

26th GENERAL REPORT OF THE CPT



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

1 January - 31 December **2016**

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

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French edition:

*25^e rapport général du Comité européen pour la prévention
de la torture et des peines ou traitements inhumains
ou dégradants (CPT)*

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”Publication of CPT reports is a sign of transparency, and also an opportunity to open a wider debate on the issues raised in them.

Foreword

2016 was a busy year for the CPT. In addition to the scheduled periodic visits, the CPT carried out a number of targeted ad hoc visits, some of them organised at short notice in response to current events. Examples include the visits to Belgium during an ongoing strike by prison staff, to Greece to examine the situation in the so-called “hotspots” and to Turkey following the military coup attempt. The CPT also carried out visits to reassess the situation in Ukraine and in the North Caucasian region of the Russian Federation, and monitored another “return flight” (from Spain).

A major theme for the periodic visits was examining the question of overcrowding in prisons and the impact that it has on conditions, regime, health care and incidents of violence. This is a serious problem in many countries of the Council of Europe. However, it is interesting to note that in a few countries visited in 2016, the prison population is decreasing and prisons are being closed which demonstrates that overcrowding can be tackled successfully. An important segment of any prison population are those persons held on remand pending trial or awaiting their final sentence, and the treatment of this group of prisoners is the subject of the Committee’s reflections in this General Report.

The CPT is also committed to exchanging views and experience beyond its monitoring activities proper, even beyond the Council of Europe area. For instance, in 2016 I participated in a conference on the 10th anniversary of the Optional Protocol to the United Nations Convention Against Torture (OPCAT), and also released a joint statement with the Chairperson of the Subcommittee on Torture (SPT) on the occasion of the “International Day in Support of Victims of Torture”. Several contact meetings were held with the European Union and the OSCE, and support was given to national preventive mechanisms (NPMs) on many occasions. The CPT was also pleased to respond to requests for training for government and civil society delegations wishing to learn more about its work, standards and methods, from states as diverse as Brazil, China, Kazakhstan and South Korea. The strengthening of the prevention of torture on all levels (universal, European and national) calls for concerted efforts, based on mutual trust and subsidiarity, and the CPT is determined to play its role in this context.

Finally, I welcome the decision of the authorities of Austria, Finland, Monaco and Sweden during the past year to agree to the automatic publication of CPT reports. This brings the total number of states that have agreed to this procedure to eight (Bulgaria, Luxembourg, the Republic of Moldova and Ukraine have done so previously). As the CPT has stated on many occasions, publication of CPT reports is a sign of transparency, and also an opportunity to open a wider debate on the issues raised in them. I encourage other countries to follow suit.

Mykola Gnatovskyy, President of the CPT



” The CPT organised 19 visits totalling 170 days during the year 2016

Activities during the period 1 January to 31 December 2016

Visits

1. The CPT organised 19 visits totalling 170 days during the year 2016. Ten of the visits (totalling 117 days) formed part of the CPT's annual programme of periodic visits for 2016 and nine (53 days) were ad hoc visits which the Committee considered were required in the circumstances. Details of all these visits (dates and places of deprivation of liberty visited) are provided in Appendix 7.

Periodic visits

2. Periodic visits were carried out to Azerbaijan, Italy, Latvia, Liechtenstein, Lithuania, the Netherlands, Portugal, the Russian Federation, Spain and the United Kingdom.

The main objective of the visits was to review the measures taken by the relevant authorities to implement recommendations made by the Committee after previous visits to the countries concerned. To this end, the CPT examined the treatment and conditions of detention of persons held in police establishments and prisons. Particular attention was paid to specific categories, for instance, life-sentenced prisoners (Azerbaijan, Latvia, the Russian Federation); prisoners held in closed/high-security units (Italy, Spain); disciplinary segregation (Portugal) and female prisoners (Azerbaijan). The use of mechanical restraints in prisons was also examined (Spain).

Visiting delegations also continued to pay particular attention to the treatment and conditions of juveniles (notably in Latvia, Portugal, the Russian Federation and Spain) and foreign nationals detained under aliens legislation (United Kingdom).

Moreover, in many of the countries visited (Azerbaijan, Italy, Latvia, Lithuania, the Netherlands, Portugal, the Russian Federation and the United Kingdom), delegations visited civil and/or forensic psychiatric establishments in order to examine the treatment and legal safeguards offered to patients admitted on an involuntary basis.

The year 2016 marked an increase compared with previous years in the number of visits carried out by the CPT to social care homes (Azerbaijan, Latvia, Liechtenstein, Lithuania and the Russian Federation).

3. In line with standard practice, the CPT announced in April its programme of periodic visits for the following year. It announced its intention to examine in the course of 2017 the treatment of persons deprived of their liberty in the following ten countries: Belgium, Bulgaria, Croatia, Cyprus, Estonia, Montenegro, Poland, Slovenia, Turkey and Ukraine.

Ad hoc visits

4. In the course of 2016, the CPT carried out ad hoc visits to Belgium, Greece (2 visits), the Russian Federation (North Caucasian region), “the former Yugoslav Republic of Macedonia”, Turkey (2 visits), and Ukraine. In addition, it monitored a removal operation by air (return flight) from Spain to Colombia and the Dominican Republic.

5. The ad hoc visit to **Belgium** in May was the result of a very rapid reaction, as it had been organised during ongoing strikes by prison staff. The visit focused in particular on the conditions in prisons where virtually all prison staff were absent due to industrial action.

6. The main purpose of the two visits to **Greece** (in April and July) was to examine the situation of foreign nationals held in the “Reception and Identification Centres” (so-called “hotspots”) on the islands of Chios, Lesbos and Samos. In addition, the situation of foreign national children deprived of their liberty and the treatment of both foreign nationals held under aliens legislation and criminal suspects held in police custody were also examined in detail during the visits.

7. During the ad hoc visit to the **Russian Federation** in February, the CPT’s delegation returned to the Republics of Dagestan and Kabardino-Balkaria in order to review the implementation of recommendations made after previous visits regarding the treatment of persons deprived of their liberty by law enforcement agencies.

8. The primary objective of the ad hoc visit to “**the former Yugoslav Republic of Macedonia**” was to examine the conditions of detention and treatment of inmates at Idrizovo Prison, in which some two-thirds of the country’s prisoners were being held. The delegation wished to verify whether the recommendations made after its October 2014 visit to the country had been implemented.

9. The first of the CPT’s two ad hoc visits to **Turkey** was to the F-type High-Security Closed Prison on the island of Imralı in April. The purpose of this visit was to examine the treatment and conditions of detention of the (four) prisoners held in the establishment and to review the measures taken by the Turkish authorities in the light of the recommendations made by the CPT after its previous visit to this prison (in January 2013).

The purpose of the second visit (in August/September) was to examine the treatment and conditions of detention of persons detained in connection with the military coup attempt of 15 July 2016. To this end, the delegation interviewed in private

several hundred persons in various prisons and police establishments in the Ankara, Istanbul and Izmir areas. This visit was also an opportunity to raise once again with the relevant authorities certain issues related to the situation of Abdullah Öcalan and other prisoners held at Imralı F-type High-Security Prison.

10. The purpose of the visit to **Ukraine** in December was two-fold: a) to examine the treatment and safeguards afforded to persons detained by law enforcement agencies and b) to review the treatment of prisoners in two correctional colonies in the Kharkiv area, namely Colonies Nos. 25 and 100, where the CPT had received a significant number of allegations of severe physical ill-treatment and/or torture by prison officers during previous visits. In the context of its visits to penitentiary establishments, the delegation also examined the conditions of detention of remand prisoners (in SIZOs) and the situation of prisoners sentenced to life imprisonment (at Colony No. 100 and Kharkiv SIZO).

11. Finally, for the fourth time, the CPT monitored a removal operation by air. In the context of an ad hoc visit to **Spain** in February, the delegation examined the treatment of foreign nationals during a return flight to Bogota (Colombia) and Santo Domingo (Dominican Republic); a flight co-ordinated and co-financed by the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union (Frontex). In addition to Spain (the organising member state), Germany took part in the return operation.

High-level talks with national authorities

12. It is standard practice for CPT visiting delegations to hold talks with the national authorities, at both the outset and the end of the visit. The end-of-visit talks usually involve the participation of Ministers and are the occasion for the delegation to present its preliminary observations.

The CPT has also continued to seek to intensify its ongoing dialogue with certain states by means of high-level talks outside the framework of a given visit.

13. On 13 June, representatives of the CPT held consultations in Helsinki (**Finland**) with the national authorities. The main objective of the talks was to discuss the implementation of the CPT's long-standing recommendations aiming at stopping the practice of holding remand prisoners in police establishments ("police prisons"), and equipping all prison cells with toilets. The talks were also an opportunity to learn about other developments since the CPT's last visit to Finland (2014), including the recent transfer of the responsibility for the prison health-care service from the Ministry of Justice to the Ministry of Social Affairs and Health. The talks were open, detailed and constructive, and all participants expressed the wish to reinforce co-operation on matters falling within the CPT's mandate.

14. The President of the CPT held talks with Koen Geens, Minister of Justice of **Belgium**, in Brussels on 21 June. The main objective of the talks was to discuss the implementation of recommendations made by the Committee with a view to introducing a guaranteed minimum service in prisons during strikes and other industrial action by prison staff. These talks formed part of a dialogue which had been ongoing on this issue between the CPT and the Belgian authorities for more than ten years.

15. Furthermore, CPT representatives held high-level talks in Stockholm (**Sweden**) on 18 October. The main objective of the talks was to discuss the implementation of the CPT's long-standing recommendations aiming at significantly reducing both the scope and duration of restrictions on association and contacts with the outside world imposed on remand prisoners. The talks were also an opportunity to learn about other developments since the CPT's last visit to Sweden (2015), including as regards the regime and activities for remand prisoners and prisoners held in conditions of high security, the role of prison health-care staff in preventing ill-treatment of persons deprived of their liberty, and prisoners' visiting entitlement and access to a telephone. Discussions were also held on matters related to immigration detention and legal safeguards against ill-treatment of persons in police custody. The talks took place in an open and positive atmosphere, in the spirit of the principle of co-operation.

16. Finally, on 1 December, CPT representatives held talks with Boris Karnaukhov, Deputy Chairman of the Investigative Committee of the **Russian Federation**, and looked into the investigation of complaints about police ill-treatment in a number of specific cases referred to in the report on the CPT's February 2016 ad hoc visit to the North Caucasian region.

Plenary meetings and activities of subgroups

17. The CPT held three one-week plenary meetings (in March, June/July and November), in the course of which a total of 20 visit reports were adopted.

18. During the March meeting, the CPT held two exchanges of views, one with Nils Muiznieks, Commissioner for Human Rights of the Council of Europe, and the second with Benoît Van Keirsbilck, Director of the NGO Defence for Children International (DCI). Three topics were discussed during the exchange with the Commissioner for Human Rights: the migration crisis; unresolved conflict zones; and the draft Additional Protocol to the Convention on Human Rights and Biomedicine concerning the protection of human rights and dignity of persons with mental disorders with regard to involuntary placement and involuntary treatment. The subject of the second exchange of views was the project "Children's Rights Behind Bars", co-ordinated by DCI with the assistance of a number of partners including the Council of Europe, and specifically the CPT.

A third exchange of views was held during the July plenary meeting, this time with Thorbjørn Jagland, Secretary General of the Council of Europe. During this exchange, the migration crisis and unresolved conflict zones were once again the subject of discussion, with social care homes being touched upon briefly.

19. The two standing subgroups of the CPT, the Medical Group and the Jurisprudence Group, continued to meet on the Sunday before each plenary meeting. The Medical Group examines substantive issues of a medical nature related to the CPT's mandate and organises training sessions on the specific tasks that medical members of visiting delegations are required to perform. The task of the Jurisprudence Group is to advise the CPT on innovations in the Committee's standards as reflected in visit reports and to identify areas where there is room for development of those standards.

Contacts with other bodies

20. The CPT continued to promote contact with other bodies **within the Council of Europe**. For instance, on 15 December, the CPT's President attended an informal meeting of the Presidents of the monitoring and advisory bodies, organised by the Secretary General, with the aim of ensuring better co-ordination of the activities of the different monitoring mechanisms operating within the Council of Europe.

Further, co-operation was pursued with the Parliamentary Assembly in the form of two hearings; one in Strasbourg on 21 June on securing access of detainees to a lawyer, the other in Paris on 13 December on "25 years of the CPT, achievements and improvements".

Representatives of the CPT took part in a number of other Council of Europe activities, in particular, a seminar organised by the European Court of Human Rights on international and national courts confronting large-scale violations of human rights in January; the 4th meeting of the Drafting Committee on prison overcrowding in April in Strasbourg; the 1st meeting of the Committee of experts on administrative detention of migrants (CJ-DAM) and the 12th meeting of the Council for Penological Co-operation (PC-CP), both in Strasbourg in May, and the 21st Conference of Directors of Prisons and Probation Services in June in Zaandam, the Netherlands. Further, as in previous years, regular contacts were maintained with the Council of Europe's Commissioner for Human Rights and staff of his Office on matters of common interest, notably, as previously mentioned, in the form of an exchange of views during the CPT's March plenary meeting.

21. Co-operation with bodies **outside the Council of Europe** was also pursued. During a number of periodic and/or ad hoc visits, CPT delegations met representatives of the field missions of the United Nations High Commissioner for Refugees (UNHCR), the Organization for Security and Co-operation in Europe (OSCE), the European Union and the International Committee of the Red Cross (ICRC). Furthermore, regular contact with the UNHCR office in Strasbourg was maintained.

