

VISIT REPORT

HUNGARY

March - April 2025



CPT

EUROPEAN COMMITTEE
FOR THE PREVENTION OF
TORTURE AND INHUMAN OR
DEGRADING TREATMENT
OR PUNISHMENT

AD HOC VISIT
25 March – 1 April 2025

CPT/Inf (2025) 41

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Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

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Published on 16 December 2025

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EXECUTIVE SUMMARY

During the 2025 *ad hoc* visit to Hungary, the CPT delegation examine the treatment and detention conditions of persons held at Tiszalök and Szombathely National Prisons. The cooperation received by the delegation throughout the visit, both from the national authorities and staff in the establishments visited, was excellent.

The CPT notes that as a result of the growing prison population and a decrease in the capacity of the prison estate, the occupancy rate of the prison estate stood at approximately 116%, with the vast majority of prisons in the country operating either above or very close to their official capacity.

It should be recalled that during the 2023 visit, the CPT received numerous credible allegations of physical ill-treatment of prisoners by staff at Tiszalök Prison. It is a matter of grave concern that a number of prisoners interviewed by the Committee during the 2025 *ad hoc* visit alleged that physical ill-treatment had continued (and was a regular occurrence) even after the 2023 visit.

However, according to the prisoners interviewed at Tiszalök Prison during this visit, the situation had considerably improved recently, which was attributed to the change in the management of the establishment in November 2024.

Nevertheless, the delegation still received a few allegations of physical ill-treatment of prisoners by staff which concerned the end of 2024 and the beginning of 2025, such as a punch to the ribs and kicks to various parts of the body by prison officers. It also heard several allegations of verbal abuse of prisoners by staff.

The CPT fully understands that changing the culture in an establishment and ensuring that all staff, including frontline staff, fully comply with the new approach in their daily operation takes time. At the same time, there is a high risk of relapsing to the deeply entrenched attitudes, which would appear to have existed for several years. Consequently, the Committee recommends that the Hungarian authorities build on the recent promising developments at Tiszalök Prison and provide full support to the management of the establishment in their efforts to eradicate ill-treatment of prisoners by staff.

As regards Szombathely Prison, the majority of prisoners with whom the delegation spoke during the 2025 visit made no complaints about staff. Nevertheless, the delegation did receive a few allegations of physical ill-treatment (such as pushing, slaps, kicks and a blow with a hard object). Further, it heard a number of allegations of disrespectful behaviour and verbal abuse, including of a racist and homophobic nature.

As regards investigations into allegations of ill-treatment, the majority of cases of alleged ill-treatment of prisoners by staff reported from Tiszalök Prison between 2018 and 2024 were either terminated as no criminal offence could be established on the basis of the available evidence or because the act did not constitute a criminal offence. Moreover, investigations into several cases which dated back to 2020 or 2021 were still pending at the pre-trial stage of the proceedings. This raises concerns as to the effectiveness and expeditiousness of the investigations.

Moreover, some persons met during the visit who alleged to the delegation that they had been ill-treated by prison officers stated that the presence of prison officers during their medical examination in an outside hospital had prevented them from indicating the cause of their injuries to the medical professionals. They also claimed that their injuries had not been recorded. In addition, in particular at Szombathely Prison, the medical records maintained by the establishment's healthcare staff did not contain an adequately detailed description of injuries.

The Hungarian authorities should take the necessary steps to ensure that investigations into allegations of ill-treatment of prisoners by staff are carried out effectively and, in particular, comply with the requirements of thoroughness, comprehensiveness, promptness and expeditiousness. Most notably, this will imply timely gathering of the necessary evidence, including properly recorded medical evidence (under conditions guaranteeing medical confidentiality), CCTV and body-worn cameras footage, and witnesses statements.

The findings at Tiszalök Prison indicate that there used to be a practice of placing violent, agitated or recalcitrant prisoners in padded cells for up to eight hours. Throughout that time, their hands were restrained behind their back with metal handcuffs attached to a belt, and they were also ankle-cuffed. They were lying in a prone position in only their underwear, with their knees bent and the hand- and ankle-cuffs connected by a chain behind their back.

The CPT considers that such use of padded cells and hand- and ankle-cuffs is totally unacceptable and it formulates a series of principled measures which should be respected. In particular, the placement in isolation should always be for the shortest possible time (usually minutes rather than hours) and the prisoners concerned should be offered regular and frequent human contact by staff supervising them. Further, the CPT considers that there is no justification for additional means of restraint, such as hand- and ankle-cuffs, to be applied to a violent or agitated prisoner isolated in a padded cell. By no means should prisoners be restrained in a hyper-extended position, with hand- and ankle-cuffs linked behind their back with a chain and their knees bent.

At Szombathely Prison, violent or agitated prisoners were hand- and ankle-cuffed to a bed with metal cuffs. The CPT considers that, as a matter of principle, the persons concerned should never be shackled to a bed or any other fixed object. Instead, they should be kept under close supervision in an appropriate setting.

Material conditions in both establishments were satisfactory in many respects and most premises seen by the delegation were in a good state of repair. However, at Tiszalök Prison, some double-occupancy cells were accommodating three persons due to the exceeded capacity of the establishment; the conditions in these cells were somewhat cramped because of the need to put a third bed in the cell.

On 1 March 2024, a new classification system of sentenced prisoners into categories I to V was introduced in Hungarian prisons. The classification into a category determines many areas of life in prison, including possibilities to participate in education and other activities, unlocking and locking up of cells and the amount of out-of-cell time.

In both establishments visited, efforts were made to provide prisoners with activities, such as work, education, vocational training, and various reintegration programmes. However, due to the lack of opportunities, a number of prisoners were not provided with work or did not regularly participate in any organised activity. Moreover, in both establishments visited, the ratio of women engaged in work was lower than the ratio for men. In addition, in both establishments, many prisoners in categories IV and V neither worked nor participated in education. This fact, in combination with the restrictive daily regime applied to them meant that they were locked up in their cells for up to 23 hours per day. The Hungarian authorities should continue their efforts to develop further the programme of activities offered to prisoners.

As regards prisoners placed in the HSR unit at Tiszalök Prison, the CPT notes with satisfaction that prisoners who presented challenging or dangerous behaviour, or who needed protection from others, were no longer placed in this unit; the unit was now accommodating prisoners with long sentences, in line with its original purpose.

Although material conditions in the unit were mostly acceptable, several shortcomings identified during previous visits persisted: the windows were fitted with opaque plexiglass panes, preventing an outside view, and transparent plexiglass panels were still mounted to the inner bars in the cells. Further, all cells in the HSR units were equipped with CCTV cameras, the regime provided to HSR prisoners remained impoverished and the outdoor exercise yards were small and oppressive. Moreover, HSR prisoners were still systematically handcuffed whenever they left their cell. The Committee reiterates several recommendations to the Hungarian authorities to remedy these shortcomings.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Hungary from 25 March to 1 April 2025. The visit was considered by the Committee “to be required in the circumstances” (cf. Article 7, paragraph 1, of the Convention). It was the Committee’s 12th visit to Hungary.¹

2. During its most recent periodic visit to Hungary carried out in May 2023, the CPT visited, *inter alia*, Tiszalök National Prison. In this establishment, it received numerous credible allegations of physical ill-treatment of prisoners by staff. The alleged ill-treatment, which was said to take place in areas not covered by CCTV cameras, consisted of slaps, punches, kicks and truncheon blows to the head and body (including the ribs, chest and genitals), in some instances while the prisoner was hand- and ankle-cuffed. It was allegedly inflicted by various categories of staff, including prison officers, reintegration officers, healthcare staff and members of Special Response Teams (SRT), who were sometimes accompanied by senior staff.²

3. The CPT also noted that several allegations of ill-treatment had been reported to the prosecutor’s office, either by the prison of their own initiative, or directly by the prisoners concerned, and were under investigation at the time of the visit.

4. In light of these findings, the CPT decided to carry out a follow-up visit to Tiszalök Prison, in order to re-examine the treatment of prisoners in this establishment, and assess the steps taken by the authorities to implement the recommendations made after the 2023 visit, and the progress achieved in combating ill-treatment by staff.

The Committee also visited, for the first time, Szombathely National Prison.

5. The visit was carried out by the following members of the CPT:

- Victor Zaharia (Head of delegation)
- Anna Jonsson Cornell
- Vassilis Tzevelekos.

They were supported by Petr Hnátík of the CPT Secretariat and assisted by an expert, Jake Hard, prison doctor (United Kingdom), as well as four interpreters, Attila Barcsák, Orsolya Budár-Buday, Gábor Karakai and Zoltan Köröspataki.

6. The report on the visit was adopted by the CPT at its 117th meeting, held from 30 June to 4 July 2025, and transmitted to the Hungarian authorities on 16 July 2025. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Hungarian authorities provide within three months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

1. The visit reports and the responses of the Hungarian authorities on all previous visits are available on the CPT website: <https://www.coe.int/en/web/cpt/hungary>.

2. For more details, see the report on the 2023 visit ([CPT/Inf \(2024\) 36](#)), paragraph 49 and foll.).

B. Consultations held by the delegation and cooperation encountered

7. In the course of the visit, the delegation held consultations with Sándor Pintér, Minister of the Interior, Zoltán Bolcsik, Secretary of State for Law Enforcement, Mátyás Hegyaljai, Deputy Secretary of State for the European Union and International Affairs, Tamás Tóth, Director General of the Hungarian Prison Service, and other senior officials from the Ministry of the Interior and the Prison Service.

A full list of the national authorities and non-governmental organisations with which the delegation held consultations is set out in the Appendix to this report.

8. The cooperation received by the delegation throughout the visit, both from the national authorities and staff in the establishments visited, was excellent. The delegation had rapid access to all places of detention it wished to visit, was able to meet in private with those persons with whom it wanted to speak, and was provided with access to the information required to carry out its task.

The Committee wishes to express its appreciation for the assistance provided to its delegation before, during and after the visit by its liaison officer, Ms Eszter Vincze, of the Prosecutor General's Office.

9. The CPT has repeatedly stressed that the principle of co-operation is not limited to steps taken to facilitate the task of visiting delegations. It also requires that decisive action be taken in response to the Committee's recommendations. In this respect, the steps taken by the authorities following the previous visit are reflected in the relevant parts of the report (see, most notably, paragraph 22). However, a number of other recommendations remain unimplemented.

II. Facts found during the visit and action proposed

A. Prison establishments

1. Preliminary remarks

10. Prison overcrowding has been the subject of a long-standing dialogue between the CPT and the Hungarian authorities.

While there had been a decrease in the *number of prisoners* prior to the CPT's 2018 visit, the data provided by the authorities in the context of the May 2023 visit showed that the prison population in general had since been rising once again. Between 2018 and early 2023, it increased by 15% from 17 252 to 19 856 incarcerated persons, for an official capacity of the prison estate of 18 142 places in 2023 (occupancy rate of 109.5%).

