Norwegian Human Rights Institution

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Your reference:	CAT/85th session
Our reference:	2021/31
Date:	19.10.2026
Publication no.:	NIM-IR-2026-002

INTERNATIONAL REPORTING

Supplementary report from the Norwegian Human Rights Institution to the UN Committee against Torture prior to the consideration of Norway in November 2026

The Norwegian Human Rights Institution hereby submits its supplementary report to the UN Committee against Torture (hereinafter: the Committee) in relation to the 9th review of Norway at its 85th session in November 2026. Reference is made to the Committee's invitation to provide country-specific information prior to the consideration of Norway's ninth periodic report.

The Norwegian Human Rights Institution (hereinafter: NIM) was established in 2015 as an independent institution under legislation adopted by Parliament. NIM has a broad mandate to protect and promote human rights in Norway, which also entails monitoring how the authorities comply with their international human rights obligations. NIM was last re-accredited with A-status by GANHRI in 2022, thus having been recognized as fully compliant with the UN Paris Principles.

In preparing this report, we have invited inputs from national ombud bodies and have incorporated inputs from the Ombudsperson for Children. The Parliamentary Ombudsman as the NPM and the Equality and Anti-Discrimination Ombud will submit separate submissions.

We hereby take the opportunity to draw your attention to issues we suggest be addressed in the Committee's deliberations with Norway. Please note that this submission does not necessarily reflect all relevant human rights challenges in Norway within the scope of the Convention.

Please feel free to contact us at info@nhri.no for any follow-up questions.

Postal address: P.O. Box 299 Sentrum, 0103 Oslo – **Tel:** (+47) 23 31 69 70 – **Website:** www.nhri.no

Best regards

for the Norwegian Human Rights Institution

Kai Spurkland	Kristin Høgdahl
Director	Senior Policy Adviser

This document is electronically approved and has no signature.

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FRAMEWORK CONDITIONS

1. Incorporation of the Torture Convention

Reference is made to the List of issues prior to reporting (LOIPR) § 3 and the State report §10

NIM notes that the Committee has repeatedly recommended that Norway incorporate the Convention Against Torture into domestic law. NIM refers to its previous comments on this issue and notes that incorporation of the Convention would strengthen the visibility of Norway's obligations under the Convention in domestic law. While the State's obligations under Article 4 of the Convention seem to be satisfied,[1] it is unfortunate from a policy point of view that the Convention Against Torture is not incorporated into Norwegian legislation.

Suggested recommendation:

- The State party should consider incorporating the whole Convention against Torture into domestic law.

2. Definition of torture

Reference is made to the LOIPR § 2 and the State report §§ 5-6

NIM notes that the definition of torture in section 174 of the Norwegian Penal Code still does not fully reflect the wording of article 1 of the Convention, as it refers to an exhaustive list of specified discrimination grounds rather than "discrimination of any kind".

While NIM welcomes that gender identity, gender expression and sexual orientation were added in 2021 as additional grounds for discrimination, the provision remains limited to enumerated grounds. This may create uncertainty as to whether torture committed for discriminatory purposes based on grounds not listed in section 174 would be covered.

For example, the current wording does not expressly include discrimination based on political opinion or political affiliation, social status, or age. These grounds may be highly relevant in situations where torture or ill-treatment is used to punish, intimidate or coerce persons because of their political views, perceived association

[1] See Ot. prp. Nr. 59 (2003-2004) om endringer i straffeloven mv., para 7.

with political groups, marginalised social position, homelessness, poverty, or age-related vulnerability. A formulation based on "discrimination of any kind" would therefore provide broader and clearer protection, and would better capture new, intersectional or otherwise unenumerated forms of discrimination.

Suggested recommendation:

- The State party should consider amending section 174 of the Norwegian Penal Code to add "discrimination of any kind" to the list of discrimination grounds as one of the reasons for torture, to ensure conformity with the Convention in line with article 1, and to ensure broader and clearer protection against such abuse.

POLICE CUSTODY, PRE-TRIAL DETENTION, IMPRISONMENT, AND IMMIGRATION DETENTION

3. Fundamental legal safeguards

Reference is made to the LOIPR § 4 (a-g) and the State report §§ 11-18.

Under section 98 of the Criminal Procedure Act, an arrested person must, as far as possible, be provided with defence counsel as soon as it becomes clear that they will not be released within 24 hours of arrest. If the person was under 18 at the time of the alleged offence, the applicable period is 12 hours. As far as possible, the person must also have defence counsel at the remand hearing and throughout the period of detention. Appointment of counsel may be dispensed with only if the court finds this unobjectionable and the person expressly waives the right to counsel.

Access to publicly funded counsel remains conditional on it becoming clear that the suspect will not be released within the applicable period. Suspects may therefore be questioned without a counsel, including in some serious cases.

NIM considers it essential that everyone deprived of liberty by the police should be able, from the outset of detention, to have a person of their choice notified and obtain legal assistance. Detainees must also receive prompt information about their rights, including the availability of publicly funded legal assistance for certain serious charges, in a form they can understand. These safeguards are important even where no allegation of ill-treatment has been made.

During a visit in 2024, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) received no credible allegations of police ill-treatment. Its report nevertheless identified shortcomings

that could allow such treatment to go undetected.[2] Most of the detainees interviewed by the CPT said they had not been allowed to contact a person of their choice or been told why contact had been denied.[3] The CPT expressed particular concern about foreign nationals, whose contact with relatives or others depended on their diplomatic representation. Confiscation of phones sometimes also prevented access to contact details.

In its 2025 response to the CPT, Norway stated that the national police custody instruction (Instruks for politiets arrester - arrestinstruksen)[4] in force since September 2024 require police to notify foreign nationals' relatives even when they are abroad, and that a leaflet explaining detainees' rights is available nationwide in 40 languages.[5] Norway has maintained its position on the current rules for publicly funded counsel. The proposals from the Criminal Procedure Law Commission (NOU 2016: 24) is still under consideration.[6]

Suggested recommendation:

- The State party should amend the Criminal Procedure Act to ensure effective access to legal assistance from the outset of police detention, including requirement that persons upon arrest be promptly informed of their rights as well as receive clear and specific information regarding which offences qualify for publicly funded legal assistance. It should also regularly assess how effectively national police custody instructions are implemented, particularly regarding the prompt notification of a detainee's chosen contact, whether in Norway or abroad.