The CPT continued to have regular consultations and contacts with the United Nations Subcommittee on Prevention of Torture (SPT) as well as with the National Preventive Mechanisms (NPMs) set up under the Optional Protocol to the United Nations Convention against Torture (OPCAT). A joint statement with the SPT was issued on the occasion of the "International Day in Support of Victims of Torture" in June. The President attended the 1st Annual Meeting of NPMs from the OSCE region in Vienna in October and a conference marking the 10th anniversary of the SPT in Geneva in November. In addition, a representative of the CPT attended the SEE NPM Network meeting on "Homes for the elderly/care institutions and dementia – standards in health care and medication-based restrictions to freedom" in Salzburg in April. Furthermore, representatives of NPMs were met by CPT delegations during periodic and/or ad hoc visits.

The United Nations firmly reiterated its commitment to co-operation with the CPT in the Resolution on Cooperation between the United Nations and the Council of Europe adopted by the General Assembly in November (A/RES/71/17). This resolution

also acknowledges the CPT's contribution to the revision of the Standard Minimum Rules for the Treatment of Prisoners ("Nelson Mandela Rules").

On 7 and 8 April, representatives of the CPT attended an expert meeting organised by the University of Essex on the implementation of the UN revised standard minimum rules on the treatment of prisoners.

Regarding the World Health Organization, co-operation was maintained through the participation of a CPT representative at the WHO-HIPP Steering Group Meeting on Prisons and Health in Lisbon in May.

Reference should also be made to the CPT's participation in the 18th EU-NGO Forum on Human Rights in Brussels in December and a number of other events, such as the conference "Children's Rights Behind Bars" organised by the aforementioned NGO Defence for Children International in February and Antigone's Conference on "Dignity and Human Rights in the places of deprivation of freedom" in Rome in May.

The CPT also received official delegations from countries outside Europe such as Brazil, China, Kazakhstan and South Korea wishing to learn more about the Committee's work, standards and methods.



” Eighteen CPT visit reports were published in 2016

Publication highlights

Introduction

22. Eighteen CPT visit reports were published in 2016, confirming once again the well-established trend of states deciding to lift the veil of confidentiality and place the Committee's findings in the public domain. As of 31 December 2016, 354 of the 396 reports drawn up so far have been published. A state-by-state table showing the current situation as regards publication of CPT visit reports is set out in Appendix 6.

23. The CPT hopes that the clear message given by the Committee of Ministers in February 2002, encouraging "all Parties to the Convention to authorise publication, at the earliest opportunity, of all CPT visit reports and of their responses", will be heeded by the authorities of Azerbaijan and the Russian Federation. So far, only two out of the ten reports on the CPT's visits to Azerbaijan have been made public. In 2013, the Russian Federation agreed to the publication of the visit reports on the CPT's 2011 ad hoc visit to the North Caucasian region, as well as on the 2012 periodic visit to the Russian Federation, while out of the remaining 20 visit reports, 19 have not yet been published. The Committee is keen to pursue its work in these countries, through close co-operation with the authorities and informed dialogue with all other relevant interlocutors. Obviously, the publication of the CPT's reports would greatly facilitate this process.

24. As the CPT has repeatedly emphasised, authorising publication of documents related to visits can be seen as an important means of co-operating with the Committee. During 2016, Austria, Finland, Monaco and Sweden informed the CPT of their decision to authorise in advance the publication of all future CPT visit reports and related government responses, unless they decide in a given case to postpone publication for a period of up to six months. This brings the total number of states having endorsed this "automatic publication procedure" to eight, the previous four countries being Bulgaria, Luxembourg, the Republic of Moldova and Ukraine. The CPT welcomes the above-mentioned decisions, and invites other states to follow the same approach.

Selected publications

25. In this section, a closer look is taken at some of the visit reports and government responses published during the period covered by the General Report.

Report on the periodic visit to Armenia in October 2015 and response of the Armenian authorities

(situation of persons held in police custody, prisons and two psychiatric establishments)

26. The CPT's report notes that the reduced number of allegations received of ill-treatment by police officers suggests some degree of improvement. At the same time, the procedure for recording injuries remains hampered by the fact that medical examinations of persons taken to police detention facilities were routinely performed in the presence of police staff and that the information recorded was incomplete. The proper recording of injuries is an important safeguard against ill-treatment and for combating impunity.

The CPT further recalls that legal safeguards against ill-treatment should apply from the very outset of any *de facto* deprivation of liberty, including when persons are summoned by the police for "informal talks". The report conveys a generally positive impression of the Special Investigation Service (SIS), but the CPT recommends that it be allocated additional resources to reinforce its operational staff, thereby removing its reliance on local police officers. The CPT further recommends that all complaints about police ill-treatment be promptly forwarded to and processed by the SIS.

In its response, the Armenian government describes how police officers are regularly informed that ill-treatment is unacceptable and that they will be sanctioned for any such act. The authorities agree that the period spent by persons "invited" to police establishments for "informal talks" is to be considered as a period in police custody and that all relevant safeguards must accordingly be applicable; this was to be clarified in the revised Code of Criminal Procedure. The response also details the follow-up given to complaints of ill-treatment by police officers, by the police itself, the Prosecutor's Office and the SIS.

27. In the prisons visited, inmates generally described their relationship with prison staff as unproblematic. However, the CPT expresses its concern regarding the system which unofficially delegates authority to selected prisoners ("watchers") to exert control over others. While the number of prisoners had decreased overall, overcrowding remained an issue in certain prisons. Apart from the new Armavir Prison, material conditions of detention in the prisons visited were considered inadequate. The report also notes that conditions of detention varied greatly between different cells within the same establishments, leading to unequal access to services and to possible corruption.

The CPT concludes that health-care services in prisons are understaffed and poorly equipped. It highlights problems with access to specialised care and a shortage of medication. The CPT also considers that medical screening of prisoners upon admission remains inadequate.

Regarding the specific treatment of life-sentenced prisoners, the CPT welcomes the ongoing plan to transfer them to Armavir Prison which, it is hoped, will offer a more appropriate regime with a wider range of purposeful activities. It also commends the authorities for other developments such as the decrease in the use of routine handcuffing and the transfer of some inmates to a semi-closed regime. However, it maintains that visit entitlements for this category of prisoners remain too restrictive.

In their response, the Armenian authorities describe the disciplinary actions taken towards persons attempting to establish hierarchical positions among prisoners. They also provide a description of the major legislative measures undertaken to combat prison overcrowding and steps taken to combat corruption among prison staff. Regarding health care, the authorities provide information about plans to increase staff salaries and to improve equipment, and indicate that the CPT's recommendations on the issue of medical screening upon admission will be taken into account. Regarding the treatment of life-sentenced prisoners, the authorities confirm that their regime was under review and that the current requirement to keep them separate from the rest of the prison population will be lifted. They also state that other CPT recommendations, including the alignment of visit entitlements with those granted to other detainees, will be considered in the drafting of the new Penitentiary Code.

28. At the two psychiatric establishments visited, the CPT found satisfactory patient-staff and inter-patient relations. It points, however, to shortcomings in patient accommodation and specifically regrets that female forensic patients in the Forensic Unit of Nubarashen Hospital were still not provided with a separate section. Other shortcomings observed include insufficient staffing levels, limited access to the outdoors and a lack of psycho-social rehabilitation and occupational and/or creative activities. Further, the CPT formulates several recommendations on the use of mechanical restraints, notably regarding the duration, recording and supervision of the measure. It also makes recommendations regarding the safeguards surrounding persons admitted to psychiatric establishments, for example, that all compulsory placements of criminally irresponsible patients be subjected to regular court review. The CPT calls upon the Armenian authorities to amend the Law on Psychiatric Assistance with a provision on the periodic review of involuntary civil hospitalisation, which should take place at least once every six months.

In its response, the Armenian Government describes recent measures taken to improve patient accommodation and informs the CPT that a female ward has been created in the Forensic Unit of Nubarashen Hospital. Other improvements will be dependent on the availability of financial resources. Regarding the use of restraints, the Ministry of Healthcare issued new instructions in August 2016, in line with the CPT's standards. Amendments to the current legislation will further clarify and strengthen safeguards for psychiatric patients, including involuntary hospitalisation.

*Report and response published in November 2016
(CPT/Inf(2016)31 and CPT/Inf(2016)32)*

Report on the ad hoc visit to Belgium in May 2016 and response of the Belgian authorities

(treatment of prisoners during industrial action by prison staff)

29. The CPT visited four prison establishments (Huy, Ittre and Jamioulx Prisons, as well as the Social Defence Establishment (EDS) in Paifve), all of which were affected by the ongoing industrial action being carried out by prison staff.

At the time of the visit, almost all the prison staff were absent from their posts in these four prisons, and the establishments were only able to keep functioning thanks to management personnel and a few volunteer prison and health-service employees, assisted by police officers and other reassigned staff. However, the CPT's report notes that these staffing arrangements were insufficient to guarantee acceptable conditions of detention. Consequently, the vast majority of prisoners interviewed during the visit were unable to leave their cells to exercise, take part in activities or use the telephone for a period of about two weeks, and most visits by family members and lawyers had to be cancelled. Numerous prisoners remained locked in their cells around the clock, often with one or more cellmates. Many of the prisoners met by the delegation were in a state of stress or anxiety.

Access to health care was a concern, since only prisoners requiring ongoing treatment or emergency care were treated. This was all the more problematic in the psychiatric unit of Jamioulx Prison and, above all, at the Paifve EDS, where psychiatric patients ("*internés*") were deprived of any therapeutic care. In addition, picketing prison officers discouraged or blocked both custodial and health-care staff from entering the establishment, prevented visits from lawyers and families and hampered daily deliveries, including of food supplies.

In the report, the CPT notes that several serious incidents occurred in the course of the industrial action (such as fires within the establishments and destruction of cell furniture), and requests further information regarding the death of a psychiatric patient who was killed by his cellmate at the psychiatric unit of Lantin Prison. The CPT stresses that a number of situations observed by its delegation, particularly at the Paifve EDS, where certain inmates suffering from mental health problems were unable to maintain their own hygiene or clean their cells without support, could be considered as inhuman and degrading. Such conditions of detention were all the more intolerable given the fact that the industrial action lasted as long as two months in some of the prison establishments.

30. For more than ten years, the CPT has been recommending that a guaranteed minimum service in prisons be established. This minimum service should include prisoners being provided with meals at regular times, having unfettered access to health care, being offered at least one hour of outdoor exercise every day and having the possibility to maintain their personal hygiene and to keep up their contacts with the outside world. The report calls upon the Belgian authorities to pass legislation, without delay, to establish such a guaranteed minimum service, while respecting the rights and freedoms of prison staff, in accordance with European human rights law.

31. In their response to the report, the authorities provide information regarding the death of the patient at Lantin Prison and state that they are preparing a draft

law establishing a guaranteed minimum service in prisons, which was to be brought before Parliament by the end of 2016.

*Report and response published in November 2016
(CPT/Inf(2016)29 and CPT/Inf(2016)30)*

Report on the ad hoc visit to Hungary in October 2015 and response of the Hungarian authorities

(treatment and conditions of detention of foreign nationals deprived of their liberty, legal safeguards)

32. At the outset, the CPT acknowledges the particular challenges faced by the Hungarian authorities in the context of the unprecedented influx of foreign nationals into Hungary; however, it emphasises that the situation cannot absolve the authorities of their international human rights obligations as regards the treatment of foreign nationals deprived of their liberty.

The majority of detained foreign nationals interviewed by the delegation stated that they had been treated correctly by police/prison officers. That said, a considerable number of foreign nationals claimed that they had been subjected to physical ill-treatment by police officers at the moment of apprehension, during transfer to a police establishment and/or during subsequent police questioning. It is of particular concern that some of these allegations were made by foreign nationals who claimed to be unaccompanied minors. In addition, a few allegations were received of physical ill-treatment inflicted by police officers and/or armed guards working in immigration or asylum detention facilities. The CPT recommends that a clear message be delivered, through a formal statement from the relevant authorities, to all police officers and armed guards working in asylum and immigration detention facilities that any form of ill-treatment of persons deprived of their liberty is unacceptable and will be punished accordingly.

The CPT makes particular reference to an incident which occurred at the Nagyfa Prison Unit on 23 October 2015 when a large number of foreign nationals staged a protest by damaging the premises and equipment of the detention unit and by barricading themselves in two rooms. When later interviewed by the CPT's delegation, many of them made consistent and detailed allegations of physical ill-treatment inflicted by the special police forces who had intervened in the prison unit and by local police officers in police stations to which the foreign nationals concerned had been transferred. The Committee urges the Hungarian authorities to take steps without further delay to ensure that a thorough and independent inquiry is carried out into these allegations.

Material conditions in the ordinary police holding facilities were on the whole adequate; however, the CPT recommends that the existing shortcomings be remedied. Further, it describes several shortcomings and makes recommendations as regards *ad hoc* detention facilities (i.e. containers and garages) created at the Detention Facility of the Border Police in Szeged. Moreover, the CPT is seriously concerned that mothers with young children and unaccompanied minors were held in one of the former garages under very cramped conditions for four days prior to the visit

by the CPT, without being offered any outdoor exercise and without being able to take a shower. The Committee recommends that the detention rooms in the former garages are no longer to be used for overnight accommodation of families with children and/or unaccompanied minors; and, in respect of any other detainee, that they are used for no longer than 36 hours.

33. As regards immigration and asylum detention centres, material conditions varied considerably from one establishment to another. In particular, a number of serious shortcomings concerning material conditions are described in respect of Nagyfa Prison Unit and Unit Kárpát 1 of Kiskunhalas Guarded Shelter, and the CPT recommends that the Hungarian authorities carry out a complete overhaul of the detention conditions in these establishments.