In 2023, the prison population dropped by some 2 000 prisoners and, as of 31 December 2023, stood at 17 939 persons (for an official capacity of the prison estate of 17 998 places). This was the result of a one-off measure whereby foreign nationals incarcerated in connection with the smuggling of other foreign nationals across the border were released from prison.³

However, this step did not reverse the general trend, and the prison population grew once again to 18 464 prisoners on 31 December 2024, and further to 19 686 prisoners on 25 March 2025.⁴

11. At the same time, since the CPT's 2023 visit, the *capacity of the prison estate* decreased from 17 998 places on 31 December 2023 to 17 024 places on 25 March 2025, due in particular to the decommissioning of three smaller county remand prisons.⁵

As a result, at the time of the 2025 visit, the *occupancy rate* of the prison estate stood at approximately 116%.⁶ According to the data provided by the Hungarian authorities, the vast majority of prisons in the country operated either above or very close to their official capacity.⁷

Moreover, the authorities acknowledged that the zero-tolerance policy towards drugs announced by the Government was very likely to lead to a further increase in the prison population.

12. As regards the *action taken to address prison overcrowding*, the authorities informed the delegation that 1 500 electronic bracelets would be used, both to monitor prisoners working outside prisons and persons under house arrest. **The CPT would like to receive updated information on the implementation of these plans, including information on the profile of prisoners placed under electronic monitoring.**

3. Government Decree 148/2023 (IV. 27.) introduced "reintegration custody" (that is, release from prison followed by electronic monitoring) for persons convicted of human trafficking. The persons concerned were obliged to leave the country within 72 hours.

4. The proportion of remand prisoners was approximately 23% in March 2025.

5. Győr-Moson-Sopron County Prison in Győr, Heves County Prison in Eger and Tolna County Prison in Szekszárd.

6. According to the 2023 [SPACE I Statistics](#) (Council of Europe Annual Penal Statistics on Prison Populations), the prison population rate per 100 000 inhabitants in Hungary on 31 January 2023 was 210.7, that is well above the European average (123.9) and median (106.5) levels, and among the highest in the Council of Europe area.

7. It should be pointed out in this context that in the *Varga and Others* and *István Gábor Kovács group of cases v. Hungary* (Applications Nos. 14097/12 and 15707/10), the European Court of Human Rights found a violation of Article 3 of the European Convention on Human Rights on account of poor material conditions of detention, resulting mainly from a structural problem of overcrowding in Hungarian prisons.

The execution of these judgments was most recently examined by the Committee of Ministers (CM) at its March 2025 meeting. The CM adopted an [interim resolution](#) (CM/ResDH(2025)32) in which it reiterated its call on the authorities to take additional measures, embedded in a coherent and overarching penal policy, to maintain numbers within prison capacity so as to resolve sustainably and for the long-term the problem of overcrowding. Further, it strongly encouraged the authorities to enhance their efforts in improving material conditions. The CM decided to resume consideration of this group of cases at its Human Rights meeting in March 2026.

13. As regards the use of alternative sanctions and measures, it would appear from the information provided by the authorities that “criminal supervision” as an alternative to remand custody was imposed in 764 cases in 2024.

In the same year, some use was made of alternatives to imprisonment after conviction. For example, a prison sentence was imposed in 18 568 cases, community service in 6 771 cases and a fine in 22 508 cases. However, some of these penalties may be imposed concurrently, and the number of cases in which alternative sanctions and measures were imposed in replacement, rather than in addition to, prison sentences thus remains unclear from the data provided by the authorities.

14. Further, to increase the capacity of the prison estate and modernise it, the construction of a new prison in Csenger, with a capacity of 1 500 places was being finalised; it was expected that the new facility would be taken into service by the summer of 2025.

According to the authorities, Csenger National Prison will be the first “smart prison” in Hungary in which modern technology will be used to ensure safety and security, support staff and ensure proper accommodation, care, contact and reintegration activities for prisoners. For example, CCTV cameras will be capable of detecting “inappropriate behaviour” and alerting staff. It was expected that the prisoner to staff ratio would be lower than in older prisons, which were more difficult to manage. IT solutions will also be used to develop digital skills of prisoners.

15. The CPT notes with interest the construction of the new prison in Csenger.

However, the CPT wishes to place on record that it has serious misgivings about the construction of very large prison complexes, which have historically proven difficult to manage and unable to deliver the targeted services required of the various population groups within them.

Moreover, the Committee must emphasise once again that constructing new prisons is not likely, in itself, to provide a lasting solution to the problem of overcrowding. Addressing this problem calls for a coherent strategy, covering both admission to and release from prison, to ensure that imprisonment – including pre-trial detention – really is the measure of last resort. Such a strategy implies an emphasis on non-custodial measures in the period before the imposition of a sentence. In this regard, strict limits should be set on the use of remand in custody and alternative measures should be used wherever possible. Further, greater use should be made, especially in less serious cases, of alternatives to custodial sentences.

The CPT once again recommends that the Hungarian authorities step up their efforts to reduce the prison population, in light of the aforementioned remarks. The Committee trusts that, in their efforts, the authorities will take due account of the principles listed in the relevant recommendations of the Council of Europe’s Committee of Ministers, in particular, the Council of Europe Committee of Ministers Recommendation No. R(99)22 concerning prison overcrowding and prison population inflation, Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, Recommendation Rec(2003)22 on conditional release (parole), Recommendation CM/Rec(2010)1 on the Council of Europe probation rules, Recommendation Rec(2014)4 on electronic monitoring and Recommendation CM/Rec(2017)3 on the European Rules on community sanctions and measures.

Prosecutors and judges should be sensitised, through the appropriate channels, with these principles.

Further, **the Committee would like to receive updated information as to when Csenger National Prison will be taken into service. It would appreciate receiving more detailed information about the concept of a “smart prison” and the use of modern technology therein, including as regards the detection of “inappropriate behaviour”. It would also like to be informed to what extent artificial intelligence will be used in the new prison.**⁸

In addition, **it would like to receive updated information on the overall prison population and the capacity of the prison estate in Hungary.**

16. Another major development which has taken place since the previous visit was the introduction on 1 March 2024 of a new classification system of sentenced prisoners, which replaced the previous categorisation into various sentence enforcement grades, and security risk and regime levels.⁹

Under the new system, sentenced prisoners are classified into categories I to V, category I being the most lenient, and are able to progress (or regress) through the system based on credits gained (or lost) as a result of their behaviour, willingness to cooperate and active participation in reintegration activities. These include employment, education (such as in-school training, distance learning and vocational training), and various other activities. The new system should motivate prisoners to engage, respect rules and participate in activities.

The initial classification of prisoners is carried out within the prison system¹⁰ and depends on a number of factors, including the nature of the offence committed, length of sentence, risk of re-offending, conduct during previous imprisonment and during the risk assessment while the person is staying in a reception unit upon admission to prison.¹¹ The classification is then reviewed every six months.

According to the authorities, most newly admitted persons are classified into category III.

17. The classification into a category determines many areas of life in prison, such as type of accommodation (that is, cells or open rooms/dormitories), possibilities to participate in education and other activities, unlocking and locking up of cells and the amount of out-of-cell time, entitlements for daily outdoor exercise, for maintaining contact with the outside world and for prison leave, and the proportional sum on their personal account which prisoners may spend for their personal needs. Some of these aspects are described in more detail later in this report (see, most notably, paragraph 56).

The CPT would like to receive the Hungarian authorities’ observations as to their initial experience with the practical operation of the new classification system.

18. As already indicated above, in the course of the 2025 visit, the delegation carried out a follow-up visit to Tiszalök National Prison. It also visited, for the first time, Szombathely National Prison.

Szombathely National Prison is located in a former military barracks which were transformed into a prison establishment in 2007. Prisoners are accommodated in four separate four- or five-storey buildings (A1 to A4). With an official capacity of 1 476 places, the establishment was accommodating 1 606 adults at the time of the visit:¹² 83 remand prisoners (of which 19 were women), 48 men who had been convicted but whose sentence was not final, 78 fine defaulters (including six women) and 1 397 sentenced prisoners (of

8. See, in this context, the recently adopted [Recommendation CM/Rec\(2024\)5](#) of the Committee of Ministers to member States regarding the ethical and organisational aspects of the use of artificial intelligence and related digital technologies by prison and probation services.

9. These changes were introduced through amendments to [Act CCXL of 2013](#) (Prison Act) and to [Decree No. 16/2014 \(XII.19\)](#) of the Ministry of Justice on the Detailed Rules for the Enforcement of Imprisonment.

10. For persons sentenced to between one and five years of imprisonment, the classification is carried out by the reintegration department in the prison to which they have been admitted; for sentences of five to 15 years by the prison “agglomeration” branch (that is, the regional branch) of the Central Examination and Methodological Institute (*Központi Kivizsgáló és Módszertani Intézet – KKMI*); for persons sentenced to longer sentences and those convicted of a murder and offences against children by the national KKMI.

11. See Section 19/A. of the aforementioned Decree No. 16/2014 (XII.19).

12. The occupancy rate was 109%.

whom 107 were women), including 26 life-sentenced prisoners. The majority of sentenced prisoners were classified as category III and IV prisoners.

Tiszalök National Prison was previously visited by the CPT during its 2009 and 2023 periodic visits. The establishment was taken into service in 2007. Prisoners are accommodated in five inter-connected cross-shaped two- or three-storey buildings; disciplinary cells and the HSR unit (unit for prisoners serving lengthy sentences)¹³ are located in a dedicated building. A separate “light structure” one-storey building (building B), located within the prison compound, was constructed in 2020. While the capacity of the establishment (1 110 places) remained unchanged since the 2023 visit, the prison population increased from 1 210 to 1 307 adults at the time of the 2025 visit.¹⁴ This included 24 remand prisoners (including two women), two men and two women who had been convicted but whose sentences were not yet final, 101 fine defaulters (including six women) and 1 178 sentenced prisoners (of whom 120 were women). The majority of sentenced prisoners were classified as category III and IV prisoners, and there were also 71 life-sentenced prisoners.

2. Ill-treatment

a. ill-treatment by staff

19. It should be recalled that during the 2023 visit, the delegation received numerous credible allegations of physical ill-treatment by staff at *Tiszalök Prison*. The alleged ill-treatment consisted of slaps, punches, kicks and truncheon blows to the head and body (including the ribs, chest and genitals), in some instances while the prisoner was hand- and ankle-cuffed. It was claimed that ill-treatment particularly took place in areas not covered by CCTV cameras, notably in the storage room on the disciplinary/security block, in the medical consultation room, in communal showers and in cells.

The ill-treatment was allegedly inflicted by various categories of staff, including prison officers, reintegration officers, healthcare staff and members of Special Response Teams (SRT), who were sometimes accompanied by senior staff.

According to the information gathered through interviews with prisoners, and the consultation of the relevant records, injuries resulting from the alleged ill-treatment included a broken rib, broken teeth, scratches and hematomas.

20. These findings of the CPT’s 2023 visit were corroborated by the fact that the number of complaints of ill-treatment by staff (formally qualified as abuse in official proceedings under Section 301 of the Criminal Code) at *Tiszalök Prison* was higher than the national average and that a number of criminal investigations into alleged ill-treatment of prisoners by staff were pending (see also paragraph 33).¹⁵

21. Given the gravity of its findings, in the report on the 2023 visit,¹⁶ the CPT recommended that the Hungarian authorities initiate a thorough and independent inquiry into the situation at *Tiszalök Prison* regarding ill-treatment by staff.

By letter of 13 May 2024, the Hungarian authorities transmitted to the Committee an extract from the report on a visit carried out to *Tiszalök Prison* by the Commissioner for Fundamental Rights (Ombudsperson), acting in his capacity as the National Preventive Mechanism (NPM).