4. Prolonged detention in police cells (over 48 hours) and conditions of detention, including for juveniles

Reference is made to the LOIPR §§ 14, 15 and the State report §§ 110-115, 116-121, 17-18

During its 2024 visit, the CPT found that stays exceeding 48 hours were rare in the custody registers it examined.[7] Nevertheless, a few detainees in Tromsø remained in police cells for an additional 12–20 hours because of limited remand capacity, distance and the time needed to arrange transport. The CPT found the material

[2] CPT rapport 2025.pdf, pp. 9–10, paras. 16–18.

[3] CPT rapport 2025.pdf, pp. 10–12, paras. 19-21.

[4] Instruks for politiets arrester (arrestinstruksen) (RPOD-2023-16).

[5] Norway's response to CPT-rapport, responses to items 18, 21 and 26.

[6] Norwegian response to the CPT-report, responses to items 18 and 23.

[7] CPT-report para. 12.

conditions in the two police custody facilities it visited, in Oslo and Tromsø, met its standards.[8]

Suggested recommendation:

- The State party should end detention in police cells beyond the 48-hour legal limit, ensure prompt court presentation and timely release or transfer, as well as address shortcomings in police facilities and transport delays.

5. Pretrial detention isolation and access to release

Reference is made to the LOIPR § 16 (a) and the State report § 127

With reference to paragraph 127 of the State party's report, NIM notes that the Commission on the Criminal Procedure Act proposed limiting each court order authorising full isolation to two weeks, with extensions permitted only in exceptional circumstances.[9] The State party reported that this proposal remained under consideration.

Under section 35 of the Execution of Sentences Act, the Correctional Service may interrupt a *sentence* on health grounds but has no corresponding power with respect to a person held on *remand*. A remand prisoner's health, or an inability to provide necessary health care in prison, may nevertheless make continued detention disproportionate. Only the prosecuting authority or a court can decide on release. The Correctional Service may therefore remain responsible for a prisoner whose continued detention it considers unsuitable, without a formal procedure for bringing that concern before the competent authority.

Children on remand require distinct safeguards. Under article 37(b) of the Convention on the Rights of the Child, their detention must be a measure of last resort. Article 37(c) requires children deprived of liberty to be separated from adults unless it is considered not to be in the child's best interests. In a 2024 report on Eidsberg Prison, the Parliamentary Ombud's National Preventive Mechanism found that children had been placed with adults without an assessment of their best interests and that the prison could not provide sufficient follow-up.[10] In HR-2024-2119-U, the Supreme Court's Appeals Selection Committee reiterated an interpretation of article 37(c) under which "exceptional circumstances" may also

[8] CPT-report para. 13.

[9] NOU 2016:24, (submitted 3 November 2016). A New Criminal Procedure Act, section 14.4.5.6.

[10] «Barn i Eidsberg fengsel", published 28. june 2024.

justify a departure from the separation requirement. NIM considers that this risks extending the exception beyond article 37(c). The articles' reference to "exceptional circumstances" concerns restrictions on family contact, not the separation of children from adults.

Suggested recommendation:

- The State party should amend legislation to limit full-isolation orders to two weeks, allowing extensions only in exceptional circumstances. It should also enable the Correctional Service to ask prosecutors to review detention where health concerns may make the measure disproportionate and allow the detainees to challenge a refusal in court through defence counsel. Furthermore, it should clarify in legislation that children can be remanded only as a last resort and must be kept separate from adults unless an individual assessment finds otherwise to be in their best interests.

6. Solitary confinement in prison

Reference is made to the LOIPR § 16 (a-f) and the State report §§ 122-137

On 12 May 2026, Norway adopted amendments to the Execution of Sentences Act concerning prisoners' access to meaningful social interaction and exclusion from it.[11] The amendments have not yet entered into force. Under Part IV of the amending Act, they will enter into force on dates determined by the King in Council and different provisions may enter into force at different times.

Right to social interaction: the amended section 2(2) requires the Correctional Service to facilitate social interaction between prisoners and to prevent and mitigate the adverse effects of isolation. Under section 17(1), prisoners must have daily access to social interaction. They must normally be offered at least eight hours outside their cell per day, and never less than four hours, unless an exception is authorised by law or they choose not to participate. Under section 17(2), prisoners who do not participate in the ordinary prison community must be offered more than two hours of meaningful human contact each day; prisoners under 18 must always have access to such contact.

NIM considers these amendments important steps towards preventing isolation. A clearer standard for time outside the cell may reduce prolonged lock-in without a

[11] Lov om endringer i straffegjennomføringsloven mv. (isolasjon i fengsel (LOV-2026-05-12-18).

formal exclusion decision and the safeguards attached to such decisions under section 37. It may also help prevent a cycle in which isolation worsens mental health and contributes to behaviour that prompts further restrictions that may lead to risk for degrading and inhuman treatment. Effective implementation on the new regulation is therefore essential.

The preparatory works describe the eight-hour rule in section 17(1) as a national minimum standard.[12] However, it is specified that a prison may set a schedule offering an average of eight hours per day over a week. The provision therefore does not entitle each prisoner to eight hours outside the cell on every single day. NIM considers that authorities establish a procedure allowing prisoners to appeal when the time offered outside the cell falls substantially below the eight-hour norm over a sustained period, for example four weeks.

Exclusion from the prison community: under amended section 37, exclusion must have a legal basis and may be used only where less restrictive measures have failed or would clearly be insufficient. The need for exclusion must clearly outweigh its adverse effects, and exclusion must be no broader or last longer than strictly necessary. Decisions must be written and reasoned. Exclusion based on circumstances relating to the prisoner is capped at six months, with a new decision required at least weekly and decision-making transferred to the regional level after 14 days (section 37 a). Exclusion due to acute circumstances at the prison, including acute staffing shortages, is capped at seven days (section 37 b). Exclusion of prisoners under 18 is also capped at seven days (section 37 c). Excluded prisoners must be supervised several times a day. The municipal health service must be notified without undue delay and asked to provide follow-up. If exclusion lasts more than seven days, a plan for return to the prison community must be prepared (section 37 e).