The CPT's delegation gained a generally favourable impression of the regime offered to foreign nationals at Békéscsaba Asylum Reception Centre. However, a number of shortcomings are described as regards the other places visited and the Committee recommends that the Hungarian authorities develop regime activities for foreign nationals in all immigration and asylum detention centres, including outdoor exercise for at least one hour (and preferably considerably more) per day.

The CPT is concerned that hardly any arrangements were in place to cater for the needs of young children held with their families at the Békéscsaba Asylum Reception Centre and at Unit Kárpát 2 of the Kiskunhalas Guarded Shelter. Further, several husbands had apparently been separated by the authorities from the rest of their families. The Committee considers that, as a matter of principle, the placement of minors with their parents in a detention centre should only occur as a last resort, and if, in exceptional circumstances, such placement cannot be avoided, its duration should be as short as possible and children should be provided with appropriate care. Every possible effort should be made to avoid separation of children from their parents and splitting up the family.

34. Concerning fundamental safeguards against ill-treatment in the context of *police custody*, complaints were received from foreign nationals about delays in respect of the right of notification of custody to a third person, a lack of information concerning the right of access to a lawyer, the inability to consult a lawyer before being questioned by the police or before a court hearing and a lack of information on the right of access to a doctor; there were also complaints regarding the quality of interpretation services.

35. As regards safeguards to protect foreign nationals against *refoulement*, the CPT expresses doubts, in view of the relevant legislative framework and its practical operation, as to whether border asylum procedures are accompanied by appropriate safeguards in practice, whether they provide a real opportunity for foreign nationals to present their case and whether they involve an individual assessment of the risk of ill-treatment in the case of removal.

36. In their response, the Hungarian authorities challenge the Committee's findings, including those concerning ill-treatment of detained persons, and explicitly reject many of the recommendations made.

*Report and response published in November 2016
(CPT/Inf(2016)27 and CPT/Inf(2016)28)*

Report on the periodic visit to Serbia in May/June 2015 and response of the Serbian authorities

(treatment of persons in police custody and prisons, situation in social care homes)

37. The report highlights that a significant number of allegations of physical ill-treatment of criminal suspects by police officers were received in the course of the visit. The allegations concerned primarily slaps, punches, truncheon blows and prolonged handcuffing in stress positions, but also acts which could amount to torture such as the placing of plastic bags over the head of suspects to induce a sensation of suffocation and blows to the soles of the feet with non-standard objects such as wooden floor tiles (so-called *falaka*). The information gathered by the CPT's delegation indicates that the infliction of ill-treatment for the purposes of trying to extort a confession is a frequent practice of criminal investigators, notably at Pančevo and Niš Police Directorates and Ruma Police Station. In a number of cases, the delegation gathered medical and other documentation that was consistent with the allegations of ill-treatment made by the detained persons. In this context, it is a matter of concern to the CPT that the Serbian authorities do not appear to take seriously the obligation to carry out effective investigations into allegations of police ill-treatment despite several recent judgments of the European Court of Human Rights finding an Article 3 violation against Serbia concerning such investigations.

In the report, the CPT recommends that the Serbian authorities adopt a multi-faceted approach to end ill-treatment by police officials, including the establishment of an effective independent system of complaints against police misconduct, ensuring the right of notification of custody and improving the quality of assistance provided by *ex officio* lawyers.

In their response, the authorities describe the functioning of the system of accountability of law enforcement officials for police misconduct. The Ministry of the Interior underlines that it has conducted internal investigations at the police directorates of Valjevo, Niš, Sremska Mitrovica and Pančevo, and it rejects the CPT's allegations, finding that the police officers concerned acted in accordance with the regulations in force.

38. As regards prisons, the CPT's delegation received numerous allegations of physical ill-treatment of inmates by staff including at Sremska Mitrovica and Niš Correctional Institutions, Pančevo District Prison and Valjevo Juvenile Correctional Institution. The alleged ill-treatment consisted mainly of slaps, punches and blows with truncheons, and clearly indicated a practice by some officers of resorting to violence as a means to control recalcitrant and/or agitated inmates or as an informal punishment. In a number of cases, inmates bore visible marks on their bodies which were assessed by the delegation's forensic doctor as being compatible with the alleged ill-treatment. Further, inter-prisoner violence and intimidation was a frequent occurrence, in particular at Sremska Mitrovica Correctional Institution and Pančevo District Prison. This phenomenon was fuelled by a number of factors such as chronic understaffing, illicit drug use, poor material conditions and a lack of activities. The CPT makes a series of recommendations to address these issues. It

also recommends that medical examinations of prisoners be confidential and any injuries observed on them be accurately recorded.

Material conditions of detention were found to be particularly poor in most of the prisons visited, including unacceptable conditions of hygiene and a dilapidated infrastructure. The situation was further aggravated by the serious levels of overcrowding; for example, at Pančevo District Prison, six inmates were being accommodated in cells measuring only 8 m². In the CPT's view, the conditions of detention at the "Hospital" and "Odmarašnice" buildings of Sremska Mitrovica Correctional Institution (e.g. dilapidated, damp and poorly ventilated cells, and sanitary facilities in an appalling state of hygiene), as well as in the closed sections of Pančevo District Prison (e.g. insufficient ventilation, non-functioning artificial lighting, high levels of humidity, no in-cell heating and sewage dripping from the ceiling), could well amount to inhuman and degrading treatment. Recommendations are made to the Serbian authorities to take immediate steps to remedy the situation by reducing occupancy levels and carrying out extensive refurbishment of the prisons visited. Once again, the CPT found that remand prisoners were still not being offered any purposeful activities and could spend more than 23 hours per day locked in their cells. The Committee calls upon the Serbian authorities to offer remand prisoners out-of-cell activities and to ensure that they are offered at least two hours of outdoor exercise per day. Recommendations are also put forward, inter alia, to reinforce the number of health-care staff, notably at Sremska Mitrovica Correctional Institution, and to improve psychiatric care for inmates.

In the Ministry of Justice's response, the authorities underline that prison staff in the above-mentioned institutions were informed clearly that any form of ill-treatment is unlawful and that those who act illegally will be sanctioned. They underline that new training will be provided to prison staff in accordance with the CPT's recommendations. Information is also provided on the implementation of measures adopted to combat prison overcrowding, the refurbishment and sanitation of the relevant sections of the prisons visited, the planned construction of new prisons, improved training possibilities for prison staff, the increase in health-care personnel and the purchase of medical equipment, in line with the recommendations made by the CPT.

39. During its 2015 visit, the CPT also examined the situation regarding psychiatric establishments and social care homes. In this respect, it visited the Special Hospital for Psychiatric Diseases "Dr Slavoljub Bakalović" in Vršac, as well as Veternik Residential Facility. Concerning the latter, the CPT's report describes the poor material conditions and overcrowding in certain wards (where some residents were being forced to share the same bed), and the situation of a group of patients who were subject to periods of prolonged mechanical fixation and seclusion. In response, the Serbian authorities refer to a number of measures being taken to address the CPT's recommendations.

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(CPT/Inf(2016)21 and (CPT/Inf(2016)22)*

Report on the periodic visit to Switzerland in April 2015 and response of the Swiss authorities

(treatment and conditions of detention in police establishments and prisons, life imprisonment, civil and forensic psychiatric establishments)

40. The vast majority of persons detained by the police stated that they had been correctly treated. However, the CPT is extremely concerned by the phenomenon of police brutality which still appears to exist in the canton of Geneva, carried out in particular by the members of the drugs task force. The report details several allegations of police violence involving punches, kicks and truncheon blows, which were at times inflicted on suspects who were blindfolded. The CPT recommends an in-depth and independent investigation into the methods used by this task force. Measures should also be taken to substantially improve the access to a lawyer of all persons deprived of their liberty and the right to inform a relative from the very outset of any custody. The material conditions found in the eleven police establishments visited around the country were satisfactory overall. Nevertheless, the CPT considers that, due to their small size, some of the cells in the Geneva police headquarters and Pâquis police station (Geneva) should only be used for short periods.

In their response, the Swiss authorities state that criminal investigations have been opened with respect to members of the Geneva drugs task force and that some operational methods have been reviewed. They further indicate that the CPT's recommendations regarding material conditions will be taken into account.

41. As regards prisons, detention conditions were very good on the whole at "La Promenade" (la Chaux-de-Fonds), "La Farera" and "La Stampa" (Lugano) and Schwyz Prisons. They contrasted with Champ-Dollon Prison which still suffers from a serious overcrowding problem and had an occupancy rate of around 190% at the time of the visit. The report calls upon the Geneva authorities to remedy this problem definitively, in particular by developing alternatives to imprisonment. The CPT also recommends that all the sanitary installations of cells occupied by more than one person be fully partitioned.

In their response, the authorities announce that the Geneva canton was in the process of building new prison premises to reduce the overpopulation at Champ-Dollon. Measures were also being taken in several establishments visited to remedy the problem of unpartitioned toilets.

At Champ-Dollon Prison, allegations were received of ill-treatment by prison officers and violence between inmates in cells. In other prisons, relations between prisoners and staff seemed appropriate, and violence did not appear to be a major problem. The authorities indicate in their response that measures will continue to be taken at Champ-Dollon to decrease the level of violence by staff and between inmates.

The report underlines that most of the remand prisoners awaiting sentencing had a poor detention regime and generally spent 23 hours a day confined to their cell. They were also cut off from contact with the outside world (no phone calls or visits), often for several weeks or even months at a time. In the CPT's view, it is not acceptable to leave prisoners without activities or cut them off from the outside world for lengthy

periods. Measures should be taken, including of a legislative nature, to remedy this situation. As regards discipline, the CPT recommends notably that the length of disciplinary solitary confinement be limited to 14 days throughout the country and that the procedures be reviewed. The Swiss authorities, in their response, state that a review of the rules applying to the contact with the outside world of remand prisoners is envisaged.

42. The report also addressed the situation of persons subjected to a penal measure of institutional therapeutic treatment or preventive detention. The CPT acknowledges that efforts have been made to increase accommodation capacities for prisoners suffering from serious mental health problems in specialised establishments or units. Nevertheless, the CPT remains concerned that a number of these individuals are incarcerated in an environment that is not suited to their specific needs. Their conditions of detention in high-security sections gave particular cause for concern, and were almost tantamount to solitary confinement.

In their response, the authorities indicate that a dedicated working group has been established to review this situation and to increase the capacity of dedicated accommodation.

43. Concerning preventive detention for life (*"internement à vie"*), the Committee reiterates its serious reservations about the concept according to which persons, once they have been declared as extremely dangerous and not suitable for treatment, are considered once and for all to be a permanent threat to the community and are deprived by law of any hope of being granted conditional release.

44. The findings as regards civil psychiatry were in many aspects very positive; the CPT's delegation received no allegations of ill-treatment of patients by staff in the Basel University Psychiatric Clinic and living conditions as well as psychiatric treatment were of a very high standard. However, the CPT recommends that the authorities improve the somatic examination of patients upon admission, record and report injuries and keep records of the use of means of restraint. It is also a matter of concern to the Committee that uniformed police officers were sometimes called upon to assist the health-care staff in placing a patient in seclusion and/or in applying chemical restraint; the Committee recommends that an end be put to such practices.

*Report and response published in June 2016
(CPT/Inf(2016)18 and (CPT/Inf(2016)19)*

Report on the periodic visit to the "former Yugoslav Republic of Macedonia" in October 2014 and response of the authorities of the "former Yugoslav Republic of Macedonia"

(police ill-treatment and immigration detention, poor prison conditions for adults and juveniles and treatment of psychiatric patients and social care home residents)

45. The report notes an improvement in the way in which persons are treated by the police. That said, some credible allegations were received of deliberate physical ill-treatment by police officers, and the authorities should pursue their efforts

to eradicate ill-treatment. Prosecutors and judges also need to act on claims of ill-treatment by the police.

At the Reception Centre for Foreigners of Gazi Baba in Skopje, numerous consistent allegations of ill-treatment of detainees by custodial staff were received, and there were frequent instances of inter-detainee violence. The Reception Centre was seriously overcrowded and the conditions in which the men, women and children (including 13 unaccompanied minors) were held could be described as amounting to inhuman and degrading treatment.

In their response, the national authorities provide, *inter alia*, information on the arrangements put in place in relation to the timely provision of access to a lawyer to persons in police detention. As regards the Reception Centre for Foreigners, they recognise that it was not appropriate for detention purposes and refer to their efforts to find a more suitable location for holding foreign nationals. They also state that women and children are now held in an open centre.

46. As regards the prison system, the CPT remains deeply concerned. At Idrizovo Prison (which holds two-thirds of the country's prison population), a large number of allegations of deliberate ill-treatment of inmates by custodial staff were received, and inter-prisoner violence was a serious problem in certain units. As regards staffing issues, the Committee emphasises that insufficient staffing levels and the lack of training and support provided to staff are intrinsically linked to problems highlighted in the report such as ill-treatment, inter-prisoner violence and a lack of activities. This was notably evident at Idrizovo Prison. Moreover, a professional career path for managers within the prison system still does not exist. The conditions of detention in certain wings of Idrizovo and Skopje Remand Prisons could be described as amounting to inhuman and degrading treatment (poor state of repair and hygiene, infestations of vermin and overcrowding). Further, remand prisoners are still offered no activities and spend 22 hours or more per day confined to their cells for months on end. The provision of health care was deficient in all the prisons visited and particularly poor at Idrizovo Prison. The report also highlights the case of a vulnerable mentally ill prisoner at Skopje Remand Prison who had been hand- and ankle-cuffed to a bed for prolonged periods and was not receiving the care he required.