According to the report, *inter alia*, several detainees interviewed during the NPM visit reported that physical abuse by staff had been of regular occurrence prior to the change of management in November 2023. Moreover, a few detainees still reported that some staff members continued to abuse prisoners, both

13. *Hosszúidős Speciális részleg* in Hungarian.

14. The occupancy rate was approximately 118%.

15. According to the Government response to the 2023 report, circumstances of each case are thoroughly and carefully assessed and staff members who are suspected of having ill-treated prisoners may be transferred to another unit or suspended. According to the detailed information provided by the authorities on some of the pending cases, several staff members were suspended, transferred, dismissed or even in one case remanded in custody for a certain period of time.

16. See [CPT/Inf\(2024\)36](#), paragraph 59.

physically and verbally. Consequently, the NPM formulated a series of recommendations to prevent ill-treatment by staff, including by the provision of training and proper documentation of injuries.

22. Following the 2023 visit carried out by the CPT, the Hungarian authorities took a series of measures to tackle ill-treatment by staff. In particular, the number of CCTV cameras had been significantly increased and the recordings were stored for 30 to 60 days, and an instruction had been issued to ensure that when allegations of ill-treatment are made, as a matter of urgency, a medical examination must be carried out (see, however, paragraph 38), the relevant CCTV footage must be analysed and saved, and witnesses must be heard. Ten body-worn cameras had been distributed to senior staff and members of SRTs.

Further, various training courses were provided to staff, including on the definition and legal consequences of ill-treatment and, for educative and preventive purposes, case studies of incidents in which a staff member had been convicted of ill-treatment. Staff were also repeatedly instructed by senior officers about the critical importance of avoiding any abuse of prisoners. All staff at Tiszalök Prison received training organised by the psychology department on the behavioural characteristics of prisoners with special needs and their treatment. There was also training on stress reduction.

In addition, the management team of Tiszalök Prison was replaced on 15 November 2023, and then again as of 1 November 2024.

The CPT takes note of these steps.

23. However, it is a matter of grave concern that a number of prisoners interviewed by the delegation during the 2025 *ad hoc* visit alleged that physical ill-treatment had continued (and was a regular occurrence) even after the 2023 visit and until approximately the end of 2024.¹⁷ The alleged ill-treatment had consisted of beatings of prisoners by staff, such as slaps, punches and kicks, inflicted in areas not covered by CCTV cameras (such as inside cells, in the medical unit, in storage and search rooms and in offices).¹⁸

24. These allegations are corroborated by an incident which occurred on 25 September 2023, that is, four months after the CPT visit at the end of which the delegation drew the attention of the Hungarian authorities to the most worrying situation at Tiszalök Prison.

According to the information provided by the authorities in the context of the 2025 visit, in the morning of that day, the prisoner concerned “stormed” without permission into the office of the chief re-integration officer, waved his hands and disrespectfully questioned staff as to why they were not handling his financial affairs.

Following the intervention by two prison officers which involved use of force (further details remain unclear and are the subject of criminal investigation), the prisoner fell to the ground unconscious. The establishment’s nurse was notified and arrived shortly afterwards. The person concerned was then transferred to an outside hospital in a life-threatening state.

25. As regards the investigation into this incident, the two officers concerned (and two other officers who became involved at a later stage) were accused of group abuse in official proceedings under Section 301 (1) and (2) of the Criminal Code, and of physical assault causing danger to life or death under Section 164 (1) and (8) of the Criminal Code. The officers concerned were suspended and were remanded in custody.¹⁹

17. It should also be noted that prisoners interviewed during the 2025 visit, when commenting on the situation in the establishment prior to and around the 2023 visit, made allegations of frequent instances of ill-treatment by staff similar to those already received by the CPT delegation in 2023.

18. Reference is also made in this context to the inappropriate use of “raging cells” in combination with mechanical restraint of prisoners, referred to in paragraph 43.

19. According to the information provided at Tiszalök Prison during the 2025 visit, all but one prison officer had been dismissed in the meantime. One officer was suspended.

At a later stage, two other staff members were accused of aiding and abetting the aforementioned criminal offences, under Section 282 (1) a) and (3) d) of the Criminal Code,²⁰ and disciplinary proceedings were initiated against several other staff members.

At the time of the 2025 visit, the criminal and disciplinary proceedings were pending.

The CPT would like to receive updated information on the state of the investigation into the incident which occurred on 25 September 2023 at Tiszalök Prison, including the number of convictions and an account of any criminal/disciplinary sanctions imposed and/or any other measures taken.

26. It is a promising development that, according to the prisoners interviewed at Tiszalök Prison, the situation had considerably improved recently, which was attributed to the change in the management of the establishment in November 2024.

However, the delegation still received a few allegations of physical ill-treatment of prisoners by staff which concerned the end of 2024 and the beginning of 2025, such as a punch to the ribs and kicks to various parts of the body by prison officers. It also heard several allegations of verbal abuse of prisoners by staff. Some prisoners also perceived that they were the subject of discrimination on the grounds of sex, origin or ethnicity; this included on matters such as access to work and education.

Following the 2025 visit, by letter of 29 April 2025, the Hungarian authorities reconfirmed that all forms of violence against prisoners were unacceptable and that they would do their utmost to eradicate it. The authorities again acknowledged that the data available to them was in line with the CPT findings and that the numbers concerning reported cases of ill-treatment of prisoners by staff at Tiszalök Prison were higher than the national average. The CPT notes positively the commitment of the Hungarian authorities to tackle ill-treatment of prisoners by staff.

The Committee fully understands that changing the culture in an establishment and ensuring that all staff, including frontline staff, fully comply with the new approach in their daily operation, which is required by the new management, takes time. At the same time, there is a high risk of relapsing to the deeply entrenched attitudes, which would appear to have existed for several years.

The CPT recommends that the Hungarian authorities build on the recent promising developments at Tiszalök Prison and provide full support to the management of the establishment in their efforts to eradicate ill-treatment of prisoners by staff. Management and senior staff should remain vigilant to any signs of ill-treatment and take appropriate action to ensure that such instances are reported to the relevant investigative authorities without undue delay (see also paragraphs 31 and foll.).

Further, the Committee reiterates its recommendation that all staff at Tiszalök Prison continue to regularly receive a firm message that all forms of ill-treatment, including verbal abuse, of persons deprived of their liberty are unprofessional, unacceptable and unlawful and will be punished accordingly.

In addition, steps should be taken to ensure that prisoners do not suffer from discriminatory practices.

27. As regards *Szombathely Prison*, the majority of prisoners with whom the delegation spoke during the 2025 visit made no complaints about staff.

Nevertheless, the delegation did receive a few allegations of physical ill-treatment (such as pushing, slaps, kicks and a blow with a hard object). Further, it heard a number of allegations of disrespectful behaviour and verbal abuse, including of a racist and homophobic nature.

20. The legal qualification was later changed to participation as an accomplice in the aforementioned offences.

In addition, the delegation was informed that one complaint about ill-treatment of prisoners by staff was submitted to the military prosecutor's office in 2024 and another one in 2025.²¹

The CPT recommends that staff at Szombathely Prison receive a clear message that all forms of ill-treatment are unprofessional, unacceptable and unlawful and will be punished accordingly. Further, it should be reiterated to staff that they must treat prisoners in their custody with respect and that any form of verbal abuse and/or disrespectful behaviour is unacceptable.

Further, **the Committee would like to receive updated information on the investigations into the two aforementioned complaints of ill-treatment by staff lodged at Szombathely Prison in 2024 and 2025, including the number of convictions and an account of criminal/disciplinary sanctions imposed and/or any other measures taken.**

28. The CPT acknowledges that several avenues of complaint, both internally and outside the establishments, were available to prisoners.²²

However, in particular at Tiszalök Prison (and also, albeit to a lesser extent, at Szombathely Prison), many prisoners interviewed during the visit claimed that they did not trust the complaints system, that they believed that letters to external complaints bodies and prosecutors were opened by prison staff and that the confidentiality of the communication was thus not respected. Some prisoners stated that they were afraid of lodging complaints for fear of reprisals.

29. Further, at Szombathely Prison, a few prisoners interviewed during the visit alleged that ward-based prison officers had attempted to persuade them not to lodge complaints, to withdraw those which had already been lodged, or threatened them that they would face "consequences" for having complained.

Similar attempts reportedly also occurred at Tiszalök Prison, where the management was aware of one case in which staff tried to persuade a prisoner to revoke his earlier statement.²³ In this establishment, the delegation also received a few allegations from prisoners that formal disciplinary proceedings had been initiated, under various pretexts, against prisoners who had lodged complaints, to punish them.

30. In light of these findings, the CPT reiterates its recommendation that prison officers receive the clear message that any kind of threats, intimidating action or reprisals against a prisoner who has complained of ill-treatment (or who wishes to do so), or any attempts to prevent complaints or requests from reaching the relevant supervisory or complaints bodies, or investigative authorities, will not be tolerated and will be punished accordingly. Disciplinary procedures (or a threat to initiate them) should under no circumstances be used to intimidate prisoners or to punish them for having complained.

Further, steps should be taken to ensure that the confidential nature of complaints lodged by prisoners with the relevant supervisory or complaints bodies, or investigative authorities, and the subsequent communication between prisoners and these bodies and authorities is respected.

21. According to the management, measures were taken in such cases to ensure that the prisoner and the staff member concerned were not in contact. This included the possibility to transfer the prisoner and/or the staff member to another unit or, in serious cases, the suspension of the staff member concerned. This was also confirmed during an interview with a prisoner, who confirmed that the staff member against whom one of the complaints was directed was no longer in the same unit.

22. Prisoners could write directly to the police, the prosecutor's office or the Ombudsperson/NPM. They could also lodge a complaint (albeit not anonymously) and/or ask for a meeting with the penitentiary prosecutor (who regularly visited prisons and interviewed prisoners) through electronic terminals (*Kioszks*). Contact information for different bodies was available on notice boards in various areas of both establishments visited.

23. The three staff members concerned had been suspended and the investigation into the case was pending.

b. investigations into allegations of ill-treatment

31. In the report on the 2023 visit, the CPT noted positively that when complaints were made by prisoners, or allegations of ill-treatment were brought to the attention of the prison governor, a report was swiftly made to the prosecutor's office.

According to the more detailed information provided to the delegation during the 2025 visit, whenever injuries indicative of ill-treatment by staff or inter-prisoner violence were detected, or when allegations of ill-treatment or inter-prisoner violence were made to staff, the victim was immediately medically examined, was heard by prison staff, and steps were taken to ensure that the victim was not in contact with the alleged perpetrator. In cases of inter-prisoner violence, if the injuries sustained were expected to take more than eight days to heal the case was formally qualified as an aggravated assault; if they healed within eight days, the case was formally qualified as an attempted aggravated assault.²⁴ Cases of inter-prisoner violence were then reported to the police for further investigation.

In cases concerning ill-treatment of prisoners by staff, the eight-day threshold did not apply; all cases were reported to the military prosecutor's office as a suspicion of an abuse in official proceedings under Section 301 of the Criminal Code.

