

RE-SOCIALISATION OF OFFENDERS IN THE EU: ENHANCING THE ROLE OF THE CIVIL SOCIETY (RE-SOC)

Workstream 3: Vulnerable groups of inmates

COUNTRY REPORT – LITHUANIA

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Vulnerable groups of inmates

Introduction

The classification of vulnerable groups of inmates is based on the classification provided by the UN Handbook on Prisoners with Special Needs (http://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf).

Also, we include additional vulnerable groups of prisoners, which are not listed in the UN Handbook but which are particularly relevant for Lithuania – women, mothers with children, sex offenders, prisoners with self-harm risk, drug and alcohol addicts, and prisoners under life sentence.

These groups need additional supervision, care and protection, especially within legislation, policies and practices relating to the management of prisons.

Altogether there are 12 groups of vulnerable prisoners: prisoners with mental health care needs; prisoners with disabilities; foreign national prisoners; women, mothers with children; sex offenders; lesbian, gay, bisexual and transgender (LGBT) prisoners; older prisoners; prisoners with self-harm risk; drug addicts and alcoholics; life sentenced prisoners (prisoners under sentence of death according to the UN Handbook classification); ethnic and racial minorities; prisoners with terminal illness.

For each vulnerable group in this paper we indicate if the respective group is present in the country, what are the legal rules addressing their vulnerabilities, what is the practice in the country. Also, what measures could be taken to improve their legal status or everyday life.

It should be noted that according to the Lithuanian law, additional protection measures for vulnerable prisoners may be applied only if they are prescribed by existing laws. Article 6 of the Code of Execution of Penalties of the Republic of Lithuania sets the main rule – all inmates are equal regardless of their origin, gender, social or property status, race or ethnicity, political beliefs, and party affiliation, education, language, religion or other beliefs, genetic characteristics, disability, sexual orientation, performance, the type and nature of the place of residence and other circumstances, unforeseen in the laws of the Republic of Lithuania.

According to Article 8, community-based organisations, religious communities and their members as well as other natural and legal persons can participate in the correction process of inmates.

All of these entities, also prison authorities, have to increase assistance to vulnerable groups of prisoners' resettlement in order to reduce re-offending and the harmful impact of imprisonment.

1. Prisoners with mental health care needs

There is no special regulation concerning the definition of mental illness in prisons in Lithuania. Common rules and standards, set up in the country¹, are applied.

Lithuanian imprisonment statistics reveal that the mental health of prisoners is a relevant problem in Lithuanian prisons system: 1,653 prisoners in 2012 had mental health diseases (1,514 persons with a psychiatric handicap and 139 mentally handicapped persons (e.g., lower IQ)). It represents 17 percent of the total prison population. Despite the steady decrease of the total number of prisoners with mental health diseases in prisons (in 2004 the total number was 1,986, at that time it accounted for more than 21 percent of the total prison population), it still remains well above the average in the country. Following that, Lithuania ought to pay more attention to the special needs of this vulnerable group.

Methods to ensure protection of the mental well-being of this group of prisoners are numerous. Avoiding factors that have a harmful effect on the mental well-being of prisoners, providing prisoners with adequate health care services, especially the mentally disabled persons – offering counseling, therapy, physiotherapy, behavioral therapy, ensuring that those with mental disabilities have timely access to suitable and individualized treatment, provided on the basis of informed consent, equivalent to that in the community. These are all crucial steps in achieving considerable improvement of the environment in prisons. Also, more efforts are necessary in preparation for release and post-release support of such persons, because the cooperation between prisons and civil health services is very weak in Lithuania.

In addition, the prison authorities have to ensure that prisoners with mental health care needs could use their as-prisoners rights on the same level and conditions as others convicts.

Legal framework.

International documents² require that prisoners with mental disorders should be entitled to appropriate care due to their circumstances, which should commensurate to the type of care available for people with similar mental disorders in the community.

Article 35 of the Law on Mental Health Care of the Republic of Lithuania (6 June 1995 No I-924) states that the rights of mentally ill persons who undergo treatment in places of imprisonment

¹ Standards are set in accordance with the International Classification of Diseases. Article 1 of the Law on Mental Health Care of the Republic of Lithuania (6 June 1995 No I-924) sets that mental illness means a disease diagnosed by a medical doctor and certified by a psychiatrist which, pursuant to the effective classification of diseases, is assigned to mental diseases.

² SMR 22(1), PPPMI 1, 20, R(98)7:10, 11, 52, R(2004)10: 35(1) and (2), EPR 40.

may be subject to restrictions according to the requirements of this Law and other laws of the Republic of Lithuania like those of other persons sentenced to a term of imprisonment.

Law on the Rights of Patients and Compensation for the Damage to their Health of the Republic of Lithuania (1996-10-03 No. I-1562) stresses the importance of equal rights offered to all patients, regardless of the place in which they are – whether they are sentenced to prison or not.

According to Article 62 of the Penal Execution Code of the Republic of Lithuania, there are two types of healthcare institutions in the imprisonment system, equivalent to prison (correctional) institutions, i.e. Central Prison Hospital and Pravieniškės Medical Treatment – Correction House. In other prisons, health care service units are established. The structure, the number of posts and description of the procedures of these service units are set by the joint decree of the Minister of Health and Minister of Justice of the Republic of Lithuania (2009-03-18 decree No V-195/1R-76).

It has already been mentioned that prisoners with mental disorders are entitled to appropriate health care and treatment the quality of which should commensurate to the type of care available in the community, but in fact health care services in penal institutions are by law excluded from the benefits of the social security system of Lithuania.

Also, there are only a few special legal regulations targeting the problem of such group of prisoners.

In the Criminal Code of the Republic of Lithuania mental disorder is a sufficient reason to release a convict from penalty. Article 76 of the Criminal Code establishes that a person who, following the commission of a criminal act or imposition of a penalty, starts to suffer from a mental disorder rendering him incapable of understanding the nature of his actions or controlling them shall be released from serving the rest of the sentence. When releasing this person from a penalty, the court shall decide whether to subject him to compulsory medical treatment. In the event of convalescence of this person, he may be ordered to serve the undischarged term of the sentence. In such a case, the period during which the person was undergoing compulsory medical treatment shall be included in the term of imprisonment on a day-for-day basis.

The release from penalty is applicable only in cases of grave mental disorder which renders a person incapable of understanding the nature of his actions and controlling them.

Practices.

First of all, it should be noted that all the health care units in imprisonment system in Lithuania are fully managed by penitentiary administration. Some standards are set by two ministries, i.e. the Ministry of Health and the Ministry of Justice, and quality control is performed by health authorities.

There are three levels of health care services in Lithuania – primary, secondary (secondary out-patient and secondary in-patient), and tertiary.

Primary (ambulatory) health care services, the simplest ones, are provided in health care service units in prisons. Secondary health care services are offered in places of imprisonment, a Central prison hospital or guaranteed by the contract with state or municipal health care institutions. Tertiary – only under contract with state or municipal health care institutions.

Effective mental health care services, providing individualized care, require the expertise of a range of mental health professionals, including psychiatrists, psychologists, counselors, nurses and occupational therapists.

However, due to the fact that health care services in penal institutions are by law excluded from the benefits of the social security system of Lithuania, health care services of convicted inmates are financed through the budget of the Prison Department, which is an entity under the Ministry of Justice. This funding, compared to the national health care system, remains extremely low.

Due to the insufficiency of resources, existing health care services in penal institutions generally lack health care staff with specialized skills in identifying and managing mental disabilities. Professionals employed in prisons receive low salaries, have a low status and are exposed to an unpleasant working environment with inadequate support, compared to the national health care system. Therefore, there is insufficient incentive to offer qualitative medical treatment in prisons.

Prisoners with mental disabilities should be identified on entry and should be put in an environment that is suitable to their mental well-being; however, infrastructure of medical care institutions in prisons is also inadequate. A relevant example is the Psychiatric Department of Central Prison Hospital³ in Lukiškės – there are 25 beds and 20 of them are for persons with mental disorders and 5 for drug or alcohol addicted prisoners. The medical services provided for them include only medical treatment. It is doubtful if such capacities are adequate considering the great number of prisoners with mental disorders.

Moreover, the Central Prison Hospital does not hold a primary health care license and does not provide primary health care services to prisoners treated in the Hospital.