In their response, the national authorities refer to the adoption of a strategic document on penitentiary reform by the government and to their continued efforts to improve the prison estate and train and recruit staff.

47. The situation of juveniles held at "Tetovo" Educational Correctional Institution (located in the town of Veles) was also totally unacceptable. Many allegations of physical ill-treatment of juveniles by staff were received and, moreover, no action was taken when episodes indicative of ill-treatment and inter-prisoner violence (including a case of rape) were brought to the attention of the management. Further, there was no programme of structured activities and material conditions had deteriorated since the CPT's 2011 visit. Recommendations are made to address these deficiencies as well as to improve the staffing situation, reform the disciplinary sanction of solitary confinement and increase juveniles' contact with the outside world. In sum, the CPT highlights the authorities' neglect of the welfare of juveniles held in this establishment and the urgent need to relocate the Institution.

The national authorities in their response state that the Veles facility has been closed down and the juveniles transferred to a dedicated wing of Ohrid Prison. Information is also provided on the implementation of other CPT recommendations.

48. The overall atmosphere at Demir Hisar Psychiatric Hospital had improved since the CPT's visit in 2010. However, several allegations of ill-treatment of patients by staff, as well as of inter-patient violence, were received on certain wards of Skopje Psychiatric Hospital. The living conditions at Demir Hisar and Skopje Psychiatric Hospitals remained, with some exceptions, poor and were exacerbated by the austere and depersonalised environment and the overcrowding in the dormitories. The report also includes recommendations on the application of means of restraint to patients and the necessity to reinforce the legal safeguards surrounding the placement, review and discharge of involuntary hospitalisation measures.

At Demir Kapija Special Institution for mentally disabled persons, the report notes that positive relations existed between staff and residents but that inter-resident violence was a problem. Living conditions varied across the establishment, ranging from satisfactory in the A wards to extremely poor in the C wards, where premises were found to be unhygienic and insalubrious and where a number of residents did not have their own bed. There is also a need, inter alia, to reinforce the legal safeguards surrounding their legal capacity and guardianship issues.

In their response, the national authorities provide information on the material improvements at Demir Hisar Psychiatric Hospital, as well as the complete refurbishment of the C wards at Demir Kapija Special Institution.

*Report and response published in March 2016
(CPT/Inf(2016)8 and (CPT/Inf(2016)9)*

Report on the ad hoc visit to Kosovo¹ in April 2015 and the response transmitted by the United Nations Interim Administration Mission in Kosovo (UNMIK)

(treatment and conditions of detention of persons in police custody, situation in penitentiary establishments and in psychiatric establishments)

49. The CPT's delegation received a significant number of allegations from detained persons of physical ill-treatment by police officers. Most of the allegations concerned slaps, punches and kicks, in the context of police questioning, with a view to extracting confessions, or at the time of apprehension after the person concerned had been brought under control. The Committee stresses the need for the relevant authorities to take additional vigorous action, including during in-service training, to combat the phenomenon of police ill-treatment. In their response, the authorities provide information on additional training provided to police officers on the use of force as well as updated information on the number of complaints about police ill-treatment and the outcome of criminal/disciplinary proceedings which have been instituted as a result.

1. All reference to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.

In various police stations visited, the delegation observed improvements with respect to conditions of detention. A number of police custody cells have been newly constructed or renovated, and most of the deficiencies observed during previous visits to other police stations have been remedied.

50. As compared to the findings of the 2010 visit, the situation seemed to have improved significantly in most of the prison establishments visited as regards the manner in which prisoners were treated by staff. In particular, at Dubrava Prison, the delegation received no allegations of recent physical ill-treatment or excessive use of force by members of the establishment's special intervention group or by custodial staff. Further, no allegations were heard at Lipjan/Lipljan Correctional Centre and the detention centres in Mitrovica/Mitrovicë, Pejë/Peć and Prishtinë/Priština. However, a number of allegations of physical ill-treatment and threats of beatings by prison officers were received at Gjilan/Gnjilane Detention Centre and at the High Security Prison.

Compared to the situation found in 2010, inter-prisoner violence did not appear to be a major problem at Dubrava Prison, or in any of the other prison establishments visited.

That said, the CPT expresses its dismay about the apparent lack of progress in addressing the phenomena of corruption and favouritism at Dubrava Prison, despite the specific recommendations made by the Committee after its previous two visits. The situation at this establishment seemed to have deteriorated even further, and the delegation received numerous allegations of corruption involving not only custodial, but also health-care staff. It would seem that, on payment of sufficient money, prisoners could obtain mobile phones, drugs, or preferential treatment regarding work opportunities, family visits, temporary leave outside the establishment, medical treatment, security classification, etc. Further, some prisoners reportedly received preferential treatment because of their family or political connections. It is also a matter of concern that a number of complaints of corrupt practices were once again received at the detention centres in Pejë/Peć and Prishtinë/Priština. In their response, the authorities indicate that, following internal investigations, disciplinary measures have been taken against a number of prison staff.

Material conditions varied widely amongst the different prison establishments. At Lipjan/Lipljan Correctional Centre, conditions for all inmates remained on the whole adequate, and improvements were observed at Dubrava Prison and Mitrovica/Mitrovicë Detention Centre. The CPT welcomes the existing plans to close the detention centres in Gjilan/Gnjilane, Pejë/Peć and Prishtinë/Priština where material conditions were generally poor. At the newly-constructed High Security Prison, conditions were generally good. However, most of the exercise yards which were attached to the detention blocks were constructed of a white concrete terrain surrounded by a high wall of the same material. The delegation was inundated with complaints from prisoners that the blinding reflection of the sun off the concrete ground and walls in the summer months made outdoor exercise difficult – even with sunglasses – and that the hard surface made any physical activity besides walking hazardous. In their response, the authorities confirm that the detention centres in Gjilan/Gnjilane and Prishtinë/Priština have been closed down and that the detention

centre at Pejë/Peć will be withdrawn from service as soon as possible. Further, the authorities indicate that it is their intention to remedy the shortcomings observed at the High Security Prison by the end of 2016.

As during the previous visits, the delegation gained a generally favourable impression of the regime offered to female and juvenile prisoners (both sentenced and on remand) at Lipjan/Lipljan Correctional Centre. Further, improvements were observed regarding the regime offered to sentenced prisoners in the other prisons visited. However, it is a matter of serious concern that, at Dubrava Prison and the High Security Prison, as well as in the other detention centres visited, the regime for remand prisoners remained generally poor. As in 2010, apart from outdoor exercise (for two to three hours per day), most remand prisoners still remained locked in their cells for most of the day, with very little to do besides watching TV, reading and playing board games. In their response, the authorities express their intention to expand out-of-cell activities for remand and sentenced prisoners in the context of a “Strategic Plan 2016-2020”.

Overall, the CPT observed a number of improvements regarding the health care provided to prisoners since the 2010 visit. In addition, the budget for prison health care has been significantly increased in recent years. Notwithstanding that, Dubrava Prison and Pejë/Peć Detention Centre were apparently frequently faced with disruptions to the supply of medication. Further, the CPT expresses its serious concern about the inadequate psychiatric care provided to patients suffering from severe mental disorders in the hospital unit at Dubrava Prison. In their response, the authorities indicate that steps have been taken by the Prison Health Department to ensure the timely supply of medication in all prisons. Further, at Dubrava Prison, a full-time psychologist has been employed and the presence of psychiatrists has been increased.

51. Conditions at the Forensic Psychiatric Institute at Pristina University Hospital, which was opened in August 2014, were very good in all respects, and staffing levels were adequate. Resort to means of restraint (seclusion and mechanical restraint) was very rare. That said, it is a matter of grave concern that, at the Psychiatric Clinic at Pristina University Hospital, the relevant legislation governing the involuntary placement of civil patients in a psychiatric hospital has never been implemented in practice. Thus, the patients concerned were deprived of important safeguards (for instance, to have courts involved in the procedure). The CPT calls upon the relevant authorities to put an end to this unacceptable state of affairs.

*Report and response published in September 2016
(CPT/Inf(2016)23 and (CPT/Inf(2016)24)*



” In the CPT’s experience, remand prisoners are all too often held in dilapidated and overcrowded cells and are frequently subjected to an impoverished regime

Remand detention

1. Introduction

52. In many European countries, the persistent problem of overcrowding in prisons, with all its related challenges, has to be ascribed to a large extent to the high proportion among the total prison population of remand prisoners (i.e. prisoners who are detained by court order and are still awaiting their trial or have not been convicted by a final judgment). However, this is not the only reason why the CPT pays close attention to remand prisoners during its visits. In the CPT's experience, remand prisoners are all too often held in dilapidated and overcrowded cells and are frequently subjected to an impoverished regime. In a number of visit reports, the CPT has taken the view that the conditions of detention of remand prisoners in the establishments visited were totally unacceptable and could easily be considered to be inhuman and degrading. Moreover, remand prisoners are frequently subjected to various types of restrictions (in particular as regards contacts with the outside world), and, in a number of countries, certain remand prisoners are held in solitary confinement by court order (sometimes for prolonged periods).

The CPT also wishes to stress that, for the individual, detention on remand can have severe psychological effects – suicide rates among remand prisoners can be several times higher than among sentenced prisoners² – and other serious consequences, such as the breaking up of family ties or the loss of employment or accommodation.

53. Within the Council of Europe area, the frequency and duration of remand detention appears to differ enormously in practice from one country to another, with the proportion of remand prisoners of the total prison population ranging from 8% to 70%. On average, some 25% of all prisoners in the Council of Europe area are on remand. For foreign nationals in remand detention, the proportion is significantly higher, with an average of some 40% of the overall number of imprisoned foreign nationals.³

2. Council of Europe Annual Penal Statistics, SPACE I – Prison Populations, Survey 2015, PC-CP (2016) 6, 15 December 2016, tables 5.1 and 13.1.

3. Council of Europe Annual Penal Statistics, SPACE I – Prison Populations, Survey 2015, PC-CP (2016) 6, 15 December 2016, tables 4 and 5.1.

Due to its intrusive nature and bearing in mind the principle of presumption of innocence, the basic tenet is that remand detention should only be used as a measure of last resort (*ultima ratio*). It should be imposed for the shortest time possible and should be based on a case-by-case evaluation of the risks of committing a new crime, of absconding, or of tampering with evidence or witnesses or otherwise interfering with the course of justice.⁴ Moreover, the nature and gravity of the offence the person is suspected of having committed should be duly taken into account when assessing the proportionality of the measure.

In the CPT's view, the principle that remand detention should only be imposed as a last resort implies in the first place that, as far as possible, non-custodial measures should be applied. This requires the availability of a broad range of measures, such as the conditional suspension of pre-trial detention, bail, house arrest, electronic monitoring, the obligation to comply with certain orders, judicial supervision, the removal of passports, etc. Such a range of alternatives should also be considered for foreign nationals, and the fact that such a person is neither a national nor a resident of the state, or that he/she does not have any other links with that state, should not, in itself, be sufficient to conclude that there is a risk of flight.⁵

2. Remand detention in prisons

54. **Reception and induction programmes** have an important role to play for persons remanded in custody who enter the prison system. If performed properly, they will enable prison staff to carry out an individual risk and needs assessment, including the identification of those most at risk of self-harm, and will relieve some of the anxiety experienced by all newly-arrived prisoners. Further, they will provide an opportunity to acquaint prisoners with the running of the prison, including the regime and daily routine, as well as ensure that they have been able to contact their family. To this end, prisoners should be provided with oral information and a comprehensive information booklet which should exist in an appropriate range of languages. Particular attention should be paid to ascertain that the information provided is understood by prisoners with reading and writing difficulties and by foreign nationals who do not speak the language(s) spoken by staff.

Given the strong impact a first-time admission to a prison may have on the person concerned, consideration might be given to extending the above-mentioned induction programme over several days in order to provide newly-admitted prisoners with a greater opportunity to absorb the information. If such an induction programme is not properly carried out, prisoners will rely on other prisoners to tell them about the regime and the rules, which can easily place certain prisoners in a superior position.

4. See Articles 5(1)(c) and 5(3) of the European Convention on Human Rights and the relevant case-law of the European Court of Human Rights, as well as the White Paper on Prison Overcrowding, the Council of Europe's Committee on Crime Problems (CDPC), PC-CP (2015) 6 rev 7, paragraph 62.

5. See Rule 13.2 of Recommendation CM/Rec(2012)12 of the Committee of Ministers to member states concerning foreign prisoners.

The CPT's experience shows that in some countries, reception and induction programmes may last for several weeks and the regime applied to prisoners undergoing them may be very restrictive, sometimes amounting to solitary confinement. The CPT considers in this respect that newly-admitted prisoners should be allocated to ordinary accommodation units as soon as possible after a risk and needs assessment has taken place upon admission. Moreover, conditions for newly-arrived prisoners should not amount to a solitary confinement-type regime for prolonged periods. Further, in addition to induction-related activities, a minimum of one hour of outdoor exercise per day should be provided from the outset of the induction period.⁶

55. Most countries make provision for **separating remand and sentenced prisoners**, as stipulated in the European Prison Rules (Rule 18.8) and other international instruments.⁷ The European Prison Rules (Rules 18.9 and 101) also allow exceptions in this regard to enable remand prisoners to participate in joint organised activities with sentenced prisoners, whilst generally keeping both categories of prisoner separate at night.

