VISIT REPORT

SPAIN

APRIL - MAY 2025

CPT

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

PERIODIC VISIT

28 April – 9 May 2025

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KEY OBSERVATIONS

PRIORITY TOPICS

■ Police

CONDITIONS OF DETENTION– Adopt measures to address the longstanding deficiencies in relation to the design and conditions of detention of police custody facilities.

■ Prison

ILL TREATMENT BY PRISON STAFF – Develop and implement a multifaceted strategy to eradicate the physical ill-treatment of prisoners by staff, incorporating measures such as staff training, accountability, and the conduct of confidential and impartial medical examinations.

HEALTHCARE – Effect the transfer of stewardship for prison healthcare to the relevant autonomous community authorities without delay, in order to address the shortage of healthcare staff, particularly prison doctors.

■ Children

PRISON STAFF – Enhance oversight over the selection and training of security staff to reduce the resort to means of restraint vis-à-vis juveniles.

CHRONIC ISSUES

■ Prison

MEANS OF RESTRAINT – Abolish the measure of mechanical fixation of prisoners to a bed for regimental purposes.

GOOD PRACTICES

■ Prison

REGIME – Rich and varied range of treatment activities on offer to prisoners under ordinary regime.

CONDITIONS OF DETENTION– Adoption of a gender perspective strategy in prisons and its progressive implementation.

THE CPT AND SPAIN

Spain ratified the ECPT in 1989, and the Committee's first visit took place in 1991.

Since ratification, the CPT has carried out 20 country visits to Spain – 9 periodic and 11 ad hoc – including 158 visits to police establishments, 89 to prisons, 4 to psychiatric institutions, 11 educational-correctional establishments, 3 to military detention facilities, and 21 retention centres facilities.

All the visit reports have been published. Spain did not accept the automatic publication of the visit reports.

EXECUTIVE SUMMARY

The primary objective of the 2025 visit to Spain was to examine the treatment of persons detained in police and prison establishments, with a focus on prisoners accommodated in closed-regime modules and the use of force and means of restraint. Further, the CPT examined the treatment of children and young persons held at the "Vicente Marcelo Nessi" Juvenile Detention Centre in Badajoz.

Police establishments

The report describes a number of allegations of physical ill-treatment, including excessive use of force of detained persons by police officers at the time of apprehension or during transfer to a police station. In several cases, the allegations received by the delegation were corroborated by medical certificates issued when the detainees concerned had been escorted to a healthcare facility, or when they were admitted to prison, as well as by direct observation of the delegation's doctors. The Committee reiterates its recommendation to the Ministry of the Interior to continue disseminating a message of zero tolerance of police ill-treatment combined with training activities on verbal de-escalation and manual control (and restraint) techniques in the context of the apprehension of criminal suspects, notably those resisting the arrest. Additional recommendations refer notably to the need to enhance the quality of the recording of injuries observed on detainees during police custody and of the effectiveness of investigations into allegations of ill-treatment.

As to the additional safeguards against ill-treatment according to the Spanish legislation, the report recalls inter alia the need to systematically inform detainees of their rights in a language and manner they understand. Finally, the CPT calls upon the Spanish authorities to address the longstanding structural shortcomings and poor conditions of detention in existing and newly built police detention facilities, including lack of access to natural light, poor ventilation, absence of call-bells and suitable outdoor facilities.

Prison establishments

The delegation noted a significant improvement at Madrid VII and Sevilla II Prisons in terms of alleged physical ill-treatment of prisoners by prison staff. However, the situation remained concerning at the three Andalusian prison establishments of Algeciras, Huelva and Puerto III Prisons where many prisoners alleged to have been victims of physical ill-treatment by custodial staff. The alleged ill-treatment consisted of slaps, punches, kicks and blows with truncheons (in accordance with a clear pattern) which occurred in specific areas not covered by CCTV cameras. Further, prisoners also alleged that following such episodes, they were medically examined by healthcare staff through metal bars and in the presence of prison officers. The CPT recommends that the Spanish authorities intensity their efforts to eradicate ill-treatment, notably by adopting measures such as: dissemination of messages of zero-tolerance of ill-treatment; targeted training activities of prison staff on de-escalation techniques; improvement of the quality of medical examinations of prisoners and injury reports; the conduct of truly effective and independent investigations into the allegations of ill-treatment; and a more impartial oversight by the judicial authorities notably over cases of use of force.

The conditions of detention in closed-regime modules were in principle satisfactory as regards the level of hygiene and equipment. However, they were austere and lacked visual stimuli notably in communal rooms and exercise yards; the latter also lacked resting facilities and shelters against inclement weather. Further, the delegation found that only a very limited number of prisoners were included in the targeted programme within the closed-regime. The report is particularly critical of the conditions akin to solitary confinement in which some prisoners classified under Article 91.3 of the Prison Regulations (RP) are serving their sentence as well as the extensive resort to regimental limitations under Article 75.1 of the RP and the lack of adequate psychological assistance provided to those prisoners.

By contrast, the report is complimentary of the material conditions offered to the great majority of prisoners classified under the ordinary regime and the variegated range of targeted and diversified activities offered to them and, in particular, the truly individualised and innovative approach towards their re-socialisation. That said, the situation of prisoners accommodated in so-called conflictual modules remains a concern for the CPT due to the neglect and dilapidation of communal spaces and the impoverished regime on offer to prisoners in these modules. The Spanish authorities should redress this situation including by recruiting additional treatment staff. Finally, the adoption of a gender-responsive strategy in prison is welcomed in the report and its progressive application is encouraged, notably as regards the offer of more targeted activities of a vocational nature to female prisoners.

As regards the resort to means of restraint, the report takes positive note of the drastic reduction of the measure of mechanical fixation of prisoners for regimental purposes. Nevertheless, once again, the CPT calls for its total abolition. Further, the CPT found that strip searches were conducted in a disrespectful and overly intrusive manner. Prisoners suspected of having ingested illicit substances should always be subject to constant medical supervision and healthcare staff should be trained to recognise clinical signs of drug toxicity and bowl perforation.

Turning to the provision of healthcare to prisoners, the report describes in detail the serious consequences of the acute penury of healthcare staff, especially prison doctors, and its detrimental effect on the quality of healthcare provided to prisoners and the consistent delays in attending to their requests for medical assistance. The Spanish authorities should proceed with the long-delayed transfer of stewardship for prison healthcare to the relevant health authorities of the autonomous communities without delay. The report also includes recommendations to improve the quality of healthcare assistance to prisoners suffering from mental health disorders, the modalities for the supervision of prisoners under suicide prevention protocols and the undertaking of analysis of deaths in prison through the transmission of the relevant autopsy reports to the prison management.

Finally, the report also includes recommendations on the reduction of the disciplinary sanction of solitary confinement (notably through the resort to restorative justice principles) and its adverse effects on prisoners, the conduct of visits of prisoners in open conditions and the reiteration of the importance of the supervisory role of the juez de vigilancia, notably in regard to the timely and effective supervision of the acts of the prison administration.

Juvenile Detention Centre "Vicente Marcelo Nessi" Badajoz

While commending the dedication of the managerial and support staff and the diversified range of activities available for juveniles at the centre, the report describes a number of cases of deliberate physical ill-treatment, including the use of excessive force by private security staff. The Committee recommends enhancing oversight of the selection and performance of such staff, as well as their regular training on the effective use of verbal de-escalation and manual control techniques. This is in light of the special needs and vulnerabilities of juveniles. Furthermore, the Committee has concerns regarding the excessive use of means of restraint, including the tight handcuffing of young persons, and recommends the abolition of the measure of temporary isolation from the group as a disciplinary punishment for juveniles under the age of 18 years. The Committee proposes that alternative measures to calm down agitated and violent juveniles should be applied instead. Additional recommendations are formulated in relation to measures to be taken to mitigate the austere and carceral conditions of detention at the centre, as these are not conducive to the resocialisation of juveniles.

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 periodic visit to Spain from 28 April to 9 May 2025. It was the Committee's 20th visit to Spain.[1]

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

- Therese Rytter, Head of delegation
- Gunda Wössner, 2nd Vice-President of the CPT
- Tom Daems
- Vanessa Durich Moulet
- Aleksandar Tomčuk.

They were supported by Christian Loda and Monica Martinez of the CPT Secretariat, and assisted by Mauro Palma, former Head of the Italian National Preventive Mechanism (NPM), Italy, Catherine Paulet, psychiatrist, Head of the Regional Medico-Psychological Service at Baumettes Prison, Marseille, France and Kate Wood, medical doctor (prisons), United Kingdom.

3. The report on the visit was adopted by the CPT at its 118th meeting, held from 3 to 7 November 2025, and transmitted to the authorities of Spain on 1 December 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 authorities of Spain provide within six months a response containing a full account of the action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and co-operation encountered

4. In the course of the visit, the delegation held consultations with Fernando Grande-Marlaska, Minister of the Interior, Ángel Luis Ortíz Gonzáles, Secretary General for Penitentiary Institutions and Elena Garzón Otamendi, Director General for International Relations and Migration at the Ministry of the Interior, as well as with senior officials from the Ministries of Interior, Justice, Health and Youth and Children.

The delegation also met with Ángel Gabilondo, Spanish Ombudsperson and representatives of the National Preventive Mechanism (NPM) and of the civil society. A separate meeting was also held with senior officials of the General Council of the Judiciary.

5. On the whole, the CPT delegation received very good cooperation during the visit from the Spanish authorities at all levels. 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 during the visit by the management and staff in the establishments visited as well as for the support offered by its liaison officer from the Ministry of Interior, Ángel García Navarro.

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

6. The cooperation was however marred by one incident, notably:

At the Court detention premises of Plaza de Castilla in Madrid the delegation's access to the detention area was initially denied by a senior staff member who had not been informed of the CPT's mandate and possible visit. The delegation was only able to access the detention area following the intervention of the liaison officer with a delay of approximately 20 minutes.

The CPT trusts that the Spanish authorities will take the necessary steps to ensure that all officials are clearly aware of the mandate of the Committee and the duty of cooperation.

C. National Preventive Mechanism (NPM)

7. At the outset of the visit the delegation met with the Spanish Ombudsman and the National Preventive Mechanism (NPM) to discuss the effectiveness of its monitoring activities.[2] The NPM operates as a unit within the organisational structure of the Ombudsman and consists of a director, seven technical advisers and three full-time administrative staff. Further, it has an annual budget of around €750 000 and may occasionally receive additional support from technical advisers from the Spanish Ombudsman and other relevant contracted experts in the field of psychiatry, psychology and prison healthcare.

The NPM conducts visits on a regular basis,[3] including of a thematic and transversal nature,[4] to places of deprivation of liberty and has arrived at similar findings to the CPT regarding the quality of injury reports drawn up following use of force in prisons, and as regards the regulation of the measure of mechanical fixation of prisoners (*sujecciòn mecanica*).[5]

2. Spain ratified the Optional Protocol to the United Nations Convention against torture and other cruel, inhuman or degrading treatment or punishment (OPCAT) in April 2006 and, as of 5 November 2009, designated the National Ombudsman (*Defensor del Pueblo*) as the National Preventive Mechanism (NPM).
3. In the course of 2024, the NPM conducted 26 visits to places of deprivation of liberty. This resulted in 203 recommendations, 300 suggestions, and 11 reminders of legal duties to the Spanish authorities.
4. For example, in terms of preventing gender-based violence and discrimination in places of deprivation of liberty, combatting discrimination against girls, women and LGBTI persons, the treatment of persons with mental health issues and learning disabilities who are deprived of their liberty, and deaths in custody.
5. See for example paragraphs 56-59 and 80-85 of the CPT's report on its 2020 periodic visit to Spain CPT/Inf (2021) 27.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Law enforcement agencies

1. Preliminary remarks

8. The legal provisions governing the time-limits for the deprivation of liberty by the police have remained unchanged since the 2020 periodic visit. To recall, according to the applicable legislation,[6] criminal suspects may be held in police custody for a maximum of 72 hours, which may be extended by a judicial decision a further 48 hours for criminal offences related to terrorism and crimes committed by armed gangs.[7]

In the case of minors (under 18 years of age), police custody cannot last longer than 24 hours, and the detained minor must be placed under the immediate authority of the competent prosecutor.

9. The information gathered during the visit, notably in the relevant registers,[8] individual files of detained persons and interviews with them in the police establishments visited, confirmed that these time-limits were observed in practice.

10. Further, criminal suspects may be detained under the incommunicado detention regime in the exceptional cases outlined by the legislation.9 According to data provided to the delegation by the Ministry of the Interior, between 2020 and 2024, the incommunicado detention regime was applied to 120 persons held by the National Police and to 92 persons held by the Guardia Civil. Nevertheless, the Committee remains concerned about its very existence in the legislation because it undermines the effectiveness of the guarantees provided for by Article 520 of the CCP and it heightens the risk of ill-treatment.10

The CPT reiterates its longstanding recommendation that the Spanish authorities abolish the use of incommunicado detention and amend the legislation accordingly.