NIM welcomes the adopted amendments that tighten the conditions for excluding prisoners from the prison community. Their effectiveness will depend not only on safeguards during exclusion, but on prisons' ability to prevent situations that lead to exclusion. The CPT found that prisoners subjected to exclusion or court-ordered isolation still lacked sufficient meaningful human contact and purposeful activity, despite the introduction of activity teams. Norway states that weekly plans are required for prisoners excluded from ordinary social interaction.[13]

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[12] Prop. 165 L (2024–2025) (Amendments to the Execution of Sentences Act, etc. (Isolation in Prisons) sections 5.1.4 and p. 149.

[13] CPT rapport 2025.pdf, p. 33, paras. 100–101; Norway's response tto item 101.

Suggested recommendation:

- The State party should bring the amendments on prisoners' social interaction into force promptly and ensure that the eight-hour daily norm is met in practice, with an effective, timely process for challenging sustained shortfalls. It should also prevent exclusions through systematic preventive measures, adequate staffing, activities, healthcare, outside contact as well as to ensure that excluded prisoners receive daily purposeful activity and meaningful human contact. Moreover, it should publish disaggregated data on exclusion grounds, duration and reviews.

7. Mental health care for prisoners

Reference is made to the LOIPR §§ 19, 16(d) and the State report §§ 169-171, 162, 166-167 and 131-133.

People in prison face a higher risk of suicide than the general population. During its 2024 visit to Norway, the European Committee for the Prevention of Torture (CPT) identified a high incidence of self-harm, inadequate healthcare, insufficient staff presence and a failure to meet the needs of prisoners with severe mental disorders. The CPT expressed particular concern about prisoners with mental disorders. These challenges are well known in Norway and have persisted for many years.

Norway has also been found to have committed human rights violations arising from conditions in its prisons, most notably in Haugen v. Norway (application no. 59476/20), in which the European Court of Human Rights found violations of Articles 2 and 13 of the European Convention on Human Rights (ECHR). Both national and international bodies have raised concerns about a range of issues, many of them related to healthcare.

In 2025, the Norwegian Official Report, Protection of Society and Care, made recommendations concerning the health and well-being of prisoners.[14] These included improving healthcare and staffing, increased opportunities for social interaction and activities, and supporting contact with family members.

The 2026 thematic report by the Parliamentary Ombud further identified repeated and serious shortcomings in healthcare for prisoners.[15] The Ombud described the failure of many prisons to systematically identify and follow up on suicide risk as

[14] Norwegian Official Report (NOU) 2025: 2, Samfunnsvern og omsorg (Protection of Society and Care).
[15] Parliamentary Ombud for Scrutiny of the Public Administration (Norway), Helsetjenester til innsatte i fengsel (Healthcare services for prisoners), thematic report No. 2026-01-T (26 February 2026), summary.

one of its most serious findings. The report also found that prisons pay insufficient attention to known vulnerabilities among prisoners.

Norway's response to the Council of Europe's supervision of the execution of the Haugen judgment indicates that the authorities have taken some steps, including revising suicide prevention guidelines and the instruction governing cooperation between the correctional and healthcare services.[16] Addressing broader challenges facing Norway's correctional services will, however, likely require more substantial measures relating to funding, governance and legislation.

NIM considers that there is a high risk of human rights violations in Norwegian prisons. Implementation of the recommendations from the Protection of Society and Care Report could help to improve the situation.

Suggested recommendation:

- The State party should ensure that detainees with serious mental health issues receive appropriate care, including access to inpatient treatment where needed, improvements to prison conditions and adjustments to the conditions of detention.

8. Detainee's mental fitness to serve sentences and safeguards against inhuman treatment in prison

Reference is made to the LOIPR §§ 19, 16(d) and the State report §§ 169-171, 162,166-167 and 131-133

The authorities must ensure that detention conditions and facilities meet the prison population's essential healthcare needs. This may require adapting the conditions of detention or transferring a prisoner to a suitable institution. Under section 35 of the Execution of Sentences Act and section 3-33 of the Regulations relating to the Execution of Sentences, enforcement of a sentence may be interrupted if the prisoner's health is incompatible with continued imprisonment. This requires an individual assessment and is permitted only where, following an overall assessment

[16] Council of Europe, Department for the Execution of Judgments, "Haugen v. Norway" (application no. 59476/21), "Status of Execution", section "Revision of guidelines and a circular", https://hudoc.exec.coe.int/eng?i=004-67931.

of the specific circumstances, the interruption is considered justifiable from a security perspective.

Norway has acknowledged that prisoners with severe mental illness may be at higher risk of isolation. During its country visit in 2024, the CPT also identified prisoners who should have been transferred from prison to psychiatric care.[17] NIM is concerned that prisoners with serious mental health conditions or intellectual disabilities may be unable to raise the question of whether they are fit to serve their sentence.[18] NIM has also identified weaknesses in the rules governing judicial review of decisions to interrupt a sentence. The courts' role is generally limited to reviewing and confirmation the Correctional Service's requests, with no clear statutory basis for ordering release *motu proprio* where continued detention deems unlawful. Prisoners also have no specific statutory entitlement to free legal aid in such proceedings. NIM therefore considers that the rules governing judicial review of decisions on fitness to serve a prison sentence should be revised. The amended rules should ensure effective and timely judicial scrutiny and access to legal assistance when necessary.[19] The Criminal Procedure Law Commission (NOU 2016:24) also recognised the need for such judicial review, noting that rights of detainees in some instances derive from Article 5(4) of the European Convention on Human Rights.[20]

Suggested recommendation:

- The State party should require the Correctional Service to initiate an individual assessment whenever a prisoner's health or disability may make their ordinary detention conditions unsuitable. It should ensure, as necessary, that detention conditions are appropriately adapted, that the prisoner is transferred to a suitable institution or their sentence is interrupted. The State party should also examine the rules on judicial review to ensure that a court can order release when continued detention is unlawful and that effective and timely access to such review is available in practice, including legal assistance when necessary.