It might thus be stated, that due to the lack of funding and poor organization, opportunities to provide the required quality of health care services for convicts in prisons are limited. Each year, the Prison Department complains about the lack of funding even for elementary medicines and health care services that need to be put at the disposition of the convicted, but the real situation has remained practically unchanged for many years.

Cooperation with other national health care system institutions providing health care services for convicted persons also remains a challenging task.

³ Budgetary institution subordinate to the Prison Department under the Ministry of Justice of the Republic of Lithuania.

Access to health care services in civil health care institutions differs across cities and depends on the contracts signed between prison superiors and those bodies. For example, not all prisons have the possibility to call ambulances.

Tertiary health care services provided by the state or municipal health care institutions are limited, because the decision to send a convict for treatment there depends on the prison doctor. Also, the institution budget for the payment of such services is limited. These issues are especially related to the attempt of managing such diseases as AIDS, TB, hepatitis, which, due to the high price, persuades prison doctors into offering as little opportunities to undergo medical treatment as possible.

Communication between imprisonment institutions, or communication between them and other health care institutions outside the prison, is another big issue that needs to be tackled. All the transfers of prisoners to other prisons or hospitals should be accompanied by full medical records and referral letters explaining current health problems and individual treatment plan. However, experience suggests that communication between these institutions is highly problematic. One of the last of the Seimas Ombudsmen cases examined shows that the communication between the health authorities can take as much as two years.

Continuity of treatment is directly related to the above mentioned issue. Despite huge spending in prisons meant for ensuring proper medical conditions, patients usually do not continue the treatment outside the prison.

Some steps to improve the situation have already been taken. In order to concentrate the healthcare resources for convicted persons and to use them effectively, the decision to reform health care sector in imprisonment system was adopted. First, two main health care institutions in the Lithuanian imprisonment system, i.e. the Central Prison Hospital and Pravieniškės Medical Treatment – Correction House, according to the Order of the Minister of Justice of the Republic of Lithuania (2010-10-25 No 1R-231), were reorganized by merging the two of them into one legal entity – the Central Prison Hospital.

In long-term strategies, it is foreseen to transfer prison hospital from Vilnius to Pravieniškės specially projected 300 seats hospital, where adequate working conditions for staff and adequate treatment conditions for the patients will be ensured⁴. It is foreseen that the hospital will be equipped with new medical equipment, in result of which diagnostics will be improved and patients will receive higher quality services. The project is implemented with the contribution of the Norwegian financial mechanism.

⁴ The Strategy for Modernisation of Custodial Facilities, approved by Resolution No 1248 of the Government of the Republic of Lithuania of 30 September 2009, *Valstybės žinios* (Official gazette), 2009, No. 121-5216. Negative impact on the implementation of the strategy makes permanent change of the measures and terms of the strategy (last amendment was adopted by Government Resolution No. 740 on 22 July 2014).

In order to improve communication between health care institutions (imprisonment institutions and civil health care institutions), in 2010 the Prison Department implemented a modern information system PRISONIS⁵. The system was set in order to develop e-health service management, to create electronic health files of convicted persons (before the project, about 14 thousand paper cases (without archive) were sent and received by post or courier every year), to speed up the exchange of documentation processes between health care institutions and reduce the likelihood of errors. Although the system installation is officially completed, the system does not operate at full capacity. In order to rectify the situation, in 2014 the Prison Department announced an additional public tender to buy PRISONIS maintenance and improvement services.

Accordingly, in order to ensure that the convicts can implement their right to health, equivalent to that in the general community, at least strong collaboration between prisons and civil health services is necessary. Such collaboration should be an integral component of medical care provided in prisons. Also, more funding is necessary and special legislation needs to be adopted to protect the rights of prisoners with mental disabilities within the criminal justice system.

However, in order to ensure the rights of convicts, significant proposal would be to deliver the institutional, organisational and, especially – financial health care reform, thus integrating health care services of imprisonment system into the general health care system of the country.

This proposal is not new. Call on the Lithuanian authorities to increase the role of the Ministry of Health in prison health care in 2012 was expressed by the European Committee against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CPT), and other institutions.

Health care in prison peculiarities and problems analyzed in this section are related also to other groups of vulnerable prisoners, i.e. prisoners with disabilities (Chapter 3), prisoners with terminal illnesses (Chapter 8), prisoners with drug and alcohol addiction issues (Chapter 10).

2. Prisoners with disabilities

The Prison Department of the Republic of Lithuania does not provide statistical data about prisoners with physical disabilities. In this report, we use data collected from annual reports of separate imprisonment institutions and from reports of the Lithuanian Seimas (Parliament) Ombudsman. These data shows that the issue related to the rights of disabled prisoners exists.

Legal framework.

⁵ The project has been implemented with the contribution of the European Economic Area, Norwegian financial mechanisms.

According to Article 88 of the Law on the Rights of Patients and Compensation for the Damage to their Health of the Republic of Lithuania (1996-10-03 No. I-1562), all prisoners should have access to health care of the same quality as in the free community which would be suited to their specific needs.

According to Article 73 of the Penal Execution Code, pregnant women, nursing mothers, minors, persons with disabilities, as well as patients have rights to better accommodation and living conditions and higher nourishment standards. Article 182 sets that those released from correctional institutions, persons with disabilities have the right to receive statutory social benefits.

There are no other statutory rules and privileges addressed to this vulnerable group of prisoners.

Practices.

Most aspects of life of disabled persons in prisons depend on the existing health care infrastructure, staff, material resources, and regulations of the executive power. In reality, they also depend on the discretion of the prison administration.

The Ombudsman deals with individual and group complaints of sentenced persons, but conclusions of the inspections indicate the problems common to the entire prison system.

One problem we have already mentioned – the main health care institution in the Lithuanian imprisonment system, i.e. the Central Prison Hospital does not hold a primary health care license and does not provide primary health care services to prisoners.

Ombudsman inspections have revealed that in other prisons not all conditions of detention are well adapted for prisoners with disabilities, e.g., bathrooms, showers, elevators are not equipped for the disabled.

Prisons in Lithuania are quite outdated, for example Lukiškės Remand Prison-Closed Prison, Central Prison Hospital in Lukiškės, Šiauliai Remand Prison were built more than 100 years ago. Their adaptation to nursing people with disabilities is not only financially inappropriate, but often impossible due to the fact that the infrastructure belongs to the cultural heritage, and they are not allowed to reconstruct.

In response to the findings of Ombudsman inspections, prison administration is trying to solve the problems in two ways:

- individually, for example the issue of care of one prisoner with disability was solved employing an inmate to provide the required services. However, such way of solving problems of prisoners with special needs individually does not address the general problem;
- creating special areas for disable persons. Because not all the conditions of detention in prisons are adapted for prisoners with disabilities and there are no resources to improve the situation in all the facilities, disabled prisoners are placed in Vilnius Correction House, where prison administration created all the necessary infrastructure.

The annual report of Vilnius Correction House states that in 2012, similar to the previous year, penitentiary sentence was carried out by 30 disabled persons. At present, this institution approved 1.5-time family doctor, but in order to ensure proper health care services, this number is insufficient. As prisoners with disabilities need particular attention, additional health care professional and at least one more family doctor should be appointed. However, there we face the already mentioned issues – due to the insufficiency of resources, lower salaries, unpleasant working environment, it is difficult to attract qualified medical personnel.

In terms of long-term plans, it should be noted, that decision to complete the construction of a new hospital in Pravieniškės was taken.

Addressing the construction of the new hospital, the Government is planning not only to prepare premises for disabled prisoners, but also to obtain a license for long-term care. Also, it is necessary to ensure medical supervision of the disabled during the convoy.

In general, the problems are gradually solving, but as custodial institutions noted in their official reports, the obligation to ensure treatment and continuous patient nursing is too complicated.

3. Foreign national prisoners

The total number of foreign national prisoners in Lithuania is very low. Despite the fact that this number has been growing over the last 8 years (78 foreign national prisoners in 2004 and 113 in 2012), in 2012 foreigners accounted for only slightly more than one percent of the total prison population in Lithuania.

In addition, in Lithuania the level of immigration is low. Therefore, the issue of foreign national prisoners is not as relevant as it is in the Western European countries.

Legal framework.

Prison administration must ensure that prisoners carrying out their duties, could have the possibility to realise their rights established by law.

Convicted foreigners are not defined as a vulnerable group of prisoners in legal regulation. Nevertheless, there are some regulations concerning the rights of foreigners.

