court) will not automatically be shared with the prison health service. The result is fragmented knowledge, weaker clinical follow-up and risk management, and avoidable gaps in addressing detainees' basic health needs.

⁸ Based on the observations of members of the Norwegian Bar Association.

⁹ *Ibid.*

¹⁰ [Stenger ned Ringerike fengsel](#) [Ringerike Prison to close].

¹¹ [Act relating to the execution of sentences \(The Execution of Sentences Act\) - Lovdata.](#)

Solitary confinement and exclusion from meaningful contact

Despite three decades of national and international criticism, solitary confinement and exclusion from meaningful contact remain common in Norwegian prisons.¹² The Special 2019 and 2025 reports to parliament by the Parliamentary Ombudsperson echoed this criticism.¹³ The use of both remand and sentence-based exclusionary confinement is far too extensive.

Given the harmful effects of isolation on individuals, it should be used only as a last resort. However, it is frequently used in Norwegian prisons. De facto isolation is a form of isolation that occurs without an official decision. Inmates who are de facto isolated have no verifiable record, and there is no evidence documenting that the isolation took place, except the prison's internal record. Often, this type of isolation is not included in statistics on the use of isolation in prisons.¹⁴

As a general rule, inmates have a right to social interaction to the extent possible. What constitutes isolation will vary between prisons. If there is no actual possibility for inmates to have social time, either because the prison itself lacks the necessary facilities or because of a lack of personnel, the inmates are not *legally* considered isolated.

The use of de facto isolation also leads to inadequate legal safeguards for the inmate. Because there is no official decision concerning the isolation, there are no mechanisms for the inmate to file a complaint. Without an official decision, it may also be difficult for the inmate to understand why they are isolated, what rights they have, and which rights may have been violated.

A common legal basis for isolation is Section 37(1) of the Execution of Sentences Act (Straffegjennomføringsloven), under which inmates may be isolated for “order and security”. The language of the section is vague, and observations by members of the Bar Association indicate that inmates isolated on this ground find it difficult to understand the reasoning for their isolation. Currently, there is a Parliamentary proposal to amend this section because it lacks “precision” on what behaviour warrants isolation.¹⁵

The same wording used in the current Section 37 concerning “order and security” is also used in Section 17(2), which concerns inmates in preventive detention (forvaring) and inmates in “especially high-security units”. However, the proposed amendments to the wording of the new Section 17 are both far-reaching and vague. The Ministry of Justice states that the amendment will not materially alter the legal basis for isolating this category of inmates.¹⁶ There is no discernible reason why inmates serving under these conditions should have fewer rights than other inmates do.

¹² Among those who have criticised Norway are both CAT and the European Committee for the Prevention of Torture (CPT).

¹³ [Særskilt melding til Stortinget om isolasjon i norske fengsler – Sivilombudet](#) [Special report to the Storting on isolation in Norwegian prisons –Parliamentary Ombudsperson]; [Særskilt melding til Stortinget om innlåsing og faktisk isolasjon i fengslene](#) [Special Report to the Storting on isolation and De Facto Solitary Confinement in Prisons].

¹⁴ [Særskilt melding til Stortinget om innlåsing og faktisk isolasjon i fengslene](#) [Special Report to the Storting on isolation and De Facto Solitary Confinement in Prisons].

¹⁵ [Prop 165 L \(2024-2025\)](#), p. 61.

¹⁶ [Prop 165 L \(2024-2025\)](#), p. 93.

Another issue is isolation based on structural or staffing conditions, as regulated under the current Section 37(9). The Guidelines to the Execution of Sentences Act (Retningslinjer til straffegjennomføringsloven) clearly state that such isolation is restricted to urgent structural or staffing conditions.¹⁷ The guidelines clarify that *persistent* staffing or structural problems do not permit isolation under Section 37(9). However, *Jussbuss* is regularly contacted by inmates who are isolated due to the above-mentioned conditions, even though these are not acute. It is well known that the Norwegian Correctional Service has been operating under budgetary constraints. The prisons state that they are unable to provide inmates with time outside their cells and, due to a staff shortage, are locking them in their cells for substantial parts of the day. This is especially noticeable on weekends, when staffing is reduced.

In 2019, the Norwegian Supreme Court, in HR-2019-2048-A, stated that the Mandela Rules' 22-hour definition of solitary confinement should serve as the threshold for compensating remand inmates, as it does in cases of regular solitary confinement.¹⁸ Since then, prisons have provided most inmates with at least two hours of contact with the outside world. According to the Parliamentary Ombudsperson's 2025 notification of concern to Parliament, a significant proportion of inmates were confined for up to 22 hours a day without an individual assessment or a formal decision.

In 2026, the Norwegian government passed new legislation on solitary confinement without guaranteeing at least 8 hours a day outside the cell. Civil society organisations and human rights institutions have criticised the proposal for its lack of precise commitment.¹⁹

The new legislation requires that time outside the cell shall normally be at least 8 hours per day and never less than 4 hours per day (section 17). This still entails a real risk that inmates may be held in their cells for up to 20 hours a day, without necessarily constituting a breach of the law.²⁰

The extensive use of solitary confinement is not only unacceptable but also closely linked to the frequency of suicides and the high volume of mental health problems (see Chapter 6). Overall, we consider the challenges to be mainly resource-based, which is unacceptable.

Despite the need for more resources and prison personnel, the Norwegian Correctional Service Directorate announced in 2026 that prisons must save NOK 83 million and use more camera surveillance to compensate for the lack of personnel.²¹

¹⁷ [Retningslinjer til straffegjennomføring - regjeringen.no](#) [The Guidelines to the Execution of Sentences Act], section 37, point. 37.17

¹⁸ [HR-2019-2048-A | Rettspraksis.no](#).

¹⁹ [Forslag om endring i straffegjennomføringsloven og helse- og omsorgstjenesteloven | Advokatforeningen](#) [Proposal to amend the Execution of Sentences Act and the Health and Care Services Act | The Norwegian Bar Association], and [Notat Prop 165 L isolasjon](#) [Prop. 165 L Amendments to the Execution of Sentences Act etc. – The Norwegian Bar Association].

²⁰ *Ibid.*

²¹ [Fengslene må spare 83 millioner – FriFagbevegelse](#) [Prisons must cut 83 million – FriFagbevegelse].

The right to free legal aid for inmates

Cases concerning full exclusion from the prison community, and the use of security cells and restraint beds under sections 37 and 38 of the Execution of Sentences Act, were incorporated into sections 11(9) and 11(10) of the Legal Aid Act on 1 July 2025.²² Under these rules, inmates who have been completely excluded from the prison community for more than 24 consecutive hours, as well as those who are or have been placed in a security cell or on a restraint bed, are entitled to legal assistance if they wish to appeal the decision.

These types of cases were included in the Legal Aid Act because they involve serious restrictions on inmates' rights. When expanding the range of cases covered by the Legal Aid Act, the Ministry of Justice aimed to ensure that inmates have access to legal assistance in cases that are particularly important to them and to strengthen their legal protection.²³

However, there are concerns about whether the right to legal assistance is effectively realised in practice. The Norwegian Correctional Service is responsible for informing inmates of their right to free legal aid and for facilitating contact between inmates and lawyers.

In its casework, *Jussbuss* has found that the right to free legal aid is frequently under-communicated. Many inmates are not sufficiently informed, even when decisions are made that call for legal assistance under the Legal Aid Act, section 11, nos. 9 and 10. It is only after contacting *Jussbuss* that they become aware of their fundamental rights. Furthermore, *Jussbuss* also encounters inmates who have requested lawyers in accordance with these fundamental rights, but the prisons fail to comply.

Given that the practice in Norwegian prisons does not reflect inmates' right to legal aid in cases involving isolation, security cells, and restraint beds, *Jussbuss* would argue that there remains a pressing need to strengthen knowledge and legal objectives. Inmates are a vulnerable group, and it is essential to ensure they have access to legal assistance when subjected to serious restrictions on privacy, freedom of movement, and other fundamental rights. The need to strengthen inmates' rights to legal aid becomes even more pressing given the increase in *de facto* isolation described earlier.

Questions to ask:

1. What will be done to ensure all prisoners have the right to eight hours a day outside of the cell and to have access to meaningful activities?
2. Why is *de facto* solitary confinement in prisons not included in the aggregate statistics?
3. What plans exist to establish law-mandated routine medical examinations during isolation, to prevent and minimise harm from isolation?
4. What steps are taken to ensure that all inmates held in solitary confinement receive adequate information on legal remedies and procedural rights, including free legal aid?

²² [Lov om fri rettshjelp \(rettshjelpsloven\) - Lovdata](#) [Act relating to Free Legal Aid (Legal Aid Act) – Lovdata].

²³ [Prop. 103 L \(2024–2025\) - regjeringen.no](#), p. 29

Recommendations:

1. Amend the legal framework to grant all prisoners the right to eight hours a day outside their cells and to access meaningful activities.
2. Allocate sufficient funding to the Correctional Service.
3. End undocumented de facto isolation and routine isolation caused by staff shortages, and include de facto solitary confinement in the aggregated statistics.
4. Establish legally mandated routine medical examinations during isolation to prevent and minimise harm.
5. Mandate the registration in the prison's internal records (KOMPIS-system) of all instances of isolation.
6. Ensure that inmates are informed of their right to free legal aid and facilitate contact between inmates and lawyers in all decisions concerning full exclusion from the prison community for more than one consecutive day, the use of security cells, and the restraint bed.