11. In terms of police detention procedures, the State Secretariat for Security has adopted a new Instruction, 1/2024, which consolidates relevant policies and guidelines since 1983.[11] The new Instruction places special emphasis on human rights-based approaches, including for example additional safeguards for persons with special needs, such as minors, pregnant women and persons with physical and/or mental disabilities.[12] This is positive.

Further, the establishment of the National Office for Guarantees of Human Rights of the State Security Forces and Corps (*Oficina Nacional de Garantia de los Derechos Humanos*),[13] under the Ministry of the Interior's Inspectorate for Security Services and Personnel is to be welcomed. The new office oversees the work of law enforcement officials and manages complaints on alleged human rights violations with a view to enhance accountability.

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6. See Articles 496, 497 and 520 bis of the Code of Criminal Procedure (CCP), as latest amended by Organic Law 13/2015 of 5 October.
7. See Article 384 *bis* of the CCP.
8. The delegation also examined specialised electronic databases on gender based related crimes (*VIOGEN* and *VIODOM),* aimed at reinforcing the protection of victims and preventing recidivism.
9. See Articles 509, 510, 520 *bis* and 527 of the CCP.
10. See paragraph 10 of the CPT's report on the 2020 periodic visit to Spain (CPT/Inf (2021) 27) as well as the Concluding observations of the UN Committee Against Torture on the seventh periodic report of Spain, which recommends abolishing the incommunicado detention regime (UNCAT C/ESP/CO/7, dated 24/08/2023).
11. Reportedly, it takes into account the relevant case law of the Spanish Supreme and Constitutional courts, and the European Court of Human Rights, as well as guidance provided by the General Prosecutor's Office and by monitoring bodies.
12. By way of example, the police stations visited in the Autonomous Community of Madrid cooperate with the local authorities to support the special needs of detained women and persons with intellectual disabilities.
13. By Instruction 01/2022 of the Secretariat of State Security, as foreseen by the II National Human Rights Action Plan (2023 - 2027).

12. To assess the conditions and treatment of persons deprived of their liberty by the National Police (*Policia Nacional*) and the *Guardia Civil,* the CPT interviewed persons in police custody in the Madrid and Cadiz regions. It also met with persons on remand detention at the prisons of Algeciras, Huelva, Madrid V, Madrid VII, Puerto II, Puerto III and Sevilla II, who had recently been in police custody.

2. Ill-treatment

13. It is positive that the vast majority of persons interviewed by the delegation during the visit made no allegations of ill-treatment by the police. Nevertheless, the delegation received a number of allegations of deliberate ill-treatment, including excessive use of force by police officers at the moment of bringing allegedly agitated or violent detained persons under control at the time of apprehension (reportedly, after the persons concerned had been brought under control and handcuffed), as well as during their stay in police custody.

The alleged ill-treatment consisted primarily of punches, kicks and truncheons blows to the head and different parts of the body. In several instances, the allegations were corroborated by medical certificates issued when the detainees had been brought to a hospital, a healthcare facility, or when they were medically examined after admission to prison. Further, in several cases, detained persons interviewed by the delegation's doctors, displayed injuries which were consistent with their allegations of excessive use of force.

The cases below illustrate, by way of example, the nature of the allegations received by the delegation.

- A foreign national, who was arrested by members of the *"Brigada de Seguridad"* of Madrid city centre on 2 May 2025, alleged that he had been handcuffed for an extended period with the handcuffs applied too tightly and that he had been punched in his face when he asked police officers to loosening them. The delegation visually observed at the time of the interview that the detainee presented a bruise around his eye. The injury report, dated 2 May 2025, noted a facial CT scan, jaw trauma (without fractures), bruising of the right eye, minor contusions and hematomas. The report confirms the consistency of the injuries with the detainee's allegations.

- A remand prisoner interviewed at Madrid V Prison alleged that he had been kicked on the right hand and punched on the right cheek after he had been forcibly shoved face down during his apprehension by the police on the street (in connection with a crime of violent robbery), which resulted in injuries to his nose and left ear. He further alleged that he had been slapped twice upon arrival at the National Police station of Puente Vallecas (Madrid). According to the injury report issued in police custody on 27 April 2025, the prisoner presented a contusion and abrasion on the bridge of the nose with no signs of fracture, a contusion in the occipital region, and an erythema of both auricles. The delegation's doctor observed the same injuries when examining the prisoner. The injury report confirmed the compatibility of the allegations made by the prisoner with the injuries recorded in the report.

- A remand prisoner whom the delegation met at the Algeciras Prison alleged that he had been hit on his head with a rubber baton as he tried to escape when apprehended by the police on 24 April 2025. Further, he was reportedly beaten (several punches and kicks to several parts of his body) by six police officers in his cell after his arrival at the police station. According to the injury report issued on 26 April 2025, he presented multiple bruises on the face, head, abdomen, side, both buttocks and arms, an injury with four sutures on the right side of the forehead, and an injury on the frontal area with clean edges. The injury report confirmed the compatibility of the prisoner's allegations with the injuries recorded in the report.

- A remand prisoner interviewed at Puerto II Prison alleged that he had been hit in the head and fingers by National Police officers in Cadiz, who reportedly had stepped on him while he was on the ground to bring him under control during his apprehension on the street on 31 December 2024. According to the injury report issued on 4 January 2025, he presented bruises with hematoma on the left thigh, wounds on the 3rd and 4th fingers of the right hand and an abrasion on the forehead, which were compatible with the prisoner's allegations.

– A remand prisoner met at Huelva Prison, alleged that he had been severely beaten with truncheons on the forehead and kicked on his ribs and punched on his face, after his arrest by the police on 1 August 2024. According to the medical report issued by the emergency medical services of Huelva on the same day, he was suffering from pain in his right-side ribs, as a result of a contusion, and he had difficulties to breath. He was subsequently admitted to a hospital on 2 August. The hospital's medical report indicates that the detainee in question presented hematomas in the face and an ulcer on the right eye, presumably caused by an aggression as reported by the detainee. After admission to the Huelva prison on 3 August 2024, the injury report issued on 4 August, referred to the following injuries that the prisoner had reportedly sustained during his apprehension by the police: "peri-orbital bruise in the right eye, cut on the upper right eyelid and superficial abrasion (5cm long) on forehead, and superficial spot-like bruises on the right knee."

14. Moreover, several remand prisoners and persons met in police custody complained to the delegation about tight handcuffing upon apprehension and during transportation to a police station. Several of them bore visible marks around their wrists, after several days and even weeks following their arrest.

15. The CPT recognises that the apprehension of a suspect is often a hazardous task, in particular if the persons concerned resist arrest and/or is someone whom the police have good reason to believe may be armed and/or dangerous. The circumstances of an arrest may be such that injuries are sustained by the persons being apprehended (and by the police officers involved in their arrest), without this being the result of an intention to inflict ill-treatment. Further, injuries can be sustained by the suspect prior to apprehension by the police.

However, no more force than is strictly necessary should be used when effecting an arrest. Furthermore, once arrested persons have been brought under control, there can be no justification for their being struck by police officers.

Further, the CPT considers that prolonged tight handcuffing can have serious medical consequences, by causing for example, severe and permanent impairment of the hand(s).[14] As regards handcuffing during transportation, the resort to handcuffing should be based on an individual risk assessment and applied in such a way as to minimise any risk of injury to the detained person.

16. In light of the delegation's findings during the 2025 visit, the Committee considers that the Spanish authorities should remain vigilant to any signs of ill-treatment and excessive use of force by police officers.

The CPT recommends that the Minister of the Interior and the Heads of the National Police and the *Guardia Civil* continue to deliver a strong message to all police officers at regular intervals on zero tolerance regarding ill-treatment, stressing that no more force than is strictly necessary should be used when carrying out an apprehension and that there can be no justification for striking apprehended persons who have been brought under control.

While the commitment of the Spanish authorities to build the capacity of police officers on a broad range of human rights related topics is positive, the CPT recommends enhancing the skills of police officers involved in apprehending criminal suspects through regular on the job trainings, including on conflict de-escalation and manual control techniques.

14. Such as sensory, vascular and/or motor damage.

Further, where it is deemed essential to handcuff a person at the time of apprehension or during police custody, the CPT recommends that handcuffs are under no circumstances excessively tight and are applied only for as long as is strictly necessary on the basis of an individual risk assessment. Handcuffing arrested suspects during their transportation should therefore also be subject to a risk assessment given the potential to cause unnecessary pain to the person concerned and the risk of injuries in case of an accident. Further, the Spanish authorities need to ensure in this context that transfer vehicles are equipped with safety belts, so as to guarantee the safety of detainees during transfers.

17. In terms of the role of healthcare staff in preventing ill-treatment, Instruction 1/2024[15] stipulates that the prompt examination of persons presenting injuries after police detention must respect their privacy (*intimidad*), ensure compliance with security requirements and that the outcome of the medical examination must be recorded in writing. Further, the guidelines issued by the Ministry of Justice to support the implementation of the 2023 Protocol on the forensic medical examination of detained persons,[16] refer to the necessity of ensuring that forensic medical reports comply with the requirements of the Istanbul Protocol.[17]

As regards the need to record and report injuries as an important safeguard to prevent ill-treatment, as far as the delegation could ascertain, injury reports (*partes de lesiones)* drawn up by doctors either upon detained persons' arrest, or at the time of their admission to prison, continued to be insufficiently detailed in terms of the description of the injuries (for example, precise size and colour), lacking photographs of the injuries as well as, in some instances, any reference to their origin and their compatibility with the account given by detained persons.

18. The CPT recommends that the information included in the medical record should contain:

i. an account of the statements made by detained persons which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them);

ii. a full account of objective medical findings based on a thorough medical examination;

iii. the healthcare professional's observation in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings;

iv. the results of additional examinations performed, detailed conclusions of the specialised consultations carried out, and treatment given for the injuries, or any further procedures conducted; an

v. body charts" for marking injuries and colour photographs, to be filed in the medical record of the person concerned. In addition, all documents should be compiled systematically in a special trauma register.

The Spanish authorities should also pursue their efforts to build the capacity of healthcare staff involved in examining and treating detained persons (including initial and on the job training activities), on how to record and report in a timely manner detained persons' injuries in line with the precepts mentioned above. Further, a copy of the injury report should be be made available to the detainee concerned.

15. See Sections 2.4 and 6.8.
16. Approved by Royal Decree 650/2023 of 18 July 2023
17. See also *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, UN Office of the High Commissioner for Human Rights (2022) Istanbul Protocol.

19. The delegation noticed once again the lack of confidentiality of the medical examinations of detained persons at clinics, hospitals, police stations and at the time of their admission to prisons. In most instances examined by the delegation, police officers or prison staff remained by the examination room door or were present within. However, detained persons were reportedly only handcuffed in several instances at the request of the healthcare staff, if assessed to be at high-risk due to their agitated behaviour.[18] (See recommendation in paragraph 16 above).

20. The CPT considers that it is during the period immediately following the deprivation of liberty that the risk of intimidation and ill-treatment is at its greatest. Healthcare staff examining detained persons (including healthcare staff at civil clinics and hospitals) will be best positioned to draw up a comprehensive record of any injuries observed and any relevant statements made by the person deprived of liberty, as well as their own observations indicating the consistency between the statements made by the detained person and their objective medical findings as regards the origin of the injuries.

Whenever the person deprived of liberty makes an allegation of ill-treatment or displays injuries which are indicative of ill-treatment (even where no allegations are made), the person concerned should then be examined by a medical doctor (preferably qualified in forensic medicine) and the record should be immediately and systematically brought to the attention of the investigative authorities.

In light of the above, the Committee takes the view that, as a general rule, all medical examinations should be conducted out of the sight and hearing of police officers and prison staff, under conditions fully guaranteeing medical confidentiality. However, the Committee recognises that the presence of non-medical staff at the request of the healthcare professional may be warranted in exceptional cases, as may the maintenance of handcuffing.

Such exceptions should be specified in the relevant regulations and should be limited to those cases in which, based on an individual risk assessment, the presence of police officers or prison staff of the same sex as the person being examined and/or their continued handcuffing, is considered absolutely necessary to ensure the safety of the healthcare professional upon their request.

Moreover, the exception should only be permissible if other, less intrusive security measures have been considered not to fully contain the perceived risks posed by the detained person. For example, consideration should be given to the establishment of a secure room or to ensuring the presence 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 police officers in those exceptional cases when a detained person 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.