Article 11 of the Code of Execution of Penalties of the Republic of Lithuania establishes that convicts have the rights:

- to get written information in their mother tongue or language which they understand about the procedures and conditions of the punishment execution (implementation) and about their rights and duties;

- to apply with the proposals, applications (statements), petitions and complaints to the prison administration or any other state or municipal institution or body, officer, or international organization, as well as other enterprises, institutions and organizations;
- to legal aid.

Paragraph 3 of the Article 70 of the Code of Execution of Penalties of the Republic of Lithuania establishes that if possible, convicted foreigners shall be isolated from other prisoners in the same correctional institution or separate institutions.

Article 109 sets that the imprisoned convicted foreigners have the right through the Ministry of Foreign Affairs of the Republic of Lithuania to maintain relations with diplomatic institutions of their countries and international organizations.

Lithuanian regulation (Article 106 of the same code) provides the right for prisoners to confess their own religion and exercise their devotions. The Constitution of the Republic of Lithuania establishes the principle that a person's freedom to profess and propagate religious dogmas may be restricted by law, and only in this case if it is necessary to ensure public safety, public order, public health, as well as the rights and freedoms of others.

It should be noted that the Code of Execution of Penalties (Article 154) for convicted persons who satisfy the conditions established by law, provides an opportunity to leave outside the correctional institution without the guard, if it is necessary for general education, vocational training, and the nature of work or participation in some form of social rehabilitation activities. It is an element of modern open prison system, but paragraph 3 of this Article sets that the law does not apply to foreigners.

Practices.

The majority of foreign national convicts carried out their sentences in Pravieniškės-Open prison and awaiting trial in the Lukiškės Remand Prison. In 2012, there were 3 foreign national women in Panevėžys Correction House, where the women serve sentences. The largest group of convicts come from the neighboring eastern countries, i.e. Russia and Belarus.

In practice, the administration of correctional facilities does not make any exceptions for foreigners through imprisonment. Differences in their status are determined only by law.

Regarding isolation.

As already mentioned, convicted foreigners shall be isolated from other prisoners. Nevertheless, the isolation of foreigners is often complicated due to prison overcrowding. The issue is often solved by putting prisoners from the same or similar countries in one cell.

Regarding the performance of religious rites.

It is a human right to freely choose and confess any religion or faith, both privately and publicly profess a religious service, practice their faith and teach the faith.

Law on Religious Communities and Associations of the Republic of Lithuania (4 October 1995, No I-1057), Article 5, sets that the State shall recognize nine traditional religious communities and associations existing in Lithuania, which comprise a part of Lithuania's historical, spiritual and social heritage: Roman Catholic, Greek Catholic, Evangelical Lutheran, Evangelical Reformed, Russian Orthodox, Old Believer, Judaist, Sunni Muslim and Karaite.

However, the possibility to perform religious rites is mostly limited to devotions of most popular traditional Lithuanian religions, like Roman Catholic.

The situation is slightly more complex with Muslim foreigners who cannot eat normal food and have to pray at least a few times a day. In the Pravieniškės prison, there is a designated room where Muslims can freely practice their religious rites.

Penitentiary administration individually takes care about conditions necessary for the practice of other religions.

Food. Lithuanian legal acts establish special regulation of nourishment, considering that religious beliefs set the requirements for food. During Ramadan, Muslims get dry food ration.

In addition, if offenders motivate their choice not to eat meat, they get food for vegetarians. Also, they can cook themselves.

Regarding the language regime.

Communication issues with foreign national prisoners are rare, as usually officers and convicts speak another language in addition to their native.

Noteworthy are good practices of other countries related to an increasing number of foreign prisoners. Prison authorities could choose most widely spoken languages among prisoners and in these languages release books about the institution's internal procedures, standards of conduct, the rights of convicts. This would reduce the gap between the convicts and aid the communication between them and the officers.

Relations with diplomatic institutions.

It should be noted that foreign nationals convicted in Lithuanian prisons maintain relatively close ties with their embassies and their staff. These are usually interested in the conditions under which their compatriots carry sentences, or they are in contact with their families, if they have children and what the relationship with them. Embassy staff even helps the convicted to revive the lost relationships with relatives.

Restrictions.

As already mentioned, the Code of Execution of Penalties (Article 154) for convicted persons who satisfy the conditions established by law provides an opportunity to leave outside the correctional institution without the guard, if it is necessary for general education, vocational training, the nature of work or participation in some form of social rehabilitation activities.

In Lithuanian law, such possibility to participate in social rehabilitation measures outside the prison was established only on 1 July 2012, thus creating more opportunities to go outside the prison without guard, and taking advantage of the opportunities offered by non-governmental organizations. For example, in 2012, 20 convicts from Vilnius Correction House were granted the right to leave the prison without the guard to the Lithuanian Prisoners Society to participate in the social skills training sessions.

In its recommendation Rec (2012) 12, the Committee of Ministers of the Council of Europe calls Member States for non-discrimination of imprisoned foreigners only because of their status. Despite that, Article 154 of the Code of Execution of Penalties of the Republic of Lithuania unconditionally excludes foreigners from the scope of this Article.

In our view, this regulation is still based on stereotypes and unsubstantiated fear.

4. Women, mothers with children

Over the last decade, female prison population in Lithuanian prisons has been increasing. In 2012, 442 females were carrying out the sentence or held in custody in Lithuanian prisons.

Special needs.

Women, especially pregnant women and women raising children under three years of age, should be granted a special legal status and special legal protection.

Certain specific circumstances must be taken into account when determining the right treatment of women in prisons, setting standards and organizing assistance to them:

- family relationship experiences (divorce, separation, addiction, etc.);
- health and mental problems, such as symptoms of depression;
- suicide experience, risks associated with self-harm;
- dependency on alcohol, drugs or medicines;
- early experiences of victimization (violence, child abuse, rape);
- problems due to low self-esteem;
- experiences of stigmatization during prosecution process;
- problems related to imprisonment, such as inadequate accommodation (limited space, overcrowding rooms), missing activities, work, other stress factors;
- experiences related to the care of their children and protection of their interests.

Legal framework.

The Code of Execution of Penalties of the Republic of Lithuania establishes basic rules regarding legal status of female prisoners. The rules are mostly restricted to the status of pregnant women and mothers.

First of all, women in prisons should be kept separate from men. Convicts imprisoned for the first time must be accommodated separately (Article 70). The aim is to separate the convicts whose personal characteristics may have a negative impact on others in order to facilitate the social rehabilitation of convicts, contribute to the maintenance of the convicts and their security, help to ensure compliance with safety and correctional facilities management requirements.

Pregnant women, nursing mothers and children have a right to get better accommodation, living conditions and higher nutritional standards (Article 173).

The Code of Execution of Penalties sets that female prisoners have the right to raise and take care of their children until they have reached the age of three years in correctional house with children (babies) sectors (Article 151).

Also, there is a special rule that prison administration can allow pregnant women and mothers with children under three years of age live outside the prison territory (Article 152).

In particular cases, in accordance with the interests of the mother and child, pregnant women or mothers with children under three years of age may be released from prison on parole, regardless of the general conditions for parole (Article 29, 152).

The most extreme disciplinary measures such as closing to lockup may not be applied for this group of prisoners (Article 142). Pregnant women or mothers with children under three years of age may not be placed in the prison regime (Article 83).

Practices.

Women, who have been convinced to serve their sentences in the Correction house or arrest imprisonment, serve their penalties in Panevėžys Correction House. This includes adult women, juveniles, as well as mothers with children under three years of age.

Panevėžys Correction House is one of the few places of imprisonment in Lithuania, which is not overcrowded. The maximum capacity of this institution is 430 convicts, while the average number of convicts who served their sentences in 2012 was 338.

This is the only custodial facility in Lithuania where the imprisoned women are allowed to raise children. Regardless of whether the children were born in prison or outside, mothers can raise them in a nursery or baby section until they have reached the age of three years. Children above this age are given away to relatives or public orphanage.

In 2012, eight mothers took care of children in the colony and four women served their sentences being pregnant.

In other detention facilities, i.e. Šiauliai Remand Prison and Lukiškės Remand Prison-Closed Prison no conditions exist for women to live with their children. This is also not allowed by legal regulation. Children born in these institutions are given away to relatives or public orphanage.

In Panevėžys Correction House, mothers live with their children in a special nursery or baby section. The prison staff do not interfere with the educational process. If necessary, these mothers can ask nurses for assistance.

