



EUROPEAN COURT OF HUMAN RIGHTS  
COUR EUROPÉENNE DES DROITS DE L'HOMME

## FOURTH SECTION

### DECISION

Application no. 20034/11  
Ebe Gigliola GIORGINI  
against Italy

The European Court of Human Rights (Fourth Section), sitting on 1 September 2015 as a Chamber composed of:

Päivi Hirvelä, *President*,

Guido Raimondi,

Ledi Bianku,

Nona Tsotsoria,

Paul Mahoney,

Krzysztof Wojtyczek,

Faris Vehabović, *judges*,

and Fatoş Aracı, *Deputy Section Registrar*,

Having regard to the above application lodged on 9 March 2011,

Having deliberated, decides as follows:

## THE FACTS

1. The applicant, Ms Ebe Gigliola Giorgini, is an Italian national, who was born in 1933 and is under house arrest in Marina di Pietrasanta. She was represented before the Court by Mr D. Ammannato, a lawyer practising in Florence.

2. The facts of the case, as submitted by the applicant, may be summarised as follows.

## **A. The circumstances of the case**

### *1. First set of criminal proceedings*

3. On 8 April 2008 the applicant was convicted of a number of criminal offences by the Forlì District Court. Such offences included criminal association, aggravated fraud, and ill-treatment.

4. On an unspecified date she lodged an appeal with the Bologna Court of Appeal.

5. On 22 June 2010 the Bologna Court of Appeal partly upheld and partly reversed the District Court's judgment. The conviction for the offence of criminal association was upheld.

6. On an unspecified date the applicant lodged an appeal on points of law with the Court of Cassation.

7. She states that on 4 July 2011 the President of Second Criminal Section of the Court of Cassation set the hearing for 15 November 2011.

8. On 24 October 2011 the National Criminal Lawyers' Association (*Unione Camere Penali italiane*) called a five-day strike, scheduled to run from 14 to 18 November 2011.

9. On 28 October 2011 the applicant filed additional written submissions with the court.

10. On 7 November 2011 the applicant's counsel formally adhered to the strike and filed a notice to that effect with the Court of Cassation, having obtained the applicant's consent in writing. For this reason, he was not present at the hearing of 15 November 2011.

11. It appears from the hearing record that the Prosecutor General requested that the Court of Cassation refrain from adjourning the hearing on account of the counsel's absence. The court granted the prosecutor's request and the hearing was held as scheduled.

12. In a judgment of 15 November 2011 the Court of Cassation dismissed the applicant's appeal.

### *2. Second set of criminal proceedings*

13. On 9 June 2010 the Pistoia preliminary investigations judge ordered that the applicant be placed in pre-trial detention on suspicion that she had committed further offences. These included the offence of criminal association, of which the applicant was suspected of being the leader, promoter and organizer. The applicant was also suspected of having committed the offence of unauthorized practice of medicine. Specifically, she was suspected of providing medical advice and treatment, as well as prescribing drugs to adults and minors, and using her home as an unauthorized medical clinic. She was further suspected of fraud, aggravated by a number of factors including the exploitation of vulnerable individuals' pain and suffering, and the generation of ill-founded fears from which she

profited. The preliminary investigations judge emphasised that the applicant had been previously convicted of similar offences.

14. It appears from the material in the case file that pre-trial detention had been requested on a number of grounds, namely the strong evidence against her, the seriousness of the suspected offences, and the significant risk that she might reoffend.

15. The applicant states that she was transferred to the Sollicciano correctional facility in Florence on 11 June 2010.

**(a) First request for modification of the detention order**

16. On 21 July 2010 the applicant's counsel lodged a request with the Pistoia preliminary investigations judge, seeking the replacement of the applicant's detention with a more lenient custodial measure, such as house arrest. He argued that both her advanced age and allegedly critical state of health were incompatible with detention in prison.

17. On an unspecified date the judge ordered that she be examined by an independent medical expert with a view to determining whether this was the case.

18. In an order of 30 July 2010 the judge confirmed that the applicant would remain in custody, as the independent medical expert's report had stated that her state of health was compatible with detention.