6. Mental health care in prisons

List of issues: para. 17; Concluding Observations: paras. 19-21.

Many prisoners struggle with severe mental illness, and prison conditions exacerbate their suffering. A substantial number of prisoners are deemed by prison authorities to be too mentally ill to serve their sentence,²⁴ while the state health authorities do not consider them sufficiently ill to receive psychiatric treatment in institutions outside the prison.²⁵

The observations of members of the Norwegian Bar Association, Jussbuss and Amnesty International Norway confirm that pre-trial detainees and sentenced persons face a large number of serious conditions that are not properly addressed.

Several studies show that prison inmates experience higher rates of mental illness than the general population. For example, one-third consider themselves regular or heavy drinkers, while six in ten report drug use.²⁶ Furthermore, one study found that 92 % of inmates exhibited signs of a personality or mental health disorder.²⁷ It is also well documented that inmates face a high risk of suicide, and that prison conditions contribute to this risk.²⁸ The harmful effects of isolation on health are well documented and pose a threat to the inmates' rehabilitation and reintegration into society.²⁹

²⁴ [Utfordring for kriminalomsorgen å håndtere psykisk syke innsatte – Mental Helse er bekymra](#) [Managing mentally ill inmates a challenge for the correctional service – Mental Helse is concerned]

²⁵ [Kriminalomsorgen: Psykisk syke innsatte forsøker stadig å ta livet av seg – NRK Norge](#) [Correctional service: Mentally ill inmates are constantly trying to kill themselves - NRK Norway]

²⁶ [Helse- og omsorgstjenester til innsatte i fengsel – Årsrapport 2018 - Helsedirektoratet](#) [Health and care services for prison inmates – Annual Report 2018 – Norwegian Directorate of Health], kapittel 5 [Chapter 5].

²⁷ *Ibid.*

²⁸ [Temarapport 2026 - Helsetjenester til innsatte i fengsel - Sivilombudet](#) [Theme report 2026 - Health services for inmates in prison – Parliamentary Ombud], p. 10.

²⁹ [Særskilt melding til Stortinget om isolasjon og mangel på menneskelig kontakt i norske fengsler 2018/2019 – Sivilombudet](#) [Special Report to the Parliament on Isolation and Lack of Human Contact in Norwegian Prisons 2018/2019 – Parliamentary Ombud], kapittel [Chapter] 4.

New requirements have been proposed for medical supervision when security cells and restraint beds are used.³⁰ There is also a proposed requirement to notify the healthcare services when inmates are held in isolation.³¹ These proposals will help safeguard inmates' right to healthcare. However, the Parliamentary Ombudsperson notes that further measures are needed to protect inmates' rights.

Suicide prevention

There are several overlapping reasons why Norway fails to prevent prison suicides, despite high numbers, knowledge of the risks, and what needs to be done to address these concerns.

Most of these are already addressed by the National Preventive Mechanism (NPM) in a report under the OPCAT mandate. We share the concerns and the recommendations. In short:

- Inmates are not sufficiently screened for the risk of self-harm and suicide on arrival, or after major incidents or crises.
- Inmates deemed at risk are not given adequate health care.
- Inmates are not given structured plans to address serious suicide concerns, despite clear regulations imposing such a duty on prisons.
- Inmates with an imminent risk of suicide are too often met with restraints and the use of force to address the risk, often amplifying their suffering.

In addition, we observe that communication and the sharing of knowledge, concerns, plans, and treatment information among health and prison institutions and their employees are inadequate.

Effective investigation and legal remedies

Norway's current mechanisms for investigating prison suicides fall short of the procedural requirements under Article 2 of the European Convention on Human Rights. Since 2008, police have opened preliminary inquiries into all prison suicides but have initiated a full criminal investigation in very few cases.³² The inquiries involve minimal evidence-gathering – often without interviewing fellow inmates – and are closed without adequately clarifying responsibility.

Four nationally known cases illustrate these issues.

The case of Haugen v. Norway concerns suicide prevention, an inadequate investigation, and a lack of effective remedies following a suicide while on remand. The European Court of Human Rights found that the state had not done enough to prevent the death and had therefore violated Article 2

³⁰ [Prop. 165 L \(2024-2025\)](#), p. 123

³¹ *Ibid.*, p. 85

³² [Politiet har kun etterforsket ett fengsel etter selvmord bak murene](#) [The police has investigated only one prison following a suicide behind bars].

of the Convention. In the same judgment, Norway was also found to have breached Article 13 of the Convention, which guarantees the right to an effective remedy.³³

In *the case of Jonatan Andersen*,³⁴ the police closed the inquiry without contacting or notifying the next of kin, and without contacting the seven fellow inmates who had written to the police stating that the prison had failed to prevent what they considered an imminent risk of suicide. The Supervisory Council for the Correctional Services did not obtain sufficient information from the prison to make an assessment, due to confidentiality clauses. The Director of Public Prosecutions (DPP) assessed this in December 2024 in connection with the civil proceedings against the State under Article 2 of the European Convention on Human Rights. In that assessment, the DPP concluded that a criminal investigation should have been conducted, but that any criminal liability had by then been barred.

In the case of a Canadian woman, *Jessica Ann Stephens*,³⁵ who committed suicide in March 2023 at Bredtveit prison, the police opened an investigation only after the family's lawyer requested one. Nearly a year after the suicide, the inmates had still not been contacted. After two years of investigation, the case was discontinued.

In March 2025, an inmate at Hustad prison was found dead in his cell. According to the police, the death was not due to natural causes. The police initially closed the case, but the DPP has recently overturned that decision and ordered a full investigation into both the prison and the health services, including potential individual criminal liability for breach of duty and corporate criminal liability. In its decision, the DPP referred to the Supervisory Council for the Correctional Services' June 2025 report, which identified several shortcomings in the prison's procedures.³⁶ Since 2024, three inmates have died by suicide at Hustad prison: in June 2024, March 2025 and December 2025.³⁷

The previous prison Supervisory Councils investigated and reported on only 1 of 69 prison suicides since 2008 (the Jonatan case) until the new Council was established on 1 January 2025.³⁸ As of 2023, the prisons' internal reviews resulted in criticism in only 6 of 57 cases.³⁹ However, the Correctional Service is now obliged to routinely notify the Supervisory Council of all suicides, suicide attempts, and repeated or serious incidents of self-harm. This is a positive development.

³³ [HUDOC - European Court of Human Rights](#). Lawyer in the case was Haavard Aaste Strand, e-mail: strand@advokat-fari.no

³⁴ [Jonatans historie](#) – VG [Jonatan's story].

³⁵ [Jessica Ann Stephens \(31\) tok livet sitt i Bredtveit fengsel: – Vi trodde hun var trygg](#) [Jessica Ann Stephens (31) took her own life in Bredtveit prison: – We thought she was safe].

³⁶ The report is not public. However, some of its findings are referenced in news articles: [Tok livet sitt i Hustad fengsel – rapport har avdekt flere manglar – NRK Møre og Romsdal – Lokale nyheter, TV og radio](#) [Took own life at Hustad Prison – report reveals several shortcomings – NRK Møre og Romsdal – Local news, TV, and radio], Oslo 20. Juni 2025.

³⁷ [Politiet etterforsker dødsfall ved Hustad fengsel – VG](#) [Police investigating death at Hustad Prison], Oslo, 5 December 2025.

³⁸ [Finner kun én rapport etter 69 selvmord i fengsel – VG](#) [Finds only one report after 69 prison suicides].

³⁹ [Rapporter etter selvmord: Fengslene får kritikk i seks av 57 saker – VG](#) [Reports after suicides: Prisons criticised in six of 57 cases].

Since the new National Supervisory Council for the Correctional Service began operating on 1 January 2025, it has received 11 notifications about inmates who had taken their own lives or died unexpectedly. Of these, eight have been classified as suicides.⁴⁰

In response to the notifications, the Supervisory Council conducted inspections and issued reports in each case. The Norwegian Correctional Service is required to notify the Supervisory Council when an inmate takes their own life. However, according to the Supervisory Council, these procedures have not always been followed, and ongoing dialogue with the Norwegian Correctional Service Directorate (KDI) is underway to strengthen compliance with these requirements.

According to the Council, the aim of investigating the cases is to identify lessons that may help the Correctional Service better support inmates at elevated risk of suicide. Recurring themes in the inspections following suicides include the prison's assessment of inmates, the use of intervention plans for inmates at heightened risk of suicide, and record-keeping practices for inmates.

In this context, the Supervisory Council have noted that prison assessments, including reassessments when an inmate's situation changes or deteriorates, have not always been sufficiently thorough. Inmates at elevated risk of suicide are not consistently followed up with appropriate intervention plans, with measures continuously reviewed and adapted to the inmate's changing circumstances. Record-keeping concerning inmates is at times insufficient. In particular, the Council have observed a lack of documentation of inmates' contact with the health services unit, as well as any information the health services unit may have been able to share with the Correctional Service.

There is no jurisprudence in Norway on the right to life and state responsibilities, presumably due to a combination of restrictions on next of kin's access to information, inadequate investigation, and strict income-based regulations governing legal aid rights.⁴¹

Questions to ask:

1. What will be done to ensure that prison healthcare services have sufficient resources to meet inmates' healthcare needs?
2. Which steps will be taken to prevent suicide in prison?