Convicted mothers with their children live isolated from other inmates dwelling. They have their own kitchen, shower room and other facilities. There is also a game room for children, equipped with pedagogical tools.

As already mentioned, in certain cases, considering the interests of the mother and child, a prisoner may be released from prison on parole, regardless of the general conditions for parole, or punishment may be replaced by other sentence, not related with the deprivation of liberty. However, the Prison Department does not provide any information on how many times and under what circumstances this Article has been applied.

Speaking about the special needs of convicts it should be noted that in 2012, Panevėžys penitentiary organized 507 cultural and sports events, 102 workshops on legal and economic issues, other events aimed at promotion of the interests of the convicted in the external world.

In 2012, they provided over 20 different pedagogical, educational, remedial, psychological programs, for example 10 convicts raising children under three years of age in penitentiary attended parenting skills trainings.

Convicts work as one of the most important remedial measures is encouraged. There is a state enterprise branch besides the prison, the main objective of which is to employ convicts.

The average number of convicts employed in the mentioned state enterprise branch in 2012 was 73. Additional 60 women worked in Panevėžys prison performing various household jobs.

Some convicts, with permission to leave the prison without the guard, in 2012 worked outside the correctional institution, jobs like picking apple in farms.

During 2012, more than 10 percent of female prisoners worked for community on a voluntary basis, for example in the animal care entities or cleaning public spaces.

In addition to the already mentioned, there is a special rule in the Code of Execution of Penalties of the Republic of Lithuania (Article 152) stating that prison administration can allow pregnant women and mothers with children under three years of age live outside the prison territory. According to this norm, those convicted should be housed near the prison, in residential premises owned or leased by the prison administration and must be constantly supervised.

But so far, the above mentioned norm has not been applicable as it was not a proper infrastructure. The situation is likely to change after the implementation of the program “Correctional Services including Non-custodial Sanctions” under Norwegian financial mechanism.

The implementation of the Program will contribute to increased application of alternatives to prison, improvement of conditions of vulnerable groups in prison, improved competences of both

inmates and prison staff. One of the measures of this project is to buy 5 dwellings in Panevėžys outside the prison by 2016, thus creating the conditions to accommodate mothers with children under three years of age.

Analyzing the legal status of this group of convicts is also worth to mention the study done by the Law Institute of Lithuania together with international partners – “Women's imprisonment in Europe: situation and needs analysis and good practice examples”⁶.

This study summarised the results of international women's prison research, conducted in 9 European countries.

According to the standardized methodology the study was conducted in Denmark, Greece, Spain, Croatia, Lithuania, Poland, Russia, Slovenia and Germany. The aim was to investigate and analyze detention as well as working conditions in women prison institutions.

According to the results of this study, women prison system in Lithuania is much further advanced than that of men, and by a number of criteria is ahead of other Eastern European countries.

The survey results show that according to the number and diversity of the proposed programs, training and retraining courses, Panevėžys Correction House is one of leading institutions, together with similar institutions in Denmark, Spain and Germany, and that the percentage of women, satisfied with these programs, in Lithuania is the highest (87%).

Office staff survey in Panevėžys has revealed a relatively high progress of their activity (orientation to social communication, not only punishment based, also a deeper understanding of the problems of convicts), compared with other Eastern European Countries and especially – with male prison institutions in Lithuania.

It should be noted that female prisoners in Lithuania by a number of factors are in a much more complex situation than men. This complicates the female prison staff performance:

- over 50% of female prisoners in Lithuania are imprisoned for a period of 5 to 10 years (among men this percentage is 25);
- women are often detained for particularly serious crimes: 35% are serving a sentence for murder (men – 20%), 21% are in jails for crimes related to drug trafficking (men – 4%);
- the vast majority of women in prison are single, divorced or widowed (80%);
- in 2004, 30 % of female prisoners suffered from alcoholism (14% among men), 19% were drug addicted (7% among men), 52% had a mental abnormality (20% among men), 5% had a physical disability (2% among men).

In order to reduce mental health problems and the risk of self-harm, on the one hand it is necessary to improve the material conditions in prisons. On the other hand, human relationships should

⁶ The survey was conducted in 2005, but the data remains relevant until now.

be positively encouraged: firstly, with people living outside the prison, giving more opportunities for dating and short trips; secondly, within the prison, facilitating and encouraging social contacts, developing a secure and positive internal climate.

Furthermore, according to the needs of each institution, it is necessary to expand the variety of programs, in particular psychotherapeutic treatment options.

The mentioned study provided gender responsive strategies – guided principles to which attention should be paid:

1. Gender. Acknowledge that gender makes a difference.
2. Environment. Create an environment based on safety, respect, and dignity.
3. Relationships. Develop policies, practices and programs that are relational and promote healthy connections to children, family, significant others, and the community.
4. Services and supervision. Address substance abuse, trauma, and mental health issues through comprehensive, integrated and culturally relevant services and appropriate supervision.
5. Socioeconomic status. Provide women with opportunities to improve their socioeconomic conditions.
6. Community. Establish a system of community supervision and reentry with comprehensive, collaborative services.

5. Sex-offenders

The presence of sex offenders in Lithuanian prisons is steadily increasing – from 348 prisoners in 2004 it increased to 410 in 2007, and to 500 prisoners in 2012⁷. Sexual offenders represent about 6 percent of the total prison population. About half of these persons were convicted for crimes of sexual violence against children.

This group of convicts is in a quite ambiguous position – the existing approach to such persons in prisons is generally unfavorable. Therefore, sexual offenders may become victims of violence inside a prison as they are stigmatized by other inmates and staff. This is particularly true for sex offenders against children.

⁷ Prison department statistics indicate only convicted for rape.

Lithuanian legislation does not recognize this group as a vulnerable and it does not provide additional protection for these prisoners. Furthermore, public attitude towards these offenders is very negative in Lithuania and this is reflected in the legal regulation.

Legal regulations

Only a few special rules address the legal status of these prisoners, exist. According to the Penal Execution Code, Chapter IX, Section 3 and Correctional Institutions' Internal Rules of Procedure, Chapter 25, individual work plan for each prisoner should be prepared, and social rehabilitation programs have to be carried out. Correctional institutions may only implement the programs approved by the Prison Department.

It should be noted that seeking to provide complex measures aimed at eradicating all forms of violence against children, the National Program for Prevention of Violence against Children and for Assistance to Children for 2008–2010 was adopted⁸.

Implementing measure 5.1 of the Program – to provide psychological assistance to individuals, sexually and otherwise exhausted children, the Prison Department, in collaboration with foreign scientists, developed a special therapy program SeNAT (Sex Offender Therapy Program for Lithuanian Corrections).

This program is designed to provide therapeutic assistance to individuals who have committed sexual offenses against children, although a flexible program structure and the versatility methodologies based on cognitive-behavioral, therapeutic paradigm, allow to apply the program also to adults who have committed sexual offenses.

It is also worth noting that on 5 June 2012, the Parliament of the Republic of Lithuania tightened penal procedures for persons who were convicted for crimes against a minor's sexual freedom and self-determination (or) integrity.

The adopted amendments expanded the list of persons who cannot be released from correctional institutions on parole.

The amended Article 158 of the Penal Execution Code provides that, starting from 2013, persons convicted for crimes against a minor's sexual freedom and self-determination (or) integrity cannot be released from correctional institutions on parole.

⁸ Approved by Resolution of the Government of the Republic of Lithuania on 24 April 2008.

Practice

Social rehabilitation programs. Already mentioned, that Lithuanian prisons offer a special Sex Offender Therapy Treatment Program for sexual offenders. This program is fully implemented and carried out in Alytus correctional facility. Classes in this institution are held in groups. In other places of detention, for example in Pravieniškės, this program is applied individually.

This program is based on cognitive behavioral therapy principles: through changing patterns of thinking is seeking to change the behavior of offenders. The program in prisons is carried out by psychologists.

In general, implementation of rehabilitation programs in correctional institutions is based on three principles: individualization, volunteerism and publicity (public participation).

In other words, first of all, the program should be designed for a certain category of persons and conducted in groups or individually. Participation in program must be voluntary – persons may be included in these programs only at their own request. The principle of publicity is ensured by inviting professionals from different organizations and society.

Generally, the program consists of 4–6 sessions, which take place in groups and are organized in the form of discussions, lectures, seminars, workshops and tours.

Also, on the basis of the Prison Department Annual Report 2008, the Prison Department, in accordance with the National Program for Prevention of Violence against Children and for Assistance to Children, developed methodological recommendations on sex offenders' therapy in prisons.