19. On 7 August 2010 the applicant lodged an appeal with the Florence District Court on two main grounds. She contended that while under Article 275 § 4 of the Code of Criminal Procedure (see paragraph 37 below) the detention on remand of persons aged over seventy was only allowed if exceptional reasons warranting such a measure existed, in her case no such reasons could be detected. She further reiterated the argument that her advanced age and critical state of health were incompatible with detention in prison, contending that she suffered from life-threatening medical conditions she identified as cardiovascular disease, acute osteoporosis and diabetes. She also highlighted that she had undergone major surgical procedures in the past, including a gastrectomy, mastectomy, and hysterectomy, and suffered from anxiety disorder and glucose intolerance.

20. The Florence District Court, sitting as the authority with jurisdiction to decide on measures involving deprivation of liberty (*tribunale della libertà e del riesame*), dismissed the applicant's appeal on 1 October 2010. It found that the exceptional grounds for her to be detained on remand, as listed in the preliminary investigation judge's order of 9 June 2010, still existed. It further pointed out that she had in the past been convicted of analogous offences and had, as soon as she had been released, resumed her criminal activity. As to the applicant's health, the court drew on the expert medical report requested by the preliminary investigations judge to conclude that there was no incompatibility between it and her detention in a correctional facility. Referring to extracts from the report, the court

observed that there was no evidence of an imminent risk of congestive heart failure or other life-threatening conditions, contrary to her contentions. It went on to acknowledge the expert's finding that she had undergone several major surgical procedures in the past, but that these had allowed for the treatment of serious medical conditions, thus leading to an improvement in her clinical situation. Drawing on the report, it further concluded that the provision of special meals to meet her nutritional needs and the necessary drug therapy could be adequately taken care of in a correctional facility. It appears from the order that the court also examined medical reports submitted by the prosecutor and applicant's counsel and took the latter into account when reaching its conclusions.

21. On 10 October 2010 the applicant lodged an appeal on points of law with the Court of Cassation.

22. On 1 December 2010 she was committed for trial and the first hearing before the Pistoia District Court was scheduled for 22 March 2011. She was formally charged with all the suspected offences including criminal association, the unlawful practice of medicine, and aggravated fraud (see paragraph 7 above).

23. On 16 February 2011 the Court of Cassation declared the appeal inadmissible.

**(b) Second request for modification of the detention order**

24. On 4 May 2011 the applicant's counsel submitted a further request seeking the replacement of the applicant's detention with house arrest, reiterating the argument that both her advanced age and state of health were incompatible with detention in prison. He relied, inter alia, on a medical certificate issued by the prison doctor on 5 April 2011, in which her clinical condition was described as "complex and multifaceted" and "difficult to manage" in a regular correctional facility.

25. On an unspecified date the Pistoia District Court ordered a new medical examination with a view to assessing the compatibility of her state of health with detention.

26. On 5 May 2011 it dismissed the request for house arrest, having regard to the persistent danger that the applicant might reoffend. However, the court ordered that she be transferred to a correctional hospital (*centro clinico penitenziario*) in Pisa with a view to ensuring increased medical supervision and the provision of any necessary treatment, and preventing a further deterioration in her health. The court reached its conclusions by relying on a number of findings by the expert, who found that the gastrectomy performed in 1967 had left her with some long-term side effects, including insufficient absorption of calcium and vitamin D. He also noted with some concern that she had experienced height and weight loss and that her osteoporosis had worsened during the months spent in detention. In order to manage her condition effectively and prevent its

deterioration, the expert noted that she would require small, frequent meals, a special diet enriched by dietary supplements, and some form of exercise. Finally, he pointed out a slight cerebral atrophy, coupled with a mild anxiety-depressive disorder.

27. On 10 May 2011 the applicant lodged an appeal, reiterating the incompatibility of her age and state of health with any form of detention, even in a correctional hospital.

28. On 20 June 2011 the Florence District Court, sitting as the authority with jurisdiction to decide on measures involving deprivation of liberty, placed the applicant under house arrest. It relied on the medical report submitted by the expert to the Pistoia District Court to conclude that an “incompatibility in substance” with detention existed in her case and that a less restrictive measure, such as house arrest, was preferable under the circumstances.

29. It ordered the applicant’s immediate release and set out the specific conditions of her house arrest, including the requirement that she stay in her home at all times, leave only with the authorities’ prior permission, and refrain from contacting or interacting with anyone except her authorised cohabitees and medical staff.

30. On 23 June 2011 the public prosecutor lodged an appeal on points of law with the Court of Cassation.

31. On 19 October 2011 the Court of Cassation declared the appeal inadmissible.

**(c) Third request for modification of the detention order**

32. On 4 June 2012 the public prosecutor requested that the house arrest be substituted with detention on remand, as the applicant had breached its conditions. He provided evidence that, amongst other things, she had been in contact with several unauthorised individuals including co-defendants in the ongoing criminal proceedings and a number of her “followers” and “admirers”.