[17] CPT-rapport pp. 40-41 para. 118-122.

[18] Norwegian National Human Rights Institution (NIM), Consultation Response to Official Norwegian Report (NOU) 2025: 2, "Samfunnsvern og omsorg" (NIM-H-2025-033, 25 August 2025), pp. 3–4, 11, 14, 17.

[19] Norwegian National Human Rights Institution (NIM), Consultation Response to Official Norwegian Report (NOU) 2025: 2, "Samfunnsvern og omsorg" (NIM-H-2025-033, 25 August 2025), pp. 10, 14–16.

[20] NOU 2016:24, (submitted 3 November 2016). A New Criminal Procedure Act, section 21.

9. Use of coercive measures in prisons

Reference is made to the LOIPR § 17 and the State report §§ 138-151.

Norway adopted amendments to the Execution of Sentences Act in May 2026, but they have not yet entered into force. The current section 38 regulates use of security cells, restraint beds and other approved coercive measures largely within a common framework. The amendments include separate rules for restraints, including handcuffs and spit hoods (§ 38a); shields, batons and gas (§ 38b); security cells (§ 38c); and restraint beds (§ 38d). The new general provision (§ 38) sets out clear requirements for authorising coercive measures: that less intrusive alternatives have failed or been clearly inadequate, the need for the measure to clearly outweigh its adverse effects, and that its use be discontinued as soon as it is no longer strictly necessary. Decisions must be written and reasoned.

The amendments also narrow the grounds for using the most intrusive measures. A security cell may be used only to avert serious harm to a person, serious self-harm or significant property damage (§ 38c). A restraint bed may be used only to avert an imminent risk of serious self-harm, as a last resort and for the shortest possible time (§ 38d). Both provisions require supervision by prison staff, immediate notification to the municipal health service and a new decision if use of these measures continues. New minimum requirements for supervision by health personnel are set out in the Health and Care Services Act (§ 3-9).

For children, the existing higher threshold for using coercive measures is retained (§ 38e), while spit hoods and restraint beds are prohibited (§§ 38a and 38d).

The amendments will enter into force on the date determined by the King in Council, which may bring individual provisions into force at different times.

NIM welcomes the strengthened safeguards. However, the physical design of security cells varies and may itself impose an unnecessary burden on detained persons. The use of security cells is particularly harmful to children. In NIM's view, the design of many existing security cells poses a significant risk of breaching the prohibition of inhuman or degrading treatment.

The current Section 38 of the current Execution of Sentences Act sets a higher threshold for using of coercive measures against children than against adults. Such measures must be imperatively necessary, and less intrusive measures must have

been tried or deemed to be clearly inadequate. Norway described these safeguards in its report to the Committee.[21]

The Parliamentary Ombud's report of 4 June 2026 found that, in 43 of 70 decisions to place children in security cells, prisons had referred to the lower threshold applicable to adults.[22] At least three placements were not supported by a formal decision, and more than half of the decisions contained no assessment or discussion of proportionality or the child's best interests. Risk of self-harm was cited in 21 decisions. The Correctional Service also lacked a complete overview of the use and duration of security cells and restraint beds for children. It should be noted that the Parliamentary Ombud's review examined the written decisions only. The review does not include a comprehensive assessment of the conditions or duration of each placement.

Suggested recommendation:

- The State party should ensure that coercive measures in prisons are necessary, proportionate and used only after considering less intrusive alternatives, particularly for children. It should provide adequate staffing, training and access to health services as well as to set and enforce dignified standards for security cells across the country. Furthermore, it should establish binding prevention and post-incident review procedures for systemic prevention of coercive measures in prisons. The State party should regularly collect and publish disaggregated data, including by age category, on the use, duration and grounds for such measures.

10. Women in prison

Reference is made to the LOIPR §§ 18, 17 and the State report §§ 160-163.

NIM remains concerned that women do not always have access to prison conditions and services tailored to their needs. In the State report to the Committee, Norway acknowledged that the limited number of places for women makes it difficult to place them close to where they live. It described measures to

[21] State report paras. 145-147.

[22] The Parliamentary Ombud (Sivilombudet), Children in Security Cells and Restraint Beds in Norwegian Prisons, 2016–2025 (4 June 2026). Available at: https://www.sivilombudet.no/besoksrapporter/barn-pa-sikkerhetscelle-og-i-sikkerhetsseng-i-norske-fengsler-2016-2015/ .

expand adapted places, prevent isolation and improve equality of conditions. NIM has previously raised concerns that women may be held at a higher security level than necessary or far from their families, and about unequal access to healthcare, substance-use treatment, outdoor areas and physical activities.[23]

The need for appropriate mental healthcare is particularly acute. During its visit to the women's unit at Skien prison, the CPT encountered women with severe mental illness and frequent self-harm, whose needs could not adequately be met in prison. It called for three women to be transferred urgently to a suitable secure therapeutic setting.[24] Norway gave details in its response.[25] Norway also stated that it was working towards opening a reinforced community unit for women at Skien in the first quarter of 2026.

Suggested recommendation:

- The State party should provide women with suitable prison facilities based on required security levels, equitable access to healthcare and rehabilitation, and prompt transfer to therapeutic care when needed. It should also ensure that self-harm is addressed through coordinated, care-led responses rather than coercion.

11. Immigration detention

Reference is made to the LOIPR §§ 20, 17-18 and the State report §§ 172-175, 150, 152-159, 203-204.