21. The CPT calls upon the Spanish authorities to ensure that, as a general rule, all medical examinations of persons in police custody should be conducted out of the sight and hearing of police officers and custodial staff, under conditions fully guaranteeing medical confidentiality, unless exceptionally the healthcare professional concerned expressly requests otherwise in a given case.

18. According to the guidelines of the Ministry of Justice to support the implementation of the 2023 Protocol on the forensic medical evaluation of detained persons, such evaluations must *preferably* be conducted out of the hearing and sight of police officers.

3. Safeguards against ill-treatment

a. Introduction

22. The legal safeguards accorded to persons deprived of their liberty by the police, are provided for in Article 520 of the CCP. In particular police officers must ensure:

- the prompt provision of information to detained persons in *"writing, in a simple and accessible language and in a language they understand"* of their fundamental rights. Further, criminal suspects may retain information sheets provided to them throughout the entire period of detention;

- the prompt notification of custody to the family of the detainee or a third party without unjustified delay and, in addition, ensure another short telephone call monitored by staff. Foreign nationals also have the right to have their respective consular authorities notified and to communicate with them;

- the prompt access to a lawyer (either *ex officio* or of one's choice) without unjustified delays through the notification of the relevant Bar Association as well as a confidential conversation with the appointed legal counsel at any time during detention. The lawyer is under the obligation to come to the detention premises within three hours of the notification received by the relevant Bar Association;

- the right to interpretation for detained persons who do not understand Spanish through the services of an accredited interpreter;

- the right to be examined by a forensic or other medical doctor of the institution concerned or of any other public healthcare institution; and

- the provision of information in writing on the maximum period of police detention and on how to file a motion of *habeas corpus* to challenge the legality of the detention.

b. Information on rights

23. Most persons interviewed by the delegation stated that they had been informed of their rights, orally upon apprehension, and in writing shortly after their arrival at the police station (as confirmed by signing a written information sheet setting out their rights). Interpretation services were also available, including by telephone.[19] Moreover, some of the establishments visited had written information sheets with simplified language for persons with intellectual disabilities and illiterate persons.[20]

However, as had been the case in the past,[21] several persons, in particular foreign nationals and illiterate persons, stated that they had signed the information sheets but did not understand the implications of their rights. They were consequently unable to avail themselves of the safeguards provided for in the legislation to ensure their protection. Further, at the Cadiz *Guardia Civil* Headquarters information sheets on the fundamental rights of persons in police custody were only available in Spanish.

The delegation met some detainees who had not been permitted to keep a copy of the information sheet in their cells.

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19. Such as at the National Police station of Jerez de la Frontera, which uses a telephone interpretation system (*Ofilingua)* to translate from Spanish into 10 languages.
20. Reportedly, police officers would also request assistance from psychologists or social workers to explain rights to detained persons in a simplified manner. This was the case at the special detention facility for minors in Madrid (*G.R.U.M.E.)*.
21. See paragraph 22 of the CPT's report on the 2020 periodic visit to Spain, and paragraph 33 of the CPT's 2024 ad hoc visit to Catalonia, Spain: The CPT and Spain.

24. The CPT reiterates its recommendation that the Spanish authorities pursue their efforts to ensure that police officers fulfil their obligation to inform all detained persons on their rights in simple and accessible language and in a manner which they understand.

Detained persons who are unable to read should receive appropriate assistance including, where necessary, by using alternative modes, means and formats of communication. In the case of foreign nationals, they should be provided with an information sheet in a language they understand or, alternatively, be assisted by interpretation services. Further, the information sheets should be available in the most common languages, also at the *Guardia Civil* detention facilities, and detained persons should be allowed to keep a copy inside their cells.

c. Notification of custody

25. The vast majority of persons met by the delegation stated that they had been able to notify a third party of their detention shortly after their deprivation of liberty. That said, some foreign nationals claimed that they had not been able to notify their families (living abroad) about their detention.

In addition, most persons interviewed by the delegation had made an additional phone call to a person of their choice monitored by police staff or a public servant designated by the Prosecutor/Judge in the case of accused persons, who shall not interfere except in cases where the content of the communication may constitute a crime or to protect the rights of victims.[22]

The CPT invites the Spanish authorities to take the necessary steps to ensure that all detained persons effectively benefit from the right of notification of custody to a close relative or a third person of their choice from the very outset of their deprivation of liberty, also by making a free-of-charge international phone call if these persons live abroad.

d. Access to a lawyer

26. According to the delegation's findings, the right of access to a lawyer for persons deprived of their liberty by the police was generally respected in practice. Police officers would contact either the relevant Bar Association to appoint an *ex officio* lawyer, or a private lawyer, upon the detained person's arrival at the police station.

Most persons interviewed during the visit confirmed that their request to meet a lawyer (including the right to consult with them in private) had been granted shortly after the outset of their deprivation of liberty by the police. Nevertheless, detainees' access to a lawyer had been delayed for a few hours in several instances, reportedly due to the unavailability of the *ex officio* lawyer appointed by the Bar Associations, who would then be swiftly replaced by another lawyer. The detained persons concerned by such delays however indicated to the delegation that they had not been questioned by the police until the arrival of their lawyer.

27. As concerns the right of detained persons to hold confidential consultations with a lawyer, the delegation observed that, in principle, these consultations were taking place in a confidential manner. However, a few detainees interviewed by the delegation at the Algeciras Prison claimed that that the consultations with their lawyers at the time of their appearance before a court, took place in the presence of other persons.

28. **The CPT recommends that detained persons are always able to meet with their lawyer in a confidential setting in light of Article 520 paragraph 7 of the CCP.**

22. See Article 520 paragraph 2 (f) of the CCP.

e. Access to a doctor

29. Article 520 paragraph 2 (i) of the CCP, stipulates that detained persons have the right to be examined by a forensic doctor or any other doctor affiliated to the public health care administration.[23]

As was already the case in the past, if a person in police custody needed medical assistance or displayed visible injuries after apprehension, police officers would bring the detainee concerned to the nearest civil clinic/hospital, or call the emergency medical assistance services (depending on the urgency/gravity of the care required or if detainees were agitated or aggressive).[24] However, the delegation noted that in some instances access to a doctor was not granted when detained persons requested medical assistance while in police custody.

> **The CPT recommends that the Spanish authorities continue their efforts to ensure, including through the provision of regular on the job training to police officers, that they do not reject requests made by persons deprived of their liberty to be provided with medical assistance.**

30. In terms of confidentiality, the delegation received allegations that at the Cadiz *Guardia Civil* Headquarters medical examinations of detained persons by healthcare staff took place systematically in the presence of police officers. (See recommendation in paragraph 21 above.)

f. CCTV coverage and the use of body worn cameras

31. The delegation found that at the establishments visited indicate there was CCTV coverage throughout the common areas, other than in the sanitary facilities. In accordance with the relevant legislation, the recordings were kept for 30 days, unless an incident occurred, in which case they would be transferred to the investigative authorities and kept for as long as necessary.

In addition, body worn cameras (automatically activated when using electrical discharge weapons) were used by the National Police and the *Guardia Civil*. The Spanish authorities informed the delegation at the outset of the visit that they intend to gradually expand the use of body worn cameras, which constitutes an additional safeguard against detained persons' ill-treatment and protects police officers against related unfounded allegations. If used properly, this is positive.

4. Conditions of detention

32. Instruction 11/2015 of the State Secretariat for Security regulates detention conditions in law enforcement establishments. It provides for the installation of call-bells, air-extraction and ventilation systems, as well as artificial lighting placed above the cell-doors. Access to natural light is however not envisaged.

According to the information provided by the Spanish authorities at the outset of the visit, Instruction 11/2015 will continue to guide the (re)construction of new law enforcement facilities in line with the provisions of Instruction 1/2024 on police detention procedures.[25]

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23. See also Article 520 paragraph 6 of the CCP, which provides that appointed lawyers may request the medical examination of their clients during the period of police detention.
24. The delegation has also identified several cases of detainees presenting injuries who had already been seen by a doctor at a local clinic/hospital, prior to their arrival at the police station. In this context, it is noteworthy that in accordance with Instruction 1/2024, the Hortaleza National Police station in Madrid displayed at the custodial detention area excerpts of a Supreme Court judgement (817/2004 of 29 June), requiring a mandatory medical examination of persons presenting symptoms of intoxication (by drugs and/or alcohol).
25. Reportedly, six national police offices (Zaragoza, Valencia, Madrid, Jaen, Murcia and Cadiz) and eight Civil Guard detention facilities (Lugo, Salamanca, Madrid, Teruel, Valencia, Albacete and Castellon), were under (re)construction at the time of the visit.

33. All the police detention cells visited by the delegation in the course of the 2025 visit consisted of an elevated concrete plinth running the length of one wall, which served as bed/means of rest. They were equipped with foam mattresses and blankets and could be considered adequate in size whether for single-occupancy (6m^2) or multiple-occupancy (11 to 24m^2).

That said, regrettably, the longstanding shortcomings identified by the CPT during previous visits, such as lack of access to natural light, insufficient artificial lighting[26] and poor ventilation. Furthermore, there was a lack of access to outdoor exercise areas. [27]

While the majority of cells in the establishments visited had operational call bells, at the National Police Station of La Latina, Tetuan and the Plaza of Castilla duty court detention facility (Madrid Autonomous Community), detained persons had to resort to shouting and/or banging on cell doors to attract the attention of custodial officers, who reportedly were not permanently present in the custody area, if they wanted to access the toilet or request medical assistance. As a result, a few detainees alleged that they had to urinate on the floor.

34. The overall state of repair and hygiene of the cells visited was satisfactory except for the detention areas at Madrid (Leganitos, Huelva, Tetuan national police stations and Plaza of Castilla duty court detention facilities), which were in a poor state of repair and cleanliness.

The delegation was particularly concerned about the severe state of disrepair of the custody detention area in the National Police detention facility for minors National Police detention facility for minors in the Autonomous Community of Madrid (*G.R.U.M.E.)*, which also had poor ventilation, lacked call bells and access to natural light and had poor access to artificial lighting. It is nevertheless positive that the Spanish authorities have meanwhile improved the material conditions in the reception area.[28] Considering minors' special needs and vulnerabilities, the CPT considers that the conditions at the *G.R.U.M.E.* detention facilities do not comply with the minimum requirements to hold detained persons, as mentioned above, and are therefore totally inappropriate for accommodating minors.

35. The CPT has recommended in the past that when the (re)construction of a police establishment is being planned, detention cells should have access to natural light, adequate ventilation and call bells as well as to a suitable outdoor facility where detained persons can have, as far as possible, daily access to the open air/outdoor exercise for at least one hour a day, if they are held in police custody for 24 hours or longer, preferably in facilities of adequate size and possessing the necessary equipment (such as shelter against inclement weather and a means of rest). The Committee has also recommended to address these shortcomings at existing detention facilities, subject to structural constraints.[29]

The delegation has however identified deficiencies identical to those highlighted in the past in police establishments newly built since the CPT's last periodic visit to Spain which took place in 2020. Considering that detainees held in police custody in Spain can spend up to 72 hours in police custody, the Committee remains deeply concerned about some of these deficiencies and the persistent lack of remedy.[30]

36. The CPT calls upon the Ministry of the Interior to make greater efforts to address the above-mentioned structural shortcomings at existing and newly built police detention facilities.

As regards the *G.R.U.M.E.* detention facility for minors, the Committee reiterates the urgent need to overhaul the material conditions in the custodial detention area with

26. The delegation also observed that some cells at the Huelva National Police station did not have access to artificial light due to maintenance issues.
27. With the exception of the *Guardia Civil* Police Station in Las Rozas, Madrid, where detained persons were allowed to access a small yard.
28. See the interim response of the Spanish authorities dated 14 July 2025.
29. See paragraph 32 of the CPT's report on the 2020 periodic visit to Spain CPT/Inf (2021) 27.
30. In their reply to the CPT's preliminary observations by letter of 8 July 2025, the Ministry of Interior has acknowledged those deficiencies and committed to look into them in collaboration with the local authorities, in particular in newly built police stations.

due regard to the vulnerabilities and special needs of minors in detention. The CPT's longstanding recommendations to provide access to natural light, adequate ventilation and install call bells in the cells, should also be taken into account when building the new detention facility for minors, currently under construction in Madrid Autonomous Community.

5. Other issues

37. Instruction 1/2024 regulates the conduct of searches of detained persons in a dedicated room upon their arrival at a police station. It stipulates that body searches should be oriented towards the discovery of illicit drugs and objects which might be used for self-harm purposes or to inflict harm to other persons.

The information gathered during the visit indicates that persons deprived of their liberty by the police were not systematically strip-searched in police facilities. They were given a pat down search after arrival and full body searches would only be conducted on suspicion, in which case detained persons would be first offered a gown or a towel to cover. However, the delegation once again received several allegations that detained persons were forced to strip fully naked and, while fully naked or wearing only underwear, to perform squats, flexions and lift their genitalia.