33. On an unspecified date the Pistoia District Court ordered a new medical examination with a view to determining whether her state of health was compatible with detention.

34. On 6 July 2012 the Pistoia District Court granted the prosecutor’s request and remanded the applicant in custody, ordering that she be transferred at once to the correctional hospital in Pisa. It found that she had violated the terms of her house arrest, and that the situation which had arisen was conducive to her re-establishing the network which had supported her criminal activity. As to her health, the court drew on the medical report it had requested which stated that adequate monitoring and treatment of her medical conditions, as well as the provision of adequate nutrition in compliance with her special dietary needs, could be carried out in a correctional hospital. In particular, the expert noted that treatment of the

applicant's osteoporosis to prevent future damage to her bone structure would not in any way be hindered by her detention in such a facility. He added that while under house arrest, she had experienced three fractures, suggesting that the monitoring of her condition in a correctional hospital could be in no way considered inferior.

35. On 22 October 2012 the Pisa correctional hospital issued a medical certificate concerning the applicant's state of health. It described her medical history and the outcome of various specialist consultations she had undergone in the facility in previous months. An orthopaedic specialist had confirmed her advanced osteoporosis and prescribed treatment, a cardiologist had reported good cardiac function, while an ophthalmologist had recommended that she undergo surgery for a cataract in her left eye. The report further contained a recommendation that the applicant undergo a colonoscopy. Concerns were raised regarding the difficulties encountered in the management of treatment and diagnostic tests which had required transporting her to external facilities. Both her cataract surgery and the colonoscopy had to be rescheduled due to the unavailability of police officers who should have escorted her to the external facilities. The doctors concluded that the continued detention of the applicant, albeit in a correctional hospital, could have resulted in the deterioration in her health.

36. On 18 December 2012 the applicant's counsel submitted a request to the Florence Court of Appeal, seeking the substitution of the detention on remand with house arrest. He reiterated all the arguments raised at first instance and referred to extracts from the report issued by the correctional hospital on 22 October 2012.

37. The request was granted on the same day and the applicant was placed under house arrest.

38. According to the material in the case file, she is currently under house arrest, as the criminal proceedings against her are pending before the Court of Cassation.

## **B. Relevant domestic law and practice**

### *Article 274 of the Italian Code of Criminal Procedure*

39. Article 274 provides that a person may be detained pending trial:

“(a) if detention is demanded by special and unavoidable requirements of the inquiry into the facts under investigation concerning a genuine and present danger for the production or authenticity of evidence and based on matters of fact which must, on pain of nullity, be expressly set out in the decision, which the judicial authority may take of its own motion...;

(b) if the accused has absconded or there is a real danger of his absconding, provided that the court considers that, if convicted, he will be liable to a prison sentence of more than two years;

(c) where, given the specific nature and circumstances of the offence and having regard to the character of the suspect or the accused as shown by his conduct, acts or criminal record, there is a genuine risk that he will commit a serious offence involving the use of weapons or other violent means against the person or an offence against the constitutional order or an offence relating to organised crime or a further offence of the same kind as that of which he is suspected or accused...”

40. Under Article 275 § 4, individuals over the age of seventy may not be detained pending trial unless exceptional circumstances warrant the imposition of such a measure.

## COMPLAINTS

41. The applicant complained that the combination of her advanced age and state of health made her detention incompatible with Article 3 of the Convention. She further complained, under the same provision, about the conditions of her detention in the Sollicciano correctional facility and Pisa correctional hospital.

42. Relying on Article 6 of the Convention, she complained that the criminal proceedings against her had been unfair. In support of this contention, she maintained that she had not had the assistance of counsel during the Court of Cassation hearing of 15 November 2011.

43. The applicant further complained that her conviction following the first set of criminal proceedings entailed a violation of her freedom of religion within the meaning of Article 9 of the Convention, maintaining that she was the founder of a religious association.

## THE LAW

### **A. Alleged violation of Article 3 of the Convention on account of the incompatibility of detention with the applicant’s advanced age and state of health**

44. The applicant submitted that her health problems, coupled with her advanced age, were of such a nature and degree that her life had been in danger while in detention. She further contended that her health problems had been exacerbated by the stress and humiliation brought on by her imprisonment. She relied on Article 3 of the Convention, which provides as follows:

“No one shall be subjected to torture or to inhuman or degrading treatment or punishment.”