In some countries, arrangements are made to organise joint activities for remand and sentenced prisoners, with both categories sometimes being accommodated in the same cells/units. In the CPT's opinion, allowing remand prisoners to participate in organised activities together with sentenced prisoners is undoubtedly better than confining remand prisoners to their cells for up to 23 hours a day for prolonged periods as is currently the case in many Council of Europe member states. However, efforts should be made to accommodate remand prisoners separately from sentenced prisoners. In fact, the CPT prefers for remand prisoners to have a satisfactory programme of activities whilst always being separated from sentenced prisoners, in full respect for the principle of presumption of innocence. Such separation also protects remand prisoners who enter the prison environment for the first time and who may be innocent from the potential criminal influence of sentenced prisoners. In this connection, the importance of a risk and needs assessment of all persons entering prison, as described in paragraph 54, cannot be over-emphasised, as it may not be appropriate to mix first-time remand prisoners with the large numbers of persons re-entering prison for a second time or more.

56. During its many visits, the CPT found that remand prisoners frequently had to share cells which provided less than 3 m² of **living space** per person (and sometimes even less than 2 m²). Moreover, the cells were not always equipped for the number of inmates they accommodated. For instance, prisoners were compelled to sleep on mattresses placed directly on the floor or even had to share beds and sleep in shifts. Among other things, this results in a complete lack of privacy and may well increase tension between inmates. Such intolerable conditions, which may last for months or even years, are often exacerbated by the fact that remand prisoners have to spend most of the time in their cell, as the regime of organised activities is often extremely limited for this category of prisoner (see, in this regard, paragraph 58).

6. See also paragraph 68 concerning juveniles.

7. See, for instance, Article 10(2)(a) of the International Covenant on Civil and Political Rights and Rule 11(b) of the United Nations Standard Minimum Rules for the Treatment of Prisoners (*Nelson Mandela Rules*).

In the CPT's opinion, the *minimum* standards for personal living space in prison establishments should be 6 m² for a single-occupancy cell and 4 m² per prisoner for a multiple-occupancy cell (excluding sanitary facilities).⁸ Providing living space of less than 4 m² significantly increases the risk of a violation of Article 3 of the European Convention on Human Rights. In this context, in its recent Grand Chamber judgment in the case of *Muršić v. Croatia*,⁹ the European Court of Human Rights stated that "[w]hen the personal space available to a detainee falls below 3 sq. m of floor surface in multi-occupancy accommodation in prisons, the lack of personal space is considered so severe that a strong presumption of a violation of Article 3 arises. [...] In cases where a prison cell – measuring in the range of 3 to 4 sq. m of personal space per inmate – is at issue the space factor remains a weighty factor in the Court's assessment of the adequacy of conditions of detention."

57. The Committee also wishes to reiterate that every effort should be made to phase out the practice of accommodating remand prisoners in dormitories and to move towards cellular accommodation for a small number of inmates. Ideally, remand prisoners (as well as sentenced prisoners) should be accommodated in single cells except where it is preferable for them to share sleeping accommodation.¹⁰

58. Since the beginning of its activities in the early 1990s, the CPT has emphasised the crucial importance a satisfactory programme of **activities** has for prisoners, including those on remand. In this regard, it is a matter of serious concern that, in a considerable number of countries, the specific recommendations made by the Committee concerning the regime of remand prisoners remain to be implemented. Whilst acknowledging that the provision of organised activities in remand prisons, where there is likely to be a high turnover of inmates, poses particular challenges, it is not acceptable to lock up remand prisoners in their cells for up to 23 hours per day and to leave them to their own devices for months or even years on end.

The CPT calls upon the prison authorities of the countries concerned to devise and implement a comprehensive regime of out-of-cell activities. The aim should be to ensure that remand prisoners (as well as sentenced prisoners) are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activity of a varied nature (work, preferably with vocational value,¹¹ education, sport, recreation/association). The longer the period of remand detention, the more varied the regime should be. All prisoners, without exception, must be offered at least one hour of outdoor exercise a day, in suitable facilities.

59. As regards **contact with the outside world**, the CPT considers that remand prisoners should in principle be allowed to communicate with their family and other persons (correspondence, visits, telephone) in the same way as sentenced prisoners.¹² All inmates should benefit from a visiting entitlement of at least one hour every week and have access to a telephone at the very least once a week (in addition to

8. 25th General Report on the CPT's activities (CPT/Inf (2016) 10), paragraph 84.

9. *Muršić v. Croatia* [GC], no. 7334/13, 20 October 2016.

10. See also Rules 18.5 and 96 of the European Prison Rules.

11. It should be added, however, that, according to Rule 100.1 of the European Prison Rules, "[u]ntried prisoners shall be offered the opportunity to work but shall not be required to work".

12. See Rule 99 of the European Prison Rules.

the contacts with their lawyer(s)). Moreover, the use of modern technology (such as free-of-charge Voice over Internet Protocol (VoIP) services) may help prisoners to maintain contact with their families and other persons.

60. In certain countries, the CPT observed that, according to the applicable rules, certain **restrictions** were imposed on all remand prisoners as a matter of policy, for instance, a total ban on telephone calls, visits or the obligation to receive visits only under closed conditions (i.e. through a glass partition). In the CPT's view, applying such restrictions indiscriminately to all remand prisoners is not acceptable; any restrictions must be based on a thorough individual assessment of the risk which prisoners may present.

61. Further, in a number of countries, remand prisoners are obliged to request authorisation from a judge or prosecutor for every single visit. In this regard, the CPT considers that remand prisoners should be entitled to receive visits (and make telephone calls) as a matter of principle, rather than these being subject to authorisation by a judicial authority. Any refusal in a given case to permit such contacts should be specifically substantiated by the needs of the investigation, require the approval of a judicial authority and be applied for a specific period of time. If it is considered that there is an ongoing risk of collusion, particular visits (or telephone calls) can be monitored.

62. The CPT has repeatedly come across situations where far-reaching restrictions are imposed on remand prisoners by judicial authorities, in the interests of an ongoing criminal investigation. Such restrictions may entail a total prohibition of contacts with the outside world (except with the lawyer) combined with segregation from all other prisoners, the result being that the prisoners are held for a certain period under conditions amounting to **solitary confinement**.

The CPT acknowledges that there may be justification, in an individual case, for keeping a given remand prisoner apart from certain other prisoners or, in even more exceptional circumstances, from prisoners in general, and for restricting his/her contact with the outside world. However, in the CPT's view, the starting point for devising regimes for remand prisoners must be the presumption of innocence and the principle whereby prisoners must not be subject to more restrictions than are strictly necessary to ensure that they are incarcerated without risk and that the interests of justice are duly served. Any restrictions should be kept to a minimum and last for as short a time as possible. Whatever the circumstances, restrictions should never be applied for the purpose of bringing pressure to bear on persons remanded in custody in order to induce them to co-operate with the justice system. Placement in solitary confinement (or in conditions which in practice amount to this) must be resorted to only in exceptional situations and where there is direct evidence of a serious threat to the course of justice if the person concerned associates with particular individuals or other persons in general.

63. Decisions imposing restrictions described in the previous paragraph should normally be taken when the remand prisoner appears in court and be subject to appeal in a separate procedure. The written decision should provide reasons for every restriction imposed and should be given to the prisoner concerned and/or his/her lawyer. The restrictions must be reviewed by the competent court on a

frequent basis to ensure that there is a continuing need for them. The longer a restriction is imposed on a prisoner in remand custody, the more rigorous should be the test as to whether the measure remains necessary and proportionate.

64. The material conditions and the detention regimes provided to inmates held in solitary confinement must meet the standards laid down by the CPT;¹³ in particular, prisoners should be provided with appropriate human contact throughout the duration of the measure and the prison authorities should make every possible effort to alleviate the potentially damaging effects of solitary confinement on the prisoner concerned.

3. Juveniles on remand

65. In principle, the remarks made in the preceding sections also apply to juveniles. However, in the CPT's view, there are a number of specific standards which should be taken into account when dealing with juveniles in remand detention. These standards are set out in more detail in the 24th General Report on the CPT's activities.¹⁴ For ease of reference, the Committee wishes to recall certain key aspects which deserve particular attention.

66. First of all, it is a well-established precept that, in all action concerning juveniles, their best interests shall be a primary consideration and they should only be deprived of their liberty as a last resort and for the shortest possible period of time.¹⁵

67. Further, the CPT considers that detained juveniles who are suspected (or convicted) of a criminal offence should, as a rule, not be held in institutions for adults but in facilities which are specifically designed for persons of this age group, offer a non-carceral environment and a regime tailored to their specific needs and are staffed by persons trained in dealing with juveniles.

Regrettably, in many Council of Europe member states, it remains the case that juveniles on remand in particular are frequently held in prisons for adults. The CPT acknowledges that, in such cases, juveniles are nowadays usually accommodated separately from adults, often in a designated unit. In addition, significant improvements have been observed in recent years in terms of material conditions in juvenile units.

However, in a number of countries, the regime offered to juvenile remand prisoners held in adult prisons still leaves much to be desired, especially in remand establishments which usually accommodate only very small numbers of juveniles (in particular female juveniles). On several occasions, the CPT observed that only one juvenile was

13. 21st General Report on the CPT's activities (CPT/Inf (2011) 28), paragraphs 53 to 64.

14. See paragraphs 96 to 132 of CPT/Inf (2015) 1 (Juveniles deprived of their liberty under criminal legislation).

15. See Articles 3 and 37.b of the United Nations Convention on the Rights of the Child and Rules 5 and 10 of the European Rules for Juvenile Offenders; see also Rule 13.1 of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (*Beijing Rules*), Rule 17 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (*Havana Rules*) and the 2010 Guidelines of the Committee of Ministers of the Council of Europe on child friendly justice.

being held on remand in a given establishment or unit. In this regard, the Committee acknowledges that there may be an argument in favour of juveniles participating in out-of-cell activities with suitable adult inmates, on the strict condition that there is appropriate supervision by staff. This also has the benefit of avoiding a situation of *de facto* solitary confinement of the juveniles concerned.

68. As repeatedly stated by the CPT in the past, although a lack of purposeful activity is detrimental for any prisoner, it is especially harmful for juveniles, who have a particular need for physical activity and intellectual stimulation. Juveniles in remand detention should be offered a full programme of out-of-cell activities suited to their age, such as education, sport, vocational training and recreational activities. Physical education should constitute an important part of that programme. Juveniles should also be offered at least two hours of outdoor exercise every day, from the moment they arrive at a detention establishment. As already mentioned in paragraph 58 regarding remand prisoners in general, the longer the period of detention on remand, the more varied should be the activities on offer.

4. Remand detention in law enforcement establishments

69. The CPT has serious reservations about the practice observed in a number of countries of holding persons remanded in custody by courts in a law enforcement establishment well beyond the statutory time limit of police custody, pending their transfer to a remand prison, or of returning persons placed in a remand prison to a law enforcement establishment for the purpose of investigative actions.

Such periods of stay may last several days or weeks and, on occasion, even longer. Usually, persons remanded in custody remain in a law enforcement establishment after their court hearing or are returned to the law enforcement establishment from a prison for the purpose of investigative actions, at the request of the law enforcement official who is responsible for the criminal investigation. In some cases, delays in transferring persons remanded in custody to a remand prison are explained by logistical obstacles in arranging escorts or by the lack of space for accommodation in the remand prison (due to severe overcrowding).

70. The CPT recalls that, as a matter of principle, remand prisoners should not be held in law enforcement establishments;¹⁶ such facilities are not designed for lengthy periods of stay. Moreover, prolonged detention on the premises of law enforcement agencies increases the risk of intimidation and ill-treatment by law enforcement officials dealing with the criminal investigation against the person concerned. Therefore, persons remanded in custody should always be promptly transferred to a prison.

Further, the return of remand prisoners to detention facilities of law enforcement agencies should be sought and authorised only very exceptionally and when it is absolutely unavoidable, for specific reasons and for the shortest possible time. Such a return should in each case be subject to the express authorisation of a prosecutor or judge. As a rule, the prisoners concerned should not be held overnight in law enforcement establishments. It is axiomatic that the fact that a remand prisoner has

16. See also Rule 10.2 of the European Prison Rules.

been returned to a law enforcement establishment should be duly recorded (at both the prison and the law enforcement establishment concerned) and that, upon re-admission to the remand prison, the prisoner concerned should again be subjected to medical screening (see paragraph 72). If further police questioning is necessary, it is far preferable for this to be carried out at the remand prison, rather than transferring the remand prisoner concerned back to a law enforcement establishment.

5. Remand detention and health care

71. In the CPT's experience, remand prisons in particular are not always equipped with a health-care system that is able to provide **medical treatment** (including preventive and specialised treatment) and nursing care, or psychological assistance and physiotherapy, in conditions equivalent to those enjoyed by patients in the outside community.

In this regard, the CPT considers that all detained persons, irrespective of their legal status and the place in which they are being held, should have effective access to medical services. Further, remand prisoners should in principle be given the opportunity to consult and be treated by their own doctor (it being understood that this may be carried out at their own expense).¹⁷

72. The CPT has repeatedly stressed the importance of **medical screening** of newly-arrived prisoners, especially in establishments which constitute points of entry to the prison system. Such screening is essential, in particular to prevent suicide and the spread of transmissible diseases (such as tuberculosis, hepatitis B/C, HIV). Prison health-care services can also make a significant contribution to the prevention of ill-treatment during the period immediately prior to imprisonment, namely when persons are in the custody of law enforcement agencies, through the systematic and timely recording of injuries and, when appropriate, the provision of information to the relevant authorities.¹⁸

Every newly-arrived remand prisoner should be properly interviewed and physically examined, as soon as possible and no later than 24 hours after his/her admission, by a medical doctor (or a fully qualified nurse reporting to a doctor), under conditions guaranteeing medical confidentiality. In this connection, particular attention should be paid to the specific needs of vulnerable groups such as juveniles, elderly persons, substance-addicted persons and persons with mental disorders.