NIM has previously raised concerns about conditions and restrictions at Trandum Immigration Detention Centre.[26] The Government's current legislative proposal to transfer operational responsibility for the immigration detention centre from the police to the Norwegian Correctional Service, and to amend the legal framework

[23] Report from Norway's NHRI to the UN Committee on Torture in relation to the List of Issues Prior to Reporting for Norway's 9th periodic report, to be adopted in session 70, April - May 202, 21 January 2021.
[24] CPT-rapport para. 121.
[25] Norway response to item 10.
[26] Submission to the Committee's LOIPR in January 2021, NIM comments on proposed amendments to the Immigration Act and the Immigration Detention Regulations in August 2025 (NIM-H-2025-032-V02) and May 2026 (NIM-H-2026-027). Available her respectively https://www.nhri.no/wp-content/uploads/2025/08/NIMs-horingsuttalelse-Forslag-til-endringer-i-utlendingsloven-%C2%A7-107-og-til-ny-utlendingsinternatforskrift-NIM-H-2025-032-V02.pdf and her https://www.nhri.no/wp-content/uploads/2026/06/NIM-H-2026-027.pdf)

governing restrictions during detention, represents an overall improvement compared with both the current framework and the proposal circulated for consultation in 2025. In particular, the proposal strengthens requirements for individual assessments, proportionality, and the recording and reasoning of decisions. It remains important to emphasize that immigration detention is an administrative measure and must remain distinct from imprisonment as a criminal sanction. Restrictions must not become routine, and their cumulative impact on each detainee must be duly considered.

Restrictions, movement and communication: The proposal would allow detainees to be locked in their rooms for up to 12 hours per day and have their mobile phones confiscated. NIM has emphasised that such routine restrictions may disproportionately interfere with the right to private life and freedom of expression under Article 8 and 10 of the European Convention on Human Rights (ECHR), and statutory authorisation alone does not make restrictions proportionate. NIM considers that such restrictions should be individually assessed, less intrusive alternatives should be considered, and their combined impact carefully reviewed, especially on children and vulnerable detainees. The Parliamentary Ombud has also raised concerns about movement, phone access and activities at the centre, identifying a risk of inhuman or degrading treatment.

Exclusion from communal activities, security cells and legal safeguards: The proposal sets out requirements for exclusion from communal activities. NIM supports safeguards requiring that less intrusive measures must be considered and that exclusion must be proportionate.

NIM is also concerned about the use of security cells, particularly in situations involving risk of self-harm or suicide. NIM recognises that such measures may be necessary in acute situations to prevent serious harm, but security cells should be a last resort, used for the shortest possible time, be necessary and proportionate, with alternatives assessed and decisions reasoned and documented. Healthcare personnel must be appropriately involved, particularly where risk of self-harm or suicide is a concern.

In its 2025 and 2026 consultation responses,[27] NIM also recommended considering free legal aid to challenge security-cell placement. Permission to contact a lawyer that is included in the proposal does not provide publicly funded legal assistance. NIM has also recommended considering free legal advice for immigration detainees

[27] Horingsnotat-forslag-til-endringer-i-utlendingsloven-mv.-overforing-av-driftsansvaret-for-utlendingsinternatet-fra-politiet-til-kriminalomsorgen.pdf , pp. 3–6; NIM-H-2026-027, høring om Trandum utlendingsinternat.pdf, p.

subjected to such measures, limiting force against children to situations of imminent risk of injury, and providing the municipal health service with guidance tailored to immigration detention.[28]

Children at the immigration detention centre: NIM has previously raised concerns about the proposal to use security cells for children. If the legal framework nevertheless permits the use of security cells for children, NIM considers it important that this measure is limited as far as possible. Decisions must take account of the child's best interests, less intrusive measures that have been tried should be documented, necessity and proportionality must be assessed, and the cumulative impact of measures must be considered with the regular frequency.

Healthcare and prevention of self-harm: The transfer of healthcare responsibility to municipal health services is a positive development in terms of the independence of healthcare provision. Nevertheless, concerns remain about the practical availability and quality of healthcare at the detention centre.[29] Adequate healthcare and systematic preventive work are essential to reducing the need for restrictive measures, including exclusion and placement in security cells. NIM consider that it also necessary to have specific guidelines tailored to the health needs of detainees at the immigration detention centre. The rules for their health rights are complicated, and relevant services need specific guidance.

Contact with foreign delegations and safeguards: NIM notes that there is a need for clear safeguards when detainees meet representatives of their countries of origin to establish their identity and/or obtain travel documents. The current proposal does not address this issue. The government has issued instructions on this matter, however there is a need for further legal safeguard.

Suggested recommendation:

- The State party should reduce the prison-like character of immigration detention, ensure that restrictions on immigration detainees are individually and proportionately assessed, including their cumulative impact, and that security cells are used only as a last resort, for the shortest possible time, with documented reasons, consideration of alternatives, and strict safeguards for children. It should provide free

[28] https://www.regjeringen.no/contentassets/da2c7bbb68b746d8b88b0496066abc5b/horingsnotat-forslag-til-endringer-i-utlendingsloven-mv.-overforing-av-driftsansvaret-for-utlendingsinternatet-fra-politiet-til-kriminalomsorgen.pdf , pp. 32–33, 39–40, 47–53; NIM-H-2026-027, høring om Trandum utlendingsinternat.pdf, pp. 4–7).

[29] Issues identified by the Norwegian Parliamentary Ombud include health screening on arrival, follow-up of detainees placed in security cells, the handling of suicide and self-harm risks, and healthcare for persons detained for longer periods – available in Norwegian *Ny Trandum-rapport: Risiko for umenneskelig behandling* 23 April 2026 https://www.sivilombudet.no/aktuelt/tortur-forebygging/ny-trandum-rapport-risiko-for-umenneskelig-behandling/

legal aid to detainees challenging placement in security cells, strengthen healthcare safeguards and suicide- and self-harm-prevention measures, including provide municipal health services with clear immigration-specific guidance on initial assessments and follow-up of detainees at risk.

COERCIVE MEASURES IN CARE INSTITUTIONS

12. Psychiatric health care institutions

Reference is made to the LOIPR § 22 (a-d), 23 and the State report §§ 185-196 and 236.

