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Submission for the Thematic Report of the Special Rapporteur on Torture on the Experiences and Perspectives of Victims and Survivors of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

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The **Hungarian Helsinki Committee (HHC)** is a human rights watchdog founded in 1989 that protects human dignity through legal and public activities. The HHC focuses on defending the rule of law, the right to be free from torture and other inhuman or degrading treatment, the right to fairness in the criminal justice system, and the right to asylum. Until the unilateral termination of cooperation agreements by the authorities in 2017, the HHC carried out regular human rights monitoring of closed facilities, including penitentiaries, police jails, asylum and immigration facilities. Since then, the HHC has become a founding member of the grassroots organisation **Support Network for Detainees and Their Families (FECSKE)**, which brings together people with lived experience of detention, their relatives, civil society practitioners, and professionals, including former members of the prison administration. The HHC has also developed methods for conducting remote monitoring, along with a complex methodology to secure evidence based on testimonies provided by victims of (violent) pushbacks.

This document draws primarily on reports received by the two organisations from affected individuals, as well as testimonies recorded by HHC staff, and seeks to highlight recurring patterns of inhumane treatment stemming from systemic deficiencies within the Hungarian criminal justice and the asylum systems.

Hungary's penal system faces serious challenges, including overcrowding, poor detention conditions, inadequate responses to ill-treatment by police and prison staff, and insufficient protection of detainees' rights. In 2025, the Global Torture Index classified Hungary as facing a "considerable risk" of torture and ill-treatment,¹ underlining critical gaps in enforcement and accountability despite the presence of a formal legal framework. Oversight mechanisms remain structurally weak, lacking both independence and adequate resources. Consequently, degrading prison conditions and ill-treatment persist, resulting in widespread human rights violations affecting nearly 40,000 detainees and an estimated 100,000 family members each year.

¹ World Organisation Against Torture (OMCT), *Global Torture Index 2025: Hungary Factsheet*. Available at: <https://www.omct.org/en/global-torture-index?country=hungary>.

The decision to legalise collective expulsions in July 2016 created an environment of state-supported impunity for rights violations committed by law enforcement officers against foreigners. These violations include, but are not limited to, acts of torture and inhuman or degrading treatment. According to official data, more than 390,000 pushbacks were carried out between July 2016 and the end of 2024.²

Prison overcrowding and detention conditions

Despite the rulings of the European Court of Human Rights (ECtHR) and repeated calls by the Committee of Ministers of the Council of Europe over the past 13 years,³ Hungary has failed to effectively resolve prison overcrowding and inhumane detention conditions.

Former detainees described the prevailing conditions as follows:

"You may think you have rights, but it's despairing that they are simply not enforced. [...] These people are truly experiencing inhumane conditions."

"Due to the inhumane conditions, I still have frequent flashbacks and stress. In two years, the automatism had become ingrained."

As of 31 May 2025, there were 19,341 prisoners held in facilities designed for 17,524, resulting in an occupancy rate of 110%. Of the 30 penitentiary institutions, 18 operated above capacity, including 13 at over 110%, of which 5 exceeded 120%.⁴ In addition, poor material conditions—such as pest infestations, inadequate temperature control and ventilation, the absence of proper yards, and restricted access to showers and natural light—further undermine humane detention.

"At the peak of overcrowding, conditions in the prison where we were held were unimaginably terrible, with horrific conditions, tension, three-storey beds, ten-person cells turned into fifteen-person cells, one toilet, and queuing for the sink. There weren't enough beds. When we pointed out that there were more of us than that, the response was, 'Sort it out yourselves!'"

The prevailing conditions also affect relatives, many of whom report feelings of helplessness and fear for their loved ones, as well as experiences of humiliating treatment and verbal abuse:

"As relatives we were treated by the guards like detainees; they lined us up, and as a pregnant woman I wasn't allowed to use the toilet. If I asked a question, they mocked me."

"It is not uncommon for us, the visitors, to be treated as though we were prisoners during visits. Staff speak to us in an unacceptable manner, shouting and threatening us—for example, saying that if we break one of the many incomprehensible rules, we will be sent home immediately and my husband will face disciplinary punishment."

² Hungarian Police Data.