The Prison Department also purchased a sexual risk assessment methodology SVR-20 adaptation services and organized trainings for the professionals in psychological units in imprisonment institutions, also probation services.

In addition, in 2008 and 2009 the Prison Department and institutions under the Department introduced a sexual offenders' risk assessment methodology STATIC-99. This is the most widely applicable risk assessment tool for criminal sexual conducts in the world. It is widely used in the USA, Canada, the UK, Australia and many European countries.

However, as already analyzed in other parts of this report, Lithuanian prisons lack psychologists, especially clinical psychologists and psychiatrists.

In order to provide a full therapeutic support for convicts, it is necessary to strengthen the development of psychological services in prisons, attracting more clinical psychologists and psychiatrists who could do preventive work with criminals, especially with sex-offenders.

Also, treatment of such persons should be complex, not limited to the application of programs. The most effective treatment, using all possible treatment options, should be started as soon as a person gets into prison, because very often an offender does not realize the severity of the crime, and antagonistic prison environment may increase their confidence “righteousness” and complicate the whole treatment process.

Additional restrictions. As already mentioned, starting from 2013 the Penal Execution Code (Article 158) does not allow conditional release for persons, convicted crimes against a minor's sexual freedom and self-determination (or) integrity.

According to the Norwegian financial mechanism program “Correctional Services including Non-custodial Sanctions”, the Prison Department together with the Project Partner Sandaker halfway house (Oslo, Norway) is planning to set up 4 open colonies (halfway houses) in Vilnius, Kaunas, Panevežys and Alytus, 80 places total.

Six months before the end of the imprisonment well behaving convicts⁹ will be transferred to a halfway house, thus facilitating their sentencing conditions. This would allow convicts to prepare for effective integration into society – work outside prison, to visit home, thus reducing re-offending rates of convicts.

However, sexual offenders, as well as other most dangerous categories of convicts (such as recidivist) cannot be transferred to a halfway house¹⁰.

6. Lesbian, gay, bisexual and transgender (LGBT) prisoners

⁹ Taking into account the risk of criminal behaviour, activities at the time of sentencing and other relevant circumstances.

¹⁰ According to the Penal Execution Code (Articles 90 and 140) only prisoners, meeting special conditions may be transferred to an open colony and no earlier than one year before the end to the possible release on parole. However, the Penal Execution Code (Article 158) does not allow conditional release for persons, convicted crimes against a minor's sexual freedom and self-determination (or) integrity.

There is no special regulation addressed to lesbian, gay, bisexual and transgender (LGBT) prisoners in Lithuania. Legislation does not distinguish them as vulnerable groups. Also, no statistics exist on the number of such inmates in prisons in Lithuania.

Formally, LGBT prisoners have full protection from discrimination under Article 6 of the Code of Execution of Penalties of the Republic of Lithuania¹¹, but the actual effectiveness of this provision is not clear.

Legal regulations

Laws. There are no special rules addressed to the legal status of these prisoners. However, discussions, both the position of state institutions and public opinion on this issue show that the question remains complex. This is also reflected in the legislative process.

Firstly, both male and female same-sex activity is legal in Lithuania. Homosexuality in Lithuania was decriminalised in 1993. Despite that, laws, institutionalizing same-sex relationships, so far have not been adopted.

Article 38 of the Constitution of the Republic of Lithuania states that “Marriage shall be concluded upon the free mutual consent of a man and a woman”. Same-sex marriage is also explicitly banned in Article 3.12 of the country's Civil Code, stating that “Marriage shall be concluded with a person of the opposite sex only”.

Moreover, the country's Civil Code allows the institution of partnerships to be approved by the legislative authorities, although Article 3.229 of the Code restricts them to heterosexual couples.

Article 2.27 of the Civil Code allows any non-married person to change legal gender if this is medically possible. The second paragraph states, however, that the procedures for changing gender should be led according to a separate law.

Legislative processes. So far, Lithuania has not adopted the Law on Partnerships. Neither gay-marriage nor civil same-sex partnership are available.

Due to the lack of law regulating gender reassignment procedures, Lithuania lost the case *L v. Lithuania* in the European Court of Human Rights in 2007. Despite that, the Parliament and the

¹¹Article 6 of the Code of Execution of Penalties of the Republic of Lithuania sets the main principle – all inmates are equal regardless of their origin, gender, social or property status, race or ethnicity, political beliefs, and party affiliation, education, language, religion or other beliefs, genetic characteristics, disability, sexual orientation, performance, the type and nature of the place of residence and other circumstances, unforeseen in the laws of the Republic of Lithuania.

Government of the Republic of Lithuania refuse to take any actions on adopting such a law after the decision of the European Court of Human Rights.

Moreover, in 2011 amendment to the Code of Administrative Offences was proposed so that it includes a provision “A public propagation of homosexual relations is punishable with a fine from LTL 2,000 to 10,000.” At first the Parliament approved the debate to take place, but later it unanimously rejected the proposal.

Such legislative proposals and related public debate negatively impact the enjoyment of fundamental rights by lesbian, gay, transgender and bisexual individuals. The counterweight for this negative sentiments could be broad awareness-raising campaigns for society, as well as trainings for law enforcement officials.

Practice

Public sentiments against non-traditional sexual orientation remain negative in Lithuania. Such an approach for those individuals particularly complicates re-integration into society.

In 2011, a “RAIT” survey showed that only 4 percent of the population support Partnership Act of homosexuals. In 2009, “Sprinter” research survey showed that 81.5% of respondents considered homosexuality as a perversion, disease or depravity¹².

Although there are no complaints of discrimination in respect of such persons in practice, international inspections see this situation as problematic.

The United States Department of State prepared Country Report on Human Rights Practices in 2012 in Lithuania, where it says that intolerance based on sexual orientation and identity is still remaining a problem in Lithuania¹³.

In this report it was stated, that the antidiscrimination laws apply to lesbian, gay, bisexual, and transgender (LGBT) persons. While they were not subject to official discrimination, society's attitude toward LGBT persons remained largely negative.

Another example - on July 11, the UN Human Rights Committee, after examining the country's third periodic report to that body, found that hate speech crimes against persons in the LGBT

¹² <http://www.delfi.lt/news/daily/lithuania/article.php?id=22822011>

¹³ The United States Department of State, 2012 Country Reports on Human Rights Practices – Lithuania, 19 April 2013, available at: <http://www.refworld.org/docid/517e6e1116.html> [accessed 13 November 2014].

community increased over the previous several years. During the year up to 80 percent of alleged hate speech crimes perpetrated online targeted the LGBT community.

In its annual report, Amnesty International also reminds Lithuania about discrimination against LGBT¹⁴. They criticised Lithuania for the adoption of legal acts and political initiatives discriminating sexual minorities or creating conditions for discrimination. “Lesbian, gay, bisexual, transgender and intersex people continued to be discriminated against, including their rights to freedom of expression and assembly”, Amnesty International announced.

The Lithuanian laws prohibits and penalize discrimination based on sexual orientation. Despite government programs and efforts at enforcement, discrimination against sexual minorities persisted.

Even in the absence of formal complaints, this area needs more attention. Some of the problems in the imprisonment system are already known, for example, possible difficulties implementing the requirement of separation of prisoners who changed their sex.

Another example, somewhat similar to indirect discrimination – under Lithuanian law long-term meetings with the person performing the sentence in penitentiaries are available only between family members. Other partners, also gays or lesbians have no rights to long-term meetings with the partner serving his or her sentence in prison.

These rules may be questioned, but the answers should be provided by the legislator.

7. Older prisoners

The number of old prisoners¹⁵ in Lithuanian penitentiaries is steadily increasing (81 prisoner in 2004, 106 prisoners in 2008, 162 prisoners in 2012), but it still remains quite low (1.6 percent of the total prison population in 2012).

¹⁴ <http://www.15min.lt/en/article/in-lithuania/amnesty-international-reminds-lithuania-about-cia-prison-probe-and-discrimination-against-lgbt-525-338259#ixzz3JtgxsuF3>. Published: 23 May 2013

¹⁵ Reached retirement age or \geq 60 years.

Special needs of this group of convicts are determined by their age: selection appropriate conditions of detention, adequate to the age health care services, adequate regime setting, non-discrimination.