73. In the CPT's experience, medical treatment which has been started in the outside community is sometimes interrupted when a person is remanded in custody and placed in a prison. Likewise, treatment is on occasion interrupted when a prisoner is released or transferred from one establishment to another. In some countries, the CPT has observed that treatment which requires a longer-term commitment is not provided to remand prisoners because of the short-term or uncertain remand

17. See also paragraph 37 of Recommendation Rec(2006)13 of the Committee of Ministers to member states on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse.

18. For further details, see paragraphs 71 to 84 of the 23rd General Report on the CPT's activities (CPT/Inf (2013) 29).

period. Such an approach is contrary to the state's duty of care vis-à-vis persons it has deprived of their liberty. The Committee considers that the necessary arrangements must be made to ensure **continuity of care** after admission to, or release from, prison, as well as following a transfer from one penitentiary establishment to another.

As regards more specifically newly-arrived substance-addicted remand prisoners, particular attention should also be paid to withdrawal symptoms resulting from the use of drugs, medication or alcohol, and opiate substitution treatment which has started prior to their admission to the prison should be continued in prison.¹⁹

19. See also World Health Organization (WHO) Europe, Status Paper on Prisons, Drugs and Harm Reduction, May 2005, available on-line at http://www.euro.who.int/__data/assets/pdf_file/0006/78549/E85877.pdf.



” As the Parliamentary Assembly emphasised (...), “at the national level, selection procedures must be transparent and open to competition, including through public calls for candidatures”

Organisational matters

CPT membership

74. On 31 December 2016, the CPT comprised 46 members. The seat in respect of Slovenia was vacant.

Twenty-seven of the CPT's members were men and 19 were women. Consequently, applying the "less-than-40%" criterion used by the Parliamentary Assembly in Resolution 1540 (2007),²⁰ neither sex is currently under-represented in the Committee.

75. In the course of 2016, the composition of the CPT underwent some changes, arising from the biennial renewal of its membership.

A total of five new members were elected, namely Anthony Abela Medici (Malta), Vânia Costa Ramos (Portugal), Olga Noyanova (Russian Federation), Ceyhun Qaracayev (Azerbaijan) and Răzvan Horațiu Radu (Romania).

Katja Šugman Stubbs (Slovenia) resigned on 6 September 2016. The CPT wishes to thank her warmly for her contribution to the Committee's work.

A list of CPT members as at 31 December 2016 is set out in Appendix 4.

76. The next biennial renewal of the CPT's membership is due to take place at the end of 2017, the terms of office of 23 members of the Committee expiring on 19 December 2017. The CPT trusts that all the national delegations concerned in the Parliamentary Assembly will put forward lists of candidates in good time, so as to enable the Bureau of the Assembly to transmit the lists to the Committee of Ministers by the end of June 2017 at the latest. If the election procedure for all the seats can be completed before the end of 2017, this will greatly facilitate the planning of the CPT's activities for the following year.

As at 31 December 2016, the spread of professional experience within the CPT's membership remains on the whole satisfactory. However, the Committee still needs more members with first-hand knowledge of and experience in police matters (in particular investigation work) and/or prison matters (notably prison health-care specialists), as well as prosecutors. Members with specific experience of working with vulnerable groups in situations of deprivation of liberty would also be an asset.

20. See Resolution 1540 (2007), sub-paragraph 7.2 of the Council of Europe's Parliamentary Assembly on improving selection procedures for CPT members: "[...] lists of candidates shall include at least one man and one woman, except when all candidates on the list are of the sex under-represented on the CPT (less than 40%) [...]".

In an increasing number of countries, lists of candidates for vacant seats in the Committee are being drawn up in a manner that meets the requirements of Parliamentary Assembly Resolution 1540 (2007) on improving selection procedures for CPT members. The Committee hopes that this will soon be the case in all countries. As the Parliamentary Assembly emphasised in its Resolution 1923 (2013) on reinforcing the selection processes for members of key Council of Europe human rights monitoring mechanisms, “at the national level, selection procedures must be transparent and open to competition, including through public calls for candidatures”. Indeed, this is the only way of ensuring that all persons placed on lists of candidates are capable of making an effective contribution to the CPT’s activities.

Bureau of the CPT

77. Following the expiry of the mandate of the 1st Vice-President, elections to fill this post were organised at the Committee’s March 2016 plenary meeting. Marzena Ksel (Poland) was elected to this post.

Secretariat of the CPT

78. During 2016, the Secretariat had to face a number of challenges notably due to the absence of some staff on extended sick leave, the retirement of two colleagues (Fabrice Kellens and Nadine Schaeffer) and the departure on sabbatical leave of one experienced administrator. A new administrator was recruited, and an experienced former staff member (Johan Friestedt) returned to the CPT Secretariat as head of the newly created Transversal Support Division (see Appendix 5). This new structure, performing horizontal support functions, is a more formal continuation of the “central section” that has developed over the years. Most of the vacant positions have now been filled, and the CPT believes that prospects for a more stable staffing situation in 2017 are good.

The Committee wishes to place on record its gratitude to Mr Kellens and Ms Schaeffer for their contributions to the CPT’s work over many years.



” ... unlimited access to any place
where persons are deprived of
their liberty ...

Appendices

1. The CPT's mandate and *modus operandi*

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) was set up under the 1987 Council of Europe Convention of the same name (hereinafter “the Convention”). According to Article 1 of the Convention:

“There shall be established a European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment... The Committee shall, by means of visits, examine the treatment of persons deprived of their liberty with a view to strengthening, if necessary, the protection of such persons from torture and from inhuman or degrading treatment or punishment.”

The work of the CPT is designed to be an integrated part of the Council of Europe system for the protection of human rights, placing a proactive non-judicial mechanism alongside the existing reactive judicial mechanism of the European Court of Human Rights.

The CPT implements its essentially preventive function through two kinds of visits – periodic and ad hoc. Periodic visits are carried out to all parties to the Convention on a regular basis. Ad hoc visits are organised in these states when they appear to the Committee “to be required in the circumstances”.

When carrying out a visit, the CPT enjoys extensive powers under the Convention: access to the territory of the state concerned and the right to travel without restriction; unlimited access to any place where persons are deprived of their liberty, including the right to move inside such places without restriction and access to full information on places where persons deprived of their liberty are being held, as well as to other information available to the state which is necessary for the Committee to carry out its task.

The Committee is also entitled to interview in private persons deprived of their liberty and to communicate freely with anyone whom it believes can supply relevant information.

Each Party to the Convention must permit visits to any place within its jurisdiction “where persons are deprived of their liberty by a public authority”. The CPT's mandate thus extends beyond prisons and police stations to encompass, for example, psychiatric institutions, detention areas at military barracks, holding centres for asylum seekers or other categories of foreign nationals, and places in which young persons may be deprived of their liberty by judicial or administrative order.

Two fundamental principles govern relations between the CPT and parties to the Convention – co-operation and confidentiality. In this respect, it should be emphasised that the role of the Committee is not to condemn states, but rather to assist them to prevent the ill-treatment of persons deprived of their liberty.

After each visit, the CPT draws up a report which sets out its findings and includes, if necessary, recommendations and other advice, on the basis of which a dialogue is developed with the state concerned. The Committee's visit report is, in principle, confidential; however, most of the reports are eventually published at the state's request.

2. Signatures and ratifications of the Convention establishing the CPT

The European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (ECPT) was opened for signature by the member states of the Council of Europe on 26 November 1987. Since 1 March 2002, the Committee of Ministers of the Council of Europe has been able to invite any non-member state of the Council of Europe to accede to the Convention.

Member states of the Council of Europe	Date of signature	Date of ratification	Date of entry into force
Albania	02/10/1996	02/10/1996	01/02/1997
Andorra	10/09/1996	06/01/1997	01/05/1997
Armenia	11/05/2001	18/06/2002	01/10/2002
Austria	26/11/1987	06/01/1989	01/05/1989
Azerbaijan	21/12/2001	15/04/2002	01/08/2002
Belgium	26/11/1987	23/07/1991	01/11/1991
Bosnia and Herzegovina	12/07/2002	12/07/2002	01/11/2002
Bulgaria	30/09/1993	03/05/1994	01/09/1994
Croatia	06/11/1996	11/10/1997	01/02/1998
Cyprus	26/11/1987	03/04/1989	01/08/1989
Czech Republic	23/12/1992	07/09/1995	01/01/1996
Denmark	26/11/1987	02/05/1989	01/09/1989
Estonia	28/06/1996	06/11/1996	01/03/1997
Finland	16/11/1989	20/12/1990	01/04/1991
France	26/11/1987	09/01/1989	01/05/1989
Georgia	16/02/2000	20/06/2000	01/10/2000
Germany	26/11/1987	21/02/1990	01/06/1990
Greece	26/11/1987	02/08/1991	01/12/1991
Hungary	09/02/1993	04/11/1993	01/03/1994
Iceland	26/11/1987	19/06/1990	01/10/1990
Ireland	14/03/1988	14/03/1988	01/02/1989
Italy	26/11/1987	29/12/1988	01/04/1989
Latvia	11/09/1997	10/02/1998	01/06/1998
Liechtenstein	26/11/1987	12/09/1991	01/01/1992
Lithuania	14/09/1995	26/11/1998	01/03/1999
Luxembourg	26/11/1987	06/09/1988	01/02/1989
Malta	26/11/1987	07/03/1988	01/02/1989
Republic of Moldova	02/05/1996	02/10/1997	01/02/1998
Monaco	30/11/2005	30/11/2005	01/03/2006
Montenegro			06/06/2006 *
Netherlands	26/11/1987	12/10/1988	01/02/1989
Norway	26/11/1987	21/04/1989	01/08/1989
Poland	11/07/1994	10/10/1994	01/02/1995
Portugal	26/11/1987	29/03/1990	01/07/1990
Romania	04/11/1993	04/10/1994	01/02/1995
Russian Federation	28/02/1996	05/05/1998	01/09/1998
San Marino	16/11/1989	31/01/1990	01/05/1990
Serbia	03/03/2004	03/03/2004	01/07/2004
Slovak Republic	23/12/1992	11/05/1994	01/09/1994
Slovenia	04/11/1993	02/02/1994	01/06/1994
Spain	26/11/1987	02/05/1989	01/09/1989
Sweden	26/11/1987	21/06/1988	01/02/1989
Switzerland	26/11/1987	07/10/1988	01/02/1989
"The former Yugoslav Republic of Macedonia"	14/06/1996	06/06/1997	01/10/1997
Turkey	11/01/1988	26/02/1988	01/02/1989
Ukraine	02/05/1996	05/05/1997	01/09/1997
United Kingdom	26/11/1987	24/06/1988	01/02/1989

* On 14 June 2006, the Committee of Ministers of the Council of Europe agreed that the Republic of Montenegro was a Party to the Convention with effect from 6 June 2006, the date of the Republic's declaration of succession to the Council of Europe Conventions of which Serbia and Montenegro was a signatory or party.

3. The CPT's field of operations



Note: This map is not an official representation of states bound by the Convention. For technical reasons it has not been possible to show the entire territory of certain of the states concerned.

States bound by the Convention

Albania	Estonia	Lithuania	San Marino
Andorra	Finland	Luxembourg	Serbia
Armenia	France	Malta	Slovak Republic
Austria	Georgia	Republic of Moldova	Slovenia
Azerbaijan	Germany	Monaco	Spain
Belgium	Greece	Montenegro	Sweden
Bosnia and Herzegovina	Hungary	Netherlands	Switzerland
Bulgaria	Iceland	Norway	"The former Yugoslav
Croatia	Ireland	Poland	Republic of Macedonia"
Cyprus	Italy	Portugal	Turkey
Czech Republic	Latvia	Romania	Ukraine
Denmark	Liechtenstein	Russian Federation	United Kingdom

47 states; prison population: 1 539 140 prisoners

(Main source: Council of Europe Annual Penal Statistics (SPACE I – 2015.1); data as at 1 September 2015)

It should be noted that, as well as prisons, the CPT's mandate covers all other categories of places where persons are deprived of their liberty: police establishments, detention centres for juveniles, military detention facilities, immigration holding centres, psychiatric hospitals, social care homes, etc.