Complaints relating to compulsory mental health care in Norway are handled by two bodies: the County Governor and the Supervisory Commission. Decisions on examination and treatment without the patient's consent are reviewed by the County Governor, while the Supervisory Commission is the appeal body for most other decisions. Several public commissions have proposed changes to the administrative review of these cases, but those proposals have not been followed up.[30]

The Norwegian Directorate of Health's 2025 report on oversight of the use of coercion in mental health care notes several types of complaints regarding decisions to impose compulsory mental health care, a substantial increase in complaints about decisions on use of seclusion, and an increase in complaints to the County Governor about treatment without consent.[31]

In 2026, the Court of Appeal held that a woman's human rights had been violated in the context of mental health care.[32] The Court considered both whether the legislation and the use of compulsory medication were incompatible with human rights, and whether human rights had been violated in the specific case. The Court found no conflict between Norwegian law and human rights norms. However, in the

[30] See, for example, Official Norwegian Report (NOU) 2019: 14, The Coercion Limitation Act, which states (translation from Norwegian): "It is proposed that the County Social Welfare Boards and the Supervisory Commissions be replaced by a new, joint review system." Available here (only in Norwegian): https://www.regjeringen.no/no/dokumenter/nou-2019-14/id2654803/?ch=1

[31] Norwegian Directorate of Health, Oversight of the Use of Coercion in Mental Health Care 2024 (2025), available on the Directorate's website (only in Norwegian): https://www.helsedirektoratet.no/rapporter/kontroll-av-tvangsbruk-i-psykisk-helsevern-2024/sammendrag

[32] Norwegian case reference: LB-2025-42941.

specific case, it found that the compulsory medication and one incident of isolation violated the prohibitions on degrading treatment and discrimination, as well as the right to respect for private life, under, among other instruments, the European Convention on Human Rights and the International Covenant on Civil and Political Rights. The violations included the failure to conduct a specific balancing assessment, the absence of a decision authorising the use of physical force during compulsory medication, the failure to assess the degree of physical force used, and deficiencies in the complaints process.

In 2025, legislation was introduced to allow a decision to be made to administer electroconvulsive therapy (ECT) to patients lacking decision-making capacity.[33] The conditions are that failure to provide the treatment would pose a serious risk to the patient's life within a few weeks, and that the patient does not object to such treatment. NIM stated that it agreed with the Government that the previous legal position and practice – under which ECT could be administered without consent based on principle of necessity – was untenable. However, NIM called for a stronger and broader evidence base for this form of treatment.

In 2026, the Government submitted two alternative proposals for consultation to strengthening children's legal safeguards when mental health care is initiated and provided.[34] Under the first alternative, a formal decision would be made to impose compulsory care on children, giving the child right to appeal. Under the second, no formal decision would be made, as is currently the case. Instead, the Supervisory Commission would automatically review the case when a child objects to treatment. Neither proposal has yet been adopted. In NIM's view, both alternatives would represent a significant improvement. Nevertheless, we believe further work should build on the first alternative. Any new proposal must ensure that the complaint mechanisms in mental health care are effective and accessible to children.

Suggested recommendations:

- The State party should strengthen effective oversight and complaint mechanisms in mental health care, including access to age-appropriate appeal procedures for children. It should safeguard the use of compulsory medication through individual assessments, clear rules and documentation on use of physical force, and establish a strong evidence-based safeguards for ECT, particularly for patients lacking decision-making capacity.

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[33] For the preparatory works, see Proposition 31 L (2024–2025), Amendments to the Mental Health Care Act etc, (improved basis for decision-making and treatment).

[34] Available here (only in Norwegian): https://www.regjeringen.no/no/dokumenter/helse-og-omsorgsdepartementet-sender-pa-horing-forslag-til-styrking-av-barn-og-unges-rettssikkerhet-ved-tvangsbruk-i-psykisk-helsevern/id3160744/

13. Child welfare Institutions

Reference is made to the LOIPR § 23 and the State report §§ 197-200 and 239.

The rules governing restrictions and the use of force in child welfare institutions have been the subject of several reviews and legislative proposals in recent years. Chapter 10 of the Child Welfare Act regulates children's rights in these institutions and the use of coercive measures. The measures range from limits set as part of the institution's duty of care, to access to a child's communications, drug testing, body searches and the use of physical force. Isolation may be used only as a last resort, where strictly necessary. Any measure must be necessary and proportionate, and less intrusive alternatives must be considered first.

Following a legislative amendment in 2025, institutions must also consider the cumulative scope and duration of restrictions and interventions imposed on the child when assessing proportionality.[35] Institutions are also required to work systematically to prevent the use of physical force and other interventions. [36] In NIM's view, this has strengthened the legal safeguards for children in institutions.

According to figures from the Norwegian Board of Health Supervision, the County Governors dealt with 851 complaints concerning records of coercive measures in 2025, an increase from 2024. The Board notes that the rise should be viewed in the context of the number of such records: 15,223 were registered in 2025, compared with 14,115 in 2024 – an increase of 8 per cent.[37] The Board considers the high level of coercive measures and restrictions to be an indication that interference with children's personal integrity remains an area of risk. It highlights, among other things, the need for systematic prevention and more consistent practice across institutions.

In 2023, the Norwegian Institute of Public Health (NIPH) carried out a systematic scoping review of coercion and restrictions in child welfare institutions.[38] It

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[35] Prop. 83 L (2024–2025), section 15.4.6, cf. Act 20 June 2025 No. 39 amending the Child Welfare Act, section 10-6, second paragraph, available here (only in Norwegian): https://www.regjeringen.no/no/dokumenter/prop.-83-l-20242025/id3094694/?ch=4#kap15-4-6

[36] Ibid, section 10-5 of the Child Welfare Act

[37] Norwegian Board of Health Supervision, Annual Report 2025, "Complaints concerning breaches of rights and the use of coercion, interventions and restrictions in child welfare institutions". Available here (only in Norwegian: https://www.helsetilsynet.no/publikasjoner/arsrapporter/aarsrapport-helsetilsynet-2025/3.arets-aktiviteter-og-resultater?b=toc_1247589#toc_1247589

[38] Norwegian Institute of Public Health, The use of force and limit-setting for children and youth in residential childcare and foster care: systematic scoping review (update), 2023, pp. 47–48, available here:

concluded that the limited research base makes it difficult to draw firm conclusions about many aspects of coercion and limit-setting. The NIPH called for research into the longer-term consequences of coercion, as well as the possible negative consequences of not using it. Also in 2023, the Parliamentary Ombudsman's National Preventive Mechanism visited eleven child welfare institution units where children were living alone with staff. One of the main findings was that staff lacked sufficient knowledge of techniques for the use of physical force.[39]

In the summer of 2026, Parliament adopted legislative amendments allowing children to remain in involuntary institutional placements for longer periods.[40] The Ministry has also announced further review of the powers of institutions to set limits and impose restrictions, particularly in relation to children's freedom of movement.[41] This is prompted in part by concerns regarding children who commit, or are at risk of committing, serious offences. The amendments form the first part of the comprehensive review of restrictions and interventions in institutions announced in Prop. 83 L (2024–2025), Amendments to the Child Welfare Act etc. (Quality Reform in Child Welfare).