Recommendations:

1. Implement, upon arrival, adequate screening for the risk of self-harm and suicide.
2. Ensure that seriously mentally ill inmates have access to necessary and adequate health care. Review the practice concerning the use of coercive measures in response to suicidal behaviour.
3. Implement national guidelines for the investigation of suicides in prison.
4. Ensure effective legal remedies, where financial constraints do not impede access to judicial review of the right to life.

⁴⁰ The information in this and the two following paragraphs is from an email from the Supervisory Council to the Bar Association, dated 22 September 2026.

⁴¹ [Jussbuss: Fri rettshjelp er slett ikke for alle – Dagsavisen](#) [Jussbuss: Free legal aid is by no means for everyone].

7. Working conditions and mental health of prison personnel

The prison population today includes a considerably higher number of inmates with mental health problems than the prison population ten years ago. An increase in understaffing has had dramatic consequences for both inmates and prison personnel. Mentally ill inmates who are at risk of suicide, self-harm, or violence against other inmates and/or prison personnel are locked up in their cells or placed in solitary confinement and are denied access to necessary and adequate health care.

This has increased threats and violence against prison personnel, as well as the number of prison personnel with health and mental health problems, sick notes, and resignations due to prison conditions.⁴²

Consequently, the prison conditions may infringe the rights of both inmates and prison staff.

Questions to ask:

1. What measures will be taken to ensure adequate staffing in Norwegian prisons?
2. What will be done to ensure that prison personnel receive the necessary training and follow-up so they can perform their duties?

Recommendations:

1. Ensure sufficient funding for the Correctional Service.
2. Ensure adequate staffing in all prisons.
3. Ensure adequate training for prison officers on how to handle inmates with mental health problems.
4. Ensure adequate follow-up for prison officers working in challenging situations.

8. Women in prison

List of issues: para. 17.

Women make up 5-8 % of Norway's prison population.⁴³ Over several years, conditions for women in Norwegian prisons have been widely criticised.⁴⁴ Despite their small share, women face a disproportionate burden of mental health problems, substance use disorders, and experiences of violence and abuse. They are also more likely to be subjected to severe restraints, such as belt-

⁴² [Kartlegging av psykiske belastningsreaksjoner blant ansatte i kriminalomsorgen – Ramboll](#) [Assessment of psychological stress reactions among correctional service employees – Ramboll], and [Fengselsansatte har betydelig risiko for dårlig psykisk helse | FriFagbevegelse](#) [Prison staff face a significant risk of poor mental health | FriFagbevegelse].

⁴³ Kriminalomsorgen, Årsrapport 2025, p. 21 [The Directorate of Correctional Service, Annual Report 2025, p. 21].

⁴⁴ [Tema rapport 2017: Kvinner i fengsel – Parliamentary Ombud](#) [Thematic report 2017: Women in prison]. [Kvinnelige innsatte med behov for helsehjelp – LDO](#) [Female inmates in need of health care].

beds.⁴⁵ A 2024 study found that 78 % of female prisoners had a mental health disorder, 42 % had a severe mental health disorder, and 59 % had a substance use disorder.⁴⁶

Women prisoners also report high levels of violence and abuse: four in ten convicted women report childhood sexual abuse, and six in ten report having experienced rape as adults.⁴⁷ These figures are significantly higher than those among male prisoners. At the same time, many prisons lack the capacity and expertise to address women's health and support needs adequately.⁴⁸ There is no guarantee that women in prison can request a female doctor or other healthcare personnel, as access depends on staffing levels at each unit.⁴⁹

Female prisoners have been disproportionately represented in suicide attempts and self-harm, with rates peaking in 2022–2023.⁵⁰ Although rates have since declined, women still account for almost half of self-harm incidents in Norwegian prisons.⁵¹ The Directorate of Correctional Service (KDI) reports that health and care services for prisoners with severe mental health disorders remain inadequate. Civil society and the Equality and Anti-Discrimination Ombud likewise report significant unmet healthcare needs among female prisoners.⁵²

The authorities have been criticised for their extensive use of isolation and coercive measures.⁵³ Given the particular vulnerabilities of women in prison, there are indications that these practices disproportionately affect female inmates. Although official statistics indicate a decline in the use of such measures in recent years,⁵⁴ civil society questions whether this reflects a genuine reduction, as the statistics are limited to systematically recorded cases and may result in substantial underreporting.⁵⁵

⁴⁵ [Key figures from the correctional service 2025](#). Og [Thematic report 2020: Use of safety beds in Norwegian prisons - Parliamentary Ombud \(sivilombudet.no\)](#).

⁴⁶ Levekår, rus og psykisk helse blant personer som har vært fengslet eller gjennomført straff i samfunnet [Living conditions, substance abuse and mental health among people who have been imprisoned or served a sentence in]: [SERAF report 5/2024](#), p. 4.

⁴⁷ M.-L. Amundsen, "[Kjønnsforskjeller i psykisk helse i norske fengsler](#)" [Gender differences in mental health in Norwegian prisons], *Nordisk tidsskrift for helseforskning*, nr. 2-2011.

⁴⁸ [Tema rapport 2017: Kvinner i fengsel – Parliamentary Ombud](#) [Thematic report 2017: Women in prison]. [Besøksrapport nr. 75 Bredtveit fengsel og forvaringsanstalt](#) [Visit Report No. 75: Bredtveit Prison and Preventive Detention Centre], Oslo 2023.

⁴⁹ [United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders \(the Bangkok Rules\), rule 10.2](#). The Norwegian Parliamentary Ombud, [Bredtveit-fengsel-besøksrapport-2016.pdf](#) [Bredtveit Prison Visit Report 2016], Oslo 2016

⁵⁰ [Annual Report of the Directorate of Correctional Service 2025](#), p. 58-59.

⁵¹ *Ibid.*, figure 17.

⁵² The Gender Equality and Anti-Discrimination Ombud, [I andre rekke: Soningsforhold og risiko for diskriminering ved Bredtveit fengsel, avdeling Ullersmo](#) [In the Second Row: Conditions of detention and risk of discrimination at Bredtveit Prison, Ullersmo Unit], Oslo 2025, pp. 41-46.

⁵³ Registrert isolasjon i norske fengsler 2015–2022 [Recorded instances of isolation in Norwegian prisons, 2015–2022]: [SERAF report 3/2025](#), Chapter 4, "Hovedfunn" ["Key Findings"].

⁵⁴ Kriminalomsorgen, [Annual Report 2025](#), p. 59.

⁵⁵ Registrert isolasjon i norske fengsler 2015–2022 [Recorded instances of isolation in Norwegian prisons, 2015–2022]: [SERAF report 3/2025](#), chapter 3, "Sammendrag" ["Summary"].

Women also have poorer access to meaningful activities and education than male prisoners.⁵⁶ Low staffing, high sick leave and limited budgets result in more frequent and longer periods of cell confinement and reduced access to meaningful activities. The activities and educational opportunities available to women are also often gendered and lower quality. Despite being well documented and acknowledged, this problem has persisted for more than a decade.

Although there is a stated policy that prisoners serve as close to home as possible,⁵⁷ prisons for women have been closed, and the centralisation of prisons for women continues. As of September 2026, there are only five prison units for women in Norway.⁵⁸ All, except the Bergen low-security unit, are located in South-Eastern Norway. Bredtveit prison was temporarily closed in 2024, and its inmates were moved to Ullersmo prison, where facilities are limited because of the separation from male prisoners. In June 2026, the Directorate of Correctional Service announced that these women would be transferred again due to capacity constraints at Ullersmo.⁵⁹ Due to women being likely to have caregiving responsibilities outside prison, visitation opportunities for women must be considered and facilitated.

On a positive note, on 9 February 2026, the National Reinforced Community Unit (NFFA) for women was officially opened at the Skien unit of Telemark Prison. The unit is intended to provide a better, more tailored service for female inmates with serious and complex challenges. It comprises six specially adapted cells and a sensory garden. The staff are drawn from both the Correctional Service and the specialist health service.⁶⁰

There are significant gaps in female prisoners' access to legal assistance. Although the Legal Aid Act was amended in 2025 to provide free legal assistance in cases involving serious coercive measures, such as security cells or beds,⁶¹ civil society organisations report that the legal aid scheme does not come close to meeting the need for legal assistance. Prisoners subjected to coercive measures have limited ability to contact lawyers. Female prisoners often lack information about their rights and are therefore less likely to report isolation, coercion and lack of access to services. Despite the Norwegian Parliament instructing the government in late 2023 to establish a dedicated, outreach-based legal aid scheme for prisoners, the scheme has not yet been implemented.⁶²

⁵⁶ Hellebust, Smith et al., [Lengst inne i fengselet – Kvinnelige innsatte med behov for helsehjelp](#) [Deep Inside the Prison – Female Inmates in Need of Healthcare], Oslo 2021. The Gender Equality and Anti-Discrimination Ombud, [Op.Cit.](#), Oslo 2025.

⁵⁷ [Execution of Sentences Act](#) (Straffegjennomføringsloven) § 11 (1).

⁵⁸ These are Bredtveit Prison (Oslo), Telemark Prison, Skien Department (Skien), Ravneberget Prison (Sarpsborg), Bredtveit Prison, Department B2, and Bergen Prison, Department D. Marie Løland og Ragnhild Hofstad, ["Et innblikk i kvinners liv bak murene"](#) [A glimpse into women's lives behind bars], *Rettspolitisk Debatt*, 2 March 2025.