4. CPT members

in order of precedence (as at 31 December 2016)

Name	Elected in respect of	Term of office expires
Mr Mykola GNATOVSKYY, President	Ukraine	19/12/2017
Ms Marzena KSEL, 1st Vice-President	Poland	19/12/2019
Mr Wolfgang HEINZ, 2nd Vice-President	Germany	19/12/2017
Mr Antonius Maria VAN KALMTHOUT	Netherlands	19/12/2017
Mr George TUGUSHI	Georgia	19/12/2017
Mr Xavier RONSIN	France	19/12/2017
Ms Olivera VULIĆ	Montenegro	19/12/2019
Ms Maria Rita MORGANTI	San Marino	19/12/2019
Ms Ilvija PŪCE	Latvia	19/12/2019
Mr Georg HØYER	Norway	19/12/2017
Ms Anna MOLNÁR	Hungary	19/12/2017
Ms Marika VÄLI	Estonia	19/12/2017
Ms Julia KOZMA	Austria	19/12/2017
Mr Régis BERGONZI	Monaco	19/12/2017
Mr James McMANUS	United Kingdom	19/12/2017
Mr Joan CABEZA GIMENEZ	Andorra	19/12/2019
Mr Jari PIRJOLA	Finland	19/12/2019
Mr Djordje ALEMPIJEVIĆ	Serbia	19/12/2017
Mr Vytautas RAŠKAUSKAS	Lithuania	19/12/2019
Mr Costakis PARASKEVA	Cyprus	19/12/2019
Ms Ivona TODOROVSKA	"The former Yugoslav Republic of Macedonia"	19/12/2019
Ms María José GARCÍA-GALÁN SAN MIGUEL	Spain	19/12/2017
Mr Davor STRINOVIĆ	Croatia	19/12/2017
Mr Nico HIRSCH	Luxembourg	19/12/2017
Mr Alexander MINCHEV	Bulgaria	19/12/2017
Mr Hans WOLFF	Switzerland	19/12/2017
Mr Victor ZAHARIA	Republic of Moldova	19/12/2017
Ms Esther MAROGG	Liechtenstein	19/12/2017
Mr Per GRANSTRÖM	Sweden	19/12/2017
Ms Dubravka SALČIĆ	Bosnia and Herzegovina	19/12/2017
Mr Ömer MÜSLÜMANOĞLU	Turkey	19/12/2017
Ms Therese Maria RYTTER	Denmark	19/12/2017
Ms Inga HARUTYUNYAN	Armenia	19/12/2019
Mr Mark KELLY	Ireland	19/12/2019
Mr Matthías HALLDÓRSSON	Iceland	19/12/2019
Mr Vassilis KARYDIS	Greece	19/12/2019
Mr Philippe MARY	Belgium	19/12/2019
Ms Arta MANDRO	Albania	19/12/2019
Ms Elisabetta ZAMPARUTTI	Italy	19/12/2019
Ms Dagmar BREZNOŠČÁKOVÁ	Slovak Republic	19/12/2019
Ms Marie LUKASOVÁ	Czech Republic	19/12/2019
Ms Olga NOYANOVA	Russian Federation	19/12/2019
Mr Anthony ABELA MEDICI	Malta	19/12/2019
Mr Răzvan Horațiu RADU	Romania	19/12/2019
Mr Ceyhun QARACAYEV	Azerbaijan	19/12/2019
Ms Vânia COSTA RAMOS	Portugal	19/12/2019

On 31 December 2016, the seat in respect of Slovenia was vacant.



5. CPT Secretariat

(as at 31 December 2016)

Mr Jeroen SCHOKKENBROEK, Executive Secretary
 Secretariat: Ms Corinne GOBERVILLE, Personal Assistant
 Ms Antonella NASTASIE, Assistant to the Committee

Transversal Support Division

Mr Johan FRIESTEDT, Head of Division
 Mr Patrick MÜLLER, Research, information strategies and media contacts
 Ms Claire ASKIN, Archives, publications and documentary research
 Ms Morven TRAIN, Administrative and budgetary questions

Divisions responsible for visits

Division 1		
Mr Michael NEURAUTER, Head of Division Mr Petr HNATIK Ms Aurélie PASQUIER Ms Almut SCHRÖDER Ms Yvonne HARTLAND, Administrative Assistant Secretariat: Ms Nelly TASNADI		
Albania	Germany	Norway
Austria	Hungary	San Marino
Belgium	Kosovo ²¹	Slovak Republic
Czech Republic	Latvia	Switzerland
Estonia	Lithuania	Turkey
France	Luxembourg	

Division 2		
Mr Borys WODZ, Head of Division Mr Elvin ALIYEV Ms Dalia ŽUKAUSKIENĖ Secretariat: Ms Natia MAMISTVALOVA		
Armenia	Georgia	Romania
Azerbaijan	Iceland	Russian Federation
Bulgaria	Republic of Moldova	Slovenia
Denmark	Monaco	Sweden
Finland	Poland	Ukraine

Division 3		
Mr Hugh CHETWYND, Head of Division Ms Janet FOYLE Ms Francesca GORDON Mr Cristian LODA Ms Françoise ZAHN, Administrative Assistant Secretariat: Ms Diane PENEAU		
Andorra	Italy	Serbia
Bosnia and Herzegovina	Liechtenstein	Spain
Croatia	Malta	"The former Yugoslav Republic of Macedonia"
Cyprus	Montenegro	United Kingdom
Greece	Netherlands	
Ireland	Portugal	

21. All reference to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.

6. CPT visits, reports and publications (as at 31 December 2016)

Visits carried out in pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

States	Periodic visits	Ad hoc visits	Reports sent	Reports published	Reports not published
Albania	5	6	11	11	0
Andorra	3	0	3	3	0
Armenia	4	5	9	9	0
Austria *	6	0	6	6	0
Azerbaijan	4	6	10	2	8 ^l
Belgium	6	2	9 ^a	9 ^a	0
Bosnia and Herzegovina	4	3	7	7	0
Bulgaria *	6	4	10	10	0
Croatia	4	0	4	4	0
Cyprus	6	0	6	6	0
Czech Republic	5	2	7	7	0
Denmark	5	1	6	6	0
Estonia	4	1	5	5	0
Finland *	5	0	5	5	0
France	6	6	12	11	1
Georgia	5	2	7	7	0
Germany	6	2	8	7	1
Greece	6	8	13 ^b	12	1 ^k
Hungary	5	3	8	8	0
Iceland	4	0	4	4	0
Ireland	6	0	6	6	0
Italy	7	5	12	11	1 ^k
Latvia	5	3	8	7	1 ^k
Liechtenstein	4	0	4	3	1 ^k
Lithuania	5	1	5	5	0
Luxembourg *	4	1	5	5	0
Malta	5	3	8	8	0
Republic of Moldova *	6	8	14	11	3 ^c
Monaco *	2	0	2	2	0
Montenegro	2	0	2	2	0
Netherlands	6	5	13 ^d	12 ^d	1 ^k
Norway	4	1	5	5	0
Poland	5	0	5	5	0
Portugal	7	3	9	9	0
Romania	5	5	9 ^e	9 ^e	0
Russian Federation	7	19	22 ^f	3	19
San Marino	4	0	4	4	0
Serbia	4 ^g	0	4 ^g	4 ^g	0
Slovak Republic	5	0	5	5	0
Slovenia	4	0	4	4	0
Spain	7	9	15	15	0
Sweden *	5	1	6	6	0
Switzerland	6	1	7	7	0
"The former Yugoslav Republic of Macedonia"	5	7	11	11	0
Turkey	6	22	26 ^h	23 ⁱ	3 ^j
Ukraine *	6	7	12	12	0
United Kingdom	8	10	19 ^j	18 ^j	1

* States which have authorised publication of all future visit reports of the CPT ("automatic publication procedure").

(a) Including one report on the visit to Tilburg Prison (Netherlands) in 2011.

(b) These 13 reports cover the 14 visits carried out.

(c) Two reports concerning visits to the Transnistrian region and one report concerning a visit to Prison No. 8 in Bender.

(d) Including a separate report on the visit to Tilburg Prison in the context of the periodic visit in 2011. Also including two separate reports covering the 1994 visit to the Netherlands Antilles and to Aruba.

(e) These 9 reports cover the 10 visits carried out.

(f) These 22 reports cover 25 visits carried out.

(g) Including one visit organised in September 2004 to Serbia and Montenegro.

(h) These 26 reports cover the 28 visits carried out.

(i) These 23 reports cover 25 visits carried out.

(j) Including two separate reports covering the 2010 visit to Jersey and Guernsey.

(k) Report only recently transmitted to the authorities.

(l) One of which was only recently transmitted to the authorities.

Monitoring of the situation of persons convicted by international tribunals and serving their sentence in a state party to the Convention

Germany

Two visits carried out in 2010 and 2013 in pursuance of an Exchange of Letters dated 7 and 24 November 2000 between the International Criminal Tribunal for the former Yugoslavia (ICTY) and the CPT, and an Enforcement Agreement concluded between the ICTY and the Government of the Federal Republic of Germany.

Portugal

One visit carried out in 2013 in pursuance of an Exchange of Letters dated 7 and 24 November 2000 between the ICTY and the CPT, and the Agreement between the United Nations and the Portuguese Government on the Enforcement of Sentences of the ICTY.

United Kingdom

Three visits carried out in 2005, 2007 and 2010 in pursuance of an Exchange of Letters dated 7 and 24 November 2000 between the ICTY and the CPT, and the Agreement between the United Nations and the Government of the United Kingdom of Great Britain and Northern Ireland on the Enforcement of Sentences of the ICTY.

One visit carried out in 2014 in pursuance of an Exchange of Letters between the Residual Special Court for Sierra Leone and the CPT dated 20 January and 5 February 2014, and an Agreement between the United Nations and the United Kingdom Government dated 10 July 2007.

Visits carried out on the basis of special arrangements

Kosovo²²

One visit carried out in 2007 on the basis of an agreement signed in 2004 between the Council of Europe and the United Nations Interim Administration Mission in Kosovo (UNMIK) and an exchange of letters concluded in 2006 between the Secretaries General of the Council of Europe and the North Atlantic Treaty Organization (NATO). Two separate reports were transmitted to UNMIK and NATO. The report to UNMIK has been published (together with the response of UNMIK).

Two visits carried out in 2010 and 2015 on the basis of the agreement signed in 2004 between the Council of Europe and UNMIK. The reports on both visits have been published (together with the responses provided by UNMIK).

22. All reference to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.

7. Countries and places of deprivation of liberty visited by CPT delegations

(January – December 2016)

Periodic visits

Azerbaijan

29/03/2016 - 08/04/2016

Police establishments

- ▶ Temporary Detention Centre of the Main Department for Combating Organised Crime, Baku
- ▶ Detention Unit for Persons under Administrative Arrest, Baku
- ▶ Binagadi District Police Department and Temporary Detention Centre, Baku
- ▶ Narimanov District Police Department and Temporary Detention Centre, Baku
- ▶ Sabunçu District Police Department and Temporary Detention Centre, Baku
- ▶ Surakhani District Police Department and Temporary Detention Centre, Baku
- ▶ Police Station No. 11, Garadakh District, Baku
- ▶ Police Station No. 38, Garadakh District, Baku
- ▶ Police Station No. 36, Khatai District, Baku
- ▶ Main City Police Department and Temporary Detention Centre, Ganja
- ▶ Göygöl City Police Station and Temporary Detention Centre
- ▶ Ujar City Police Station and Temporary Detention Centre

State Security Service Establishments

- ▶ Investigative Isolator and Temporary Detention Facility, Baku

Prisons

- ▶ Baku Pre-trial Detention Facility, Zabrat
- ▶ Penitentiary Establishment No. 4 (for women), Baku
- ▶ Central Prison Hospital, Baku
- ▶ Pre-Trial Detention Facility No. 2, Ganja
- ▶ Gobustan Prison

Psychiatric establishments

- ▶ Republican Psychiatric Hospital No.1, Mashtaga
- ▶ Psychiatric Hospital, Ganja
- ▶ Regional Psycho-Neurological Dispensary, Sheki

Social care establishments

- ▶ Psycho-Neurological Social Care Institution No. 3, Qırıqlı

Italy

08/04/2016 - 21/04/2016

Law enforcement establishments

- ▶ Ascoli Piceno State Police Headquarters (Questura)
- ▶ Florence State Police Headquarters (Questura)
- ▶ Genoa State Police Headquarters (Questura)
- ▶ Turin San Paolo State Police Station
- ▶ Chivasso Carabinieri Station
- ▶ Como Carabinieri Provincial Headquarters (via D'Acquisto)

Prisons

- ▶ Ascoli Piceno Prison
- ▶ Como Prison
- ▶ Genoa Prison (Marassi)
- ▶ Ivrea Prison
- ▶ Sassari Prison
- ▶ Turin Prison (including the Psychiatric Observation Unit "Il Sestante")

Psychiatric establishments

- ▶ Casa degli Svizzeri REMS, Bologna (Emilia Romagna)
- ▶ Casa di Cura San Michele REMS, Bra (Piedmont)
- ▶ Casa della Salute REMS, Pontecorvo (Lazio)
- ▶ Castiglione delle Stiviere REMS (Lombardy)
- ▶ Montelupo Fiorentino Judicial Psychiatric Hospital (OPG) (Tuscany)
- ▶ Psychiatric Service for Diagnosis and Care (SPDC), San Giovanni Battista University Hospital Complex ("le Molinette"), Turin

Other establishments

- ▶ Holding cells of the Como Court
- ▶ Secure unit at "le Molinette" Hospital, Turin

Latvia

12/04/2016 - 22/04/2016

Police establishments

- ▶ Detention Facility of the Central Public Order Police, Rīga
- ▶ Aizkraukle Police Station
- ▶ Cēsis Police Station
- ▶ Daugavpils Police Station
- ▶ Gulbene Police Station
- ▶ Gulbene Municipal Police Station
- ▶ Limbazi Police Station
- ▶ Valmiera Police Station

Prisons

- ▶ Cēsis Correctional Institution for Juveniles
- ▶ Daugavgrīva Prison
- ▶ Jelgava Prison
- ▶ Rīga Central Prison
- ▶ Olaine Prison Hospital (psychiatric unit)

Psychiatric establishments

- ▶ Strenči Psychiatric Hospital

Social care establishments

- ▶ Litene Social Care Institution

Liechtenstein

20/06/2016 - 24/06/2016

Police establishments

- ▶ National Police Headquarters, Vaduz

Prisons

- ▶ Vaduz Prison (*Landesgefängnis*)

Social care establishments

- ▶ St Laurentius Nursing Home, Schaan

Court facilities

- ▶ Holding cells at the Vaduz Court (*Landgericht*)