32. However, the delegation found during the 2023 visit that, in some cases it examined, the investigation which followed could not be characterised as prompt and effective as, several months after being notified of the allegations, the necessary steps to gather and preserve evidence, notably statements of alleged victims and witnesses, and medical evidence, had still not been taken by the authorities carrying out the investigation.

33. According to the Government response to the 2023 report, between 2018 and August 2024,²⁵ 47 reports were lodged by Tiszalök Prison with the prosecutor's office concerning the suspicion of ill-treatment of prisoners by staff ("abuse in official proceedings" under Section 301 of the Criminal Code).²⁶

It is a matter of concern that, according to the updated information on the status of these cases provided by the Hungarian authorities during the 2025 visit, the majority of these cases had been terminated either because no criminal offence could be established on the basis of the available evidence (Section 398 (1) c) of the Criminal Procedure Code), or because the act did not constitute a criminal offence (Section 398 (1) a) of the Criminal Procedure Code). It follows that none of these investigations led to a conviction of the suspect.

It is another matter of concern that the investigations into 21 of these cases,²⁷ several of which dated back to 2020 and 2021,²⁸ were still pending at the pre-trial stage of the proceedings, that is, four or five years after the investigations had begun.²⁹

According to the data provided by the Hungarian authorities, at national level, 19 of the 58 criminal proceedings initiated in 2020 into cases of suspected abuse in official proceedings (which includes both police and prison officers) were pending, as were 19 of 49 such cases initiated in 2021, and 25 of 52 such cases initiated in 2022. Between 2020 and 2024, 65 officers were convicted of abuse in official proceedings.

24. See Section 164 of the Criminal Code.

25. That is, when the response of the Hungarian Government to the CPT report on the 2023 periodic visit was submitted to the Committee.

26. One of these cases was later transferred to Szeged Strict and Medium Regime prison for investigation.

27. This number includes the investigation into the case described in detail in paragraph 24.

28. One case had been pending since 2020, two cases since 2021, eight cases since 2022 and 10 cases since 2023. In addition, two new cases were initiated in 2024 and one in 2025; all these cases were pending.

29. For example, one of the cases which were still pending is the case referred to in paragraph 53 of the report on the 2023 visit. The investigation was initiated on 17 November 2022 against three members of healthcare staff who were suspected of using disinfectant liquid spiked with chili pepper to treat open wounds, or of using gloves impregnated with the solution when examining patients, between June 2022 and September 2022. The three staff members concerned have been dismissed in the meantime.

34. The CPT must underline that the credibility of the prohibition of torture and other forms of ill-treatment is undermined each time officials responsible for such offences are not held to account for their actions. If the emergence of information indicative of ill-treatment is not followed by a prompt and effective response, those minded to ill-treat persons deprived of their liberty will quickly come to believe – and with very good reason – that they can do so with impunity.

Effective investigations, capable of leading to the identification and punishment of those responsible for ill-treatment, are therefore essential to give practical meaning to the prohibition of torture and inhuman or degrading treatment or punishment.

In addition to being conducted in a thorough and comprehensive manner, any investigation into allegations of ill-treatment must be carried out promptly and in a reasonably expeditious manner.³⁰

35. Against this background, the CPT considers that the fact that none of the investigations carried out between 2018 and August 2024 into suspicions of ill-treatment of prisoners by staff at Tiszaalök Prison led to a conviction of the suspect, and that a number of proceedings have been pending for several years at the pre-trial stage, raises concerns as to the effectiveness and expeditiousness of the investigation.

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that investigations into allegations of ill-treatment of prisoners by staff are carried out effectively and, in particular, comply with the requirements of thoroughness, comprehensiveness, promptness and expeditiousness.

In particular, this will imply timely gathering of the necessary evidence, including medical evidence (see also paragraph 39), CCTV and body-worn cameras footage, and witnesses statements.

Further, **the Committee would like to receive updated information on the investigations into allegations of ill-treatment of prisoners by staff at Tiszaalök Prison initiated between 2018 and 2025 which were pending at the time of the 2025 visit, including the number of convictions, an account of criminal/disciplinary sanctions imposed and/or any other measures taken.**

c. the importance of medical examinations in the context of combating impunity

36. As regards medical confidentiality, the findings of the visit indicate that custodial officers were not ordinarily present during medical examinations of prisoners performed in the healthcare units in the two prisons visited. It is also positive that, as far as the delegation could ascertain, prisoners were systematically medically examined after force had been used against them by staff and after episodes of inter-prisoner violence.

However, there was no dedicated register of injuries in either of the prisons visited, in which injuries detected during medical examinations would be recorded. Moreover, although healthcare staff appeared to be aware of their obligation to report injuries indicative of ill-treatment or inter-prisoner violence to the management of the establishment, and this was done in several cases, there was no record kept of the reported cases.

The CPT considers that, in addition to the record in the individual medical file, any traumatic injuries observed in the course of medical examination should be recorded in a dedicated register, which will provide an overview of such cases. Moreover, the record should also contain information as to when, by whom and to whom the case was reported.

30. See also the CPT's 14th General Report which contains a section entitled "Combating impunity" ([CPT/Inf\(2004\)28-part](#)).

The Committee recommends that the Hungarian authorities take steps to ensure that a dedicated register is established and properly maintained at Tiszalök and Szombathely Prisons and, where relevant, in all other prisons in Hungary, in which all injuries observed during any medical examination, whether displayed by prisoners upon admission, following a violent episode in prison, or on any other occasion, are duly recorded.

37. At Tiszalök Prison, the description of injuries contained in electronic individual medical files (ESSZT electronic system) was adequate overall.

However, the records examined at Szombathely Prison did not contain an adequately detailed description of the injuries observed by the healthcare professional and there was insufficient conclusion as to the consistency between any allegations made and objective medical findings. In addition, in some cases examined by the delegation, the reason for the referral of a patient to an outside hospital was not recorded.

Moreover, in both prisons, body charts to record the location of traumatic injuries were not completed, and detected injuries were not photographed. The delegation was informed that the ESSZT electronic medical record did not enable the saving of photographs in a patient record.

Such records do not facilitate effective investigations into allegations of inter-prisoner violence and ill-treatment by staff.

38. Further, some persons met during the visit who alleged to the delegation that they had been ill-treated by prison officers stated that the presence of prison officers during their medical examination in an outside hospital (which appeared to happen systematically) had prevented them from indicating the cause of their injuries to the medical professionals. They also claimed that their injuries had not been recorded, that the medical doctor had only noted down what had been dictated by the officers, and that they had been refused access to the injury report.

39. The CPT must underline that an important safeguard against ill-treatment and impunity is the requirement for a thorough medical examination to be conducted promptly whenever allegations of ill-treatment by staff are made by a prisoner (whether or not the person concerned bears visible external injuries) or whenever the person concerned displays injuries which are indicative of ill-treatment (even where no allegations are made). Any detected injuries must be systematically recorded and, where appropriate, reported to the relevant authorities.

The record drawn up after the medical examinations of prisoners should contain:

- i) an account of statements made by the persons which are relevant to their medical examination (including their description of their state of health and any allegations of ill-treatment),
- ii) a full account of objective medical findings based on a thorough examination (supported by a “body chart” for marking traumatic injuries and, preferably, photographs of injuries), and
- iii) the healthcare professional’s observations in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

The results of the examination should be made available to the prisoners concerned and their lawyers.³¹

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that these precepts are effectively implemented in practice. In particular, whenever allegations of ill-treatment by staff are made by prisoners, or whenever prisoners display injuries which are indicative of ill treatment, they should be promptly and thoroughly medically examined, and the injuries systematically recorded and reported to the relevant authorities.

31. Reference is made in this context to the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ([Istanbul Protocol](#)), revised version published in June 2022.

40. Further, there can be no justification for prison officers being systematically present during medical examinations/consultations of prisoners, even when the examination takes place in an external medical facility. Their presence is detrimental to the establishment of a proper relationship between the patient and the healthcare professional and usually unnecessary from a security standpoint. Moreover, the presence of non-healthcare staff during medical examinations/ consultations may (and, as described above, indeed does) discourage a prisoner who has been ill-treated from saying so.

The CPT considers that, *as a general rule*, all medical examinations/consultations of prisoners should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality. However, taking into due account the need to ensure the safety and security of healthcare staff, the Committee recognises that the presence of non-healthcare staff at the request of the healthcare professional may be warranted in exceptional cases.

Any such *exception* should be specified in the relevant regulations and should be limited to those rare cases in which, based on an individual risk assessment, the presence of prison officers is considered strictly necessary, most notably to ensure the safety of healthcare staff. Prison officers should, when appropriate, fully apprise the doctor of any relevant prior behaviour on the part of the prisoner, but the final decision as to whether non-healthcare staff should be present during the examination/consultation should rest with the healthcare professional.

Moreover, the exception should only be permissible if other, less intrusive security measures have been considered insufficient to fully contain the perceived risks posed by the prisoner. As a possible alternative, consideration should be given to the setting up of a secured room or ensuring the presence in the room of additional healthcare personnel. Another option might be the installation of a call system, whereby healthcare staff would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination/consultation. The healthcare professionals concerned should be duly informed of the applicable rules and how to react in high-risk situations.

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that these precepts are effectively implemented in practice. In particular, *as a general rule*, all medical examinations of prisoners should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality unless, *exceptionally*, the healthcare professional concerned expressly requests otherwise in a given case.

d. the use of body worn-cameras

41. The CPT considers that issuing body-worn cameras to prison officers and the systematic recording of any intervention represents another safeguard against abuse by prison officers, as well as a protection against unfounded allegations of ill-treatment. It further considers that the relevant national rules and regulations should make it mandatory for cameras to be issued, worn and utilised by all prison staff who may have to use force against prisoners.

As already noted in paragraph 22, it is positive that 10 body-worn cameras have been provided to staff at Tiszalök Prison; it was planned that additional cameras would be made available in the near future.³² However, no body-worn cameras have yet been provided to Szombathely Prison.

The CPT would like to receive updated information on the number of body-worn cameras issued to staff at Tiszalök Prison and at other prisons in Hungary. Further, it would like to receive information on whether the Hungarian authorities plan to extend the use of body-worn cameras in the prison system.

32. The delegation was also informed that some 100 body-worn cameras will be available to staff at Csenger Prison.

In addition, **the Committee would like to receive detailed information on the rules applicable to the use of body-worn cameras, in particular as regards the obligation to wear and turn on the cameras, the time period for which recordings of incidents are stored and measures taken to ensure that the recording cannot be altered or erased.**

e. inter-prisoner violence

42. Inter-prisoner violence occurred in both establishments and involved both physical attacks and verbal abuse.³³ Prison officers intervened when they were aware of these incidents, the prisoners involved were medically examined and the incident was registered.

However, the findings of the visit indicate that, in particular at Szombathely Prison, some episodes of inter-prisoner violence remained unnoticed by staff. Moreover, some prisoners interviewed during the visit claimed that they preferred not to take outdoor exercise out of fear of possible physical attacks by other prisoners or verbal abuse.

The CPT recommends that staff at Szombathely and Tiszalök Prisons remain vigilant to any signs of inter-prisoner violence and intimidation, and intervene immediately and proportionately when such incidents occur. Further, measures to ensure that all prisoners can benefit safely from their entitlements, including access to outdoor exercise, should be systematically implemented.