³ For more information, see the HHC's latest Rule 9.2 communication in the *István Gábor Kovács and Varga and Others v. Hungary* group of cases (Application nos. [15707/10](#), [14097/12](#)): [DH-DD\(2025\)114](#), 29 January 2025. See also the Interim Resolution of the Committee of Ministers, [CM/ResDH\(2025\)32](#), 6 March 2025.

⁴ Response no. 30500/2878/2025 issued by the National Prison Administration to the HHC's FOI request on 8 July 2025.

"I didn't receive any information from the prison. As a family member, you are made to feel like someone on the inside, like a filthy criminal, every time we went to visit."

Failure to provide reasonable accommodation for persons with disabilities in detention

Inadequate conditions take an even greater toll on detainees with disabilities: reports received by the HHC highlight that not only are their most basic needs unmet, they are also routinely subjected to inhuman or degrading treatment.

A formerly incarcerated man with an amputated leg was repeatedly required to climb stairs despite his disability. When no fellow inmates were present to help him, he had no choice but to crawl up the steps on all fours, dragging his walking frame behind him:

"I folded up my walker and went up the stairs on all fours as best I could. Once a member of staff saw me crawling, she clapped her hands together and said, 'What is *this* doing here?' [...] It was terribly humiliating..."

Another former detainee did not receive a breathing device for a year and a half, which led him to develop sleep disorders:

"Without the machine, if I stopped breathing at night, I could suffocate. Not having the machine made me afraid to fall asleep, because if I ceased to breathe, my lungs could collapse, and I wouldn't be here now."

The same person, who was not provided with an adequate supply of nappies and had to change them in front of his peers, recounted the "regular physical abuse" he endured as a result of these degrading situations:

"They struck me down, beat me, and spat on me. On one occasion, I was struck from behind because I did not leave through a door quickly enough. On another, someone threw a metal chair at me. At yet another time, they poured a glass of water filled with cigarette butts over me."

In the case of a blind person, the prison administration failed to implement any measures of reasonable accommodation to address his disability. Instead, he was placed in a standard cell and treated exactly like any other detainee:

"I was dependent on my fellow inmates. They accompanied me everywhere. The prison staff didn't care at all that I couldn't move around independently."

These patterns are particularly troubling in light of the fact that, already in 2010, the ECtHR held⁵ that it is unacceptable for persons with disabilities to be dependent on their cellmates for the satisfaction of their most basic needs.

⁵ See *Engel v. Hungary* (Application no. [46857/06](#)).

Ill-treatment

Humane treatment is further undermined by the government's failure to address the systemic deficiencies in the prevention, investigation, and sanctioning of ill-treatment.⁶ Dozens of complaints received by the HHC indicate that ill-treatment by police officers and prison staff is a widespread practice. The Council of Europe's Committee for the Prevention of Torture (CPT) also highlighted this issue in its most recent report,⁷ noting numerous allegations of physical abuse — in some instances while the prisoner was handcuffed and ankle-cuffed — as well as reports of the sexual harassment of female detainees.

"Violence, humiliation, threats, and beatings are everyday occurrences."

"Constant vulnerability, threats, discrimination, racism! Violence by the guards is an everyday reality. Beatings, corporal punishment. What prevails there is anarchy."

"We live in fear every day; they deliberately beat us in places where there are no cameras."

Some complaints suggest that detainees, often in vulnerable positions and without a lawyer or contact person, may be subjected to ill-treatment by prison officers in locations devoid of video surveillance and witnesses.

"Soon the chief inspector came up to the cell, claiming that I had refused the cell. I objected, saying there must be some misunderstanding. He asked me if I had ever been beaten before. I told him, 'I'm a thief, not a murderer — why would anyone have beaten me in here?' At that, he struck me so hard I collapsed. Then he went on hitting and kicking me, until one of my ribs broke."

"Yesterday my husband was beaten half to death without any justification, simply because he wanted to make a phone call home and they refused to take him."

Despite his severe injuries — including the loss of a tooth — he was not taken to a doctor.

"A young man with an intellectual disability had his spleen kicked."

According to the account, he scratched at the wall, soiled himself, and fainted, yet was not seen by a doctor.