*1. Recapitulation of the relevant principles*

45. According to the Court's well-established case-law, ill-treatment must attain a minimum level of severity if it is to fall within the scope of Article 3. The assessment of this minimum level of severity is relative; it depends on all the circumstances of the case, such as the duration of the treatment, its physical and mental effects and, in some cases, the sex, age and state of health of the victim (see, inter alia, *Price v. the United Kingdom*, no. 33394/96, § 24, ECHR 2001-VII; *Mouisel v. France*, no. 67263/01, § 37, ECHR 2002-IX; *Naumenko v. Ukraine*, no. 42023/98, § 108, 10 February 2004; *Davtyan v. Armenia*, no. 29736/06, § 79, 31 March 2015).

46. In order for a punishment or treatment associated with it to be "inhuman" or "degrading", the suffering or humiliation involved must in any event go beyond that inevitable element of suffering or humiliation connected with a given form of legitimate treatment or punishment (see *Jalloh v. Germany* [GC], no. 54810/00, § 68, ECHR 2006-IX; *Labita v. Italy* [GC], no. 26772/95, § 120, ECHR 2000-IV, and *Enea v. Italy* [GC], no. 74912/01, § 56, ECHR 2009).

47. Measures depriving a person of his or her liberty may often involve such an element of suffering or humiliation. Yet it cannot be said that the execution of detention on remand in itself raises an issue under Article 3 of the Convention. Nor can that Article be interpreted as laying down a general obligation to release a detainee on health grounds or to place him or her in a civil hospital to enable him or her to obtain a particular kind of medical treatment (see *Papon v. France (no. 1)* (dec.), no. 64666/01, ECHR 2001-VI; *Priebke v. Italy* (dec.), no. 48799/99, 5 April 2001; see also *Mouisel*, cited above, §§ 40-42, and *Farbtuhs v. Latvia*, no. 4672/02, § 55, 2 December 2004).

48. Nevertheless, under Article 3 the State must ensure that a person is detained in conditions which are compatible with respect for his or her human dignity, that the manner and method of the execution of the measure do not subject him or her to distress or hardship of an intensity exceeding the unavoidable level of suffering inherent in detention and that, given the practical demands of imprisonment, his or her health and well-being are adequately secured by, among other things, providing him or her with the requisite medical assistance (see *Kudła v. Poland* [GC], no. 30210/96, § 94, ECHR 2000-XI and *Davtyan v. Armenia*, cited above, § 81).

49. There is no express prohibition in the Convention against the detention in prison of persons who have attained a certain age. However, the Court has already had the opportunity to note that, under certain circumstances, the detention of an elderly person over a lengthy period might raise an issue under Article 3. Nonetheless, regard is to be had to the particular circumstances of each specific case (see *Priebke* (dec.), cited



above, and *Sawoniuk v. the United Kingdom* (dec.), no. 63716/00, 29 May 2001).

50. There are at least three specific elements to be considered in relation to the compatibility of an applicant's health with his or her stay in detention: (a) the medical condition of the prisoner, (b) the adequacy of the medical assistance and care provided in detention, and (c) the advisability of maintaining the detention measure in view of the state of health of an applicant (see *Farbtuhs*, no. 4672/02, cited above, § 53, 2 December 2004, and *Contrada v. Italy* (no. 2), no. 7509/08, § 78, 11 February 2014).

51. Finally, as far as the standard of proof is concerned, the Court reiterates that allegations of ill-treatment must be supported by appropriate evidence (see *Amirov v. Russia*, no. 51857/13, 27 November 2014). To assess this evidence, the Court adopts the standard of proof "beyond reasonable doubt", but adds that such proof may follow from the coexistence of sufficiently strong, clear and concordant inferences or of similar unrebutted presumptions of fact (see *Ireland v. the United Kingdom*, 18 January 1978, § 161, Series A no. 25, and *Idalov v. Russia* [GC], no. 5826/03, § 95, 22 May 2012).

## 2. Application of the foregoing principles to the present case

52. The Court observes at the outset that the ill-treatment complained of by the applicant consists of the overall incompatibility of detention with her state of health, coupled with her advanced age (she was seventy-seven years old when first placed in pre-trial detention in 2010). She does not appear to identify particular occasions on which she was denied medical treatment, or specific steps which ought to have been taken by the authorities in order to secure her health and well-being.