⁵⁹ Norwegian Broadcasting Corporation (NRK), [Kvinnelige innsatte flyttes fra Ullersmo](#) [Female Inmates are Moved from Ullersmo], 2 June 2026.

⁶⁰ [Åpnet ny nasjonal forsterket fellesskapsavdeling \(NFFA\) for kvinner - regjeringen.no](#) [New national reinforced communal unit (NFFA) for women opened – regjeringen.no]; [Ny avdeling i Skien fengsel – NRK Vestfold og Telemark](#) [New unit at Skien Prison – NRK Vestfold and Telemark].

⁶¹ [Rettshjelpsloven](#) [Legal Aid Act], § 11, (9) and (10).

⁶² [Advokatbladet](#) [Lawyer's magazine], 22 May 2025.

In addition, civil society organisations report inadequate access to interpreters for prisoners who do not speak Norwegian.⁶³ Inadequate use of interpreters may create a risk of loss of rights, prevent serious health-related information from being communicated and identified, and contribute to de facto isolation and increased use of coercive measures against prisoners. Several oversight bodies have recommended ensuring access to interpreters for prisoners who do not speak Norwegian.⁶⁴

For women in prison, serving sentences far from home, with limited access to health and mental healthcare services, and spending more time locked in their cells with fewer opportunities for activities or education all undermine their ability to reintegrate after release. Consequently, female inmates often struggle with housing, employment and contact with their children after release.

Recommendations

1. Ensure that women's prisons are adequately funded and staffed, and that staff receive appropriate training to address the specific psychological and health needs of women in prison.
2. Establish multiple smaller units for women, ensuring that the enforcement of sentences adheres to the principle of proximity while upholding the principles of normality and progression.
3. Strengthen coordination and capacity across healthcare services inside and outside prisons to ensure adequate treatment of women prisoners' health needs.
4. Ensure that women have equal and adequate access to meaningful activities and to educational opportunities.
5. Ensure that prisoners who do not speak Norwegian have access to qualified interpreting services, and that prisoners' legal aid needs are adequately met by establishing an outreach-based legal aid scheme in prisons.
6. Ensure that women prisoners can serve their sentences as close to their homes as possible.
7. Ensure a right to enforceable compensatory measures where adherence to the principle of proximity is not feasible.

9. Children in prison

List of issues: Para. 18.

Despite Norway's stated commitment to ensure that deprivation of liberty for children is used only as a measure of last resort and for the shortest time possible, concerns remain about the treatment of children in detention, the growing use of custodial responses, and the lack of adequate follow-up and reintegration support.

Recent reports from the Parliamentary Ombudsperson have shown that children have been placed with adults in Norwegian prisons without an individualised assessment of whether this was in the

⁶³ JURK (Legal Counselling for Women), [Annual report 2025](#), p. 48.

⁶⁴ The Gender Equality and Anti-Discrimination Ombud, [I andre rekke: Soningsforhold og risiko for diskriminering ved Bredtveit fengsel, avdeling Ullersmo](#) [In the Second Row: Conditions of Detention and Risk of Discrimination at Bredtveit Prison, Ullersmo Unit], Oslo 2025. The Parliamentary Ombudsperson, [Bruk av tolk i fengsel](#) [Use of Interpreters in Prison], Oslo 2025. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), [Report to the Norwegian Government on the Visit to Norway](#), 2025, p. 34-35.

best interests of the child. In addition, the prisons have not kept adequate records of how often children are placed with adults.

Norway is well known for its rehabilitative model and low recidivism rates. However, preventive and alternative measures for young offenders are under severe strain, and there is a worrying trend towards the normalisation of detention. This is evident in a recent increase in the number of prison places designated for minors, as well as a lack of investment in and capacity for alternative measures.⁶⁵

Within prisons, a particular concern is the continued use of isolation and security cells for children. Reports from the Parliamentary Ombudsperson indicate that children continue to be subjected to forms of isolation that may be harmful and potentially unlawful.⁶⁶

Children who come into conflict with the law are often punished without receiving sufficient support to address the underlying causes of their offending behaviour. Many children in prison experience multiple, intersecting vulnerabilities, including homelessness, poverty, family violence, fractured relationships, exclusion from education and employment, and limited experiences of achievement and belonging.⁶⁷ These young people often have complex and unmet needs that punitive measures alone do not adequately address.

There are persistent challenges in coordinating across welfare services, correctional services, municipalities, employment and welfare authorities, and health services.⁶⁸ The Office of the Auditor General has highlighted limited capacity for alternatives to imprisonment, including youth follow-up programmes, youth sanctions, and community sanctions, as well as unclear allocation of responsibilities in preventive and rehabilitation efforts. Planning for housing, income support, healthcare, and social reintegration frequently begins too late, leaving children particularly vulnerable during the transition from detention back into the community.⁶⁹

Recommendations

1. Strengthen alternatives to detention and ensure that the deprivation of liberty for children is used only as a measure of last resort.
2. Prohibit and eliminate the use of isolation and security cells for children wherever possible, and ensure immediate access to healthcare and psychosocial support whenever such measures are applied.
3. Ensure that all detained children have an individual reintegration plan and coordinated support for housing, income, health, and education prior to release.

⁶⁵ [Riksrevisjonens undersøkelse av myndighetenes innsats mot barne- og ungdomskriminalitet](#), 2025 [The Office of the Auditor General's examination of the authorities' efforts to combat juvenile and youth crime].

⁶⁶ [Særskilt melding til Stortinget om innlåsing og faktisk isolasjon i fengslene – Sivilombudet 2024/25](#), [Special Report to the Storting on Confinement to Cells and De Facto Isolation in Prisons – Parliamentary Ombudsperson 2024/25]; [Besøksrapport Bjørgvin fengsel, Ungdomsenhet vest – Sivilombudet 2025](#) [Visit report Bjørgvin prison, Youth Unit West - Parliamentary Ombudsperson 2025].

⁶⁷ [De får ikke en sjanse – Norges Røde Kors 2020](#) [They do not get a chance – Norwegian Red Cross 2020]; Skjærvø, Stavseth et al., [Characteristics and risk of reimprisonment among children and young adults in Norwegian prisons. A 20-year cohort study](#), 2024

⁶⁸ [Riksrevisjonens undersøkelse av myndighetenes innsats mot barne- og ungdomskriminalitet 2025](#) [The Office of the Auditor General's examination of the authorities' efforts to combat juvenile and youth crime 2025].

⁶⁹ *Ibid.*

4. Expand the capacity and accessibility of community-based sanctions and restorative justice.
5. Ensure that children are meaningfully heard and involved in all decisions that affect them, including those in the criminal justice and rehabilitation systems.

10. Violence against women

List of issues: para. 5; Concluding Observations: paras. 23-24.

Violence and abuse against women constitute a significant societal problem in Norway. Despite Norway's obligations under the Istanbul Convention to prevent and combat violence against women and domestic violence, recent developments indicate that the situation has deteriorated in several respects.

Recent prevalence studies indicate that as many as one in five women report having experienced rape,⁷⁰ a marked increase on previous estimates. More than half of those who reported rape were under 18 at the time. At the same time, one in ten women has experienced severe intimate partner violence.⁷¹ In recent years, there has also been an alarming rise in intimate partner homicides, with nine out of ten victims being women.⁷² Yet clearance rates for domestic violence and rape cases are declining,⁷³ while the proportion of cases dismissed without further investigation remains high.⁷⁴

Over the past few years, government efforts to address domestic violence and rape have come under criticism from several expert bodies, including the government-appointed Rape Committee⁷⁵ and the Office of the Auditor General of Norway.⁷⁶ These bodies have made clear that, despite violence and abuse against women being identified as priority areas in government policy, authorities are failing to make progress in preventing and combating such violence in Norway. These issues remain under-recognised as societal and public health concerns and receive insufficient priority in the allocation of public resources.⁷⁷ This is despite estimates indicating that the socioeconomic cost of domestic violence reached NOK 93 billion in 2021.⁷⁸

The rape provision in the Penal Code was amended in 2025, establishing lack of consent as the defining element of the offence.⁷⁹ However, civil society has criticised the authorities for inadequate

⁷⁰ Nasjonalt kunnskapssenter om vold og traumatisk stress [Norwegian Centre for Violence and Traumatic Stress Studies] (NKVTS), [Omfang av vold og overgrep i den norske befolkningen](#) [Prevalence of Violence and Abuse in the Norwegian Population], Oslo 2023, p. 71.

⁷¹ *Op. Cit.*, p. 100.

⁷² [Statistikk: Partnerdrap - Drap i Norge 2000-2026 – VG](#) [Statistics: Partner Homicide – Homicides in Norway 2000-2026 – VG].

⁷³ [Straffesaksbehandlingen i politiet 2024 – Riksadvokaten](#) [Police Handling of Criminal Cases 2024 – The Director of Public Prosecutions], Oslo, 2025, pp. 54 and 60.

⁷⁴ [Voldtekt – et uløst samfunnsproblem – Voldtektsutvalget](#) [Rape: An Unresolved Social Problem – Rape Commission], NOU 2024: 4, p. 14.

⁷⁵ *Op. Cit.*

⁷⁶ [Dokument 3:8 \(2021-2022\): Riksrevisjonens undersøkelse av myndighetenes innsats mot vold i nære relasjoner](#) [Document 3:8 (2021–2022): The Office of the Auditor General's investigation into the authorities' efforts to combat domestic violence], Oslo 2022.

⁷⁷ *Op. Cit.* (Supra note 69), p. 102.