3. Use of padded cells, hand- and ankle-cuffing of prisoners to fixed objects

43. Both establishments visited were equipped with padded cells (so-called “raging cells”).³⁴ By virtue of Section 146 (6) of the Prison Act, prisoners may be placed therein, for up to eight hours, if, due to their behaviour, they are dangerous to themselves or others.³⁵ During the placement, the movement of the person may be restricted.

44. The delegation was informed that the padded cells at Szombathely Prison were used very rarely (once in a year or two). The placement was decided either by the governor or the deputy governor, was approved by a medical doctor, and the person concerned was checked regularly (that is, at 30-minute to one-hour intervals) by healthcare staff and prison officers. The duration was, in practice, for a maximum of four hours (but reportedly shorter in most cases).

However, this information was not corroborated by written records as the use of padded cells was reportedly not recorded in any register.

Moreover, prisoners were placed in a padded cell in only their underwear, while being handcuffed behind their back, and ankle-cuffed.³⁶ This is unacceptable (see below).

33. For example, according to the information provided in the establishments visited, at Szombathely Prison, in 2023, there were three cases of attempted aggravated assault and three cases of assault; in 2024, there were 15 cases of aggravated assault and four cases of attempted aggravated assault; in 2025, there were 15 cases of aggravated assault and four cases of attempted aggravated assault. At Tiszalök Prison, in 2023, there were five cases of aggravated assault, seven cases of attempted aggravated assault and one case of assault; in 2024, there were 26 cases of attempted aggravated assault. Between January and March 2025, there were five cases of attempted aggravated assault.

34. There were two padded cells in the segregation unit of Tiszalök Prison; at Szombathely Prison, there were three such cells, located on the ground floor of accommodation buildings A1, A3 and A4. The delegation was informed that according to the relevant regulations, each prison establishment has to be equipped with a padded cell.

35. The prisoner should be immediately seen by a medical doctor (or a nurse) and the necessity for the placement should be reviewed every two hours. If the person’s condition does not improve within eight hours, a psychiatric examination should be arranged.

36. When persons were placed in a padded cell, they were laid on their side; these arrangements allowed for some limited movement.

45. The findings at Tiszalök Prison are a matter of grave concern to the CPT. The information gathered through interviews with prisoners and the examination of various registers, most notably individual reports on the use of coercive measures, clearly showed that there used to be a practice of placing violent, agitated or recalcitrant prisoners in padded cells for up to eight hours.

Throughout that time, their hands were restrained behind their back with metal handcuffs attached to a belt, and they were also ankle-cuffed. They were lying in a prone position in only their underwear, with their knees bent and the hand- and ankle-cuffs connected by a chain behind their back.

Some of the prisoners concerned also described that they could not stand up or even move, they had had cramps in their limbs, which had become numb, and they had wet themselves. In some cases, when prison officers came to check on the prisoner placed in the padded cell, they allegedly kicked him. It was alleged that the prisoners concerned were not systematically visited by healthcare staff throughout their placement in the padded cells.

Further, several prisoners interviewed during the visit alleged that the hand- and ankle-cuffs had been excessively tight and had left marks and scars on their wrists and ankles. In some cases, these marks and scars were still visible when they were interviewed by the delegation several months after the incident.

These consistent and credible allegations were received in several interviews carried out separately with individual prisoners.³⁷ Moreover, placement of prisoners in padded cells, in combination with hand- and ankle-cuffs, was also recorded in individual reports on the use of coercive measures.

The CPT considers that such use of padded cells and hand- and ankle-cuffs is totally unacceptable and may amount to inhuman and degrading treatment or even torture.

It is a welcome development that, according to the management of Tiszalök Prison, the use of padded cells had practically ended since November 2024, and that the placement of a prisoner therein must now be approved by the governor of the prison.

46. Nevertheless, in light of the seriousness of the findings, the CPT must underline the following precepts.

The Committee acknowledges that agitated or violent prisoners who pose a serious risk to themselves or others may need to be temporarily isolated in a suitable environment until they restore behavioural control; this must be seen as a measure of last resort when all other reasonable options (such as attempts to de-escalate the situation) have failed to satisfactorily contain the risks. Placement in a padded cell must not be resorted to for punitive reasons.

The placement in isolation should always be for the shortest possible time (usually minutes rather than hours) and the prisoners concerned should be offered regular and frequent human contact by staff supervising them. Resort to the measure should be duly recorded in a special register; the entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the person who ordered or approved it, and an account of any injuries sustained by the prisoner or staff.

In the event of agitation brought about by the state of health of a prisoner, prison officers should request medical assistance and follow the instructions of the healthcare professional (including, where necessary, transfer to an appropriate healthcare setting).

Moreover, the CPT considers that there is no justification for additional means of restraint, such as hand- and ankle-cuffs, to be applied to a violent or agitated prisoner isolated in a padded cell. By no means should prisoners be restrained in a hyper-extended position, with hand- and ankle-cuffs linked behind their back with a chain and their knees bent.

37. The accounts received by the delegation concerned the period of April 2023 to September 2024.

Further, more generally, when it is deemed essential to hand- and ankle-cuff a person, the cuffs should under no circumstances be excessively tight and should be applied only for as long as is strictly necessary.³⁸

In addition, when placed in the padded cell, the person's clothing should not be removed unless this is justified following an individual risk assessment. In such a case, the person concerned should be provided with rip-proof clothing.

Finally, persons placed in the padded cell should have ready access to a toilet at all times.

The CPT recommends that the Hungarian authorities take urgent steps to ensure that these precepts are effectively implemented in practice. The relevant regulations should be amended accordingly and measures should be taken to ensure that staff are duly informed of the new procedures and requirements. Further, prison officers should be trained in verbal de-escalation techniques, and proportionate manual control and restraint techniques.

47. At Szombathely Prison, violent or agitated prisoners were hand- and ankle-cuffed to a bed with metal cuffs. Such fixation was considered a less restrictive measure than the placement in a padded cell. According to the information gathered during the visit, resort to this measure was rare³⁹ and was recorded in the register of the use of coercive measures and restraint.⁴⁰

The fixation took place in a disciplinary cell in the segregation unit of the prison, was decided by the governor or the deputy governor of the prison, and lasted for two to three hours, during which time the person concerned was regularly checked upon by prison officers.

The CPT acknowledges that in the event of a prisoner acting in a highly agitated or violent manner, the use of handcuffs may be justified.

However, as a matter of principle, the persons concerned should never be shackled to a bed or any other fixed object. Instead, they should be kept under close supervision in an appropriate setting. In the event of agitation brought about by the state of health of a prisoner, prison officers should request medical assistance and follow the instructions of the healthcare professional (including, where necessary, transfer to an appropriate healthcare setting).

The CPT recommends that the Hungarian authorities take urgent steps to ensure that these precepts are effectively implemented in practice. The relevant regulations should be amended accordingly and measures should be taken to ensure that staff are duly informed of the new procedures and requirements.

4. Conditions of detention of the general prison population

a. material conditions

48. Material conditions in both establishments were satisfactory in many respects and most premises seen by the delegation were in a good state of repair.

Cells were adequately equipped (beds/bunkbeds, tables, stools, lockers, and, in most cases, a washbasin and a call bell)⁴¹ and were in general reasonably clean, sufficiently lit and properly ventilated.

38. It should be noted that excessively tight handcuffing can have serious health-related consequences (for example, sometimes causing a severe and permanent impairment of the hand(s)).

39. There were no cases between January and March 2025 and four cases (concerning two different prisoners) in 2024.

40. The use of hand- and ankle-cuffs to fixate a prisoner to an object is regulated by several decrees. Most notably, Section 55 (4) of Decree No. 16/2014 (XII.19) of the Ministry of Justice on the Detailed Rules for the Enforcement of Imprisonment provided that a prisoner's limb may be fixated to an object as a temporary measure if there is no other way to keep the person concerned in a specific place. Further details are provided in Sections 169 and foll. of Instruction 72/2020. (XII. 23.) of the National Prison Headquarters on the use of force and restrictive measures.

41. Several cells in which prisoners were not locked did not possess a call bell.

49. At *Szombathely Prison*, cells were adequate in size for their occupancy. The majority of prisoners in buildings A1, A3 and A4 were accommodated in cells intended for six persons⁴² (measuring some 29 m² excluding the fully partitioned sanitary annexe); there were also six double-occupancy cells on each floor (measuring approximately 12 m² excluding the fully partitioned sanitary annexe).⁴³ Building A2 contained cells for seven persons which measured around 30 m².⁴⁴

50. However, the third floor of building A1, originally intended as a segregation unit, was being used for regular accommodation of prisoners, due to the exceeded capacity of the establishment. Several cells seen by the delegation in this unit only had a window above the upper bunkbed and provided limited outside views, which rendered them somewhat oppressive.

Further, some cells in this establishment were poorly ventilated, with an unpleasant odour of the in-cell toilet.

The CPT encourages the Hungarian authorities to ensure that cells on the third floor of building A1 at Szombathely Prison with only limited outside view are used for their intended purpose, that is short-term segregation, rather than for long-term placement of prisoners. Further, steps should be taken to ensure that all cells are properly ventilated.

51. The delegation received many complaints about the lack of hot water to take a shower for all prisoners accommodated in a given cell. Moreover, showers were out-of-order in some cells and prisoners had to use a washbasin to wash themselves.

The CPT recommends that the Hungarian authorities take steps to ensure that there is a sufficient quantity of hot water for prisoners to maintain personal hygiene. Further, all showers should be maintained in working order.

52. As regards *Tiszalök Prison*, it should be recalled that prisoners were accommodated in single-occupancy cells (measuring some 9 m², excluding the fully partitioned sanitary annexe) and double-occupancy cells (measuring approximately 12 m², excluding the fully-partitioned sanitary annexe). Building B possessed triple-occupancy cells (12 m²) and cells for six persons (26 m²).⁴⁵

While most of these cells provided sufficient space for their intended occupancy, due to the exceeded capacity of the establishment, some double-occupancy cells were accommodating three persons. Although these cells provided some 4 m² of living space per person, the conditions were somewhat cramped because of the need to put a third bed in the cell.

Given the cramped conditions observed during the visit, the Committee considers that double-occupancy cells at Tiszalök Prison should be used for their intended occupancy.

53. Moreover, in several cells, thin bed boards were broken and electrical lights were damaged. The CPT recommends that these deficiencies be remedied.

54. Both establishments visited had several spacious outdoor exercise yards which had some vegetation, and prisoners were offered one hour of daily outdoor exercise as a minimum.⁴⁶

In line with the recommendation made in the report on the 2023 visit, outdoor exercise yards at Tiszalök Prison were being fitted with some sports equipment, shelters and benches.

42. In some cases, these cells were holding seven persons.

43. The in-cell sanitary annexes contained a toilet and a shower.

44. Some cells in building A2 (fitted with wooden door and referred to as rooms) did not have an in-cell sanitary annexe; however, prisoners were never locked up in these cells and could use a toilet and a shower room accessible from the corridor.

45. There were no in-cell sanitary facilities in building B.

46. Under the new classification system, all prisoners are entitled to one hour of daily outdoor exercise (and at least one hour for those held on remand). Those held under categories I and II may be granted an additional hour.