The lack of video recordings, adequate medical examinations, and witness statements significantly increases the likelihood of impunity for perpetrators. Between 2019 and 2023, the prosecution decided to file an indictment in only 3.6 to 6.4% of alleged cases of ill-treatment in official proceedings, and in

⁶ For more information, see the HHC's latest Rule 9.2 communication in the *Gubacsi v. Hungary* group of cases (Application no. [44686/07](#)): [DH-DD\(2024\)1177](#), 16 October 2024; Addendum: [DH-DD\(2024\)1245](#), 21 October 2024. See also the HHC's Rule 9.2 communication in the case of *Shahzad v. Hungary (No. 2)* (Application no. [37967/18](#)): [DH-DD\(2024\)1449](#), 12 December 2024.

⁷ Report to the Hungarian Government on the visit to Hungary carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 16 to 26 May 2023, [CPT/Inf \(2024\) 36](#).

only 2.8 to 9.2% of alleged cases of coercive interrogation.⁸ This means that **the vast majority of these violations remain without consequences.**

Detainees alleging ill-treatment are not guaranteed independent and adequate medical examinations, and police officers and prison staff are typically present during these examinations. Their presence has reportedly deterred detainees who have been ill-treated from voicing their complaints, as they fear retaliation and see no hope of achieving accountability. Almost universally, the complaints reveal that the perpetrators exert pressure on the ill-treated detainee to refrain from making any statements about the incident during the investigation, or to attribute the cause of their injuries to factors other than the assault.

Additionally, doctors employed by the police do not receive any training in the Istanbul Protocol and do not automatically photograph injuries, despite the crucial role such evidence would play. This deficiency significantly contributes to the frequent termination of investigations launched following a complaint, citing insufficient evidence.

However, accountability is lacking even in cases where clear medical evidence contradicts the police's claims. An elderly woman was subjected to excessive force during her arrest. The hospital report confirmed fractures in both arms and a dislocated shoulder.

"The forensic medical opinion described a permanent physical disability, and the expert detailed that the police report did not correspond with reality, because I was unable to resist. In other words, owing to my injuries I could not have done any of the things they alleged."

Although the injured woman filed a complaint and the prosecution opened a criminal investigation, five months later the investigation was discontinued "for lack of evidence".

"The joint in my left shoulder has been completely ruined, and there is a comminuted fracture in my left shoulder. If I exert more force with my left arm, it goes numb. If I strain it, I suffer from persistent headaches."

"I decided I would not give up, because my case is one incident and it could happen to someone else. [...] I may never come to terms with it — that is also possible..."

The same occurred in another case:

"He struck me repeatedly with a truncheon, saying [words to the effect of], *'When will you finally die, shut your mouth.'*"

The victim sustained multiple bone fractures, yet despite the evidence the competent prosecutor's office discontinued the criminal proceedings.

⁸ Based on data provided by the Chief Prosecutor's Office in response to HHC FOI requests (LFIIGA//259-10/2020, 2 March 2020; LFIIGA//469-2/2021, 5 October 2021; LFIIGA//476-3/2022, 15 October 2022; LFIIGA//310-3/2024, 28 May 2024; ABOIGA//1-354/2024, 24 September 2024). Note that the ratio is calculated based on the number of cases in which the prosecution reached a decision in a given year, not on the basis of the number of criminal proceedings initiated in a given year. It is also important to note that the rate of alleged "coercive interrogation" cases was 0% in 3 of the 5 years in question.

The HHC's decades of experience and several ECtHR cases⁹ indicate that prosecution offices often fail to investigate cases of ill-treatment in a fair manner, as they frequently neglect to gather all relevant evidence, unduly delay procedural action, and fail to undertake a thorough and independent examination of the available information. Moreover, in the majority of cases, **officers remain eligible for service even following a conviction.**

Means of restraint and searches

It is still common practice for prisoners to be transported to court hearings and healthcare facilities in handcuffs and other means of restraint, and to be held there in restraint without an individual assessment being conducted. The HHC has had numerous cases indicating that this practice is applied uniformly, even in the case of seriously ill detainees and those with disabilities.

Documented cases include instances where detainees with amputated limbs were subjected to restraint measures for hours, notwithstanding the absence of any conviction for violent offences. In one case, a blind detainee was transported to hospital in handcuffs while receiving medical treatment. The practice of fastening detainees to fixed objects, such as radiators, has likewise been repeatedly observed.