Legal regulations

There are some special rules in the Penal Execution Code addressed to this vulnerable group:

- related with the work of convicts (Article 125). Retirement age convicts can be employed only with their written consent, when no contrary medical opinion exists;
- related to deductions from wages (Article 133). Retirement age convicts having less money in their personal account than set by law, no more than six months before the end of the sentence may be exempt from the obligation to pay deductions to convicts fund;
- related to vocational training. Article 148 sets that vocational training for retirement age convicts can be arranged at their request.

It should be noted, that Article 6 of the Code of Execution of Penalties of the Republic of Lithuania establishes the principle of equality implementing penalty laws. But in this Article, the age of convict, as a sign of non-discrimination, shall not be named.¹⁶

Practice

The status of older prisoners depends on two aspects: firstly, on legal regulation and legal requirements, and secondly, on financial and material resources, also existing norms of behaviour.

Lack of specific legal rules does not ensure that the needs of this group of convicts will be taken into account. For example, the Lithuanian Seimas Ombudsmen's Office in 2007 examined a complaint of an elderly convict, where the applicant claimed that his age makes it harder for him to carry out the sentence with younger inmates. Although in this case the complaint was acknowledged as groundless, the Ombudsman found that there was no explicit legal requirement to separate elderly convicts from others. The separation of such convicts depends on prison administration's discretion.

¹⁶ Article 6 of the Code of Execution of Penalties of the Republic of Lithuania sets the main principle – all inmates are equal regardless of their origin, gender, social or property status, race or ethnicity, political beliefs, and party affiliation, education, language, religion or other beliefs, genetic characteristics, disability, sexual orientation, performance, the type and nature of the place of residence and other circumstances, unforeseen in the laws of the Republic of Lithuania.

Although there are no known public complaints which dealt with violation of rights of this group of convicts, it is publicly known that the infrastructure, the services, social rehabilitation programs provided by the Lithuanian penitentiary institutions seem poorly adapted to the needs of an older population.

On the other hand, the special needs of elderly convicts generally coincide with the special needs of other vulnerable groups. For example, imprisoned elders suffer from diseases typical to this age group, i.e. cardiovascular diseases, arthritis, endocrine and other disorders.

But in this case, their special needs and all the complaints are related with organization of adequate health care services, the topic we have already analyzed in other parts of this report.

8. Prisoners with self-harm risk

As in many other countries some of the prisoners are prone to self-mutilation and suicide. The statistical data of the Prison Department shows that in prisons in Lithuania in 2012, 693 self-harm injuries and 5 suicides were identified.

Attention should be paid to the overall trend in recent years: the number of suicide cases in Lithuanian penitentiaries is declining, and the number of self-harm cases is significantly increasing (see more in Annex 2).

Legal regulations

In Lithuania, the legal protection of this group of prisoners is insufficient.

Lithuanian legal regulation does not correspond with most of the requirements established in the international documents regarding protection of this group of vulnerable prisoners, e.g., Lithuania has not adopted laws or policies requiring that:

- prisoners assessed as vulnerable should be accommodated in the areas of the prison most convenient and appropriate for the monitoring and treatment by the medical personnel and other relevant agencies¹⁷;

¹⁷ SMR 22(2), 62, EPR 12.2, 39, 43.1, 46.2, 47.1, 47.2.

- prisoners assessed as being at risk of suicide/ self-harm should be continuously monitored by both medical and prison staff throughout the prisoner's time in custody and records of such monitoring should be kept¹⁸;

- prisoners detained in a special cell should be visited by a doctor who shall, inter alia, monitor his/ her physical and mental health daily and as frequently as it is necessary.¹⁹

Practice

The lack of legal protection of vulnerable persons in prisons has been observed in practice: prisoners who are prone to self-harm are often subjected to penalties, which, according to the opinion of prison officers, are attempts to manipulate or seek elementary attention. The Seimas Ombudsman noted that such attitude of officers might provoke the danger of overlooking the threat of suicide or more serious self-harm. Also, attention should be paid to the possible influence of a subculture. The concern about this issue has expressed the CPT which noted that self-harming is often related with the mental and psychological problems and these issues should be addressed through therapeutic rather than criminal penalties.²⁰

Most of these problems are related to the lack of material resources, inadequate organization of health care services in prisons. The mentioned problems are solved by instruments specified in Chapters No. 2 and No. 3 of this report.

It should be noted that the Lithuanian prisons are intensively pursuing suicide and self-harm prevention measures in penitentiaries.

In 2012, work was carried out in order to create a positive psychological climate between convicts, taking into account their personal and social needs and assessed risk factors.

Implementing suicide and self-harm prevention measures, the evaluation of depression with newly arrived convicts were carried out using Beko rating scale and conversation.

In 2012, 233 psychological assessments for newly arrived convicts were carried out. 26 certificates and recommendations were submitted for the administrations of correctional institutions regarding sentenced persons with high risk of self-harm or suicide attempts, enhanced supervision,

¹⁸ SMR 22(2), 62, EPR 12.2, 39, 43.1, 46.2, 47.1, 47.2.

¹⁹ SMR 25(1), 32(3), R(98)7:66, EPR 43.2.

²⁰ Report to the Lithuanian Government on the Visit to Lithuania Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 21 to 30 April 2008. CPT/Inf (2009) 22 [interactive]. Available on the internet: <<http://www.cpt.coe.int/documents/ltu/2009-22-inf-eng.htm>> (seen on 26 November 2013).

communication peculiarities. 131 preventive interviews have been conducted with self-harm inclined convicts.

9. Drug and alcohol addicts

The statistical data of the Prison Department shows that 1,490 prisoners, i.e. more than 15 percent of the total prison population in 2012 were identified as drug and alcohol addicted²¹. The number of addicted people in prisons, with little variation, has remained similar for the last 10 years.

Legal regulations.

Article 175 of the Code of Execution of Penalties of the Republic of Lithuania sets that imprisoned convicts who suffer from addiction to alcohol, drugs or psychotropic substances, by their written request may receive treatment during the imprisonment. Treatment procedures and conditions are laid down by the Ministry of Health and the Ministry of Justice.

Practice

Until 2010, in Lithuanian prisons there were no specific social workers who work only with convicts, dependent on psychoactive substances.

In order to improve access to social services for addicted convicts, on 17 December 2010 the Director of the Prison Department by Order No. V-319 introduced additional posts in social rehabilitation units in prisons, namely the posts of senior psychologist and part-time psychologist in each prison, which carry out rehabilitation programs for convicts addicted to psychoactive substances.

In practice, an initial psychological personality assessment is carried out for each convict newly entered the prison.

If the evaluation shows dependency problems, a variety of social-psychological programs is recommended for a convict.

Particular attention is given to addicts to psychoactive substances, to motivate them to participate in psychological and employment programs.

Working with addicts, priority is given to programs that are based on thinking and behavior correction.

In 2007–2009, the Prison Department acquired five repeated crime risk assessment methodologies and four thinking and behavior corrective programs designed to work with prisoners in penitentiaries and probation services.

²¹ Prison Department statistical data: <http://www.kalejimudepartamentas.lt/lt/kalejimudepartamentas/veikla/ataskaitos/metines.html>

Rehabilitation centers for addicted persons are established in every prison. The activity of the rehabilitation centers includes stationary or outpatient addiction treatment based on ill convict rehabilitation programs which are combined with the specialists from local area.

Rehabilitation programs aim to:

- help patients to abstain from drugs and psychotropic substances and to reduce using these substances to a minimum, to refuse using intravenous drugs;
- help patients to improve their quality of life, physical, emotional and psychological state;
- help patients to improve interpersonal (family and other) relations;
- improve the patient's working life;
- improve the patient's social functioning;
- help patients to refuse committing illegal activities;
- implement HIV prevention in case the patient refuses to take intravenous drugs.

Patients to the rehabilitation centers for rehabilitation are directed by the selection criteria if they declare their willingness to refuse addictions and if the correction institution has approved recommendations of a psychiatrist, psychologist and squad educator from the correctional institution in which they are serving a prison sentence.

When patients arrive at the rehabilitation center, their health is examined. Patients are also given detailed information about the operations, services, patient rights, duties and responsibilities in the rehabilitation center. A person shall be introduced (with the signature) to the internal rules of the rehabilitation center and sign a written promise to follow the rules and to carry out other instructions of the rehabilitation center staff. The patient shall sign the contract for treatment and rehabilitation.