38. The CPT considers that, when searched, detained persons should not normally be required to remove all their clothes at the same time, for example, a person should be allowed to remove clothing above the waist and get dressed again before removing further clothing. Further, the Committee recalls that the resort to full strip searches should be based on an individual risk assessment and be carried out in a manner respectful of human dignity.

The CPT recommends that the Spanish authorities pursue their efforts to ensure that resort to a full strip-search is always based on an individual risk assessment and that detained persons who are searched are not required to remove all their clothes at the same time; that is, a person should be allowed to remove clothing above the waist and get dressed again before removing further clothing. Further, body searches must be conducted in a manner respectful of human dignity. Police officers should be instructed accordingly.

B. Prison establishments

1. Preliminary remarks

39. During the 2025 periodic visit to Spain, the CPT delegation conducted an examination of the treatment and conditions of detention of persons held in five prison establishments.[31] Four of these were located in the autonomous community of Andalusia, and one was in the community of Madrid. During the most recent CPT visit, the prison population under the jurisdiction of the Spanish Secretary General for Penitentiary Institutions of the Ministry of the Interior (*Secretaría General de Instituciones Penitenciarias* - SGIP) was found to be 49 950 prisoners for an overall capacity of 64 626 places, resulting in an occupancy rate of 77%,[32] only marginally more than the figures for 2024 and 2023.[33] In contrast, other indicators, including the percentage of female prisoners (7.2%) and the rate of foreign national prisoners (29.2%), have remained stable over recent years.

The legal framework for the execution of criminal sentences is still regulated by the 1979 Organic Penitentiary Law (*Ley Organica Penitenciaria* - LOGP) and 2006 Penitentiary Regulations (*Reglamento Penitenciario* - RP). Various thematic circulars or instructions issued by the SGIP regulate different aspects of the regime of prisoners. At the outset of the visit the delegation was informed that the recently adopted reform of the Spanish judiciary through the Organic Law 01/2025 would provoke the substantial acceleration of criminal proceedings in the pre-trial phase, which could lead to a better modulation of the population on remand detention.[34]

The Committee invites the Spanish authorities to exercise oversight over the increase of the prison population, notably of the remand population, in particular as regards prison establishments of Andalusia. In this respect, it would like to receive information on the impact of the Organic Law 01/2025 on the increase of the pre-trial population and access to alternative detention measures.

40. As regards the prison estate, the Spanish authorities informed the delegation at the outset of the visit of their plans to build a new female prison in Sevilla, as well as a new prison psychiatric hospital in Alicante. As regards the rest of the prison estate, the SGIP was not considering new constructions and was mainly devoted to the maintenance of existing prison establishments which was carried out by the SIEPSE - *Sociedad de Infraestructuras y Equipamientos Penitenciarios y de la Seguridad del Estado* (Society for Prison Infrastructure and Equipment and State Security), a public company which, from 1992 to March 2018 has had the mission of managing successive Prison Repayment and Creation Plans.[35]

41. All five prison establishments visited by the delegation shared the same design, as they all belonged to the so-called *"modelo prisons"* introduced in the Spanish penitentiary system since 1991. These are characterised by 15-17 residential modules distributed around a common social rehabilitation and a sporting facility.[36]

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31. The CPT delegation also paid a targeted visits to Madrid V and Puerto II Prisons for the purpose of conducting interviews with newly admitted prisoners on remand detention.
32. This figure does not contain the prisoners serving their sentences under the separate and autonomous penitentiary systems of the autonomous communities of Catalonia and the Basque Countries. At the time of the visit the SGIP was responsible for the management of a total of 80 prison establishments (65 ordinary prisons, 13 social integration centres and two penitentiary psychiatric hospitals, one in Alicante and one in Sevilla).
33. In particular, the prison population in January 2024 was 47 083, compared to 46 468 in January 2023. The number of sentenced prisoners had decreased marginally from 2023 to 2024, standing at 83.2% (from 84.1%), while those on remand had increased slightly to 16.8% (from 15.9%).
34. Notably, through increased resort to plea bargaining, various forms of abbreviate proceedings as well as resort to restorative justice models.
35. Its actions have significantly renovated Spanish prison facilities. During this period, the SIEPSE company has built 30 prisons, 31 social integration centres, five mother-and-baby units and 32 hospital custody units in public hospitals, in addition to carrying out hundreds of refurbishments and improvement works in centres built prior to its foundation.
36. In certain instances, this may also include a swimming pool.

The symmetrical residential modules consist of two-storey buildings comprising 72 cells (in principle for a total of 1 008 cells) located on the upper floor and communal facilities (courtyard, refectory, gym, classrooms, workshops and treatment staff offices) on the ground floor. The purpose of this design is to replicate life in the community. The characteristics of the aforementioned modules are defined in light of the profile and classification of prisoners accommodated, and they can be differentiated in principle into the following categories: ordinary modules, respect modules (*Modulos de Respeto*), therapeutic modules for prisoners with substance use (*Unidades Terapeuticas Educativas* - UTE) or mental disorders (*Programa de Atención Integral al Enfermo Mental* - PAIEM) and closed-regime modules.[37]

- Algeciras Prison, situated in the neighbourhood of Botafuegos, approximately three kilometres from the city centre, was constructed in 2000 in accordance with the "modelo" pattern. The facility had a total capacity of 1 645 places and was accommodating 1 118 prisoners (70 female) at the time of the visit. The prison establishment possessed a total of 17 modules, including five respect modules, seven ordinary modules, one admission module, one closed-regime module, one UTE module and an infirmary. This was the CPT's first visit to this establishment.

- Huelva Prison, situated approximately seven kilometres from the city centre and constructed in 1990, is regarded as one of the inaugural instances of the "modelo" establishments. At the time of the visit, the facility had a total population of 1 146 prisoners (58 female), with an overall capacity of 1 649 places. The facility was divided into 16 modules, comprising seven respect modules, four ordinary modules, two UTE, one PAIEM, one closed regime module, one infirmary, and an admission module. This was the CPT's first visit to this establishment.

- Madrid VII Prison, visited by the CPT in the course of the 2020 periodic visit, is located in the hamlet of Estremera, around 70 kilometres east of Madrid, in a rural and secluded area. At the time of the 2025 visit, the prison population stood at 1 292 (100 female),[38] with an overall capacity of 1 457 places across 19 different modules. These comprised nine residential ordinary modules, four respect modules, one UTE, two PAIEM modules, and one closed-regime, admission and infirmary module, respectively.

- Puerto III Prison, situated in Puerto de Santa Maria and constituting part of the most sizeable Spanish prison complex,[39] had been visited multiple times by the CPT (notably in 2011 and 2016). During the 2025 visit, the facility was accommodating 1 256 prisoners (including 102 females) for an overall capacity of 1 430 places. The composition and classification of modules was as follows: six respect modules (including one UTE and one mixed-gender module), seven residential ordinary modules, one closed-regime, admission module, PAIEM and infirmary module.

- Sevilla II Prison, situated in the outskirts of the Municipality of Moròn de la Frontera, approximately 75 kilometres east of Seville, had been visited by the CPT in 2016 and 2020. Since then, the institution had undergone a change in management. During the 2025 visit, the prison provided accommodation for 1 257 prisoners all male, with an overall capacity of 1 646 places. The establishment comprised a total of 19 modules, namely seven residential modules, four respect modules, one UTE, one PAIEM, one admission module, one closed regime module, one infirmary module, and one elderly prisoner module.

None of the prison establishments visited was overcrowded or displayed instances of local overcrowding in specific modules. However, in many modules two prisoners were being accommodated in the standard cell, which is in principle an anomaly and not in conformity with the Spanish single cell principle enshrined in Article 19.1 of the LOGP. [40]

37. Officially defined as "closed-regime and special department modules" in the legislation.
38. The prison population stood at 1 076 prisoners at the time of the 2020 visit.
39. The prison establishments of Puerto I and Puerto II are also located at the vicinity.
40. Article 19.1 of the LOGP defines the so-called Spanish cellular model according to which prisoners should in principle be accommodated in single-occupancy cells, and collective accommodation only resorted to in the event of a temporary shortage of accommodation or on the recommendation of a doctor or the observation and treatment teams.

The CPT recommends that the Spanish authorities make every effort to ensure that the standard "modelo" prisons (with 1 008 cells) have an occupancy level of one person per cell pursuant to Article 19.1 of the LOGP, unless there are specific requests or reasons for a cell to be shared by two prisoners. When numbers of cells used as for double-occupancy on a module increase significantly the conditions of detention are impacted adversely.

2. Ill-treatment

42. At the outset of the visit, the CPT delegation was informed of the efforts invested by the SGIP in preventing physical ill-treatment of prisoners by staff in Spanish prisons, in light of previous CPT findings,[41] as well as recent Constitutional Court jurisprudence which, in particular, sanctioned the lack of effective investigations into allegations of physical ill-treatment in prisons.[42]

In this respect, the SGIP issued a specific protocol on the prevention of ill-treatment in 2021, consisting of a series of measures for the detection, prevention, and reporting of such cases (see paragraph 51).[43] Further, the SGIP also issued Instruction No. 04/2022 on video surveillance with the aim of ensuring better and more standardised coverage of detention areas, as well as better preservation and extraction of recorded material, in order to reinforce accountability for incidents of possible ill-treatment.[44] During its 2025 visit, the delegation examined the situation regarding the prevention of ill-treatment and accountability in light of the implementation of the aforementioned measures and their impact. To this end, the delegation reviewed reports on the use of force and means of restraint against prisoners, as well as medical documentation, CCTV recordings, and complaints lodged by prisoners regarding physical ill-treatment addressed to the prison director, the SGIP, and the relevant supervisory judge, as recorded in the relevant *libros de malos tratos* at the visited establishments.

a. findings

43. The situation at Madrid VII and Sevilla II Prisons had improved markedly since the previous visit in 2020. The improvement could be presumably attributed to the efforts invested by the new management at Sevilla II and Madrid VII Prisons.[45]

However, many allegations of physical ill-treatment of prisoners by prison staff were received in three Andalusian prisons: Algeciras, Huelva and Puerto III Prisons and less so at Madrid VII and Sevilla II Prisons. These consisted of slaps, punches, kicks and, on occasion, blows with truncheons by staff to various parts of the bodies of prisoners. The prisoners concerned were usually identified as having been protagonists of regimental incidents, such as inter-prisoner violence, episodes of active and passive resistance to staff orders, instances of agitation or verbal altercations with prison staff.

The episodes of alleged ill-treatment exhibited a well-defined pattern, predominantly occurring in designated areas such as search rooms in the closed-regime module, the security corridor (*rastrillo*) in the relevant module where the regimental incident had taken place and, less frequently, within the confines

41. See in particular paragraphs 46 to 61of the CPT's report on its 2020 periodic visit to Spain CPT/Inf (2021) 27.
42. See in this respect Decisions No. 35/2024 and 105/2024 of the Constitutional Court, as mentioned in paragraph 55 which specifically deal with the effectiveness of investigations into allegations of ill-treatment in a prison context.
43. Namely, *Protocolo denuncias malos tratos* issued on 17 March 2021 by the then Subdirector General of the SGIP and disseminated to all prison establishments and social integration centres in Spain.
44. Instruction 04/2022 stipulates, *inter alia* that areas such as provisional isolation cells, cells for the execution of mechanical fixation, and search rooms for the enforcement of strip searches be subject to CCTV surveillance and that the recorded footage be stored for a minimum period of 30 days and a maximum of three months in the case of mechanical fixation of a prisoner. Furthermore, it is imperative that the relevant recordings are extracted in the event of complaints, the compilation of injury reports, and the occurrence of regimental incidents categorised as serious or very serious. In the event of awareness of a criminal offence through the monitoring of CCTV recordings, the prison director is obliged to inform the relevant judicial authorities and the SGIP inspectorate within 72 hours.
45. See in this respect paragraph 48 of the CPT's report on the 2020 periodic visit to Spain CPT/Inf (2021) 27. The seven prison officers had been acquitted by the Audiencia Provincial in 2022 and were no longer working at Madrid VII Prison at the time of the CPT visit in 2025.

of their cells or the offices of treatment staff. In certain instances, the physical ill-treatment inflicted was characterised by aggravating elements, such as the victims being affected by physical disabilities or suffering from mental disorder (and in some cases with a history of trauma) as well as by the fact that prisoners had been hit by staff while undressed or naked.