53. With regard to the applicant's pre-trial detention in the Sollicciano correctional facility (see paragraphs 16-23 above), the Court notes that the Pistoia preliminary investigations judge requested a medical examination by an independent expert with a view to assessing the compatibility of her health with detention, and that the expert concluded they were compatible. The Court points out that the domestic courts at two levels of jurisdiction, namely the Pistoia preliminary investigations judge and the Florence District Court, carefully assessed all the medical evidence submitted by the independent expert and parties, and reached their conclusions based on such evidence. The Court of Cassation subsequently confirmed the Florence District Court's decision.

54. The Court further points out that, with regard to the second request for modification of the detention order (see paragraphs 24-31 above), the Pistoia District Court transferred the applicant to a correctional hospital with a view to ensuring she received the necessary medical assistance and treatment, and prevention of a further worsening of her condition. It did so promptly and on the basis of a medical report issued by an independent

expert who had noted a deterioration in the applicant's clinical condition (see paragraph 26 above). Moreover, the Court notes that she was detained in the correctional hospital for a total period of less than two months, as her detention there was ordered on 5 May 2011 but on 20 June 2011 the Florence District Court ordered that she be released and placed under house arrest.

55. The Court notes that when the Pistoia District Court once again remanded the applicant in custody in July 2012 because of repeated breaches of the conditions of her house arrest (see paragraphs 32-38 above), she was again transferred to the correctional hospital in Pisa. The independent expert whose report had been requested by the Pistoia District Court stated that her conditions could be adequately monitored in such a centre, where she would be placed under medical supervision. In addition, the documents submitted show that her health was indeed monitored, and that she was examined by several specialists during her detention from July to December 2012 (see paragraph 34 above). When evidence of difficulties in the management of treatment and performance of diagnostic tests was submitted to the Florence Court of Appeal, it promptly placed her under house arrest.

56. In light of the foregoing, and on the basis of the documents submitted, it can be stated that the national judicial authorities grounded all their decisions concerning the issuing of custodial orders on medical evidence, and reacted by modifying such orders pursuant to the applicant's requests when concerns raised by medical experts were submitted for their attention.

57. In conclusion, the Court accepts that the applicant's advanced age, coupled with the presence of certain medical conditions, might have made her more vulnerable than the average detainee, and that her detention may have exacerbated to a certain extent her feelings of distress. However, on the basis of the evidence before it, and bearing in mind the prompt and effective responses of the authorities, the Court does not find it established that she was subjected to ill-treatment that attained a sufficient level of severity to fall within the scope of Article 3 of the Convention.

58. It follows that this complaint is manifestly ill-founded and must be rejected pursuant to Article 35 §§ 3 (a) and 4 of the Convention.

**B. Alleged violation of Article 3 of the Convention on account of overcrowding and inadequate conditions of the applicant's detention**

59. The applicant complained under Article 3 of the Convention about the conditions of her detention in the Pisa correctional hospital where she had been detained from May to June 2011 and July to December 2012.

60. In particular, she contended that she had had to share a small cell with four detainees during the first period of detention. She complained about the height of the ceilings and windows in her cell, and of a lack of access to open air. As regards the second period of detention, she complained, in a very general manner, about the size of her cell and of a lack of fresh air.

61. The Court notes that no information has been provided about the size of the cells during the two periods of detention and no supporting documentation has been submitted (see *Ananyev and Others v. Russia*, nos. 42525/07 and 60800/08, § 122, 10 January 2012).

62. In the light of the considerations above, it must be concluded that the applicant's claims are without any corroboration and are generally unsubstantiated. Accordingly, they are manifestly ill-founded within the meaning of Article 35 § 3 (a) of the Convention and must be declared inadmissible.

### **C. Alleged violation of Article 6 of the Convention**

63. Relying on Article 6 of the Convention, the applicant complained that the criminal proceedings against her had been unfair on account of the fact that she had not had the assistance of her privately hired counsel during the hearing of 15 November 2011 before the Court of Cassation, which had refused to adjourn the proceedings.

64. The Court considers it appropriate to examine the above complaint under Article 6 §§ 1 and 3 (c) of the Convention, the relevant parts of which are as follows:

“1. In the determination of ... any criminal charge against him, everyone is entitled to a fair ... hearing ... by [a] ... tribunal ...

“3. Everyone charged with a criminal offence has the following minimum rights:

...