⁷⁸ Menon Economics, Samfunnskostnader av vold i nære relasjoner [Socioeconomic Costs of Domestic Violence / Intimate Partner and Family Violence], 1 March 2023, p. 6.

⁷⁹ [Penal Code](#) § 291.

implementation of the amendments.⁸⁰ Concerns have been raised that actors across the criminal justice system have not received training to interpret and apply the new provision. Nor have dedicated resources been allocated to the investigation and follow-up of rape cases since the amendment.

The reform has also not been sufficiently communicated to the general public through measures such as information campaigns or updated sexuality education. The lack of measures to ensure effective implementation risks the legislation failing to achieve its intended normative and preventive effects. Civil society, therefore, calls on the authorities to strengthen efforts to combat rape, including by following up on the Rape Committee's recommendations.⁸¹

Against the backdrop of emerging forms of violence, including economic, digital and post-separation abuse, the authorities have shown limited signs of targeted efforts to prevent violence and protect victims.⁸² This may be partly due to legislation and regulations being adopted without adequate impact assessments of their consequences for victims of violence.

Administrative practices may also undermine victims' legal protection and, in some cases, make it harder for them to leave abusive relationships. In 2025, the Equality and Anti-Discrimination Ombud reported that the immigration authorities had applied the abuse provision of the Immigration Act too strictly, meaning that minority women who had been granted family reunification could lose their entitlement to residence under that provision after leaving their abuser.⁸³

Civil society organisations report increasingly difficult working conditions for combating violence.⁸⁴ The current funding model for crisis centres (shelters) leaves the sector vulnerable to cuts stemming from strained municipal finances. Several shelters have closed in recent years, and other support services for victims and perpetrators of violence have also been affected by repeated budget cuts.

Civil society reports that support services for victims of violence are often experienced as fragmented, difficult to navigate and poorly coordinated. Preventive efforts targeting current and potential perpetrators remain insufficient, and many victims do not receive the protection measures they need promptly. A far more ambitious and comprehensive approach is needed to strengthen the legal protection of those exposed to violence and abuse in Norway.

⁸⁰ [Sivilsamfunnets skyggerapport 2 til Istanbulkonvensjonen](#) [Civil Society Shadow Report 2 to the Istanbul Convention], Oslo 2025, p. 37-38, "Mangelfull implementering av lovendringen" [Inadequate implementation of the legislative amendment]

⁸¹ *Op. Cit.* (Supra note 69).

⁸² [Sivilsamfunnets skyggerapport 1 til Istanbulkonvensjonen – 2025](#) [Civil Society Shadow Report 1 to the Istanbul Convention], Oslo 2025.

⁸³ Likestillings- og diskrimineringsombudet, [Mellom vold og opphold : en vurdering av om voldsutsatte kvinner uten selvstendig oppholdstillatelse i Norge, i praksis får beskyttelsen de har krav på i henhold til norsk rett og menneskerettslige forpliktelser](#) [Between Violence and Residence Status: An assessment of whether women subjected to violence who lack independent residence status in Norway receive, in practice, the protection to which they are entitled under Norwegian law and human rights obligations – The Equality and Anti-Discrimination Ombud], Oslo 2025.

⁸⁴ The situation regarding violence is described in greater detail in civil society shadow reports on the Istanbul Convention, which are based on contributions from and endorsed by 33 civil society organisations. The reports can be accessed [here](#) and are available in English via GREVIO's [website](#).

Recommendations

1. Establish a national action plan with dedicated funding to prevent and address violence against women, including economic, digital and post-separation abuse.
2. Introduce mandatory, standardised training on rape and domestic violence for police, prosecutors, judges and other relevant public authorities.
3. The potential impact on victims of gender-based violence should be assessed before new legislation and regulations are adopted.
4. Secure long-term state funding for shelters and other victim-support services, with clear requirements for accessibility and coordination.
5. Implement a comprehensive rape-prevention initiative in line with the recommendations of the Rape Committee.

11. Use of coercive measures in mental health care

List of issues: para. 22; Concluding Observations: paras. 21-22.

Norway has long stated that reducing coercion in mental health care is a political and professional priority. Despite this, coercive practices remain widespread, and significant regional variation persists. Recent data from the Norwegian Directorate of Health show that involuntary admissions, long-term compulsory community treatment and other coercive interventions continue to be used extensively.⁸⁵ At the same time, substantial geographical disparities persist across the country. Such variation raises concerns about equal protection of rights and suggests that coercion is influenced not only by clinical factors but also by local practices and institutional culture.⁸⁶

The UN Special Rapporteur on the rights of persons with disabilities has also raised concerns about the continued use of coercion in Norway's mental health services and has called for a shift towards rights-based alternatives. Her report emphasises the need to move beyond regulating coercion and towards systemic changes to prevent and end it, including supported decision-making and community-based services.⁸⁷

In 2025, the Norwegian Parliament adopted amendments to the Mental Health Care Act, which entered into force in June 2026, making it compulsory to assess the person's decision-making capacity.⁸⁸ The preparatory works emphasised the potential benefits of earlier intervention but did not address the risk of harm from coercive practices or the extensive body of user testimony describing coercion as traumatic, degrading and harmful. The legislative process paid limited attention to the experiences of those subjected to coercive measures and to the potential human rights implications of coercive powers.

⁸⁵ [Helsedirektoratet: Kontroll av tvangsbruk i psykisk helsevern 2024 \(sammendrag\)](#) [Norwegian Directorate of Health: Oversight of the use of coercion in mental health care 2024 (summary)].

⁸⁶ [Sivilombudets rapport om kontroll med bruk av mekaniske tvangsmidler i psykisk helsevern](#) [The Parliamentary Ombudsman's report on the oversight of the use of mechanical restraints in mental health care].

⁸⁷ [UN Special Rapporteur – report on Norway, A/HRC/43/41/Add.3](#) (2020)

⁸⁸ [Lov om endringer i psykisk helsevernloven og pasient- og brukerrettighetsloven mv. \(bedre beslutningsgrunnlag og behandling\) - Lovdata. Prop. 31 L \(2024–2025\). NIMs høringsuttalelser om tvang](#)

At the same time, Norway incorporated the Convention on the Rights of Persons with Disabilities (CRPD) into the Human Rights Act in 2026.⁸⁹ This development strengthens the relevance of international standards, which increasingly emphasise autonomy, legal capacity, supported decision-making and the reduction or elimination of coercive psychiatric interventions. International human rights bodies, the WHO QualityRights initiative, the UN Special Rapporteur on Torture and the CRPD Committee have all pointed to rights-based alternatives to coercive mental healthcare.

The Parliamentary Ombudsperson's preventive mechanism against torture (the Norwegian NPM) and subsequent investigations continue to document serious concerns about the use of coercion. In 2026, the Ombudsperson criticised a psychiatric institution after findings of unlawful restraint, inadequate documentation and non-compliance with legal safeguards. One patient was reportedly subjected to mechanical restraint for eighteen consecutive days. The Ombud concluded that deficiencies in documentation and oversight create a risk of unlawful and potentially inhuman treatment.⁹⁰ Similar concerns have repeatedly been raised during inspections of psychiatric institutions.

Recent user-led research by *We Shall Overcome* (WSO), based on responses from 59 individuals with lived experience of psychiatric services, documents consistent reports that involuntary admission, forced medication, seclusion, restraint and other coercive practices are traumatic, humiliating and dehumanising.⁹¹ Respondents frequently described long-term psychological harm, loss of trust in health services, trauma and reduced willingness to seek help in future crises. While this qualitative evidence cannot be considered representative of all service users, the findings align with concerns previously identified in user surveys, survivor testimonies and reports from human rights monitoring bodies.

Supported decision-making and advance planning can help address these concerns by ensuring that decisions are guided by the person's own will and preferences rather than by substituted judgements about their best interests. Advance planning should enable people to express how they wish to be supported during crises and when they may have difficulty communicating their wishes. However, supported decision-making and advance planning remain insufficiently established in Norwegian specialist mental health services, with initiatives such as TORP (Trauma-Informed Recovery Planning) representing important but limited steps towards implementation.⁹²

Many respondents further reported that meaningful participation in treatment decisions was limited, that refusal of medication was often interpreted as a lack of insight and that requests for information about adverse effects, alternative treatment options or medication withdrawal support were often

⁸⁹ [Lov om endringer i menneskerettsloven mv. \(inkorporering av FN-konvensjonen om rettighetene til mennesker med nedsatt funksjonsevne\) – Lovdata](#) [Act on amendments to the Human Rights Act, etc. (incorporation of the UN Convention on the Rights of Persons with Disabilities) – Lovdata]; [FN-konvensjonen om rett til menneske med nedsett funksjonsevne \(CRPD\) - regjeringen.no](#) [UN Convention on the Rights of Persons with Disabilities (CRPD) – regjeringen.no].

⁹⁰ [Pasient beltelagt i over 18 døgn – Sivilombudet](#) [Patient kept in restraints for over 18 days – The Parliamentary Ombudsman].

⁹¹ [Erfaringsundersøkelse – Hjelp og skade i psykisk helsevern i lys av CRPD | WSO – Landsforeningen We Shall Overcome](#) [Experience Survey – Help and Harm in Mental Health Services in Light of the CRPD | WSO – The National Association "We Shall Overcome"].

⁹² [Nytt tilbud til personer med traumer - Modum Bad](#) [New service for people with trauma - Modum Bad].

disregarded. These findings raise concerns about informed consent, autonomy and effective participation in treatment decisions.