44. All alleged cases of physical ill-treatment had been documented in the designated registers of means of restraint and use of force,[46] and the delegation obtained medical evidence of sustained injuries (either in the medical files or directly observed on the prisoners by the delegation's doctor) which corroborated the consistency of the allegations. It is important to note that the medical examinations carried out by prison healthcare staff at the time of placement in provisional isolation pursuant to Article 72.1 of the RP systematically took place in the presence of custodial staff and were very superficial (see also paragraph 58). Consequently, the resulting descriptions of injuries were poor and unreliable. This frequently constituted an impediment to the effective investigation of such incidents, ultimately undermining the system of accountability (see paragraph 54).

Moreover, the CPT delegation received several testimonies of verbal abuse, including racist remarks, directed towards foreign prisoners or those of a specific ethnic origin (such as Roma, for example). Additionally, several prisoners alleged to have received threats from their perpetrators of recourse to force or repeated beatings in the event of lodging complaints against prison staff.

45. The following cases of physical ill-treatment are described as they illustrate the pattern described above. It is important to note that the delegation received a considerable number of similar, consistent and credible allegations of physical ill-treatment as those set out below. However, the quality of corroborating medical documentation was compromised by the fact that healthcare staff conducted only superficial, cursory medical examinations, systematically in the presence of prison officers.

i. A prisoner met by the delegation at Algeciras Prison who was wheelchair-bound due to a multiple sclerosis illness, alleged that on 14 January 2025, following a verbal altercation with a prison guard at whom he had spat, he was immediately restrained by a group of five prison officers. The prisoner alleged that he was then subjected to a physical assault involving punches and kicks to various parts of his body in a room of the prison infirmary. Subsequently, he was transferred to a cell of the closed-regime Module 15 and placed in provisional isolation wearing only his underwear. The following entry was included in the patient's medical certificate when he was visited by healthcare professionals during provisional isolation: "*Reason for medical assistance (according to the patient): he became agitated and had to be restrained by custodial staff. Physical examination: Bruise on right ear. Haematoma on the right side of the back. No signs of fracture. The injuries are compatible with the restraint measure."*[47]

ii. A prisoner met by the delegation at Algeciras Prison, alleged that on 22 April 2025 following an episode of inter-prisoner violence in which he had punched another prisoner, he was restrained by a group of custodial officers and handcuffed behind his back. Allegedly, while handcuffed, one of these officers struck him repeatedly with a truncheon on his legs and buttock. The medical certificate drawn up at the time of his placement in a provisional isolation cell of Module 15 stated that he displayed no injuries.[48] However, when visited by the CPT delegation's doctor on 30 April 2025 the following injuries were documented and delineated: *"a faint yellow bruise on his right buttock which is linear measuring 4.2 x 1.4 cm, and a faint purple bruise on his left calf also linear measuring 3.8 x 1.2 cm"*. These injuries are typical of a blow inflicted by a truncheon.

iii. A female prisoner met by the delegation at Algeciras Prison alleged that on 8 December 2024 as she showed signs of agitation, ostensibly due to her request for medication, a group of six custodial officers entered her cell in Module 1 and struck her several times with a truncheon on her legs in

46. Pursuant to Article 45 of the LOGP, such cases must be systematically brought to the attention of the competent supervisory judge (*Juez de Vigilancia – JVP*) in order to review its legality.
47. According to the incident report, physical force was applied between 20:30 and 20:35 on 14 January 2025, and handcuffs were used from 20:30 to 20:40.
48. The prisoner in question told the delegation that he had deliberately chosen not to disclose his injuries to the doctor, citing concerns that he would face further retaliation and ill-treatment.

order to restrain her. She was transferred to a provisional isolation cell of the closed-regime Module 16.[49] When visited by healthcare staff on the morning of 9 December 2024 the medical certificate drawn up stated that she displayed *"several lineal hematomas on the legs which are compatible with the means of restraint applied"*.

iv. A prisoner met by the CPT delegation at Puerto III Prison stated that on 13 April 2025 following an altercation in Module 6 with a group of prisoners over the alleged stealing of his medication, he started self-harming in his cell. Consequently, a group of prison officers transferred him to a cell of Module 15 where they allegedly struck him with a truncheon, punched, slapped and kicked him on various parts of the body (head, arms, legs and lower back). The medical certificate drawn up by healthcare staff at the time of his placement in provisional isolation stated: "*Doesn't allow injuries to be examined but it is possible there is a fracture in the left wrist following a fight in the module and a wound on the right cheekbone. Referred to Emergency Department."* The medical certificate issued by Puerto Santa Maria Hospital on the same day referred to various contusions. Further, a medical certificate issued on 23 April 2025 by the prison doctor stated that he still displayed *"various fading bruises from 13 April 2025."* The CPT delegation's doctor examined him on 2 May 2025 and was able to record the following injuries: *"Right calf: an area of bruising measuring 4.4 x 3.3 cm, as well as a linear bruise measuring 4.8 x 0.6 cm, which is typical of a blow from a truncheon. Left calf: an area of bruising measuring 6.4 x 4.6 cm. Right ankle: a 5.5 x 2.2 cm linear bruise, typical of a truncheon injury."*

v. A prisoner met by the delegation at Puerto III Prison alleged that on 4 March 2025 in light of his agitated status and reiterated vocal requests for tobacco, a group of ten prison officers entered his cell, restrained him and proceeded to physically assault him with punches, kicks and baton blows including on his foot soles (i.e. *falaka*) while he was lying on the floor, handcuffed behind his back. A medical certificate drawn up by the prison doctor on 4 March 2025 at 19:52 bore the following entry: *"Refers to injuries sustained in the context of a regimental incident that required the prisoner to be restrained using approved mechanical means. Superficial erosion on the right ankle, external malleolus with passive mobility preserved. Erythema and superficial erosions on the face and right ear lobe with no evidence of bleeding from the right ear canal with bilateral conjunctival injection."*

vi. A wheelchair bound prisoner met by the delegation at Huelva Prison alleged that on 22 February 2025, in light of his agitated status and threats to self-harm, a group of prison officers entered his cell and proceeded to deliver truncheon blows to the head and torso as well as kicks to the legs. Two medical certificates issued on the same day included the following entries "*Injuries sustained in the context of restraint. Linear injuries on both buttocks 7-8 cm long and another on the left shoulder. Also has a large haematoma on left buttock which is fading, approximately 4-5 days old. Bruising and erythema on right temple. Mental state: very agitated and aggressive, both verbally and physically. Intra-muscular Midazolam and Haloperidol given."* A second medical certificate bore the following entry: *"Injuries sustained in the context of restraint. On examination: 5 cm horizontal lesion on right rib, 6 cm horizontal lesion on left side of back, 4-5 cm lesion on right thigh, 4 cm lesion on right biceps, 5 cm lesion on right trapezius. There is a number of fading bruises from 3-4 days ago in different areas of his back, trunk and both buttocks."*

vii. A prisoner met by the delegation at Huelva Prison alleged that on the night of 11-12 April 2025, following repeated ringing of his call bell for the absence of water and TV, a group of prison officers entered his cell in Module 7 in full anti-riot gear and handcuffed him behind his back. He alleged to have been struck in the face, had his feet stepped on with boots, and was struck with truncheons on the back of his legs. Following his transfer to Module 16, the prisoner alleged to have received several punches to the face and abdomen while handcuffed and in his underwear in the search room of the module. He was subsequently placed, handcuffed, in the provisional isolation cell of the module in his underwear and still handcuffed. The medical certificate issued following the examination in accordance with Article 72.1 of the RP contained the following entry: "*Injuries sustained in the context of restraint. Linear erythema on right thigh 7 cm in length. Another on the inner part of the left knee, 5 cm long. Slight abrasions in the left lumbar region. Horizontal injury on the left*

49. The relevant prison records showed that physical force had been applied from 23:35 to 23:45 on 8 December 2024, rubber truncheons from 23:40 to 23:42 and handcuffs from 23:42 to 23:52 when she had been placed in provisional isolation.

eyebrow, 1 cm long. Mental state: aggressive. Injuries compatible with stated facts. Wound cleaned. He refused intra-muscular medication."

viii. A prisoner met by the CPT at Huelva Prison alleged that on 4 May 2025 following a verbal altercation with prison officers during a search of his cell in Module 4, he was subjected to a series of truncheon blows to his back in a cell located on a nearby gallery, after having been restrained with handcuffs behind his back. Subsequently, the same prison officers escorted him to the search room of Module 16, where one officer allegedly slammed his head against the wall on three occasions during the strip search and another hit him with a racket for object detection on his lower back. The medical certificate, issued on 4 May 2025, contained the following entry: "*Knocked his head against the wall. Physical examination: abrasion in central forehead. Aggressive, threatening, demanding and verbose. Compatible with alleged facts."* Further, upon the examination by the delegation doctor on 7 May 2025 the prisoner displayed the following injuries: "*Injury with a scab on the top of the forehead measuring 1.5 x 2.3 cm. This is typical of an injury sustained by blunt force to one area of the body (e.g. head versus wall). There are seven discrete, roughly circular bruises on the inner upper right arm. This is typical of finger marks from being held firmly. On the right lower back, there is an area of bruising measuring 4.5 x 3.2 cm. This is consistent with being hit with a hard object (the prisoner claims he was hit with the circular end of a truncheon)."*

ix. A prisoner met by the delegation at Huelva Prison alleged that on 20 April 2025 in the context of a verbal altercation with prison staff due to his request to be transferred to another module, he had been restrained by two prison officers, placed on the floor of his cell and handcuffed behind his back, whereupon they punched, kicked and struck him with a truncheon several times to various parts of his body. A medical certificate, issued on the same day as the provisional isolation measure, included the following entry: "*Injuries sustained in the context of restraint. Various horizontal lesions, bruises on his outer left thigh. Bruises on both wrists."*

x. A prisoner met by the delegation at Huelva Prison alleged that on 7 August 2024, after being escorted to the search room of Module 16 while handcuffed behind his back, in light of his resistance against the conduct of a strip-search he was subjected to a volley of homophobic verbal and physical abuse by prison officers. The alleged mistreatment by prison officers included slapping him on the face, punching him on the chest and striking him with a truncheon on his buttocks and the backside of his legs. A medical certificate, issued on the same day, made the following entry: *"During the course of the search, the individual exhibited resistance and engaged in a physical altercation with the staff members, who were compelled to restrain him. A thorough examination of the right knee (posterior aspect) revealed a bruise measuring 2 x 3 cm. Compatible with stated facts."*

xi. A prisoner met by the delegation at Madrid VII Prison who had been recently transferred from Madrid IV Prison, alleged that on 16 September 2024 following a verbal altercation with prison staff at Madrid IV Prison he had received truncheon blows to his neck and left side of the body. A medical certificate drawn up at the same prison establishment on the same date bore the following entry: *"The patient alleges to have been aggressed by a prison guard. He displays the following injuries which are compatible with the allegations: punctiform erythema on right trapezius and right arm; inflammation on right wrist; haematoma on left side; contusion on occipital area without wound – clinical prognosis: mild"*. The prisoner had lodged a complaint to the supervisory judge (*Juez de vigilancia* or JVP see paragraph 54).

46. The delegation examined a number of CCTV recordings on the application of means of restraint and use of force in relation to cases of alleged physical ill-treatment. The CCTV footage confirmed the sequence of events were consistent with the allegations received from several of the prisoners met. This included the number of staff intervening in a cell and the escorting of prisoners to the search room of the relevant closed-regime module. It was established that prisoners remained in the search room with the group of escorting officers[50] for a designated period before being placed in a provisional isolation cell. It is

50. Some of whom were wearing full anti-riot gear consisting of helmets, shields, gloves, elbow and knee rubber protection.

important to note that the absence of CCTV cameras within the search rooms, contrary to the precepts of Instruction No. 04/2022 (see paragraph 42), precluded the substantiation of the majority of the allegations. Further, the area adjacent to the search room of Module 16 at Huelva Prison, where many persons alleged that they were ill-treated, was not subject to adequate CCTV surveillance.[51]

47. Further, the way in which mechanical fixation for regimental purposes was applied in certain cases, such as seven-point straps,[52] and improper manual control techniques were potentially dangerous and could be considered as ill-treatment (see also paragraph 89). For instance, the CCTV footage of the mechanical fixation of a prisoner carried out on 4 April 2025 at Algeciras Prison demonstrated that he had been subjected to a seven-point fixation for a duration of three hours, with the prisoner being attached to a bed with cloth straps. In addition to the four limbs and the thorax, the cloth-straps also passed across both shoulders, converging at the neck.