Rehabilitation applies these measures:

- individual and group psychological counseling techniques;
- twelve-step program;
- different stages of social support;
- relaxation techniques and autogenic training such as anti-stress techniques;
- family therapy systemic elements;
- ambulatory detoxification and maintenance treatment approaches and programs;
- other rehabilitation methods and applications.

The rehabilitation process can be divided into four stages: 1) pre-rehabilitation stage which is carried out in prison. During this phase, patients are encouraged to refuse using drugs or to make a long break; 2) active therapeutic intervention (or restorative) phase – the first and longest part of the program; 3) the formation of remission (stabilization) phase; 4) anti-relapse and maintenance therapy phase. This step can be taken when there is a court decision for conditional release.

In order to ensure the drug abuse monitoring, patients can be tested by rehabilitation center staff at any time of day. When the cases of use of alcohol, drugs or psychotropic substances are identified, the prison administration is informed about this fact. The prison administration takes the decision to return the patient back to a correctional institution where he or she previously was serving a custodial sentence. The possibility to return to rehabilitation centre in such case is provided only after.

Participation of society. In the rehabilitation process of sentenced persons also non-governmental institutions are involved, for example, members of society of anonymous alcoholics, volunteers from Project „MANO GURU“ lead the workshops about the rehabilitation and integration into the society of addicts. Dozens of self-help group meetings are organized, involving volunteers from society, from different cities. The purpose is to strengthen the motivation of convicts to live without psychoactive substances.

Despite the activities of rehabilitation centers, the great part of drug and alcohol addicted prisoners refuse to participate in such programs.

Strengthening of the material base.

Taking advantage of already mentioned Norwegian financial mechanism, there are plans to open 30 places Rehabilitation Centre in Pravieniškės, which would be specially adapted to the convicts, addicted to narcotic and psychotropic substances, and would also provide the necessary therapy services. It is planned that the rehabilitation center will be opened in 2015.

Methadone therapy. The relevant problem is the lack of methadone therapy in prisons in Lithuania. Prisoners with drug addiction issues have no possibilities to participate in methadone program in comparison with other drug addicted persons in community. The methadone program is inaccessible even for those prisoners who have participated in this program before their imprisonment²².

10. Prisoners under life sentence

On 31 December 2012 there were 111 convicts in Lithuanian correctional facilities, sentenced for life imprisonment.²³

Legal regulations.

²² Eramova I., Joncheere K., Laukamm Josten U., Mendao L., Rotberga S., Skarphedinsdottir M., Drew R. Evaluation of HIV Treatment and its Availability in Lithuania, April 2010 [interactive].: <https://www.unodc.org/documents/balticstates/Library/Other/Report_ART_Lithuania_LT.pdf> (seen on 26 October 2014).

²³ Prison Department statistical data. Year 2012. available at: <<http://www.kaldep.lt/lt/kalejimu-departamentas/veikla/ataskaitos/metines.html>> [accessed 23 October 2014].

Lithuania remains one of the few members of the European Union where persons sentenced to life imprisonment do not have the possibility of early release on parole (Article 158 of the Code of Execution of Penalties).

This group of prisoners have possibility to leave prison earlier only on the basis of amnesty (Article 78 of the Criminal Code)²⁴, clemency (Article 79 of the Criminal Code)²⁵ and due to an illness (Article 79 of the Criminal Code)²⁶.

The release *de jure* is possible by compassionate grounds applying the Grace of President. Nevertheless, the institute of President Grace for life sentenced prisoners was applied only in one case. Thus, the sentence of imprisonment is irreducible *de facto*.

According to the recent European Human Rights Court case of Vinter and others v. United Kingdom²⁷, this can be interpreted as violation of Article 3 of the Convention for the Protection of Human Rights and Fundamental Freedoms.

Life sentenced prisoners serve their penalty under very strict regime comparing with prisoners convicted to fixed-term imprisonment: Article 51 of the Criminal Code establishes that convicted persons shall serve the penalty of life imprisonment in a prison regime. Having served the first ten years of the sentence of life imprisonment, convicted persons may, in the cases and in accordance with the procedure laid down by laws, be transferred to a house of correction.

Practice

There are two aspects that needs to be emphasised analyzing this question. The first is the possibility of sentence review. Second, the conditions to serve this sentence.

On the basis of the Annual Activity Report of the Government Representative at the European Court of Human Rights, currently there are 8 cases, transferred to the Government of Lithuania, where life sentenced prisoners complain of the absence of an appropriate mechanism of review of the penalty.

According to the petitioners, Lithuanian laws do not provide releasing on parol opportunities to the life sentenced prisoners and other options to mitigate the sentence imposed. According to their opinion, amnesty application and President's pardon are treated as discretionary measures, prisoners do not participate in the adoption of these decisions, and do not have a right to appeal them to the court.

²⁴ A person who commits a criminal act may be released from serving the entire or a part of the sentence by an amnesty act passed by the Seimas.

²⁵ A convicted person may be released from serving the entire or a part of the sentence where the President of the Republic of Lithuania grants his clemency plea.

²⁶ A person who committed a criminal act may be released from a penalty where, before a judgement is passed by a court, he contracts a terminal illness rendering him unable to serve the sentence.

²⁷ Vinter and Others v. the United Kingdom, nos. 66069/09, 130/10 and 3896/10, 9 July 2013.

Possibility to dismiss the convict from further execution of the punishment in a case of a serious incurable disease, in their opinion is insufficient. Therefore, the state violates Article 3 of the Convention (prohibition of torture).

The Government representative has already identified this problem as a structural-systemic.

The irreducible life sentence and its strict regime are two factors which are seriously aggravating prisoners' resocialisation.

The Code of Execution of Penalties establishes that sentenced to life imprisonment shall be isolated from other prisoners (Article 70). Also, they are not entitled to a short-term leave outside correctional institution (Article 105). Article 167 sets that general education and vocational training can only take place in a house of correction. It means that convicts serving their sentences in prison regime, do not have the right to get this kind of education.

The CPT also has some important observations on the life sentence enforcement.

After the visit which took place in Lithuania from 27 November to 4 December 2012, the CPT prepared a report²⁸ where the situation with regard to life-sentenced prisoners is analyzed.

On one hand, the CPT notes some developments concerning regime and activities of life-sentenced prisoners²⁹. However, the CPT considers that further progress needs to be made. Vast majority of the life-sentenced prisoners were still spending 22 1/2 hours in their cells as they were not enrolled in work activities or education. Little attempts seemed to be made by prison staff to engage them in the few activities available. Further, contacts with other prisoners were in general prohibited.

Also, the Committee said, that they see no justification for the systematic segregation of life-sentence prisoners and consider that the Lithuanian authorities should institute a process for integrating persons sentenced to life imprisonment into the general prison population. Particular reference they made to the Council of Europe's Committee of Ministers' Recommendation (2003) 23, on the "management by prison administrations of life-sentence and other long-term prisoners" of 9 October 2003.

One of the general principles set out in that recommendation is the non-segregation principle, according to which life-sentenced prisoners should not be segregated on the sole ground of their sentence.

²⁸ <http://www.cpt.coe.int/documents/ltu/2014-18-inf-eng.pdf>

²⁹ Regarding the regime, the CPT acknowledges that a certain number of positive measures have been taken to expand the program of activities. In addition to the activities described in the report on the 2008 visit (1 1/2 hours of outdoor exercise, some possibility of work outside the cell, education, etc.), life-sentenced prisoners can now use a computer for up to three hours per day, like any other inmate. They can also have access to higher education. The Prison organised every month a conference/debate with a speaker at which all the prisoners, including life-sentenced inmates, were invited to participate. Possibilities of association with other life-sentenced prisoners also existed during religious services, certain sport activities as well as during the "knitting group".

Consequently, the placement of persons sentenced to life imprisonment should be the result of a comprehensive and ongoing risk and needs assessment, based on an individualised sentence plan, and not merely a result of their sentence.

The CPT called upon the Lithuanian authorities to fundamentally review the regime applicable to life-sentenced prisoners, taking account of the above-mentioned remarks. The relevant legislation should be amended accordingly.

In the report on the implementation of the guidelines, the Government of the Republic of Lithuania stated that the Ministry of Justice is currently considering options to change the legislation, including mitigation of isolation requirements for convicts sentenced to life imprisonment, where such persons do not pose a real danger to others and the prison management.³⁰...

11. Ethnic and racial minorities and indigenous prisoners

According to the data of the 2011 Population and Housing Census of the Republic of Lithuania, on 1 March 2011, there were 85% of ethnic Lithuanians, 6.6% Poles, 5.8% Russians, 0.5 % Ukrainians, 1.2% Belarusians and 0,6% other nationalities in the country.