In another case, a person who uses a wheelchair was transported in handcuffs in an ambulance after having a stroke. In a further one, an unconscious detainee suffering from terminal cancer was secured to his hospital bed with handcuffs. These practices also leave the relatives of those in vulnerable situations shattered:

"He was so weak that he couldn't stand up on his own, yet his right leg and left hand were shackled to the bed. When I asked the guard how justified he thought this was given the circumstances, he said it was required by law and that there was nothing he could do about it. Seeing how much my father's health had deteriorated in just one week wasn't enough, the family also had to face that he had to endure all this while being shackled."

A similar practice exists in detention centres for asylum seekers and migrants, where individuals are handcuffed whenever transported outside the place of detention (e.g., to medical facilities, court hearings, or money transfer services). The ECtHR has already found this practice to be in violation of Article 3 in the case of an Iraqi asylum-seeking family, ruling that the use of handcuffs and a leash on the father when accompanying his wife to a hospital appointment was unjustified.¹⁰ Nevertheless, the practice persists.

Additionally, strip and body cavity searches form part of the daily custodial routine, yet without proper risk assessments and adherence to strict criteria, this practice violates the human dignity of detainees. The CPT has expressly criticised the high frequency and extensive use of strip searches, deeming them **completely disproportionate**. While this practice has also been condemned by the Commissioner for Fundamental Rights, it persists today.

⁹ See the *Gubacsi v. Hungary* group of cases (Application no. [44686/07](#)).

¹⁰ *H.M. and Others v. Hungary* (Application no. [38967/17](#)).

Whole life imprisonment

Hungarian law continues to permit life imprisonment without the possibility of parole (whole life sentences). The ECtHR has identified violations of the prohibition of torture and inhuman or degrading treatment or punishment in a series of cases, both concerning whole life sentences and, in certain instances, life sentences with parole. In these latter cases, the minimum term served before eligibility for parole can be set as high as 40 years, which contravenes ECtHR standards.

As also noted by the CPT, the regime in the HSR Unit (a special regime for prisoners serving lengthy sentences) is highly restrictive, with prisoners spending the majority of the day confined to their cells and having only minimal access to purposeful activities. These conditions have resulted in those affected exhibiting signs of serious mental health problems.

"The inmates in the HSR unit are mentally broken, many of them have become depressed and are addicted to sedatives. Most inmates don't even leave their cells, not even for that one programme, because they would have to go alone."

"Why the hell am I still alive? Am I supposed to lie on an iron bed for the rest of my life? [...] Please imagine being in a small cellar-like room from the age of 21 to 51, lying on an iron bed for 20 hours a day. Is this my punishment? To lie there for the rest of my life? [...] Couldn't euthanasia be put to a vote in parliament? For those serving life sentences who request it?"

The government's approach demonstrates a clear lack of political will to abandon the concept of whole life sentences and to implement the relevant judgments of the ECtHR regarding both types of life sentences. This also means that Hungary is disregarding an interim resolution issued by the Committee of Ministers of the Council of Europe,¹¹ leaving those affected without hope of release or remedy for their situation.

Lack of adequate rights protection

Democratic backsliding in Hungary has resulted in the deliberate weakening of institutions tasked with protecting fundamental rights, a trend exemplified by the country's National Human Rights Institution, the Commissioner for Fundamental Rights. Appointed through a non-transparent process by the ruling parties, the Commissioner has consistently failed to act in politically sensitive cases. As the Commissioner also acts as the country's National Preventive Mechanism (NPM) under the OPCAT, the **independent and effective monitoring of places of detention is severely compromised**.¹² Since the government unilaterally terminated cooperation agreements with civil society organisations in 2017, the NPM has remained the only external actor monitoring places of detention. Consequently, the protection of detainees' rights has been substantially weakened, and the identification of systemic abuses has been obstructed.

¹¹ Interim Resolution of the Committee of Ministers, [CM/ResDH\(2024\)202](#), 19 September 2024.

¹² For more information, see the report [The last piece of the puzzle? Assessing the performance of Hungary's national human rights institution](#) by Háttér Society and the Hungarian Helsinki Committee, 2024.

Collective expulsion of migrants and related inhuman and degrading treatment

Collective expulsions of migrants and asylum seekers to Serbia, without identification or an examination of their individual circumstances, continue despite several ECtHR judgments finding violations of the European Convention on Human Rights,¹³ as well as a Court of Justice of the European Union judgment¹⁴ declaring such practices incompatible with EU law. These "pushbacks" are frequently accompanied by unnecessary police violence, resulting in inhuman and degrading treatment, or even death.