48. At Sevilla II Prison the delegation was informed during its visit that three prisoners from the closed regime Module 13 had been transferred to other prison establishments on the first day of the visit to the establishment (7 May 2025).[53] Specifically, there were allegations that two of them had been subjected to the use physical force on 3 and 6 May 2025 respectively following regimental incidents, and that they had subsequently been inflicted physical ill-treatment by staff. The delegation encountered challenges in verifying the allegations due to the unavailability of their medical files, which rendered the production of pertinent documentation upon admission by the receiving prison establishments impracticable.[54]

49. The Committee acknowledges the efforts made by the Spanish authorities, particularly through the adoption of the 2021 Protocol on Ill-Treatment and other measures, to enhance accountability and the progressive fight to promote a positive cultural change within prison staff although this was being met with resistance by certain staff at Algeciras, Puerto III and Huelva Prisons. As mentioned above, these measures have in principle yielded positive outcomes at Madrid VII and Sevilla II Prisons. It is encouraging to note that, in contrast to previous visits, in principle prison directors, such as at Huelva Prison, now recognise the existence of such *behavioural* patterns as more than just isolated cases. At the end of the visit, senior officials of the SGIP reaffirmed their commitment to address them, attributing them to a certain "old-school" approach and *modus operandi* of certain prison staff in respect of some categories of recalcitrant prisoners.

However, the serious and numerous findings of credible instances of physical ill-treatment of prisoners by staff at Algeciras, Puerto III and Huelva Prisons require a more vigorous enforcement of the “change of culture” strategy promoted by the SGIP. Physical ill-treatment in Spanish prisons follows a well-known and persistent pattern, which has proven effective in evading accountability. Ill-treatment is systematically carried out in areas not covered by CCTV (as evidenced by the delegation's examination of several incidents) and there remains a lack of any rigorous, confidential medical examination, given the systematic presence of prison staff.

50. By letter received on 14 July 2025, the SGIP informed the CPT that it intended to equip prison officers with body-worn cameras, notably those who would be intervening to apply use of force. This is a welcome initial measure.

51. Huelva Prison, equipped with over 500 cameras, is recognised as one of the institutions with the most advanced CCTV surveillance systems in Spain.
52. Cloth straps being placed on the four limbs and at the levels of the chest, shoulders and forehead.
53. A total of eight prisoners had been transferred on that day to various prison establishments. The order had been given by the Sub-director of Treatment of Sevilla II Prison on 6 May 2025 at 12:26. The delegation was provided with two separate lists of the prisoners in present at Module 13, one including and one excluding the three transferred prisoners, respectively.
54. One had been transferred to Almeria Prison and the two others to Puerto III Prison.

However, in order to eradicate ill-treatment effectively, the CPT recommends that the Spanish authorities develop a strategy which should consist of the following steps:

- **a message of zero-tolerance of physical ill-treatment, excessive use of force and verbal abuse of prisoners should be delivered by the SGIP and Ministry of Interior at the highest political level to custodial and managerial staff. Such a message should also reiterate to prison staff and the relevant heads of services (duty managers) that any such violations will be effectively investigated by the relevant judicial authorities and subject to appropriate sanctions (see paragraph 56).**

- **action should be taken to ensure that reports on the use of force transmitted to the relevant supervisory judge are drawn up promptly and accurately; further, the assessment of the compliance of such force with the principles of necessity, proportionality and legality should be conducted, with a thorough analysis of all relevant information and particular reference to the relevant injuries suffered by the prisoner in question. Allegations of ill-treatment as well as any other credible information indicative of ill-treatment should be immediately referred to the relevant duty court and be the subject of an effective investigation in light of the precepts outlined in paragraph 56.**

- **appropriate measures should be taken to upgrade the skills of prison staff in handling high-risk situations without using unnecessary force, in particular by providing training in de-escalation techniques and in the use of safe methods of control and restraint, notably in relation to prisoners with suicidal or self-harming tendencies. Further, prison staff should be placed under closer supervision by the management.**

- **medical certificates and injury reports drawn up by healthcare staff following the application of a security measure and means of restraint pursuant to Article 72 of the RP should strictly comply with the precepts outlined in paragraph 59. Further, there is no justification for examination of prisoners by healthcare staff taking place behind bars and/or in the presence of custodial staff. Apart from being a clear violation of medical confidentiality, this undermines the independence and impartiality of healthcare staff, with clear effects on their dual loyalty as well as the doctor-patient relationship.**

The Committee would like to receive information on the introduction of body-worn cameras recording prison officers' interventions in detention areas.

b. accountability

51. As mentioned in paragraph 42, the SGIP adopted a dedicated protocol in 2021 with the aim of preventing ill-treatment, stipulating a certain number of mandatory steps by the prison management. These should consist in particular of the automatic transmission of any information indicative of ill-treatment to the relevant judicial authorities[55] within 48 hours of it coming to light,[56] the extraction of the relevant CCTV recordings, incident reports, written and signed declarations of the alleged victim and prison staff (including the head of service), as well as any existing medical documentation about injuries sustained by the prisoner.[57] Further, the protocol also stipulates that a dedicated register of ill-treatment (*libro de*

55. That is, the relevant duty judge (*Juez de Guardia*), the competent supervisory judge (*Juez de Vigilancia*) and as the Sub directorate for Inspection and Analysis of the SGIP.
56. The protocol specifies that such information could originate from complaints by the prisoner or their family, NGOs, or media outlets.
57. The protocol also specifies that information should be transmitted to the relevant judicial authorities even in the absence of the relevant medical documentation.

malos tratos) be created at each prison establishment with the recording of all cases and their status in terms of investigation. This development may be considered as building upon the foundations laid by the 2019 Service Order No.8 of the SGIP, which established the obligation for prison management to report all allegations to the relevant judicial authorities, even in cases where no observable injuries were present. Furthermore, the SGIP promulgated an Instruction 04/2022, which stipulates the parameters for access, storage, and extraction of CCTV recordings, with the objective of enhancing accountability (see paragraph 42).

52. At the outset of the visit, the delegation was provided with statistical data on the number of complaints concerning ill-treatment that have been recorded and investigated in recent years.

The data demonstrates a marked upward trend: 247 in 2022, 262 in 2023, 281 in 2024, and 81 in the initial trimester of 2025.

In addition, the number of criminal proceedings concluded during the same period against prison officers related to alleged ill-treatment of prisoners amounted to five in 2022, six in 2023 and 12 in 2024. This resulted in a total of 11 criminal and/or disciplinary convictions of prison staff.

53. In the course of the 2025 visit, the delegation conducted an examination of the dedicated register of cases of ill-treatment (*libro de malos tratos*) at Algeciras, Huelva and Puerto III Prisons, as well as the relevant investigative files for the years 2024 and the first trimester of 2025.[58] In principle, an internal investigation would be initiated by the prison management in the event of a complaint by a prisoner. This investigation would comprise the examination of the relevant incident reports (including medical documentation on sustained injuries), the statement from prison staff, the minutes of interviews with detained persons on the alleged facts, and CCTV recordings if relevant.[59]

54. However, the analysis of the pertinent documentation by the delegation exposed numerous inadequacies with regard to the efficacy of the investigation, notably as concerns thoroughness and independence, and are indicatively represented by the following shortcomings:

- Several complaints were dismissed on the basis of the lack of compatible medical documentation indicative of excessive use of force in medical certificates drawn up following a superficial examination of the prisoner (such as doctors examining prisoners behind bars and in the presence of custodial staff).[60]

- The CCTV recordings in some of the cases examined were not considered to be conclusive due to the fact that the alleged ill-treatment had taken place in an area not covered by the cameras.[61]

58. From January 2024 to March 2025 there had been 17 complaints lodged for ill-treatment at Algeciras Prison, 16 at Puerto III Prison, 20 at Huelva Prison.
59. In accordance with the stipulations set out in the 2021 protocol, such material was to be referred to the relevant judicial authorities (supervisory judge and/or duty judge) and the internal Inspectorate of the SGIP.
60. For example, a prisoner from Puerto III Prison suffering from mental health disorder and under a suicide prevention protocol had lodged a complaint on 2 June 2024 to the supervisory judge (JVP) No.4 of Puerto Santa Maria for having been allegedly slapped and punched in the security corridor (*rastrillo*) of his module on 31 May 2024. The JVP, after examination of the relevant documentation requested from the prison management (incident reports, medical documentation, statement of staff), dismissed the complaint on 13 August 2024 based on the fact that the medical documentation said that he displayed no injuries.
61. For example, a prisoner had lodged a complaint on 3 October 2024 to the JVP concerning alleged ill-treatment by prison staff in the search room of Module 15 of Puerto III Prison in the context of a regimental incident with use of means of restraint (namely, physical force and provisional isolation). The JVP had rejected the complaint on 14 October 2024 based on the prison management's documentation (incident reports, medical certificate, testimonies of prison staff and minutes of the interview of the prisoner), stating that from the examined CCTV recording *"nothing relevant could be detected"*.

- Credibility was lent to concordant statements made by prison staff without credibly elucidating and excluding all elements indicated by the prisoners in their complaint.[62]

- In almost all cases, judicial authorities conducted investigations from a distance, without visiting the relevant prison establishments, and delegating investigative actions to prison staff.

- Proceedings were dismissed and archived without adequate reasoning and explanation, and credibility was simply lent to the injuries displayed as the result of the "necessary and minimal use" of force by prison staff as mentioned in the respective incident reports.[63]

55. It is also important to note that significant jurisprudential developments have taken place in relation to the system of investigation into allegations of ill-treatment in prison establishments. In particular, the Spanish Constitutional Court has issued one important judgement (No. 105/2024) concerning the impunity of law enforcement officers for alleged mistreatment of detained persons.[64] In its decision, the Constitutional Court determined a violation of Article 15 of the Spanish Constitution based on the examination of an appeal from a prisoner against two decisions from lower courts on the dismissal of a complaint of physical ill-treatment. The Constitutional Court determined that a more thorough examination was required than that applied by the two courts in question, to clarify the circumstances surrounding the facts of an allegation of ill-treatment before declaring its dismissal. The Constitutional Court in particular determined that it is imperative to pay particular attention to the specific circumstances of the complaint, the facts reported, their severity, and the opacity of ill-treatment in a penitentiary setting, notably in light of the paucity of evidence that exists in this type of offence.

56. The CPT considers that the efforts invested by the SGIP in ensuring a better management of complaints of ill-treatment through the adoption of Service Order 06/2021 clearly demonstrates its commitment to ensuring accountability for allegations of ill-treatment. However, further action is required to address the deficiencies identified by the delegation in the course of the visit and to comply with the CPT's longstanding recommendations as well as with the recent decisions of the Constitutional Court.

Therefore, the CPT recommends that the Spanish authorities take the following steps to ensure effective investigations are carried out into cases of physical ill-treatment in a prison setting:

- Eliminating obstacles to the detection and identification of cases of alleged ill-treatment by the prison staff through an improved system of recording and reporting injuries (as outlined in paragraph 59) and the effective coverage of all relevant areas by CCTV cameras (such as search rooms[65] and security corridors known as "rastrillos").

62. For instance, a prisoner from Puerto III Prison submitted a formal complaint on 10 April 2024 to the JVP, alleging that on 8 April 2024 a head of service and a prison guard had physically assaulted him in the search room of Module 15. The complaint was dismissed by the competent duty judge on 13 October 2024, solely on the basis of the documentation provided by the prison management. This documentation comprised the concordant written testimonies of the prison staff and two prisoners (who were witnesses of the alleged incident). It was evident that the documentation in question did not include any minutes pertaining to the interview of the alleged victim.
63. In relation to the aforementioned prisoner mentioned in point xi of paragraph 45, a formal complaint was submitted to the relevant JVP who rejected it on 16 October 2024 with the stipulation that the relevant documentation from Madrid IV Prison indicated that he had attacked several prison officers and that the minimum necessary force had to be employed by prison staff on the prisoner in order to subdue him.
64. The case concerned an appeal lodged by a prisoner of Valladolid Prison in 2021, whose complaint of physical ill-treatment had been dismissed on two instances by two competent courts, on the grounds of an absence of evidence.
65 Instruction 04/2022 stipulates that premises specifically designated for conducting full strip searches shall be equipped with an independent sound recording system and elements that preserve the privacy of the person concerned.

- **Taking swift action to investigate cases of alleged ill-treatment, in particular with regard to interviewing the alleged victim, promptly securing key evidence, and ensuring, through the General Council of the Judiciary (*Consejo General del Poder Judicial* or CGPJ), that JVPs and duty judges are informed of their duty to conduct such investigative actions in person and not delegate them to prison staff.**

- **Applying appropriate investigative techniques such as adopting procedures to prevent coordinated statements by prison officers (notably by conducting separate interviews with the same), ordering forensic examinations, and ensuring that alleged victims of ill-treatment are always interviewed by the duty judge.**

- **Ensuring that the JVP and duty judge's decisions on whether to dismiss a complaint or to open a formal investigation are duly reasoned and always based on a rigorous examination of the evidence gathered and, in particular, the consistency of the injuries sustained by the detained persons and the credibility of their allegations with the concordant statements of prison staff.**

The Committee requests that the above recommendation be transmitted to the *Consejo General del Poder Judicial* or CGPJ for dissemination to all relevant JVPs and duty judges, with particular emphasis on those responsible for the oversight of Algeciras, Puerto III and Huelva Prisons.

c. injury reports (*parte de lesiones*)

57. The importance of ensuring the thoroughness and quality of injury reports has been a subject of interest for the CPT and other monitoring bodies in Spain for several years. In this respect, the Spanish NPM published a thematic report on this topic in 2014, which included clear recommendations in light of the CPT's observations on the main requirements with which medical examinations of detained persons displaying injuries should comply.[66] Moreover, as stated in paragraph 105, a Protocol on the forensic medical examination of detainees was adopted in 2023 by the Ministry of Justice, along with a manual delineating the optimal practices for its implementation. The 2023 Protocol stipulates, *inter alia* that medical examinations of prisoners in a prison context conducted by healthcare staff should comply with specific standards in terms of confidentiality, thoroughness and format.