Other facilities

- ▶ Secure room for detained persons at the State Hospital (*Landesspital*), Vaduz

Lithuania

05/09/2016 - 15/09/2016

Police establishments

- ▶ Alytus City Police Headquarters Arrest House
- ▶ Kaunas City Police Headquarters Arrest House
- ▶ Kupiškis District Police Department
- ▶ Marijampolė City Police Headquarters Arrest House
- ▶ Panevėžys City Police Headquarters Arrest House
- ▶ Rokiškis District Police Department
- ▶ Šiauliai City Police Headquarters Arrest House
- ▶ Utena City Police Headquarters Arrest House
- ▶ Vilnius City Police Headquarters Arrest House
- ▶ Vilnius City First Police Department
- ▶ Vilnius City Second Police Department

Prisons

- ▶ Alytus Correction Home
- ▶ Kaunas Remand Prison
- ▶ Lukiškės Remand Prison, Vilnius
- ▶ Lukiškės Prison, Vilnius
- ▶ Marijampolė Correction Home
- ▶ Panevėžys Correction Home

Psychiatric establishments

- ▶ Vilnius Mental Health Centre
- ▶ Rokiškis Psychiatric Hospital

Social care establishments

- ▶ Suvalkijos Social Care Home

Netherlands

02/05/2016 - 13/05/2016

Police establishments

- ▶ Alkmaar Police Station (Head Office)
- ▶ Amersfoort Police Station
- ▶ Baarn Police Station
- ▶ Deventer Police Station
- ▶ Houten Police Detention Facility
- ▶ Zwolle Police Station

Court facilities

- ▶ Court House detention facility, Alkmaar

Prisons

- ▶ De Schie Prison, Rotterdam
- ▶ Krimpen aan den IJssel Prison
- ▶ Nieuwersluis Prison, Utrecht (targeted visit on remand prisoners)
- ▶ Scheveningen Prison, The Hague (visit to the Penitentiary Psychiatric Centre)
- ▶ Zuyder Bos Prison, Heerhugowaard
- ▶ Zwolle Prison (visit to the Penitentiary Psychiatric Centre)

Psychiatric establishments

- ▶ High and Intensive Care Ward of the Psychiatric Centre "Rielerenk", Deventer
- ▶ Kastanjehof building of "Zon en Schild" Psychiatric Hospital, Amersfoort

Portugal

27/09/2016 - 07/10/2016

Law enforcement establishments

- ▶ 60th Police Station, Amadora (Av. Movimento das Forças Armada)
- ▶ Command Headquarters, Leiria (St. Pedro Square)

- ▶ Command Headquarters, Lisbon (Moscavide Avenue)
- ▶ 3rd Police Division, Lisbon (Benfica/André de Resende Street)
- ▶ 73rd Police Division, Pontinha-Loures (Rua Infante D. Henrique)
- ▶ Belavista Holding Facilities, Porto (Agostinho José Freire Street)
- ▶ 86th Police Station, Sintra (Casal de Cambra/Moçambique Street)
- ▶ 69th Police Station, Sintra (Algueirão-Mem Martins/Capitães de Abril Avenue)
- ▶ Republican National Guard, Vialonga (Calouste Gulbenkian Street)

Prisons

- ▶ Caxias Prison
- ▶ Caxias Prison Hospital (psychiatric unit)
- ▶ Leiria Juvenile Prison
- ▶ Lisbon Central Prison
- ▶ Monsanto Prison
- ▶ Santa Cruz do Bispo Prison (psychiatric clinic)

Russian Federation

30/11/2016 - 13/12/2016

Police establishments

- ▶ Temporary detention facility (IVS) of the Internal Affairs Directorate of the South-Western Administrative District, Moscow
- ▶ IVS at the Main Directorate of Internal Affairs of Krasnoyarsk region
- ▶ IVS No. 5, Krasnoyarsk
- ▶ IVS at the Main Directorate of Internal Affairs of Novosibirsk region

Prisons

- ▶ Pre-trial establishment (SIZO) No. 1 ("Matrosskaya Tishina"), Moscow
- ▶ SIZO No. 2 ("Butyrka"), Moscow
- ▶ SIZO No. 5, Moscow (unit for juveniles)
- ▶ SIZO No. 1, Krasnoyarsk (unit for juveniles)
- ▶ SIZO No. 1, Perm
- ▶ Strict-Regime Colony No. 1, Solikamsk, Perm region
- ▶ Colony No. 2 (for life-sentenced prisoners), Solikamsk

Psychiatric establishments

- ▶ Krasnoyarsk Regional Psycho-Neurological Dispensary No. 1
- ▶ Federal Specialised Psychiatric Hospital with intensive supervision, Novosibirsk
- ▶ Psychiatric Hospital No. 3, Novosibirsk

Social care homes

- ▶ Shilinka Psycho-Neurological Boarding Home, Krasnoyarsk region
- ▶ Ob Psycho-Neurological Boarding Home, Novosibirsk region

Spain

27/09/2016 - 10/10/2016

Police establishments

- ▶ National Police Station, La Coruña (Calle Médico Devesa Núñez)
- ▶ National Police Station, Cádiz
- ▶ National Police Station, Madrid (Calle de Leganitos)
- ▶ National Police Station, Madrid (Ronda de Toledo)
- ▶ National Police Station, Oviedo (Calle General Yagüe)
- ▶ National Police Station, Oviedo (Avenida Buenavista)
- ▶ National Police Station, San Fernando
- ▶ National Police Station, Sevilla (Avenida Blas Infante)

Prisons

- ▶ León Prison
- ▶ Puerto I Prison
- ▶ Puerto III Prison
- ▶ Sevilla II Prison
- ▶ Teixeiro Prison
- ▶ Villabona Prison

Establishments for the detention of juveniles

- ▶ Tierras de Oria Juvenile Institution
- ▶ Sograndio Juvenile Institution

United Kingdom

30/03/2016 - 12/04/2016

Police establishments

- ▶ Brixton Police Station, Metropolitan Police
- ▶ Charing Cross Police Station, Metropolitan Police
- ▶ Paddington Green Police Station, Metropolitan Police
- ▶ Southwark Police Station, Metropolitan Police
- ▶ Doncaster Police Station, South Yorkshire Police
- ▶ St Anne's Police Station, Liverpool, Merseyside Police

Detention centres for foreign nationals

- ▶ Yarl's Wood Immigration Detention Centre
- ▶ Colnbrook Immigration Removal Centre (targeted visit)

Prisons

- ▶ Cookham Wood Young Offenders Institution (YOI)
- ▶ HMP/YOI Doncaster
- ▶ HMP Pentonville

Psychiatric establishments

- ▶ Ashworth High Secure Hospital, Liverpool

- ▶ Broadmoor High Secure Hospital, Berkshire (targeted visit)
- ▶ Chase Farm Hospital, North London Forensic Service, London
- ▶ Highgate Mental Health Centre, London (targeted visit)
- ▶ St. Charles Hospital, London

Ad hoc visits

Belgium

07/05/2016 - 09/05/2016

Prisons

- ▶ Huy Prison
- ▶ Ittre Prison
- ▶ Jamioulx Prison
- ▶ Paifve Social Defence Establishment (SDE)

Greece

13/04/2016 - 18/04/2016

Reception and Identification Centres (so-called “hotspots”)

- ▶ Moria Centre, Lesvos
- ▶ VIAL Centre, Chios

Police Stations and Coast Guard Detention Facilities

- ▶ Mytilene Police Station, Lesvos
- ▶ Chios Town Police Station, Chios
- ▶ Coast Guard Detention Facility, Chios

Greece

19/07/2016 - 25/07/2016

Reception and Identification Centres (so-called “hotspots”)

- ▶ Moria Centre, Lesvos
- ▶ Vathi Centre, Samos
- ▶ VIAL Centre, Chios

Immigration Detention Centres

- ▶ Athens Airport holding facilities for irregular migrants
- ▶ Amygdaleza Special holding facility for unaccompanied children
- ▶ Petrou Ralli Special holding facility for irregular migrants
- ▶ Thessaloniki Special holding facility for irregular migrants

Police and Border Guard Stations

- ▶ Alexandra Street Police Headquarters, Athens
- ▶ Chios Town Police Station, Chios
- ▶ Drapetsona Police Station, Piraeus

- ▶ Kordelio Border Guard Station, Thessaloniki
- ▶ Monasteriou General Police Headquarters, Thessaloniki
- ▶ Mygdonia Border Guard Station, Thessaloniki
- ▶ Mytilene Police Station, Lesvos
- ▶ Pythagorion Police Station, Samos
- ▶ Vathi Police Station, Samos

Russian Federation (North Caucasian region)

04/02/2016 - 12/02/2016

Republic of Dagestan

- ▶ Temporary detention facility (IVS) of the Department of Internal Affairs of the City of Makhachkala
- ▶ Kirovskiy District Division of Internal Affairs, Makhachkala
- ▶ Leninskiy District Division of Internal Affairs, Makhachkala
- ▶ Sovetskiy District Division of Internal Affairs, Makhachkala
- ▶ Derbent City Internal Affairs Division and IVS
- ▶ Centre for Combating Extremism of the Ministry of Internal Affairs of the Republic of Dagestan, Makhachkala
- ▶ Directorate of the Federal Drug Control Service (FSKN) for the Republic of Dagestan, Makhachkala
- ▶ Pre-trial establishment (SIZO) No. 1, Makhachkala
- ▶ SIZO No. 2, Derbent

Republic of Kabardino-Balkaria

- ▶ IVS of the Department of Internal Affairs of the City of Nalchik
- ▶ IVS of the Prokhladnenskiy District Division of Internal Affairs
- ▶ IVS of the Baksanskiy District Division of Internal Affairs
- ▶ Department of Internal Affairs of the City of Nalchik
- ▶ Internal Affairs Division No. 1, Nalchik
- ▶ Internal Affairs Division No. 2, Nalchik
- ▶ Centre for Combating Extremism of the Ministry of Internal Affairs of the Republic of Kabardino-Balkaria, Nalchik
- ▶ SIZO No. 1, Nalchik
- ▶ Premises Functioning as a SIZO (PFRSI), Colony No. 1, Kamenka

Spain

17/02/2016 - 19/02/2016

Detention centres for foreign nationals

- ▶ Aluche Centre for Identification and Removal (CIE), Madrid
- ▶ Aluche Central Office for the Detention of Foreigners (OCDE), Madrid

Return flights

- ▶ Charter flight from Madrid (Spain) to Bogotá (Colombia) and thereafter to Santo Domingo (Dominican Republic), co-ordinated by Frontex, with Spain as "Organising Member State" and Germany as "Participating Member State"

“The former Yugoslav Republic of Macedonia”

06/12/2016 - 09/12/2016

Prisons

- ▶ Idrizovo Prison
- ▶ Skopje Prison (remand section)
- ▶ Štip Prison (closed section)

Turkey

28/04/2016 - 29/04/2016

Prisons

- ▶ Imralı F-Type High-Security Closed Prison

Turkey

29/08/2016 - 06/09/2016

Ankara region

- ▶ Ankara Police Headquarters (Anti-Terror Department, Law and Order Department, Organised Crime Department, temporary detention facility at Başkent Volleyball Hall)
- ▶ Gölbaşı District Police Headquarters
- ▶ Ankara-Sincan F-type Prison No. 1
- ▶ Ankara-Sincan F-type Prison No. 2
- ▶ Ankara-Sincan L-type Prison No. 1
- ▶ Ankara-Sincan L-type Prison No. 2
- ▶ Ankara-Sincan Closed Prison for Women

Istanbul region

- ▶ Istanbul-Silivri Prison No. 3
- ▶ Istanbul-Silivri Prison No. 4
- ▶ Istanbul-Silivri Prison No. 7
- ▶ Istanbul-Silivri Prison No. 8
- ▶ Istanbul-Silivri High-Security Closed Prison

Izmir region

- ▶ Izmir F-type Prison No. 1

Ukraine

21/11/2016 - 30/11/2016

Law enforcement establishments

Kyiv region

- ▶ Kyiv Temporary Holding Facility (ITT)
- ▶ Kyiv-Shevchenkivskyi District Police Division
- ▶ Detention Facility of the Security Service of Ukraine (SSU)

Kharkiv region

- ▶ Kharkiv ITT
- ▶ SSU Regional Headquarters

Khmelnytskyi region

- ▶ Kamianets-Podilskiy ITT
- ▶ Kamianets-Podilskiy District Police Division
- ▶ Kamianets-Podilskiy City Police Station
- ▶ Khmelnytskyi ITT
- ▶ Khmelnytskyi-Zarichansky District Police Division
- ▶ Krasyliv District Police Division

Odesa region

- ▶ Odesa ITT

Prisons

- ▶ Colony No. 25
- ▶ Colony No. 100
- ▶ Kyiv SIZO
- ▶ Kharkiv SIZO
- ▶ Khmelnytskyi SIZO
- ▶ Odesa SIZO

The CPT carries out visits to places of detention, in order to assess how persons deprived of their liberty are treated. These places include prisons, juvenile detention centres, police stations, holding centres for immigration detainees, psychiatric hospitals, social care homes, etc.

After each visit, the CPT sends a detailed report to the State concerned. This report includes the CPT's findings, and its recommendations, comments and requests for information. The CPT also requests a detailed response to the issues raised in its report. These reports and responses form part of the ongoing dialogue with the States concerned.

The CPT is required to draw up every year a general report on its activities, which is published. This 26th General Report, as well as previous general reports and other information about the work of the CPT, may be obtained from the Committee's Secretariat or from its website (<http://www.cpt.coe.int/>).

www.coe.int

The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, 28 of which are members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.