However, at Szombathely Prison, the yards had no shelter against inclement weather and not all were equipped with benches. Although several yards had some basic sports equipment (such as a horizontal bar, goals and basketball hoops), the delegation received allegations that a ball was not actually provided to prisoners, which prevented them from meaningfully using the scarce sports equipment.

The CPT recommends that the Hungarian authorities take steps to ensure that outdoor exercise yards at Tiszalök and Szombathely Prisons are equipped with a means of rest, a shelter from inclement weather and some sports equipment. Further, steps should be taken to ensure that prisoners can use the sports equipment in the yards.

55. In particular at Szombathely Prison, the delegation received numerous complaints about the poor quality and insufficient quantity of food provided to prisoners. As the delegation members could see for themselves, a dinner consisted of a small fatty piece of cold meat or a poppy seed pastry and an apple.

The CPT recommends that the Hungarian authorities take steps to ensure that the quantity and quality of food provided to prisoners at Szombathely Prison is reviewed. All prisoners should be provided with three adequately nutritious and sufficiently calorific meals a day, at least one of which is hot.

b. regime

56. As already indicated in paragraph 16, the activities in which prisoners may participate, and the time during which their cells are unlocked and during which they may associate with other prisoners depend, in general, on their classification into categories I to V.⁴⁷

As regards the situation in the establishments visited, at Szombathely Prison, category I and II prisoners had their cells unlocked between 8:00 and 18:00, with the exception of one hour during which they were locked in for lunch.⁴⁸ Category III prisoners were unlocked for two hours in the morning and two hours in the afternoon; the same regime applied, as a reward, to category IV prisoners who worked. Category IV and V prisoners were locked up in their cells, unless they participated in an organised activity.

At Tiszalök Prison, category I and II prisoners were unlocked for two hours in the morning and two hours in the afternoon; category III, IV and V prisoners were locked in their cells unless they participated in an organised activity.⁴⁹

57. In both establishments, efforts were made to provide prisoners with activities, such as work, education, vocational training, and various reintegration programmes.

58. At Szombathely Prison,⁵⁰ around 370 prisoners worked⁵¹ (for example, in general services/maintenance of the establishment, for external companies and in a laundry company founded by the prison). Approximately 300 prisoners participated in school classes, 58 in a two-year vocational training course for gardeners and painters, and there was also a four-month training course for cleaners in which 174 persons took part. Some 365 prisoners were participating in various reintegration programmes, provided in the wider context of EFOP and EFOP+ programmes,⁵² such as healthy lifestyle, hygiene and healthcare awareness, psychoeducation, communication skills development and financial awareness.

47. For example, prisoners in categories I and II may, with the permission of the governor, participate in education outside prison. Participation in group education, and sports and cultural activities for category V prisoners is left to the discretion of the governor.

48. Cells (rooms with wooden doors) in building A2 which did not have an in-cell sanitary facility were never locked.

49. All the prisoners accommodated in building B (category I, II, and III prisoners) were never locked in their cells; these cells were not fitted with an in-cell sanitary annexe.

50. It is recalled that the establishment was accommodating 1 606 prisoners.

51. It should be noted that in both establishments, a number of prisoners were not obliged to work; this included remand prisoners, fine defaulters, the elderly and those not eligible for work due to a disability.

52. Human Resources Development Operational Programme (*Emberi Erőforrás Fejlesztési Operatív Program - EFOP*). These were small group courses, organised a few times per week or month.

However, as acknowledged by staff, work or education could not be offered to approximately 150 prisoners who were eligible for these activities, due to the lack of opportunities.

59. At Tiszalök Prison,⁵³ approximately 250 prisoners worked (for example, in general services/maintenance, for external companies and in a recently established bakery run by the prison), some 200 participated in school education and 35 in a vocational training for storage workers, painters and cleaners. There were also 12 different rehabilitation programmes, including the EFOP and EFOP+ programmes referred to above, motivational sessions, history of art and a film club.⁵⁴

Despite the efforts made, this data shows that more than half of the prisoners held in the establishment were not engaged in an activity in which they would regularly participate.

60. Moreover, in both establishments visited, the ratio of women engaged in work was lower than the ratio for men.⁵⁵

61. In addition, in both establishments, many prisoners in categories IV and V neither worked nor participated in education. This fact, in combination with the restrictive daily regime applied to them (see paragraph 56), meant that they were locked up in their cells for up to 23 hours per day, with no other activity than one hour of daily outdoor exercise and, at best, some occasional reintegration programmes. Several of these prisoners complained that, under these circumstances, it was difficult for them to gain credits to progress through the classification system.⁵⁶

Prisoners placed in the “therapeutic unit”⁵⁷ at Szombathely Prison were held under similar conditions, regardless of their classification into a category. The vast majority of them did not work and they were offered hardly any activities. They could access the corridor for one hour, or for an hour and a half per day, and were in addition offered one hour of daily outdoor exercise. For the rest of the time, they were locked up in their cells.

62. The CPT recommends that the Hungarian authorities continue their efforts and further develop the programme of activities offered to prisoners at Szombathely and Tiszalök Prisons and, where relevant, in all other prisons in Hungary, with a view to ensuring that they have a genuine opportunity to progress through the classification system. Particular attention should be paid to the situation of categories IV and V prisoners, female prisoners and to prisoners placed in the therapeutic unit at Szombathely Prison. The aim should be to ensure that all persons held in prison spend a reasonable part of the day (that is, eight hours or more) outside their cells, engaged in purposeful activities of a varied nature: work (preferably paid work with vocational value); education; sport; recreation/association, with a view to preparing them for release and reintegration in the community. In addition, a range of non-gender-stereotyped purposeful activities should be available to female prisoners.

Further, staff should continue their efforts to motivate prisoners to participate in various activities.

53. It is recalled that the establishment was accommodating 1 307 prisoners.

54. Between November 2024 and June 2025, some 1 000 prisoners participated in one of the sessions of the rehabilitation programmes.

55. For example, at Szombathely Prison, of approximately 130 women held in the establishment, 22 worked and 14 participated in the training for cleaners.

56. The CPT duly notes the information provided by staff that in some cases, it was difficult to motivate prisoners who had not previously worked, or had not recently participated in education, to engage in these activities.

57. With a capacity of 60 places, the unit was accommodating 47 persons at the time of the visit. It was intended for prisoners with mental health problems.

63. It remains the case under the new classification system that certain categories of prisoner must pay for the use of a gym; this includes remand prisoners, category III prisoners (who have paid access three times per week) and category IV prisoners (who have paid access once a week). Category V prisoners are not allowed access to a gym.⁵⁸

The CPT recommends that the Hungarian authorities take steps to ensure that prisoners are not asked to pay for participation in meaningful activities (including indoor sports facilities such as gyms). As already stated in the recommendation in paragraph 62, sport should form an integral part of a regime of purposeful activities provided to prisoners. The relevant regulations should be amended accordingly.

5. The situation of prisoners held in the HSR unit at Tiszalök Prison

64. The 2025 visit provided an opportunity to again briefly visit the HSR unit at Tiszalök Prison, as a follow-up to the 2023 visit.⁵⁹

It should be recalled that HSR units provide for the placement of prisoners serving lengthy sentences (that is, a sentence of more than 15 years or life imprisonment) and should prepare the prisoners concerned for their placement in the mainstream prison population. The placement is decided by the Intake and Employment Committee (BFB) and is reviewed every three months.

65. During several previous visits, the CPT observed that HSR units in various prisons, including the HSR unit at Tiszalök Prison in 2023, were accommodating prisoners who presented challenging or dangerous behaviour, or were considered disruptive. Moreover, these units occasionally accommodated prisoners who needed protection from other persons held in the prison.

The Committee considered that HSR units were not an appropriate place to manage these categories of prisoner and their placement in these units was not in line with the initial objective of HSR units. If persons considered to be disruptive, challenging or dangerous are placed in these units, there may be a tendency to increase the level of security for all to the degree required by this category of prisoner. Moreover, it is inappropriate to hold prisoners in need of protection and prisoners presenting challenging behaviours within the same unit.

The CPT notes with satisfaction that these categories of prisoner were no longer placed in the HSR unit at Tiszalök Prison at the time of the 2025 visit, in line with the Committee's previous recommendations on this matter.

66. As regards material conditions in the HSR unit,⁶⁰ each of the 10 single-occupancy cells measured around 9 m² excluding the in-cell sanitary facility and the entrance area, separated from the rest of the cell with metal bars, which was not accessible to prisoners. The cells remained in an acceptable state of repair and were adequately equipped.

However, several of the shortcomings identified during previous visits persisted: the windows were fitted with opaque plexiglass panes, preventing an outside view, and transparent plexiglass panels were still mounted to the inner bars in the cells.

58. Category I prisoners have access four times a week free of charge and those under category II twice a week free of charge and twice a week for a fee.

59. There was no HSR unit at Szombathely Prison. The intensive prison adaptation programme unit (IBP) for prisoners considered to be challenging and uncooperative, and assessed as a high security risk, which had been visited at Tiszalök Prison in 2023, was no longer operational at the time of the 2025 visit.

60. At the time of the visit, there were nine persons placed in the HSR unit.

According to the response of the Hungarian Government to the 2023 report,⁶¹ opaque windows are a security feature, one of the aims of which is “to protect the prisoner from external stimuli (for example, other prisoners) and to prevent the flow of prohibited items”.

As regards the plexiglass panes on the inner bars, the aim was “to prevent prisoners with a high risk of suicide from self-harming or attempting suicide. Given the fact that the mood of the prisoners in the HSR unit cannot be predicted in advance due to the specific circumstances, the use of plexiglass is still necessary to protect their physical integrity and their lives. The purpose of the internal grid is to ensure that the detainees are housed safely.”

The CPT must point out in this respect that these security considerations cannot justify the placement of prisoners, in some cases for several years, in cells with no outside view, which creates a degree of sensory deprivation and generates an oppressive effect.

Further, it is difficult for the Committee to discern any appreciable safety gain from fitting inner bars with plastic panes, given that the cells contained a number of other ligature points. More generally, prisoners posing a serious risk of suicide or self-harm should be put under a special observation scheme in a safe environment and, if necessary, should be transferred to a suitable psychiatric facility. As a matter of principle, HSR units are not a suitable environment to manage prisoners showing signs of suicidal or auto-aggressive behaviour.

The CPT reiterates its recommendation that the opaque panes fitted to the cell windows be removed in the HSR unit at Tiszalök Prison and, where relevant, in any other prison establishment in the country.

Further, the Committee again invites the authorities to consider removing the plastic panels mounted to the inner bars in the cells.

67. All cells in the HSR units were equipped with CCTV cameras. As pointed out in previous visit reports, the CPT considers that video surveillance is a gross intrusion into the privacy of prisoners and the decision to impose CCTV surveillance on a particular person should always be based on an individual risk assessment and reviewed on a regular basis. Accordingly, the Committee is opposed to the routine and systematic installation and use of CCTV cameras in cells.

The CPT reiterates its recommendation that the Hungarian authorities end the blanket use of CCTV cameras within cells in the HSR unit at Tiszalök Prison and in any other prison establishment in the country. If continuous supervision of a prisoner is considered necessary on the basis of an individual risk assessment, the person concerned should be preferably placed in a dedicated observation room.