For example, the Court found both procedural and substantive violations of Article 3 in the case of a Pakistani applicant who was seriously injured after being struck on the head with a metal rod by a police officer, following being "pushed" through the fence at the Serbian-Hungarian border.¹⁵

In another case, the ECtHR held that the criminal investigation into the death and alleged ill-treatment of a migrant who drowned during a border-control operation at the Hungarian-Serbian border in 2016 was ineffective, and that the authorities failed to take the reasonable and expected operational measures to safeguard his life, thereby violating of Articles 2 and 3 of the Convention.

Notwithstanding these judgments, the practice persists. In a case still pending, the applicant complains of inhuman conditions during his transfer in a police vehicle prior to being "pushed back".¹⁶

Testimonies describing actions of law enforcement officers in clear breach of the prohibition of torture and of inhuman or degrading treatment in the context of collective expulsions from Hungary are unfortunately abundant. The two editions of the Black Book of Pushbacks span thousands of pages of verbatim statements from victims of such violations, including country chapters dedicated to Hungary in both editions.¹⁷

Recommendations

In light of the problems outlined above, the HHC respectfully urges the Special Rapporteur to call upon Member States and their relevant authorities to:

- Engage in a coherent and comprehensive penal reform that provides a sustainable solution to prison overcrowding and inhumane detention conditions. **Increase the use of non-custodial alternatives to detention;**
- Ensure by law that **police officers should not, as a general rule, be present during medical examinations** of detainees. Establish an independent medical examination body, providing training on the **Istanbul Protocol and victim-centred approaches** to medical practitioners and criminal justice actors;

¹³ See, for example, the *Shahzad v. Hungary* group of cases (Application no. [12625/17](#)).

¹⁴ C-808/18, *Commission v. Hungary*, 17 December 2020.

¹⁵ *Shahzad v. Hungary (No. 2)* (Application no. [37967/18](#)).

¹⁶ Application no. 3334/24.

¹⁷ See, for example, Border Violence Monitoring Network et al., *Black Book of Pushbacks*, 2nd edn, vol. III, pp. 17-245. Available at: <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:cb5a9aaa-ee62-3286-a505-0d9122b69b8f>.

- Support the establishment of **victim support mechanisms**, including confidential complaint channels, psychological and medical care, and access to legal aid, while ensuring effective **protection against retaliation**;
- **Strengthen legal safeguards to ensure prompt, independent, and effective investigations into all allegations of torture and ill-treatment**, accompanied by transparent public reporting of outcomes to enhance trust and accountability.
- Address judicial leniency towards law enforcement officials. **Ensure that officers convicted of ill-treatment are not allowed to continue in service**;
- Ensure by law that the installation of recording devices is **mandatory in all places of detention** and that recordings are retained for an appropriate period of time. Equip all police vehicles with operational recording devices and increase the number of available police body cameras;
- Encourage the improvement of **data collection** and **greater public transparency** regarding complaints, investigations, prosecutions, and outcomes related to ill-treatment and detention conditions;
- Ensure the functional independence of the NPM and allocate sufficient resources for the regular monitoring of places of detention. **Ensure access for civil society organisations to monitor places of detention**;
- **Restrict the use of means of restraint** without individual assessment **and routine strip and body cavity searches**. Ensure that the fundamental rights of vulnerable detainees are fully upheld;
- Abolish whole life imprisonment without the possibility of parole;
- **Implement regional and international court judgments** without further delay and strengthen cooperation with UN treaty bodies and special mandate holders. **Cease systematic human rights violations**, including collective expulsion of asylum seekers and migrants;
- Address shortcomings in border control operations by ensuring that **no excessive force is used** at the border. Provide training for border patrol agents and law enforcement officers to **guarantee that the treatment of migrants complies with international law and standards**.

Additionally, the HHC respectfully calls on the Special Rapporteur to:

- **Consider dedicating a country visit to Hungary** in order to advance efforts to combat torture, ill-treatment, and inhuman or degrading treatment. Member States should consider providing adequate funding to the Special Rapporteur to enable the mandate holder to undertake significantly more country visits, particularly to States where the considerable risk of torture or inhuman or degrading treatment or punishment is compounded by the absence of independent monitoring.