The concerns outlined above stand in contrast to the growing international emphasis on recovery-oriented, trauma-informed and rights-based services. WHO guidance on mental health policy and strategic planning highlights supported decision-making, community-based services, meaningful service-user participation and the development of alternatives to coercion as key components of modern mental health systems.⁹³ Despite these developments, many service users and advocacy organisations report that non-coercive and psychosocial alternatives remain insufficiently available in Norway.

Questions to ask:

1. What measures will be taken to reduce and end coercion and forced treatment in mental health services, including involuntary admission, seclusion and mechanical restraint?
2. How will the Government address persistent geographical disparities in the use of coercion?
3. What steps will be taken to ensure that individuals subjected to coercion have access to effective remedies, independent complaint mechanisms and rehabilitation where harm has occurred?
4. What measures will be taken to expand access to voluntary, recovery-oriented and community-based alternatives to coercive psychiatric care?

Recommendations:

1. Based on recent reports and white papers on the use of coercion across sectors, develop a new national strategy with measurable targets to reduce or end coercion in mental health services, in line with the CRPD. The strategy should set out clear legal and procedural requirements for who may make decisions about the use of coercion, and define the roles and responsibilities of relevant professionals. It should also ensure that all professionals involved in coercion-related decision-making receive appropriate, specialised training, including training in assessing capacity to consent and make decisions.
2. Expand voluntary, community-based and crisis alternatives to involuntary admission and coercive treatment.
3. Strengthen supported decision-making mechanisms and advance directives.
4. Ensure independent monitoring, transparent reporting and effective investigation of all coercive interventions.
5. Establish accessible mechanisms for redress, rehabilitation and compensation in cases of unlawful or harmful coercive practices.
6. Ensure that the implementation of mental health policy aligns with the CRPD and WHO QualityRights guidance.
7. Strengthen training in trauma-informed, recovery-oriented and human rights-based mental health care for all professionals working in psychiatric services. Training and service transformation should draw on the WHO QualityRights framework, with WHO considered a potential partner in implementation.

⁹³ [WHO Mental Health Policy Guidance 2025](#)

12. Rehabilitation of torture survivors

List of issues: paras. 18 and 25.

The Committee has previously expressed concern about the lack of specialised rehabilitation services for torture survivors in Norway and recommended measures to improve access to rehabilitation in accordance with Article 14 of the Convention. Since the previous review cycle, important knowledge-building initiatives have been undertaken, including research and capacity-building through the Norwegian Centre for Violence and Traumatic Stress (NKVTS) and the regional resource centres on violence, traumatic stress and suicide prevention (RVTS). However, significant structural challenges remain in the identification, access, coordination and rehabilitation of torture survivors.

A comprehensive review by the Norwegian Red Cross concluded that rehabilitation services for torture survivors remain fragmented, person-dependent and insufficiently coordinated. The review found a lack of systematic identification and documentation of torture, limited interdisciplinary coordination, and no national plan to ensure equal access to rehabilitation across the country. Furthermore, responsibility for rehabilitation is dispersed across the health, welfare and integration sectors, with no clearly defined coordinating authority.⁹⁴

Research and clinical experience indicate that many torture survivors are never identified within the healthcare system. This may prevent survivors from receiving rehabilitation tailored to the complex, long-term consequences of torture, including psychological trauma, chronic pain, dental injuries, sleep disturbances, functional impairments and social exclusion. Identification challenges have also been noted in the asylum process, where victims of torture may remain unidentified despite Norway's obligations under international law.⁹⁵

Despite the numerous attempts to introduce a systematic use of the Istanbul Protocol, i.e., the UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, no such practice exists in Norway.⁹⁶ There is a serious shortage of professionals prepared to undertake such documentation, but even more serious is the lack of regulations in the healthcare system that allow such documentation to be carried out as part of regular healthcare services. Up until now, most existing reports based on the Istanbul Protocol in asylum applications have been prepared on a voluntary basis.

The absence of a specialised national rehabilitation pathway means torture survivors must navigate multiple systems simultaneously, including primary healthcare, mental health services, municipal services, welfare administration, integration programmes, and, in some cases, specialised dental

⁹⁴ [Torturert og glemt? Identifisering og rehabilitering av torturutsatte i Norge 2020 – Norwegian Red Cross](#) [Tortured and Forgotten? Identification and Rehabilitation of Torture Survivors in Norway], especially chapters 3–5.

⁹⁵ Cecilia Dinardi, Birgit Lie, Nora Sveaass and Nerina Weiss, [Torturutsatte i den norske asylprosessen: En utredning av Norges forpliktelser og anbefalinger i praksis](#) [Survivors of torture in the Norwegian asylum process: An examination of Norway's obligations and recommendations in practice], Fafo 2021.

⁹⁶ [Istanbul-Protocol Rev2 EN.pdf](#).

care.⁹⁷ This places considerable demands on individuals whose ability to navigate complex systems may already be impaired by the effects of torture, trauma, displacement and social marginalisation.

Clinical experience from the Norwegian public programme for victims of torture, abuse and odontophobia (TOO) suggests that formal availability of services does not necessarily translate into effective access.⁹⁸ Torture survivors may decline or postpone treatment because they are preoccupied with securing housing, income, family stability, language training, or residence-related concerns.

There are very few channels or opportunities for systematic psychological help and mental health treatment. At the same time, it is frequently reported that refugees and asylum-seekers may have limited familiarity with psychological treatment. They may therefore fail to perceive mental health services as relevant to their needs. In practice, rehabilitation services may therefore fail to engage individuals at the time and in the manner most appropriate to their circumstances.

Language barriers remain a significant obstacle. Although interpretation services are available, some torture survivors are reluctant to disclose traumatic experiences through interpreters because of concerns about confidentiality, community ties, or fear that information may be shared. The issue is not whether such fears are objectively justified, but that a lack of trust can create an effective barrier to rehabilitation. The availability of interpreters alone, therefore, does not guarantee equal access to treatment. Clinical services treating torture survivors require specialised competence in interpreter-mediated and trauma-informed care.

Additional barriers include limited health literacy, limited knowledge of rights and services, transport costs, childcare responsibilities, digital exclusion and administrative complexity. These factors may seem peripheral to healthcare but can substantially affect torture survivors' ability to access and benefit from rehabilitation. These barriers are particularly relevant given that Article 14 of the Convention Against Torture requires not merely the existence of services, but access to "as full rehabilitation as possible."

The Committee's General Comment No. 3 emphasises that rehabilitation should be holistic, multidisciplinary, accessible, and aimed at restoring independence, physical and mental health, social participation, and dignity.⁹⁹ WHO's recent guidance on mental health policy likewise emphasises the importance of person-centred, community-based, culturally responsive and recovery-oriented services that address the social determinants of health and remove barriers to access.¹⁰⁰

Current arrangements in Norway appear to provide many of the individual services that torture survivors may need. However, evidence from research, clinical practice and civil society organisations

⁹⁷ Moa Nyamwathi Lønning *et.al.*, "[A random system](#)": [The organisation and practice of torture rehabilitation services in Norway](#), *Torture: Journal on Rehabilitation of Torture Victims and Prevention of Torture*, Vol. 30 No. 3 (2020).

⁹⁸ TOO programme clinical observations from the past 11 years (submitted as stakeholder evidence).

⁹⁹ [CAT General Comment No. 3 \(2012\)](#), especially paras. 11–15, 32–38.

¹⁰⁰ WHO, [Guidance on Mental Health Policy and Strategic Action Plans](#) (2025), especially sections on person-centred, community-based and rights-based care.

suggests that the system often relies heavily on survivors' ability to identify, access and coordinate those services. This risks creating a gap between formal rights and effective access to rehabilitation.

Questions to ask:

1. What measures has the State party taken since the previous review cycle to implement Article 14 of the CAT on the rehabilitation of torture survivors?
2. Does the State party intend to develop a national strategy or action plan for the identification, treatment and rehabilitation of survivors of torture?
3. How does the State party ensure the systematic identification of torture survivors across healthcare, integration and asylum-related services?
4. What measures are being taken to address barriers related to language, interpretation, health literacy and navigating services?
5. How does the State party ensure that rehabilitation services are accessible to survivors with complex social, economic and family-related needs?

Recommendations:

1. Develop a national action plan for the identification, treatment and rehabilitation of torture survivors in accordance with Article 14 of the CAT and CAT General Comment No. 3. This should include providing specialised healthcare and strengthening capacity within the public healthcare system to ensure competence in delivering such care.
2. Establish clear national responsibility and coordination mechanisms for the rehabilitation of survivors of torture.
3. Introduce systematic identification procedures for torture survivors across relevant healthcare, asylum, welfare and integration services.
4. Implement the Istanbul Protocol as part of the rules for the identification and documentation of torture and other cruel and degrading treatment during the processing of asylum applications.
5. Ensure access to multidisciplinary rehabilitation that includes mental healthcare, physical healthcare, dental care, social support and practical assistance.
6. Strengthen linguistic and cultural accessibility, including specialised competence in interpreter-mediated rehabilitation, and provide culturally sensitive, trauma-informed care.
7. Develop low-threshold information, outreach and navigation services to ensure torture survivors can effectively access and utilise rehabilitation services.
8. Ensure that rehabilitation policies take into account the needs of family members, including spouses and children who may be affected by the long-term consequences of torture.