68. The three rooftop outdoor exercise yards in the HSR unit, although they had a shelter, were still not equipped with any sports equipment and featured no means of rest. They were covered with a dense metal wire mesh and provided no horizontal view. They were small,⁶² oppressive, did not offer any sense of outside space and made any genuine outdoor exercise inconceivable.

The CPT recommends that the Hungarian authorities enlarge the outdoor exercise yards in the HSR unit at Tiszalök Prison and equip them with some basic sports equipment and means of rest. Consideration could also be given to offering prisoners placed in the HSR unit access to the spacious ground-level outdoor yards used by the mainstream prison population, if necessary during separate time slots.

61. [CPT/Inf \(2024\) 37](#), page 50.

62. Each yard measured approximately 25 m2.

69. The regime provided to HSR prisoners remained impoverished. In addition to one hour of daily outdoor exercise which prisoners took alone (or with one other prisoner from the same unit), they could go to a kitchen to cook for themselves, were offered two to three one-hour video-game sessions per week, and access to small gym dedicated to the HSR unit for two to three hours per week. For the rest of the time, that is for up to 22 or 23 hours per day, they were locked up alone in their cells, watching TV and reading being their only distraction.⁶³

The CPT reiterates its recommendation that the Hungarian authorities take steps to ensure that prisoners in the HSR unit at Tiszalök Prison and, where relevant, in any other prison establishment in the country, are able to spend as many hours as possible each day outside their cells and to participate in regular, purposeful and varied activities tailored to their individual needs, with the objective of (re)integrating them into the mainstream prison population.

70. It also remained the case that prisoners placed in the HSR unit were systematically handcuffed whenever they left their cell, even for movements within the secure area of the unit, for example to be transported to the outdoor exercise yards located at the end of the corridor. Allegedly, they were also handcuffed when medically examined.

The CPT considers that the practice of systematically handcuffing prisoners when they are outside their cell is inappropriate, and all the more so when the measure is applied in an already highly secure environment. Further, handcuffing of prisoners during medical consultations, in the CPT's view, infringes upon the dignity of the prisoners concerned and prohibits the development of a proper doctor-patient relationship (and is potentially detrimental to the establishment of an objective medical finding).

The Committee reiterates its recommendation that the Hungarian authorities ensure that prisoners placed in the HSR unit are not systematically handcuffed whenever they leave their cell. The decision to apply handcuffs should be based on an individual risk assessment.

Further, the practice of routinely handcuffing HSR prisoners during medical consultations/examinations should be discontinued.

6. Healthcare services

71. The findings of the visit indicate that the healthcare needs of the prison population in both establishments visited were met overall, in particular thanks to the efforts made by the healthcare staff. However, to maintain the quality and sustainability of healthcare services, the existing vacancies should be filled.

According to the authorities, efforts were being made to this end. Nevertheless, the authorities acknowledged that attracting suitably qualified healthcare staff was a challenge, given the lack of these professionals on the labour market.

72. At Szombathely Prison, there was one full-time medical doctor; two additional posts were vacant and were partly covered (for 20 hours per week) by two visiting medical doctors. The delegation was informed that the recruitment of an additional full-time medical doctor was expected on 1 May 2025.

The nursing team comprised 15 nurses, with two additional nursing posts vacant. On a day shift, there were two to three nurses present in the establishment; two nurses were on duty at night.

The establishment was visited by a dermatologist who attended fortnightly for two to three hours on each occasion, and by two dentists three times per week, each time for four to five hours. The CPT considers

63. As regards possibilities to maintain contact with the outside world, in addition to the entitlement to receive visits, and make phone and video-calls according to their classification into category I to V (see paragraph 91), HSR prisoners are awarded an additional 20 minutes of phone calls per week, one 60-minute video-call per month, and may be granted an additional 60-minute visit once every quarter.

that, given the size of the prison population, the establishment would benefit from the full-time presence of a dentist.

Further, a psychiatrist visited the establishment for two hours per week, and a psychiatrist from the forensic psychiatric institute in Budapest (IMEI) was available for telemedicine consultations. The CPT considers that the establishment would benefit from the presence of a psychiatrist for one full day weekly.

The CPT encourages the Hungarian authorities to continue their efforts to fill the vacant posts of medical doctors and nurses at Szombathely Prison. The Committee would like to receive confirmation that a medical doctor was recruited in this establishment in May 2025. Further, it invites the authorities to consider increasing the presence of dentists in the establishment to the equivalent of a full-time post and the presence of a psychiatrist for one day per week.

73. The composition of the healthcare team at Tiszalök Prison remained similar to that described in the report on the 2023 visit. There was still only one medical doctor for the whole establishment and two doctors' posts remained vacant.

The nursing team included a registered nurse, a senior nurse (one additional post of a senior nurse was vacant) and 13 nurses, with two additional nurses on long-term leave and three additional nursing posts being vacant. At least one nurse was always present in the establishment.

The healthcare team further included a dental assistant, and the presence of a dentist was assured several times per week.

The attendance of a psychiatrist, who now visited the establishment once a week for six hours, had been slightly increased since the 2023 visit. This arrangement appeared, on the whole, to be sufficient to meet the needs of the prison population at the time of the visit.

The CPT reiterates its recommendation that the Hungarian authorities continue their efforts to fill the vacant posts of a medical doctor at Tiszalök Prison. Further, the Committee recommends that efforts be continued to fill the vacant nursing posts in this establishment.

74. As far as the delegation could ascertain, transfers to outside healthcare facilities for specialist care did not pose a major difficulty in either of the establishments visited. It is also positive that medication was distributed by nurses, thanks to their continuous presence in the establishments.

Medical facilities in both establishments were adequate and the necessary medication was readily available from local pharmacies; these arrangements call for no particular comments.

75. In the report on the 2023 visit, the CPT was critical of the fact that healthcare staff were trained as prison officers, could be asked to carry out custodial duties, carried handcuffs, pepper spray and batons, and could wear the uniform of custodial staff. In the Committee's view, this dual role undermined their professional independence and may be detrimental to the fundamental trust between healthcare staff and prisoners – their patients. Consequently, it considered that these practices were unacceptable and should stop.⁶⁴

According to the information received during the 2025 visit, healthcare staff in both of the establishments visited were no longer carrying out custodial duties. The CPT welcomes this development.⁶⁵

64. See [CPT/Inf\(2024\)36](#), paragraph 121.

65. As regards further aspects of the provision of healthcare service in the two establishments visited, in particular the recording and reporting of injuries and confidentiality during medical examinations/consultations, reference is made to paragraphs 36 and foll.

76. As regards deaths of prisoners, at Szombathely Prison, there had been one case in 2025, five cases in 2024 and three cases in 2023. At Tiszalök Prison, there were no prisoner deaths in 2025, two in 2024 and one in 2023. The CPT acknowledges that when a prisoner died, an autopsy was usually carried out.

However, the prisons concerned did not systematically receive a copy of the autopsy report and the information available in the establishments was sometimes limited to the cause of death.

The CPT recommends that the Hungarian authorities take steps to ensure that whenever an autopsy is performed following the death of a prisoner, the content of the autopsy report is shared with the establishment concerned, with a view to ensuring that the management and healthcare staff are able to ascertain whether there are lessons to be learned as regards operating procedures in respect of future similar episodes, as well as for learning and professional development purposes.

7. Other issues

a. prison staff

77. According to the information provided by the authorities, as of 1 March 2025, of a total of 11 373 posts of various categories of staff working in the prison system, 9 886 were filled (some 90%) and approximately 10% remained vacant.

78. At Szombathely Prison, the security department had 162 posts of prison officer deployed within the prison (including heads and deputy heads of departments and prison officers of various categories);⁶⁶ at the time of the visit, 37 of these posts were vacant (23 %).

The reintegration department employed two deputy heads of department, four chief senior reintegration officers, 29 reintegration officers, 17 social workers and four probation officers. The post of head of department, two additional reintegration officer posts, two social worker posts and one probation officer post were vacant.

There were also nine psychologists but the post of head of the psychology department was vacant.⁶⁷

79. The staff complement at Tiszalök Prison included 166 prison officer posts deployed within the prison (including heads and deputy heads of departments and prison officers of various categories);⁶⁸ 25 of these posts were vacant (15 %).

The establishment also employed four senior reintegration officers, 28 reintegration officers (one additional post was vacant), 14 social workers and three probation officers.

The team also included seven psychologists.⁶⁹

80. The high number of vacant posts in both establishments visited is a matter of concern to the Committee.

The CPT recommends that the Hungarian authorities take the necessary steps to ensure that the vacant posts of all categories of staff at Szombathely and Tiszalök Prisons are filled.

66. In addition, there were 107 posts (including four vacant posts) of prison officer responsible for the perimeter security and escorts, and 23 posts (including five vacancies) of prison officer responsible for the guarding of workplaces.

67. Of the total number of 678 posts of various categories of staff allocated to the establishment, 163 were vacant.

68. In addition, there were 70 posts (including 29 vacancies) of prison officer responsible for the perimeter security and escorts, and 14 posts (including ten vacancies) of prison officer responsible for the guarding of workplaces.

69. Of the total number of 678 posts of various categories of staff allocated to the establishment, 80 were vacant.

b. security related issues

81. It remained the case that prison officers systematically carried rubber batons, handcuffs and pepper spray in detention areas.

As emphasised in previous visit reports, the CPT considers that the routine carrying of pepper spray, handcuffs and batons in detention areas is not conducive to developing positive relations between staff and prisoners; prison officers should thus not routinely carry such equipment in detention areas.

The CPT reiterates its recommendation that the Hungarian authorities take steps to ensure that prison officers at Szombathely and Tiszalök Prisons and, where relevant, in all other prisons in Hungary, do not routinely carry pepper spray, handcuffs and batons in detention areas.

82. In both establishments visited, prisoners were systematically strip-searched when going to and returning from educational classes and work, before and after a visit, and a randomly chosen group of several prisoners was strip-searched before and after outdoor exercise. Prisoners were asked to strip fully naked, were often asked to make a squat and sometimes to cough at the same time.

The CPT must reiterate that a strip-search is a very invasive and potentially degrading measure. In order to minimise embarrassment, prisoners who are searched should not be required to remove all their clothes at the same time – a person should be allowed to remove clothing above the waist and put it back on before removing further clothing. Further, resort to a strip-search should not be routine, but should be based on an individual risk assessment.

The CPT reiterates its recommendation that the Hungarian authorities ensure that these precepts are effectively implemented in practice at Szombathely and Tiszalök Prisons and, where relevant, in all other prisons in Hungary. If necessary, the relevant regulations should be changed accordingly. Further, the Committee encourages the Hungarian authorities to develop and use appropriate alternatives to strip-searches, such as body scanners.⁷⁰

83. As with prisoners accommodated in the HSR unit, the delegation received several allegations in both establishments visited that prisoners remained handcuffed during medical examinations which took place in outside medical facilities.

Reference is made to the remarks and recommendation set out in paragraph 0.

c. disciplinary solitary confinement and segregation of prisoners

84. During the 2025 visit, the CPT assessed certain aspects of disciplinary solitary confinement and security segregation, as a follow-up to the recommendations made in previous visit reports. Regrettably, many of these recommendations remained unimplemented.

85. By virtue of Section 169 (1) of the Prison Act, the maximum length of disciplinary solitary confinement depends on the classification of prisoners. While for category I and II prisoners, it is 10 days, it extends to 20 days for category III, and to 25 days for categories IV and V.