Suggested recommendation:

- The State party should ensure that coercion and physical force in child welfare institutions are necessary, proportionate and used only as a last resort. Furthermore, it should provide institutions with the conditions to prevent restrictions, research their long-term effects on children as well as ensure that any deprivation of liberty has a clear legal basis, is time-limited, serves an educational or therapeutic purpose, and is subject to regular review and judicial oversight.

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https://www.fhi.no/en/publ/2023/The-use-of-force-limit-setting-for-children-youth-in-residential-childcare-and-foster-care/

[39] Parliamentary Ombudsman, Annual Report 2023, section on visits to child welfare institutions in Agder. Available here (only in Norwegian): https://www.sivilombudet.no/arsmeldingene/arsmelding-sivilombudet-2023/#besok-til-barnevernsinstitusjoner-i-agder

[40] Norwegian Parliament, Recommendation 362 L (2025–2026), concerning Prop. 86 L (2025–2026), section "Introduction". Available here (only in Norwegian): https://www.stortinget.no/no/Saker-og-publikasjoner/Publikasjoner/Innstillinger/Stortinget/2025-2026/inns-202526-362l/?m=0

[41] https://www.regjeringen.no/no/dokumenter/prop.-86-l-20252026/id3153702/?ch=1

14. Care homes for older persons

Reference is made to the LOIPR § 5 (c,e,f) and the State report § 19

NIM has been monitoring the human rights situation of older persons for several years. Studies and reports indicate that violence and abuse against older persons, including those living in nursing homes, are not adequately identified and addressed.[42] In NIM's view, strategies, measures and knowledge in this area remain insufficient. Many nursing homes still lack the tools and expertise needed to detect violence and abuse, while older persons are rarely mentioned in action plans on domestic violence, both at state and municipal levels. Neglect as a result of understaffing is the most common complaint. In addition, complaints about verbal abuse and psychological violence, being ignored by the staff as well as lack of exercise are persistent challenges in Norwegian nursing homes, according to a report from the Norwegian Red Cross.[43]

NIM has identified several human rights concerns relating to nursing homes. Nursing homes do not always have adequate systems, tools or expertise to identify and respond to violence and abuse against their residents. Practices relating to compulsory health care do not always meet the legal requirements. This includes assessing a resident's capacity to consent, determining whether consent is valid or a resident is resisting care, documenting decisions, and safeguarding the right to appeal. Many residents are malnourished or receive inappropriate medication.

Suggested recommendation:

- The State party should strengthen its efforts to protect older persons living in institutions from violence and abuse, including by developing effective prevention and protection mechanisms, as well as to improve staffing capacity and training of staff in neglect to ensure that residents feel safe in nursing homes.

[42] https://www.nhri.no/wp-content/uploads/2019/03/NIM_Temarapport_2019_Eldre_web.pdf https://www.nhri.no/rapport/eldres-menneskerettigheter/ and https://www.nhri.no/rapport/eldres-menneskerettigheter/

[43] https://www.rodekors.no/aktuelt/2024/omsorg-under-press/

VIOLENCE AGAINST WOMEN AND OTHER VULNERABLE GROUPS

15. Implementation of consent-based rape legislation

Reference is made to the LOIPR § 5 (a,b,d,e,f) and the St ate report §§ 19-29

On 1 July 2025, the amended Penal Code's chapter on sexual offences entered into force, introducing a new rape provision in Section 291 paragraph 1 of the Penal Code, where consent is now the constitutive element in the definition of rape. NIM welcomes these amendments as they strengthen the legal protection against non-consensual sexual activity. However, these changes now require an increased focus on capacity building within the prosecuting authorities and the police, to ensure that the new provision is applied correctly and efficiently. As far as NIM can see, there is no comprehensive plan from the authorities for how this competence-building is to be conducted, and NIM has previously recommended that a comprehensive plan should be put in place.

Parliament has adopted a resolution requesting the Government to initiate systematic research, including studies of case law, assessment of evidence, and the legal impact of the amendments to the provisions of rape in the Penal Code.[44]

Furthermore, available information, including the work of the official Committee to Combat Rape,[45] points to systemic weaknesses in the investigation of rape cases in Norway. While many dedicated investigators and prosecutors carry out important work, the overall handling of rape cases by the police and prosecution authorities is, according to the Committee, not sufficient.

The Committee concludes that there are several shortcomings in the investigations of rape cases as of today: A high number of cases are dismissed at an early stage of the investigation. In several cases, no investigative actions are taken for a long period of time. Furthermore, investigations often do not follow existing requirements and guidelines set forth by prosecutorial authorities. In a substantial proportion of cases, required investigation plans are either absent or of poor quality. There are also notable shortcomings in collecting DNA for analysis and proactive use of other investigative measures.

Considering these findings, the Committee has proposed more systematic measures to improve the quality of rape investigations, including permanent

[44] Parliamentary resolution (request) No. 928 of 10 June 2025. Available in Norwegian: https://www.stortinget.no/no/Saker-og-publikasjoner/Vedtak/Vedtak/Sak/?p=103135
[45] NOU 2024: 4 Voldtekt – et uløst samfunnsproblem Available in Norwegian: https://www.regjeringen.no/no/dokumenter/nou-2024-4/id3028553/.

specialized structures that also could provide guidance to practitioners as well as systematic quality control of rape cases over time, with a clear focus on observing and raising investigative standards.[46]

The Director of Public Prosecutions (Riksadvokaten) has underlined that, in the current demanding resource situation, it is challenging to give all priority cases the level of attention they require. The Director of Public Prosecutions has emphasized that resources should first and foremost be used to ensure full implementation of existing directives and structures within the current organizational framework, before introducing new systems or bodies.[47]

NIM notes that current structures and resource levels are not sufficient to ensure consistently high-quality investigations of rape across the country. There is no comprehensive, nationwide and systematic quality control framework for rape cases beyond periodic national reviews by the Director of Public Prosecutions. The identified weaknesses risk undermining the effectiveness of investigations and the protection of victims' rights in practice.