13. Treatment of asylum-seekers

List of issues: paras. 6 and 8; Concluding Observations: paras. 25-26.

Unaccompanied Asylum-Seeking Children Aged 15–18 and the Standard of Care

The Committee has repeatedly expressed concern about whether unaccompanied asylum-seeking children (EMA) aged 15–18 receive care equivalent to that provided by the child welfare system. This concern remains unresolved.

Under current Norwegian law and practice, the Norwegian Directorate of Immigration (UDI) – not the child welfare service (barnevernet) – retains responsibility for unaccompanied asylum-seeking minors aged 15 to 18. In 2020, the government proposed codifying this arrangement into law. The Ombudsperson for Children (Barneombudet) responded that the proposal amounted to the statutory entrenchment of a discriminatory practice.¹⁰¹

As the Ombudsperson observed, this practice had already been found discriminatory by both the UN Human Rights Committee and the UN Committee Against Torture in 2018. The UN Committee on the Rights of the Child likewise called in 2018 on Norway to provide quality care for unaccompanied minors over the age of 15. The Norwegian Human Rights Institution (NIM) reached the same conclusion in a 2016 thematic report, which found that the current practice constitutes discrimination contrary to the Convention on the Rights of the Child.¹⁰² Civil society organisations have consistently raised these concerns since the arrangement was introduced in 2008.

The government's stated justification – that the offer is “age-appropriate” and “adequate” even if not equivalent to the child welfare standard – has not been supported by any analysis of what equal treatment would require in practice. The Ombudsperson noted that the proposal contained no assessment of minimum staffing requirements, qualification standards, or independent oversight mechanisms equivalent to those under the Child Welfare Act.

The simplest and most legally sound solution – recommended by the Ombudsperson – is to transfer responsibility for the care of all unaccompanied minors to the child welfare system, irrespective of age. No such transfer has occurred.

In autumn 2025, a political majority emerged in favour of transferring responsibility for all unaccompanied asylum-seeking children, regardless of age, from UDI to the child welfare service.¹⁰³ The transfer is intended to be gradual, but the necessary legislative amendments have not yet been adopted by the Parliament (the Storting).

¹⁰¹ [Høringssvar 19/01335-2 – Ombudsperson for Children](#) [Hearing response 19/01335-2 – Ombudsperson for Children], 9 March 2020.

¹⁰² [Temarapport 2016 – Omsorg for enslige mindreårige asylsøkere – Norges institusjon for menneskerettigheter](#) [Thematic Report 2016 – Care for Unaccompanied Minor Asylum Seekers – Norwegian National Human Rights Institution].

¹⁰³ [Ap snur – fleirtal på Stortinget for å flytte ansvaret for asylbarn frå UDI til barnevernet – NRK Vestland](#) [Labour Party changes course – parliamentary majority to transfer responsibility for asylum-seeking children from the UDI to Child Welfare Services – NRK Vestland].

Recommendation:

Transfer responsibility for the care of all unaccompanied asylum-seeking minors to the child welfare service. If this is not done, any alternative regulatory framework must guarantee staffing, competence, and supervision standards equivalent to those under the Child Welfare Act.

Disappearances from Asylum Centres, Trafficking, and Exploitation of Minors

CAT has asked about measures to prevent disappearances and to address the trafficking and exploitation of unaccompanied minors.

In its comments on the draft state report for the 9th periodic review, the Norwegian Human Rights Institution (NIM) noted that the state's response addresses only the formal notification obligation – that if an unaccompanied minor disappears, the reception centre must notify the police, the child welfare authorities, and UDI – without addressing what happens in practice.¹⁰⁴ NIM called on the Ministry to provide a more thorough account of the actual practices of the police and child welfare authorities when such notifications are received, to clarify the guidelines for assessing and following up on such cases, and to assess whether further instructions are required.

Since then, the Government has adopted the National Strategy against Trafficking in Human Beings 2025-2030.¹⁰⁵ The Strategy recognises the ongoing need for strategic cooperation among relevant actors to reduce the risk of unaccompanied asylum-seeking minors being trafficked.

To reduce this risk, the Strategy provides for more systematic and coordinated competence-building, involving, inter alia, the police, child welfare services, immigration authorities and asylum reception centres, and for further development of interdisciplinary guidance, tools and cooperation procedures. It also establishes a new independent national rapporteur mechanism, assigned to NIM, to assess and report on the authorities' anti-trafficking efforts.¹⁰⁶

Responsibility for leading the formalised cooperation at the directorate level now rests with the Secretariat of the National Mediation Service [Sekretariatet for konfliktrådene], which is further developing the former functions and tasks of the Coordination Unit for Victims of Trafficking (KOM).¹⁰⁷

The lack of systematic follow-up data, combined with the lower standard of care described above, represents an ongoing vulnerability for this group.

¹⁰⁴ [Merknader til utkastet til Norges 9. Rapport til FNs torturkomité – Norges institusjon for menneskerettigheter](#) [Comments on the draft of Norway's 9th report to the UN Committee against Torture – Norwegian Human Rights Institution], 21 March 2022, section 1.3.

¹⁰⁵ [Nasjonal strategi mot menneskehandel \(2025-2030\) - regjeringen.no](#) [National Strategy against Trafficking in Human Beings 2025-2030].

¹⁰⁶ *Op. Cit.*, Measures 4 and 7.

¹⁰⁷ *Op. Cit.*, Measure 1.

Recommendation:

Establish systematic recording and public reporting of disappearances from EMA reception centres, including data on outcomes and follow-up actions. Develop clear, binding guidelines for the police and child welfare services on responding to disappearance notifications.

Identification of Torture Survivors and the Istanbul Protocol

CAT has asked how Norway identifies torture survivors among asylum seekers and whether expert assessments based on the Istanbul Protocol are systematically used.

Norway has stated that the Istanbul Protocol is used to document torture and ill-treatment, both in training programmes for the Migration Service (UDI) caseworkers and in procedures for interviewing asylum seekers. The Health Directorate and UDI established two working groups to develop procedures for vulnerable asylum seekers, particularly survivors of torture. One of the main recommendations of those working groups was to strengthen the implementation of the Istanbul Protocol.¹⁰⁸

However, the core concern remains unresolved: Norway has not systematically applied the Istanbul Protocol, in the sense that forensic evidence is gathered as a matter of procedure, nor are medico-legal reports required or commissioned in cases where there are claims or indications of torture and/or ill-treatment.¹⁰⁹

UDI's most recent internal guideline on torture survivors confirms that health personnel "should endeavour" ("bør tilstrebe") to document torture injuries in accordance with the Istanbul Protocol — but this is a recommendation, not an obligation. It is UDI's responsibility to request documentation from the applicant rather than to conduct a systematic health screening upon arrival.¹¹⁰

The same guideline explicitly acknowledges that Norway does not have a dedicated identification mechanism for torture survivors among asylum seekers.¹¹¹ Identification can, in principle, occur at any stage of the asylum process, including during registration by the Police Immigration Unit, at the National Arrival Centre, and during a health examination three months after arrival — but it depends on the alertness of individual caseworkers rather than on any mandatory protocol.¹¹²

In the absence of systematic documentation of the physical and psychological sequelae of torture, Norway risks violating the principle of non-refoulement, and it becomes more difficult to identify the full rehabilitation needs of individuals.¹¹³

¹⁰⁸ [NGO Forum report to CAT 2018](#), p. 21–22.

¹⁰⁹ *Op. Cit.*, p. 22

¹¹⁰ Retningslinjer fra Utlendingsdirektoratet (UDI): RUDI-2024-11, section 5.4 (published at lovdata.no, but not accessible at its public pages).

¹¹¹ *Op. Cit.*, section 4.

¹¹² *Ibid.*

¹¹³ [NGO Forum report to CAT 2018](#), p. 22.

Questions to ask:

1. What will Norwegian authorities do to ensure that, upon arrival, all asylum seekers undergo a health check conducted by health personnel trained in the Istanbul Protocol?
2. What will be done to make medico-legal documentation a requirement rather than a recommendation?

Recommendation:

Establish a binding obligation to screen all asylum seekers for signs of torture upon arrival, by health personnel trained in the Istanbul Protocol. Funding must be allocated for this work.

Legal Aid and Interpretation in Asylum Proceedings

Access to effective legal aid remains inadequate for asylum seekers, including survivors of torture.

Neither the Norwegian Human Rights Institution (NIM) nor the National Preventive Mechanism has a mandate to support individual survivors of torture. Individuals who claim to be survivors of torture are entitled to free legal aid only if they meet the general requirements of the Legal Aid Act. The publicly financed scheme has limitations in both its minimum income thresholds and its priority areas.¹¹⁴

In an ordinary asylum case, the attorney is compensated by the state for a fixed number of hours – five hours – which, in cases requiring an interpreter, is generally insufficient to provide adequate representation.¹¹⁵ There is no statutory right to a qualified interpreter during asylum interviews; UDI's internal guidelines govern this.

Recommendations:

1. Ensure that individual survivors of torture have access to effective legal remedies.
2. Increase the number of state-compensated hours in asylum cases to a level that genuinely enables effective representation, including in cases requiring interpretation.
3. Establish a statutory right to a qualified interpreter at every stage of the asylum procedure.

14. Trandum Immigration Detention Centre

List of issues: paras. 18 and 20; Concluding Observations: paras. 27-28.