58. The findings of the delegation in relation to the injury reports drawn up in respect of prisoners alleging physical ill-treatment or excessive use of force in the context of a regimental incident were of a standardised format, as recommended by the NPM.[67] However, during the 2025 visit, numerous deficiencies were found in relation to their quality. These included the scant and inadequate descriptions of injuries observed on prisoners, notably following the use of force by prison staff, the absence of details regarding their size, shape and colour, the lack of detail and reference to the possible mechanism of the origin of the injury and the use of elusive and seemingly judgmental language by healthcare staff (see paragraph 105). Further, there was an absence of photographs and body charts.[68]

In addition, all detained persons who alleged ill-treatment by prison staff to the delegation stated that the statutory medical examination by healthcare staff following the episode of resort to means of restraint pursuant to Article 72.1 of the RP had taken place in the designated cell of the closed-regime module and consisted of a mere visual check, behind bars, and in the presence of custodial staff. Following this, a *parte de lesiones* would be drawn up and the judicial authorities were basing their decisions on such *parte de lesiones* when adjudicating on complaints or reviewing the legality of the use of force (see paragraph 54).

66. See in this respect the NPM study on injury reports of persons deprived of liberty of 2014 (*"Estudio sobre los partes de lesiones de las personas privadas de Libertad"*).
67. See in particular the format suggested by the NPM in its study (footnote 66), which should include several boxes in relation to the description of the injuries, its origin and possible compatibility with the alleged mechanics.
68. Healthcare staff met by the delegation stated that the practice of photographing prisoners was not in accordance with national legislation pertaining to privacy.

59. reiterates its recommendation that steps be taken to ensure that the healthcare staff of all prison establishments visited and nationwide fully play their role in preventing ill-treatment, by ensuring that every prisoner subject to a security measure under Article 72 of the RP undergoes a thorough medical examination, in a confidential setting and out of the sight and hearing of custodial staff, following which a detailed record should be established. The record should contain:

i. an account of statements made by the person which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them);

ii. a full account of objective medical findings based on a thorough examination;

iii. the healthcare professional's observation in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

The record should also contain the results of additional examinations performed, detailed conclusions of the specialised consultations carried out, and treatment given for the injuries, or any further procedures conducted.

Recording of the medical examination in the event of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries, to be kept in the medical file of the prisoner.

Injuries should be photographed, and the photographs in colour filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register, in which all types of injuries should be recorded.

The existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority. Further, the report on the medical examination should be made available to the prisoner concerned.

d. inter-prisoner violence

60. The situation with regard to inter-prisoner violence and intimidation in the establishments visited varied according to the modules and the regime in force. In particular, the situation with respect to the 'respect', UTE and PAIEM modules was very calm, and episodes of inter-prisoner violence were rare, if not virtually non-existent. However, in the so-called 'conflictual' modules, inter-prisoner violence was more prevalent, as evidenced by the relevant documentation (for example, disciplinary registers, incident reports on the application of security measures and means of restraint, injury reports, etc.). Such episodes primarily occurred in the communal areas of the relevant modules but also in double-occupancy cells. In the view of the delegation the primary contributing factors to these episodes were identified as the challenging profiles of the affected prisoners, their predisposition towards conflict, and a range of other issues, including their intoxication and the subsequent agitation, accumulated debts, and conflict surrounding the trafficking of illicit substances. The principle underlying the actions of prison staff was to intervene promptly in order to separate the prisoners and escort them to the closed-regime module for provisional isolation. Further, the provision of medical assistance and the recording of injuries sustained by the prisoners were swiftly ensured. The delegation was under the distinct impression that the management in the prisons visited were aware of the levels of inter-prisoner violence and intimidation, and were striving to confine it to the so-called 'conflictual' modules.

The CPT reiterates its recommendation that a specialised strategy to prevent and effectively address inter-prisoner violence be devised, notably by assigning more prison staff (particularly custodial staff) to those conflictual modules and promoting a more substantial regime of activities in the same modules as outlined in paragraph 80.

3. Conditions of detention in closed-regime modules

61. In the Spanish system prisoners might be classified as first degree pursuant to Article 10.1 of the LOGP following an assessment of the multi-disciplinary board due to their dangerous criminal profile, or their incompatibility with the ordinary regime.[69] Consequently, they are accommodated in self-standing closed-regime modules of prison establishments. In addition, closed-regime modules may also accommodate other categories of prisoner, such as prisoners on remand detention and provisionally classified under first degree (Article 10.2 of the LOGP), those serving a disciplinary sanction of solitary confinement (Article 254 of the RP) or preventive isolation in case of disciplinary offences (Article 243 of the RP) and those separated from the rest of the prison population for regimental limitations (Article 75.1 of the RP). At the time of the visit the number of prisoners classified as first degree throughout the Spanish penitentiary system amounted to 381 males and 15 females, which accounted for approximately 2.5% of the prison population.[70]

62. During the 2025 visit, the delegation examined the conditions of detention in the following closed regime and special modules:

- Module 17 at Algeciras Prison, consisting of four galleries for a total of 36 cells was accommodating 16 prisoners, nine under the regime pursuant to Article 91.2 of the RP, three serving a disciplinary sanction and three under a separation measure pursuant to Article 75.1 of the RP and one specially trained support prisoner (*interno de apoyo*).

- Module 16 at Huelva Prison, consisting of four galleries and a total of 27 cells, was accommodating 25 prisoners: 12 under Article 91.2 of the RP, one under Article 91.3 of the RP, five serving a disciplinary sanction of solitary confinement and seven separated from the rest of the prison population pursuant to Article 75.1 of the RP.

- Module 19 at Madrid VII Prison, consisting of 70 cells was accommodating 48 prisoners, 21 under the regime pursuant to Article 91.2 of the RP, two under Article 91.3 of the RP, 13 under a separation measure pursuant to Article 75.1 of the RP and 12 serving a disciplinary sanction or pending a first regime classification.

- Module 15 at Puerto III Prison, consisting of five long and five short galleries for a total of 70 cells, was accommodating 26 prisoners at the time of the visit: 17 under Article 91.2 of the RP (including one female), three under Article 91.3 of the RP, three serving a sanction of solitary confinement for disciplinary purposes, and three with regimental limitations of separation from the rest of the population under Article 75.1 of the RP.

- Module 13 at Sevilla II Prison, consisting of 70 cells, was accommodating 34 prisoners at the time of the visit, 16 under the regime pursuant to Article 91.2 of the RP, five under Article 91.3, six under a separation measure pursuant to Article 75.1 of the RP and seven serving a disciplinary sanction of solitary confinement.

69. Article 10.1 of the LOGP reads as follows: *"In accordance with paragraph 1 of the preceding article, establishments or special departments shall be designated for prisoners classified as extremely dangerous or for cases of maladjustment to the ordinary and open regimes. This designation shall be made on objective grounds in a reasoned decision, unless the study of the subject's personality indicates the presence of anomalies or deficiencies that should determine their placement in the corresponding special centre."*
70. Such an indicator has been stable over the last 10 years across the country.

a. material conditions

63. Closed regime modules are characterised as self-standing, one-storey buildings, interspersed by parallel galleries of cells. These are separated by rectangular courtyards surrounded by vertical five-meter-high concrete walls and interpolated with communal rooms/classrooms, gyms and various offices in use by treatment staff. The single-occupancy cells were structurally and dimensionally analogous to the standard cells of the Spanish model prison, with a surface area of 10 to 11 m^2 and were equipped with a bed affixed to the floor, a shelving unit, a semi-partitioned sanitary annex containing a toilet, shower, and washbasin, and an interphone system. Further, cells, unlike those in the ordinary regime, were equipped with double-metal grilles on the windows. Each module included a small gym (equipped with exercise equipment, such as pull-up bars and exercise bikes), classrooms/associational rooms (equipped with table and chairs, reading material and board games) and several consultation rooms.

The material conditions of detention were found to be satisfactory in terms of the state of repair and equipment of the premises (including associational rooms) and the level of hygiene at the closed-regime modules visited at Puerto III, Algeciras and Sevilla II Prisons. However, the closed-regime modules of Madrid VII and Huelva Prisons showed a higher of level of austerity, absence of visual stimuli, lack of decoration and signs of wear and tear in cells (in terms of scraped and mouldy walls) and communal facilities (damaged furniture in classrooms and poor and worn equipment in gyms). Further, some cells, notably those occupied by prisoners classified under Article 91.3 of the RP and other prisoners with mental disorders at all prisons, were found to be in a poor state of hygiene and dilapidation and missing basic furniture, such as chairs, and were lacking a TV.

64. The CPT recommends that the cells and communal facilities in the closed-regime modules visited be kept in an adequate level of repair and hygiene. To this end, urgent steps should be taken to whitewash the cells at Module 16 of Huelva Prison and Module 19 of Madrid VII Prison; to remove the double metal grilles on the windows in cells in order to enable increased access to natural light in the cells of all closed-regime modules; to ensure that cells occupied by prisoners with a particular mental profile be adequately equipped in terms of furniture and subject to periodic cleaning.

65. The design of the outdoor facilities in the closed-regime modules of the prisons visited remains unsatisfactory.71 The courtyards were rectangular in shape and surrounded by five-metre-high concrete walls, covered with a metal mesh,72 and visual stimuli (with the notable exception of Module 15 of Puerto III Prison and Module 13 of Sevilla II Prison, where the concrete walls were covered in graffiti artworks of various landscapes). These facilities did not provide any opportunities for rest, exercise, or shelter in case of inclement weather and there was no greenery which is particularly notable in light of the abundance of decorative vegetation at all the prisons visited and in Spanish prisons in general.

The CPT recommends that all the concrete exercise yards in closed regime and special department modules be equipped with a means of rest, exercise equipment such as pull-up bars and provided with some visual stimuli, such as the decorative graffiti present at Puerto III Prison as well as greenery. Further, the metal mesh covering the courtyard should be removed.

71. See in this respect paragraph 71 of the CPT's report on its 2020 periodic visit to Spain CPT/Inf (2021) 27.
72. Notably for security reasons, in view of preventing escapes rather than the throwing of objects.

b. regime

66. The CPT recalls that the regime in force for prisoners placed in closed regime departments consists of up to seven hours of out of cell entitlement per day in groups of up to five prisoners for prisoners classified under Article 91.2, and six hours for groups of up to three prisoners under Article 91.3 of the RP.[73] The SGIP has recently started rolling out a specialised programme for closed-regime prisoners (*Programa de Regimen Cerrado* - PRC) consisting of a set of treatment activities classes, workshops, behavioural programmes (on, for example, mindfulness, emotion regulation and pet therapy), and film clubs delivered by multi-disciplinary staff (educators, psychologists, social welfare officers and sports monitors) in order to promote their progressive re-integration into ordinary modules.[74] Further, prisoners who are deemed to have progressed towards their reintegration may be allowed to spend part of the day in an ordinary module pursuant to the flexibility principle enshrined in Article 100.2 of the RP.[75]

67. The findings of the 2025 visit indicate that the minimum requirements for out-of-cell entitlements were in principle adhered to in practice with regard to prisoners classified under Article 91.2 of the RP.

The delegation observed that groups of up to five prisoners were allocated three hours in the courtyard and an additional two hours in a communal area, during which time activities such as watching television, playing board games, and making telephone calls were permitted. In order to progress to the ordinary regime, prisoners must receive a positive assessment from the *equipo técnico*, which will then formulate a recommendation to the treatment board. In principle, a positive observation by treatment staff over a period of three months would result in a recommendation for possible discharge from the module. However, the number of prisoners included in the PRC and benefitting from additional treatment activities, in addition to the out of cell entitlements, was very limited at all modules visited[76] and their placement in a closed regime module could last for several months, and in some cases up to two years. Treatment staff informed the delegation that this was due to the prisoners' lack of motivation, since participation was voluntary and required their commitment.