During the census the population classified themselves to 59 religious confessions. 2.35 million people (77.2%) identified themselves as Roman Catholics, 125.2 thousand (4.1%) as Orthodox, 23.3 thousand (0.8%) as Orthodox (Old Believers), 18.3 thousand (0.6%) as Evangelical Lutherans, 6.7 thousand (0.2%) as Evangelical Reformed, 24.9 thousand (0.8%) identified themselves as followers of other faiths.

The Prison Department does not collect statistical data about convicts by the ethnic and racial background in the prisons. Thus, the situation on potential needs and problems inside the prisons is not fully clear.

Legal framework.

There is no special regulation directed towards the legal status of ethnic and racial minorities in custodial facilities.

Article 29 of the Constitution of the Republic of Lithuania establishes, that all persons shall be equal before the law, the court, and other State institutions and officials. The rights of the human being may not be restricted, nor may be granted any privileges on the ground of gender, race, nationality, language, origin, social status, belief, convictions, or views.

³⁰ <http://www.cpt.coe.int/documents/ltu/2014-19-inf-ltu.pdf>

Article 25 stresses that freedom to express convictions and to impart information shall be incompatible with criminal actions - incitement of national, racial, religious, or social hatred, violence and discrimination, with slander and disinformation.

Constitutional provisions are particularized by the Law on Equal Treatment of the Republic of Lithuania, adopted on 18 November 2003.

The Law on Equal Treatment not only prohibits discrimination, but also determines the duties of State and municipal institutions and agencies to implement equal treatment – develop, approve and implement programs and measures designed to ensure equal treatment; support programs of religious communities, associations and centres, public establishments, associations, as well as charitable and sponsorship foundations which assist in implementing equal treatment.

The Law on Equal Treatment expands the role of the Equal Opportunities Ombudsman. Office of Equal Opportunities Ombudsmen investigates complaints on the backgrounds of: gender, sexual orientation, disability, age, racial or ethnic origin, religion and beliefs, language, social status.

The Code of Execution of Penalties basically simply repeats the above provisions establishing the principle of equality of convicts and guarantees freedom of religion and conscience for convicts (Article 15) .

The Criminal Code sets criminal sanctions for discrimination on grounds of nationality, race, sex, descent, religion or belonging to other groups (Article 169), also for incitement against any national, racial, ethnic, religious or other group of persons (Article 170).

Practice

Speaking about discrimination based on ethnic origin, firstly, it should be noted that since 2005 Office of Equal Opportunities Ombudsmen has dealt with complaints on ethnic discrimination. Such complaints are in the third place after complaints of discrimination based on gender and age.

Also, from 2015, the Department for Ethnic Minorities will be restored in Lithuania (since 1 January 2010 the Department for Ethnic Minorities has been reorganized and its functions transferred to the Ministries of Culture, of Education and Science and the Ministry of Foreign Affairs).

Fully created institutional net, clear competences of their officials, as well as absence of significant problems in practice, allows presuming that no significant surprises in defense of the rights of this vulnerable group should occur.

However, as already mentioned, no specific law regulates conduct of this vulnerable group in prisons.

Some problems, arising in practice for this group of prisoners are associated with the above mentioned right to receive written information about procedures and conditions of punishment in their mother tongue or language which they understand (problems are analyzed in Chapter 3 of this report).

Other issues, it should be noted, are more individual, single case, such as related with religious rites. For example, a detainee AB filed a complaint to the Parliamentary Ombudsman, stating that he confesses the Islam religion, but Lukiškės prison does not provide possibilities to perform collective religious rites on Fridays.

At the request of the Ombudsman, the Director of Lukiškės penitentiary invited to prison the representative of Sunni Muslim Community, who agreed to come to Lukiškės prison every Friday to perform religious rites if there are more than three followers of the religion of Islam, wishing to perform religious ceremonies along with other Sunni.

12. Prisoners with terminal illness

According to Article 176 of the Penal Execution Code and Article 76 of the Criminal Code, terminal or incurable disease can be the reason of exemption from punishment in Lithuania. Nevertheless, the case of disease does not mean that exemption from punishment is implemented automatically: par. 2 of Article 76 of the Criminal Code stipulates that a person who contracts a terminal illness following the passing of a judgement may be released from serving the undischarged term of the sentence. The court shall decide this issue taking into consideration - the gravity of the committed criminal act, the personality of the convicted person, his conduct while serving the sentence, the nature of the illness and the period of the sentence already served.

Returning to the legal regulation analysis. The reason of exemption from punishment is a terminal illness, but the law doesn't provide the concept of terminal illness, doesn't define its characteristics. All this is regulated by secondary legislation.

Serious incurable diseases list (the list is finite) and Description of procedure of health examination are set by the joint decree of the Minister of Health and Minister of Justice of the Republic of Lithuania (2013-12-27 decree No 1R-308/V-1247).

It should be noted, that there is no public available statistics on how many convicts suffer from incurable diseases in penitentiaries and how many prisoners on this legal ground were released from serving the undischarged term of the sentence during last years. Of course, this issue reduce our further analysis capabilities.

In Lithuanian law there is no other statutory provisions about legal status of persons suffering from an incurable disease.

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Abbreviations

CPT - European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

EPR – Recommendation No. R(2006)2 on the European Prison Rules

SMR – Standard Minimum Rules for The Treatment of Prisoners (UN).

R(98)7 – Recommendation Concerning the Ethical and Organisational Aspects of Health Care in Prison).

R(2004)10 – Recommendation Concerning the Protection of the Human Rights and Dignity of Persons with Mental Disorders.

PPPMI – Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care) (JT).

Annex: Statistical data on vulnerable prisoners

Table 1. Groups of (possibly vulnerable) prisoners (total numbers)

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Foreigners	78	73	76	72	90	118	100	128	113
Ethnic/ cultural/ religious groups – this is not one group but many	-	-	-	-	-	-	-	-	-
Alcohol addicted persons	420	493	592	584	573	464	508	470	403
Persons addicted to other drugs than alcohol (excluding nicotine)	944	965	1151	1030	1033	1015	1159	1075	1087
Mentally handicapped persons (e.g., lower IQ) -code F7	221	200	210	176	165	163	148	154	139
Persons with a psychiatric handicap	1765	1738	1684	1564	1580	1634	1624	1571	1514
Physically handicapped persons	-	-	-	-	-	-	-	-	-
HIV/AIDS	292/0	252/2	267/2	259/10	286/12	301/19	387/19	383/31	390/38

“Querulous persons”/ “trouble makers”	4940	5385	4965	4978	5231	5500	6355	6827	7854
Sexual offenders*	348	376	380	410	401	420	424	470	500
Former police officers, prosecutors, judges, etc.**	77	75	93	91	82	91	85	104	118
(Functional) illiterates***	83	94	108	110	112	124	135	105	106
Persons not speaking the local language	-	-	-	-	-	-	-	-	-
Old prisoners (reached retirement age; or ≥ 60 years)	81	86	97	106	106	107	105	152	162

*Only convicted for rape.

**Former civil servants.

***Prisoners without education.

(-) data isn't counted.

Table 2. Deaths and injuries in penal institutions (total numbers)

		2004	2005	2006	2007	2008	2009	2010	2011	2012
Deaths	Total	12	25	27	29	26	32	25	32	35
	<i>of which:</i> natural death	6	13	20	14	15	16	14	21	28
	<i>of which:</i> suicides	4	11	6	11	10	13	8	11	5
	<i>of which:</i> accidents	0	0	0	0	1	0	0	0	0
	<i>of which:</i> homicides	2	1	0	4	0	2	3	0	2
	<i>of which:</i> other (<i>please specify</i>)	0	0	1*	0	0	1**	0	0	0

Injuries	Total	2508	2416	1959	1711	1572	1809	1791	1772	2058
	<i>of which:</i> assaults***	33/394	62/318	40/155	35/158	40/274	66/340	70/341	61/372	55/409
	<i>of which:</i> accidents	-	-	-	-	-	-	-	-	-
	<i>of which:</i> self-harm	-	-	369	246	274	410	461	500	693
	<i>of which:</i> other (<i>please specify</i>)	0	0	0	0	0	0	0	0	0

*Negligent homicide

**Drugs

***Started/ refused to initiate pre-trial investigation of bodily injury.

(-) data isn't counted.