(c) to defend himself in person or through legal assistance of his own choosing or, if he has not sufficient means to pay for legal assistance, to be given it free when the interests of justice so require; ...”

65. The Court notes that in appeal and cassation proceedings, the manner in which Article 6 § 1 and 3 (c) are to be applied depends upon the special features of the proceedings in question (see, *mutatis mutandis*, *Hermi v. Italy* [GC], no. 18114/02, § 60, ECHR 2006-XII, and *Tripodi v. Italy*, 22 February 1994, § 27, Series A no. 281-B). Account must be taken of the entirety of the proceedings conducted in the domestic legal system, the role of the particular appellate court therein, and the manner in which the applicant's interests were actually presented and protected before it (*ibid.*, § 27).

66. The Court also reiterates that a State cannot be held responsible for every shortcoming on the part of a lawyer appointed for legal aid purposes or by the accused. Given the independence of the legal profession from the State, the conduct of the defence is essentially a matter between the defendant and his counsel, whether appointed under a legal aid scheme or privately financed (see *Cuscani v. the United Kingdom*, no. 32771/96, § 39, 24 September 2002; *Sejdovic v. Italy* [GC], no. 56581/00, § 95, ECHR 2006-II; and *Plesic v. Italy* (dec), no. 16065/09, § 35, 2 July 2013).

67. The Court observes that the Italian Court of Cassation decides on points of law. Its proceedings are essentially written and at the hearing the appellant's counsel may only present arguments in relation to submissions already made in the appeal and statements.

68. It also noteworthy that the applicant's counsel submitted a written appeal to the Court of Cassation and filed additional written submissions in a statement dated 28 October 2011. It appears that the Court of Cassation examined all the grounds of appeal raised by the applicant and dismissed them in a reasoned and duly motivated manner.

69. Of further relevance is the fact that the applicant freely chose the lawyer to represent her in the proceedings before the Court of Cassation and signed a written consent to his participation in the strike. Finally, her counsel had ample notice of the date of the hearing but, notwithstanding this knowledge, it would appear that he did not take any action, such as ensuring that he was replaced on the day in question. In addition, he ought reasonably to have known that he could not expect an automatic adjournment of the proceedings on account of his absence (compare and contrast *Vamvakas v. Greece* (no. 2), no. 2870/11, 9 April 2015).

70. In the light of the foregoing considerations, the Court cannot conclude that the applicant's rights were restricted to an extent that there was an infringement of the principles of a fair hearing established by Article 6 of the Convention.

71. It follows that this part of the application is also manifestly ill-founded and must be rejected in accordance with Article 35 §§ 3 and 4 of the Convention.

#### **D. Alleged violation of Article 9 of the Convention**

72. The applicant further complained that her criminal conviction following the first set of proceedings entailed a violation her freedom of religion within the meaning of Article 9 of the Convention, which reads as follows:

“1. Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.

2. Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others."

73. She maintained that she was the founder of *Opera di Gesù Misericordioso*, a religious association aimed at the worship and practice of the Catholic faith, through which she expressed her religious beliefs. In a vague manner, she argued that her criminal conviction by the domestic courts and the classification of the association as a criminal association constituted, in her view, an unjustified interference with the freedom to manifest her religion with its other members.

74. The Court reiterates that while religious freedom is primarily a matter of individual conscience, it also implies freedom to manifest one's religion, alone and in private, or in community with others, in public and within the circle of those whose faith one shares. Article 9 lists the various forms which the manifestation of one's religion or beliefs may take, namely worship, teaching, practice and observance (see, *mutatis mutandis*, *Cha'are Shalom Ve Tsedek v. France* [GC], no. 27417/95, § 73, ECHR 2000-VII, and *Leyla Şahin v. Turkey* [GC], no. 44774/98, § 105, ECHR 2005-XI).

75. The Court finds that the applicant has not elaborated on her claim, thus failing to explain with sufficient clarity which were the acts carried out in manifestation of her religion that were classified as criminal offences by the domestic courts and that, in her view, attracted the protection of Article 9.

76. In the light of the considerations above, it must be concluded that the applicant's claim is generally unsubstantiated. Accordingly, it is manifestly ill-founded within the meaning of Article 35 § 3 (a) of the Convention and must be declared inadmissible.

For these reasons, the Court unanimously

*Declares* the application inadmissible.

Done in English and notified in writing on 24 September 2015.

Fatoş Aracı,  
Deputy Registrar

Päivi Hirvelä  
President