As documented in the NGO Forum's 2018 submission, Trandum is intended for short-term stays pending imminent deportation. The concerns identified in 2018 – extended detention without time limits, routine lockdown, inadequate healthcare, a prison-like environment with a single security level, and the absence of guidelines for minors – persist in 2026, with limited improvements.

Detention without time limits: In 2018, the lack of an absolute maximum detention period was identified as a fundamental problem. This remains unchanged. Documented cases in subsequent

¹¹⁴ [NGO Forum report to CAT 2018](#), p. 4.

¹¹⁵ [NGO Forum report to CAT 2018](#), p. 18.

years show individuals detained for more than 500 days. Norway remains one of the very few Council of Europe Member States with no statutory upper limit on immigration detention.

Lockdown: In 2018, detainees were locked in their rooms for approximately four hours twice daily. The schedule has been slightly shortened, but the practice of collective lockdown tied to staff shift changes – without individual assessment – continues. This constitutes de facto solitary confinement for periods that require legal authorisation, which has not been granted.

Body searches: The 2018 submission documented the use of full strip searches. The procedure has since moved to a two-step model. However, on 30 October 2023, the Borgarting Court of Appeal ruled that the strip-search practice at Trandum violated Article 3 of the European Convention on Human Rights.¹¹⁶ Data from the January 2025 visit report indicate that 240 two-step searches were conducted in 2024, with a significant proportion carried out routinely rather than on individual suspicion, suggesting that the procedural change has not resolved the underlying compliance problem.¹¹⁷

Healthcare: In 2018, the healthcare service was found to be insufficiently independent of the institution and inadequate in scope. Since 2025, responsibility for healthcare at Trandum has been transferred to Ullensaker municipality. However, no psychologist is planned for the facility, and no procedures to ensure confidential access to healthcare have been established. The fundamental concerns from 2018 remain.

Prison-like environment and single security level: Trandum continues to maintain a single, undifferentiated security level for all detainees, regardless of individual risk profiles. Detainees describe an environment that feels like imprisonment. This has not changed since 2018.

Since 2020, the Police Immigration Unit has required detainees at the immigration detention centre to attend interviews with foreign delegations without a lawyer, interpreter or police officer present. The practice has been strongly criticised by the Supervisory Board, particularly for its implications for the principle of non-refoulement and for the lack of legal safeguards for detainees.

The practice has since been amended to allow a lawyer and a police officer to be present – but only with the consent of the foreign delegation. In the Bar Association's view, this is unacceptable. It must be a minimum requirement that a lawyer and an interpreter may attend with their client, and that the detainee and the lawyer are informed in advance of what has been shared with the delegation.

We also question the legal basis for compelling detainees to speak to foreign representatives. Sections 83 of the Immigration Act and 17-7 of the Immigration Regulations govern the duty to assist in clarifying one's identity. However, these provisions cannot reasonably be read to encompass compelled interviews by visiting delegations.¹¹⁸ There is a fundamental difference between

¹¹⁶ [Borgarting lagmannsrett – Dom: LB-2023-21398 – Lovdata](#) [Borgarting Court of Appeal – Judgment: LB-2023-21398 – Lovdata].

¹¹⁷ Advokatforeningen, Besøksrapport: Politiets utlendingsinternat på Trandum, 13. januar 2025 [The Norwegian Bar Association, Visit Report: The Police Immigration Detention Centre at Trandum, 13 January 2025], pp. 4 and 9-10.

¹¹⁸ [Act relating to the admission of foreign nationals into the realm and their stay here \(Immigration Act\) – Lovdata](#); [Norwegian Immigration Regulations](#).

appearing before a consular section to obtain a travel document and being compelled to meet home-country officials who seek out detainees at Trandum.

Furthermore, members of the Bar Association report that even when a lawyer has been permitted to attend, no interpreter has been present, making it impossible to verify that the interview is confined to the issuance of a travel document. The European Committee for the Prevention of Torture (CPT) has recommended that Norwegian authorities ensure that asylum seekers are not interviewed by officials from the country they have fled while detained.¹¹⁹

Positive development: Children and families are no longer detained at Trandum; they are instead transferred to Haraldvangen. This is a welcome change.

Recommendations:

1. Establish an absolute statutory maximum duration for immigration detention.
2. End collective lockdowns and ensure that any restriction on freedom of movement within the facility is based on individual assessment and is authorised by law.
3. Bring body-search practices into full compliance with ECHR Article 3 by ensuring that searches are based on individual, documented suspicion rather than routine procedure.
4. Ensure adequate psychological services and confidential access procedures for health care.
5. Introduce differentiated security levels based on individual risk assessments.

15. Risk of refoulement of Russian draft evaders

List of issues: paras. 8 and 12; Concluding Observations: para. 28.

European states are handling thousands of cases involving draft evaders and deserters from Russia. Unfortunately, the rejection rate is very high. Granting protection to people at real risk of being sent to the frontline in Ukraine or of being sentenced to long prison terms is important at a time when repression is rising in Russia. The consequences for those refusing to serve and engaging in anti-war protests may be severe.

There is a risk of violating the principle of non-refoulement by failing to provide protection (asylum) to those at risk of serious harm. The principle holds that a person must not be sent to a place where they would face persecution, torture, or other grave human rights violations.

Under Article 59 of the Russian Constitution, all citizens have “a duty and obligation” to defend the country and are obliged to perform military service in accordance with the federal law *About Conscription and Military Service* (March 28, 1998, No. 53-FZ). The Presidential decree of the Russian Federation of 21 September 2022, No. 647, declared partial mobilisation in the Russian Federation from that date. Federal Law No. 53-FZ has been amended and is linked to the Criminal Code, which has also been amended several times.

Under Article 338 of the Criminal Code, desertion committed during a period of mobilisation or martial law can result in a prison sentence of up to 15 years. Desertion is defined as the unauthorised abandonment of a military unit or place of service to evade military service, as well as the failure to report for duty for that purpose.

¹¹⁹ [CPT report on Norway 2025](#), paragraph 59.

Additionally, a citizen found to have supported the Ukrainian armed forces may face prosecution for treason, which carries severe penalties, including life imprisonment.¹²⁰

According to the UN Special Rapporteur on Russia, “torture and other cruel, inhuman or degrading treatment or punishment are used as State-sanctioned tools for systemic oppression”, particularly in police custody, administrative detention, and the penitentiary system. Her report emphasises the widespread use of electric shocks, prolonged solitary confinement, psychological abuse, sexual violence, and enforced disappearances.¹²¹

Russia was a party to the European Convention for the Prevention of Torture (CPT) and underwent 30 CPT visits between 1998 and 2021, focusing on pre-trial detention and penitentiary establishments. Although only four visit reports have been published, they raised serious concerns, including overcrowding, disease, and systemic torture. Russia's withdrawal from the CPT means it no longer accepts independent external oversight of places of detention. In addition, Human Rights Watch, Amnesty International and Russian human rights groups have provided extensive reporting on severe human rights abuses in Russia's penitentiary system, including torture of Ukrainian captives and Russian anti-war protesters.

Furthermore, it is well documented, for example by the Independent International Commission of Inquiry on Ukraine, that the treatment of troops within the Russian armed forces is characterised by “extreme violence and coercion, arbitrarily ordered or practised by commanders”.¹²²

In May 2026, the Latvian Administrative Regional Court granted refugee status to a Russian male of draft age, holding that even ordinary military service in Russia entails a real risk of participation in the war against Ukraine and of criminal punishment for refusing to serve.¹²³ As early as July 2023, France's National Court of Asylum held that Russian nationals who fled mobilisation or deserted because they refused to fight in Ukraine were eligible for refugee status under EU asylum law.¹²⁴ On 16 September 2026, Finnish Immigration Services granted Nikita Belov, a well-known draft evader from Russia, refugee status in Finland.¹²⁵

The Oslo District Court, in a decision dated 7 April 2026, held that the Norwegian Immigration Appeals Board (UNE) had unlawfully rejected a 22-year-old Russian national's application for international protection and for humanitarian residence.¹²⁶ The Court found that UNE had underestimated the risk that he would be conscripted into military service and compelled to participate in Russia's war upon his return. Particular weight was attached to witness evidence of coercive recruitment practices and the lack of a genuine alternative to civilian service. The Court therefore granted interim relief and ordered that enforcement of UNE's decision be suspended until the case is finally resolved. The decision has been appealed.

While these decisions are positive, it remains to be seen whether they lead to a general shift towards granting protection to Russian draft evaders.

¹²⁰ [2.5. Treason | European Union Agency for Asylum.](#)

¹²¹ [Report of the UN Special Rapporteur on the situation of human rights in the Russian Federation of 11 October 2024.](#)

¹²² [Report of the Independent International Commission of Inquiry on Ukraine of 9 March 2026.](#)

¹²³ [Latvian Court Grants Protection for the First Time to a Russian Conscript.](#)

¹²⁴ [French court recognises right to asylum for Russian nationals who fled mobilisation or refused to fight in Ukraine — Meduza.](#)

¹²⁵ His case is described in some detail on the website of the [Norwegian Helsinki Committee.](#)

¹²⁶ [Oslo tingrett - Dom: TOSL-2026-52301 - Lovdata.](#)

Question to ask:

Have recent court rulings or decisions by migration services in European countries led to a policy shift towards granting protection to draft evaders from Russia?

Recommendation:

Norway should grant protection to Russian draft evaders who are at risk of conscription to the front line in Ukraine or of being sentenced to long prison terms. The consequences for those who refuse to serve may be severe, as documented in court decisions in European states.