In addition, the Committee to Combat Rape has highlighted the need to better tailor investigative procedures for vulnerable victims, including older children and adults with vulnerabilities.[48] The Director of Public Prosecutions has expressed support for further examination of these proposals. While child advocacy centres (Barnehus) are used extensively for children under 16 and certain categories of vulnerable adults, the current framework does not fully ensure that all vulnerable persons in rape cases benefit from these additional safeguards, including specialized interviews ("tilrettelagte avhør").

Suggested recommendations:

- The State party should provide training to prosecutors and police on the new rape provision in Section 291 first paragraph of the Penal Code, improve investigation quality through adequate resources, permanent specialist support and systematic review, as well as to ensure that older children and other vulnerable groups receive appropriate safeguards and coordinated support throughout investigations.

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[46] Ibid, Section 20.4, 20.5 and 22.5

[47] Consultation response of 14 June 2024 from the Director of Public Prosecutions to NOU 2024:4 Voldtekt – et uløst samfunnsproblem, in particular Section 3. Available in Norwegian: https://www.regjeringen.no/no/dokumenter/horing-nou-2024-4-voldtekt-et-ulostsamfunnsproblem/id3029781/?uid=8dcee19c-6feb-462e-86e0-81f316f1b7a6.

[48] NOU 2024: 4 Voldtekt – et uløst samfunnsproblem. Section 20.5.11 and 22.5.12. Available in Norwegian: https://www.regjeringen.no/no/dokumenter/nou-2024-4/id3028553/.

16. Violence against vulnerable groups

Reference is made to the LOIPR § 5 (c,e,f) and the State report § 19.

Various reports indicate existing gaps in the prevention of violence and abuse against vulnerable adults, as well as protection and access to redress. Those affected include elderly persons, persons with substance use disorders and persons with disabilities. The violence and abuse they face may include sexual abuse, including domestic violence.

In recent years, the Norwegian Directorate for Children, Youth and Family Affairs has developed TryggEst, a multi-agency safeguarding model designed to strengthen municipalities' ability to prevent, identify and respond to violence and abuse against adults at risk. An evaluation of the 2018-2020 trial period found that participating municipalities addressed six to eight times as many incidents of violence and abuse as before.[49] The TryggEst model has since been adopted by an increased number of municipalities and is regarded as an effective framework for victim-centred responses to violence and abuse.

Nevertheless, NIM notes with concern that, according to the recent data, only 102 out of 357 municipalities have established TryggEst teams. These municipalities cover only approximately 50 percent of Norway's population.[50] The uneven availability of coordinated responses may lead to geographical disparities in protection and support for vulnerable groups at risk.

Suggested recommendation:

- The State party should ensure that the TryggEst model and its tools are available in all municipalities, aiming for full nationwide coverage so that adults at risk of violence and abuse can access coordinated, victim-centred protection and support regardless of where they live.

[49] Elvegård, K., Olsen, T., Tøssebro, J. and Paulsen, V. (2020). *TryggEst: Bedre beskyttelse av overgrepsutsatte voksne. Sluttrapport: To års forsøk med TryggEst* p. 95. Available in Norwegian: https://samforsk.no/uploads/files/Publikasjoner/TryggEst_sluttrapport_2020_web2.pdf.

[50] The Ministry of Justice and Public Security (2025). *Opptrappingsplan mot vold og overgrep mot barn og vold i nære relasjoner (2024–2028) Trygghet for alle. Status sommer 2025*. Available in Norwegian: https://www.regjeringen.no/no/dokumenter/ny-sideopptrappingsplan-mot-vold-og-overgrep-mot-barn-og-vold-inare-relasjoner-20242028-trygghet-for-alle.-status-sommer-2025/id3114866/.

17. Female genital mutilation

New issue, Reference is made to CAT Articles 2 and 16 and the LOIPR § 5.

NIM notes that, under the Istanbul Convention, Norway is required to prevent and criminalise female genital mutilation (FGM), protect and support those affected, and ensure effective criminal investigations. To our knowledge, there have been no criminal cases in Norway regarding FMG.[51]

Although national guidance for health authorities exists,[52] victim groups voice their concern about its effectiveness, particularly whether it promotes adequate coordination between relevant services and whether those services have the resources and expertise they need. Gaps in professionals' knowledge of detection of FGM can weaken ability of relevant authorities to prevention and prosecution.

Children are particularly at risk. Measures must ensure their effective protection and provide healthcare and support tailored to their individual needs. Children should also have an opportunity to be heard when FGM is suspected. NIM further highlights the need for up-to-date research on prevalence, causes, risk factors, consequences and the effectiveness of support measures, taking account of how different forms of vulnerability and discrimination may intersect.

Suggested recommendation:

- The State party should improve the investigation and prosecution of female genital mutilation cases, strengthen coordination and professional capacity to prevent and identify risks, provide affected people with tailored support and follow-up as well as expand research into prevalence, causes, consequences and effective interventions. Attention should be given to child victims, ensuring that they are heard and receive appropriate support.

[51] https://www.nrk.no/stor-oslo/ingen-er-domt-for-kjonnslemlestelse-i-norge-1.17814265

[52] Available in Norwegian - Nasjonalt kunnskapssenter for vold og traumatisk stress (NKVTS). «Negativ sosialkontroll, tvangsekteskap og kjønnslemlestelse» i *Veileder for helse- og omsorgstjenestens arbeid med vold i nære relasjoner*. https://voldsveileder.nkvts.no/innhold/negativ-sosial-kontroll-tvangsekteskap-og-kjonnslemlestelse/kjonnslemlestelse/. 01.06.2018.