As underlined in previous visit reports, given the potentially very damaging effects of solitary confinement, the CPT considers that the maximum period of its use for disciplinary purposes should be no more than 14 days for a given offence, and preferably lower, irrespective of the security regime to which a prisoner is subjected.⁷¹

⁷⁰. See also Rule 52 (1) of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the [Nelson Mandela Rules](#)).

⁷¹. The examination of the relevant registers showed that, in practice, disciplinary solitary confinement was imposed for periods exceeding 14 days.

||| The CPT reiterates its recommendation that the relevant legislation and practice be amended accordingly.

86. Moreover, prisoners undergoing disciplinary solitary confinement continue to be subjected to a number of restrictions. They may neither make phone and video-calls nor receive visits, religious books are the only permitted reading material and the mattress (as well as bedding) is taken away from their cell during the day.

Moreover, although prisoners in disciplinary solitary confinement should benefit from one hour of daily outdoor exercise, a few allegations were heard at Tiszalök Prison that this was not systematically granted in practice.

||| The CPT reiterates its recommendation that the Hungarian authorities take steps, including by amending the relevant legislation, to ensure that:

- **prisoners undergoing disciplinary solitary confinement are permitted a range of reading materials, not limited to religious works, and are systematically offered at least one hour of daily outdoor exercise;**
- **mattresses are not removed from disciplinary solitary confinement cells during the day;**
- **disciplinary punishment of prisoners does not include a total prohibition of family contact⁷² and that any restrictions on family contact as a form of punishment should be used only where the offence relates to such contact.**

87. Disciplinary procedures continue to be accompanied by appropriate safeguards. The examination of disciplinary records and the information gathered through interviews with prisoners showed that these safeguards were respected in practice. In particular, prisoners facing disciplinary charges were heard in person, evidence (including CCTV recordings) was examined and witnesses were heard.

However, in both establishments visited, the delegation received a few allegations that the prisoners concerned were not systematically provided a written disciplinary decision. **This deficiency should be remedied.**

88. By virtue of Section 146 of the Prison Act, prisoners may be subjected to segregation for security purposes for up to 20 days (that is, a maximum of ten days, extendable once for a further 10 days). Grounds justifying this measure include serious violation, or endangering of order and security in prison, and behaviour which endangers the prisoner concerned or others.

In practice, security segregation was often used immediately following an episode of inter-prisoner violence and pending the outcome of disciplinary proceedings. However, as far as the delegation could ascertain, such placement was not included in the calculation of disciplinary solitary confinement. Neither was there a systematic interruption between security segregation, during which the prisoner concerned had very limited human contact, and the subsequent sanction of disciplinary solitary confinement. In some cases, this resulted in lengthy periods of solitary confinement.

||| The CPT reiterates its recommendation that segregation pending the outcome of disciplinary proceedings be included in the total time in disciplinary solitary confinement of no more than 14 days, or that any subsequent sanction of disciplinary solitary confinement be implemented only after an interruption of several days in ordinary conditions of detention.

72. See also Rule 60(4) of the European Prison Rules.

89. It is positive that prisoners in disciplinary solitary confinement and security segregation were visited daily by a member of healthcare staff.

Nevertheless, despite the recommendations repeatedly made by the CPT in previous reports, healthcare staff were still required to certify, prior to the implementation of the disciplinary sanction of solitary confinement, that prisoners were fit to undergo this measure.⁷³

The Committee must stress once again that medical practitioners in prisons act as the personal doctors of prisoners and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and wellbeing of prisoners. Against this background, the practice of prison doctors certifying that a prisoner is fit to undergo punishment is unlikely to promote that relationship.⁷⁴

As a matter of principle, medical personnel should never participate (or be perceived to be participating) in any part of the decision-making process resulting in any type of solitary confinement, except where the measure is applied for medical reasons. On the other hand, prison healthcare staff should be very attentive to the situation of prisoners placed in disciplinary cells, and should report to the prison director whenever a prisoner's health is being put seriously at risk by being held in disciplinary isolation/segregation. To this end, every disciplinary placement should be immediately brought to the attention of the healthcare service. The healthcare staff should visit the prisoner immediately after placement and thereafter, on a regular basis, at least once per day, and provide them with prompt medical assistance and treatment as required.

The CPT once again calls upon the Hungarian authorities to review the role of healthcare staff in relation to disciplinary matters in light of the above remarks and to amend the relevant legal provisions accordingly. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the CPT in its 21st General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28).

90. The findings of the visit indicate that prisoners who were considered to present a risk of self-harm or suicide were still segregated from other prisoners.

For example, at Szombathely Prison, the delegation met a prisoner segregated due to the risk of suicide. She was accommodated in a single occupancy cell which had a limited outside view (see paragraph 50) and had no television. As far as the delegation could ascertain, she was provided with very limited human contact and a poor regime of activities. When interviewed by the delegation, she was distressed by her isolation.

The CPT acknowledges that, in both establishments visited, a psychologist/a multidisciplinary team including a psychologist carried out a suicide risk assessment of newly admitted prisoners, which was then regularly reviewed. At Szombathely Prison, prisoners placed in the unit for persons presenting a risk of suicide were visited several times a week by a psychologist; persons presenting a high risk of suicide were visited daily.

However, the CPT considers that *de facto* isolation, resulting from a combination of confinement to a cell for most of the day, little or no contact with staff, and a poor regime, is the exact opposite of the care required; persons presenting a risk of suicide or self-harm should be afforded increased contact with other persons. Indeed, isolation may well increase the risk of suicide rather than decrease it.

The CPT recommends that the Hungarian authorities take steps to ensure that these precepts are implemented in practice at Szombathely Prison and, where relevant, in all other prisons in Hungary. In particular, persons presenting a risk of self-harm or suicide should not be isolated but should be afforded regular human contact and a regime of meaningful activities, tailored to their specific needs.

73. This requirement is laid down in Section 169 (6) of the Prison Act. As regards security segregation, Section 146 (5) provides for the possibility to medically assess fitness for this measure within 72 hours of its commencement.

74. This point was recognised in the European Prison Rules; indeed, the rule in the initial version of the Rules, stipulating that prison doctors must certify that a prisoner is fit to sustain the punishment of disciplinary confinement, had been removed a long time ago.

d. contact with the outside world

91. As already mentioned in paragraph 17, the entitlement for prisoners to receive visits, and make phone and video-calls now depends on their classification into categories I to V.⁷⁵

Category I prisoners are now allowed to make phone calls for 150 minutes per week, with the entitlement progressively decreasing to 20 minutes per week for category V prisoners.⁷⁶

92. The entitlement to make video-calls ranges between 60 minutes twice a week for category I and 60 minutes once a month for category V.⁷⁷ **The CPT notes positively the possibility for prisoners to make free of charge video-calls and would like to be informed what solution will be put in place by the Hungarian authorities once the Skype application has been discontinued, as recently announced.**

93. Concerning visits, category I and II prisoners are entitled to 90 minutes twice a month, and the entitlement decreases to 60 minutes twice a month for category III, to 90 minutes once a month for category IV, and to 60 minutes once a month for category V prisoners.⁷⁸

These visit entitlements have in principle not increased in comparison with the entitlements applicable to various categories of prisoner under the previous categorisation into sentence enforcement grades, and security risk and regime levels.

The CPT understands the motivational aspect of increasing visit (and other) entitlements depending on progress through the classification system. However, the Committee must once again underline that, in its view, all prisoners (whether sentenced or on remand), irrespective of the regime and classification, should benefit from a visiting entitlement of at least one hour every week.

||| The CPT once again calls upon the Hungarian authorities to increase the visit entitlement for prisoners, in light of these remarks.

94. During previous visits, the CPT observed that visits for all categories of prisoner took place, as a general rule, with physical partitioning between prisoners and their visitors. In this respect, there have been certain improvements since the last visit.

In line with the amended rules, the floor to ceiling partitioning has now been removed in both establishments visited. Prisoners and their visitors were now, as a general rule, separated with a 50 cm high transparent plexiglass partitioning placed on the table.⁷⁹ In addition, physical contact was allowed at the beginning and end of each visit. According to staff, these new arrangements did not cause any particular difficulties.

In addition, at Szombathely Prison, category I to III prisoners who had children benefited from visits without partitioning,⁸⁰ and both establishments visited had a play corner with toys for visiting children.

||| The CPT recommends that the Hungarian authorities build on these positive developments and take further steps to ensure that, as a general rule, all prisoners are allowed to receive visits under open conditions, that is, without plexiglass partitioning. The imposition of closed visits should be an exception based on an individual risk assessment.

75. See Section 34 of Decree No. 16/2014 (XII.19) of the Ministry of Justice on the Detailed Rules for the Enforcement of Imprisonment.

76. As in the past, prisoners have a possibility to acquire a prison mobile phone, against a deposit, and make phone calls to approved phone numbers. Concerning remand prisoners, their entitlement to make phone calls ranges between 70 and 120 minutes per week, depending on their classification into strict, general and mild regime.

77. Remand prisoners may make one or two 60-minute video-calls per month.

78. Remand prisoners are entitled to at least 60 minutes twice a month of a visit.

79. Booth visits with separation could still be imposed on the basis of a risk assessment.

80. Category I to III prisoners who did not have children were granted an open visit once every six months.

APPENDIX I – List of the Authorities met during the visit

List of the national authorities and non-governmental organisations with which the delegation held consultations

National authorities

Ministry of the Interior

- Sándor Pintér, Minister of the Interior
- Zoltán Bolcsik, Secretary of State for Law Enforcement
- Mátyás Hegyaljai, Deputy Secretary of State for the European Union and International Affairs
- Tamás Tóth, Director General, Commander of the Hungarian Prison Service
- Kornélia Csató, Registrar, Hungarian Prison Service
- Adrienn Kisné Szabó, Head of Department, Department for European Home Affairs Cooperation
- Vera Judit Ács, Head of Department, European Department of Health, Social Affairs and Public Education
- Márta Kelecsény, Head of Department, European Department of Health, Social Affairs and Public Education
- Blanka Korsós, Expert, Department for European Home Affairs Cooperation
- Eszter Vincze, Prosecutor General's Office, CPT liaison officer

Non-governmental organisations

- Hungarian Helsinki Committee

“NO ONE SHALL BE SUBJECTED TO TORTURE OR TO INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT”

Article 3 of the European Convention on Human Rights

Established in 1989 by the Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the CPT's aim is to strengthen the protection of persons deprived of their liberty through the organisation of regular visits to places of detention.

The Committee is an independent, non-judicial preventive mechanism, complementing the work of the European Court of Human Rights. It monitors the treatment of persons deprived of their liberty by visiting places such as prisons, juvenile detention centres, police stations, immigration detention facilities, psychiatric hospitals and social care homes. CPT delegations have unrestricted access to places of detention, and the right to interview, in private, persons deprived of their liberty. They may access all the information necessary to carry out their work, including any administrative and medical documents.

The CPT plays an essential role in promoting decency in detention, through the development of minimum standards and good practice for states parties, as well as through coordination with other international bodies. The implementation of its recommendations has a significant impact on the development of human rights in Council of Europe member states and influences the policies, legislation and practices of national authorities regarding detention.



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The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all 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.