Furthermore, in the majority of closed-regime modules, as was the case during previous CPT visits, all meetings involving treatment staff in the roles of educator, psychologist or social worker would take place through metal bars, glass screens or, alternatively, through apertures for the passage of objects. Consequently, the set-up compromised any meaningful communication between the prisoners and the staff.

68. Prisoners classified under Article 91.3 of the RP (assessed as very dangerous, as protagonists or instigators of very serious disciplinary disturbances which endangered the life or integrity of officials, authorities or other prisoners) were offered a more restricted regime, consisting of three hours of outdoor exercise with another prisoner, and possible treatment activities on an individual basis, in light of their criminological and regimental profile. In practice, no other activities were available to them,[77] and they only received sporadic visits from treatment staff during their periodic reviews; placement under this regime was generally measured in years rather than months. Consequently, their relevant individual

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73. In respect of prisoners subject to Article 91.2 the daily legal entitlement consists of four hours of outdoor exercise and up to additional three hours for scheduled common activities. Prisoners classified under Article 91.3 of the RP shall enjoy at least three hours of out-of-cell entitlement per day, which may be extended by up to three additional hours for scheduled activities.

74. The PRC was first introduced in 2011 but did not materialise in practice until recent years. At the time of the visit, prison establishments had devised an implementation plan of their PRC structured on various activities.

75. Article 100.2 of the RP, a cornerstone of the treatment programmes of the Spanish penitentiary system reads as follows: *"However, in order to make the system more flexible, the Technical Team may propose to the Treatment Board that, with regard to each convicted person, a model of enforcement be adopted in which characteristic aspects of each of the aforementioned degrees may be combined, provided that such a measure is based on a specific treatment programme that cannot otherwise be implemented. This exceptional measure will require the subsequent approval of the corresponding Supervisory Judge, without prejudice to its immediate enforceability."*

76. For example, there were four in the closed-regime Module 16 of Huelva Prison, three in Algeciras Prison, and three in Puerto III Prison.

77. Unless they would subscribe to a PRC.

treatment plans ("*Programa individualizado de tratamiento"* or PIT documented only minimal and generic treatment goals,[78] and little progress had been made towards their realisation.

69. The delegation met a number of persons who had been placed in these modules for extended periods in conditions analogous to solitary confinement, which in certain cases caused or exacerbated the development of serious mental disorders. For example, the delegation met a prisoner at Huelva Prison, classified under Article 91.3 of the RP following transfer from another prison, who had been accommodated since his arrival at the prison in 2021 in a cell within the fourth gallery of Module 16 of Huelva Prison. The cell was devoid of a television and the prisoner had no other association with other persons, except for sporadic contact with a visiting priest and treatment staff. The psychologist had recommended his reclassification to Article 91.2 in order to promote his resocialisation and prevent the further deterioration of his mental health, which had necessitated his transfer on several occasions to the Sevilla Penitentiary Psychiatric Hospital. The recommendation had been rejected by the Treatment Board given his criminological profile and previous trajectory within the prison system.[79] However, it is evident that greater efforts need to be made to attenuate the solitary confinement-type conditions to prevent a complete deterioration in the mental health of the prisoner.

70. The Committee has engaged over the years in a discussion with the Spanish authorities on the informal classification tool for prisoners of a specific profile known as FIES (*Fichero de Internos de Especial Seguimiento*).[80] This informal tool is used by the SGIP to enhance the recognition of prisoners by prison staff in view of their particular criminal profile, as well as their regimental trajectory within the prison system. During the 2025 visit, the delegation met with a number of prisoners who, due to their categorisation under FIES (Armed terrorist organisation or *Banda Armada* – BA, or Direct Control, *Control Directo* - CD) as suspects of Islamic terrorism under Article 10.2 of the LOGP, had been subject to significant restrictions on their regime for periods of up to three years. Their FIES informal classification *de facto* precluded their participation in the PRC, and they were offered an impoverished regime consisting only of the statutory entitlement of outdoor exercise and access to a communal room. For instance, a significant number of prisoners, including a considerable proportion of young adults, had submitted written requests to join the PRC. However, these requests were rejected on the basis of their criminal profile.[81] The delegation was informed by the relevant treatment staff that this category of prisoner could be included in a specialised treatment programme under the name DALIL, (see paragraph 77) which was targeted at radicalised Islamic prisoners and was in the implementation phase.

71. Article 75.1 of the RP establishes the framework within which the prison management may impose specific separation and segregation measures on prisoners for reasons pertaining to their security, as well as in instances of evident incompatibility with the ordinary regime. It is incumbent upon the Treatment Board and Director to issue a reasoned decision that clearly delineates the limitations imposed on them (for example, exclusion from common activities, placement in an observation cell with a support prisoner etc.). During the visit, the delegation met with several prisoners who had been placed in a closed-regime department following an incident in a module under such a separation measure pursuant to Article 75.1 of the RP, which could be renewed indefinitely on a monthly basis. They were, in practice, only offered outdoor exercise for considerably less than the statutory five hours per day, and limited possibilities to associate with other prisoners.[82] The prisoners exhibited signs of significant psychological distress, primarily due to the indefinite nature of the limitations imposed on them and compounded by the limited attention they received from treatment staff and psychological assistance.[83] Further, the uncertainty surrounding their imminent transfer to another prison facility contributed to their feelings of anxiety and distress. At Madrid VII Prison, the director told the delegation that measures of provisional isolation for disciplinary purposes in accordance with Article 243 of the RP were being implemented and executed as regimental limitations, as delineated in Article 75.1 of the RP, thus depriving prisoners of relevant legal safeguards (see paragraph 61).

78. Such as the acquisition of basic social skills, anger management, and basic education.
79. This is particularly significant in light of the individual's previous convictions, including a life sentence in Italy and an additional 80-year sentence in Spain, as well as allegations of assaulting prison staff at Madrid VII Prison in 2021.
80. See in this respect paragraph 76 of the CPT's report on the 2020 periodic visit to Spain CPT/Inf (2021) 27.
81. The responses to their requests bore clear mention of their FIES classification.
82. They could only associate with other prisoners belonging to the same category.
83. Psychologists are required to meet with prisoners in accordance with Article 75.1 of the RP on a weekly basis. However, due to a shortage of staff and a high workload, these meetings were not held as regularly as intended.

72. The Committee takes note of the efforts invested by the SGIP in building on the provisions of Instruction 12/2011 by allocating to each closed regime and special department module a full-time dedicated multi-disciplinary team composed of educators, psychologists and social workers, and rolling out PRC programmes. However, too few prisoners remained involved in these valuable programmes to facilitate their re-integration and the argument that the inclusion is voluntary and prisoners were refusing such interventions was not convincing in light of the delegation's observations.

The CPT reiterates its recommendation that the following steps be adopted in order to improve the regime on offer at all closed-regime modules:

- **The PRC to be more forcefully promoted at all closed-regime modules and proactively offered to prisoners under Articles 91.2 and 91.3 of the RP. The relevant *"equipos tecnicos"* should develop more detailed individual treatment plans for each prisoner and should increase their direct interaction with them through motivational interviews. There should also be increased engagement by a sports instructor.**

- **Prisoners under Article 10.2 of the LOGP and informally classified as FIES to be included in specialised programmes such as DALIL and other treatment activities. The Committee would like to receive confirmation of their inclusion.**

- **Prisoners classified under Article 75.1 of the RP to be the object of reinforced psychological interventions and informed of their status and possible transfer to other prison establishments in light of the provisions of Article 79 of the LOGP. Further, they should be offered the statutory five hours of outdoor exercise per day.**

- **All formal interactions in consultation rooms and classrooms between staff and prisoners in the closed regime and special departments to be conducted directly, and not through metal bars or screens. Where concerns for safety exist, it would be preferable for an additional member of staff to be present in the consultation room. Steps should be taken to ensure that such a risk assessment, together with a plan for addressing the risk factors, exists for prisoners deemed to be dangerous within prison.**

- **Given the profile of the prisoner population, the healthcare team and, in particular, psychiatrists, should assess more carefully the mental health status of each prisoner placed in a closed regime and special department module (notably those under Article 91.3 of the RP) in order to lead to enhanced psychological care.**

The Committee would also appreciate the comments of the Spanish authorities on the introduction of a personal officer scheme for first-degree prisoners; this would provide an additional means of communication and, if done well, enable challenges to be identified and addressed before they result in conflict.

4. Conditions of detention in ordinary modules (including conflictual modules)

73. The vast majority of prisoners within the Spanish system are classified as second-degree prisoners and spend the majority of their sentence in ordinary regime modules, pending a review from the relevant treatment board.84 In the Spanish system, as conceived in the RP, ordinary regime modules are diversified and follow the treatment focus of the profile of the prisoners accommodated. The fundamental principle underpinning the treatment of prisoners is rooted in the provision of work, educational, sporting and recreational activities. In addition to this, specialised treatment interventions are proposed for prisoners according to their individual profile and the nature of their crime profile The implementation of such

84. On 1 January 2025, 35 517 prisoners out of 47 445 (75%) were classified as second degree and serving their sentence in an ordinary regime.

programme frameworks occurs within dedicated modules, including the 'respect', PAIEM, UTE, recently introduced mixed-gender modules, and those modules specifically designed for prisoners with neurodivergent disabilities. Prisoners who are considered challenging due to repeated disciplinary offences, substance use or their particular behaviour are accommodated in ordinary modules, which are also known informally as 'conflictual' modules.

a. material conditions

74. The state of repair and maintenance as well as the hygiene and decoration was of a particularly high standard at Puerto III Prison in all modules and communal areas. In the other prisons visited, the cells and communal areas were satisfactory in the "*modulos de respeto*", PAIEM and UTE modules and the standard cells (measuring 10 m^2 in principle for single- or double-occupancy and equipped with bunk bed, concrete shelving units and semi-partitioned sanitary annex with toilet, washbasin and shower). That said, at Module 17 of Algeciras Prison the delegation observed serious water infiltration notably in corridors where there were large accumulations of water.

On the other hand, the conditions of detention in so called 'conflictual' modules, were less good, notably as regard the communal rooms, refectories, workshops, classrooms and gyms. In particular, modules Nos. 3,4 and 6 at Algeciras; 1,4 and 6 at Puerto III; 3,4 and 6 at Huelva; 2,6 and 16 at Madrid VII and 1,2,3 and 4 at Sevilla II Prisons were in a poor state of hygiene and repair and less well equipped and decorated than the other modules in their respective prison establishments. The state of neglect of these areas was well exemplified by the fact that workshops and classrooms were in a dilapidated, abandoned and inoperative state, with broken plastic chairs and damaged boards, and gyms were extremely poorly equipped (featuring only basic benches, and dilapidated exercise bikes or worn weightlifting material).

The CPT recommends that the Spanish authorities take action to ensure that all the modules in the prisons visited are kept in a decent state of repair and hygiene and the equipment is well-maintained. Further, gyms and workshops should be properly outfitted and broken furniture replaced. Further, the SGIP should have an increased oversight of the conditions prevailing in the prisons and intervene more expeditiously when the state of repair deteriorates. Finally, the problem with water infiltration at Module 17 of Algeciras Prison should be addressed and resolved.

75. At Huelva and Madrid VII Prisons the delegation received complaints in relation to the poor quality of food in terms of poor preparation and lack of variety. The prison director of Huelva Prison blamed the decreased funding for food for the deterioration in quality.

The CPT recommends that the SGIP invest efforts, including of a financial nature, in order to ensure that at Huelva and Madrid VII Prisons a wide variety of foods be made available in the right proportions and remain vigilant in relation to the offer of an adequately nutritious, sufficiently calorific and well-balanced diet to prisoners.

b. regime

76. The regime in force in the ordinary regime modules allowed prisoners to spent most of the day (from 7:45 to 14:30 and from 16:30 to 20:45) outside their cells, either in the common areas of their respective modules or engaged in an organised activity.[85] Offering such an extensive period of the day out-of-cell and in association with other prisoners can be considered good practice. The delegation was positively impressed by the targeted, diversified nature of the activities offered to prisoners under the ordinary regime. For example, at Puerto III Prison the offer of activities to the population classified under ordinary regime, with the exception of the so-called conflictual modules, was particularly rich.[86]

85. During the day the cells are locked and prisoners are not allowed access to them, apart from during the post-lunch *siesta* period when they are confined to their cells.

86. A total of 282 prisoners had remunerated work (maintenance, kitchen, bakery, laundry, call centre and various production workshops), 547 prisoners participated in occupational therapy activities, while 825 (64%) participated in occupational activities, 680 (53%) in therapeutic activities, and 1 085 (84%) in sports and recreational activities. The offer of activities was similar at the rest of the prisons visited and the number of working prisoners amounted to 280 at Sevilla II, 274 at Huelva, 212 at Algeciras and 401 at Madrid VII Prisons.

77. In addition to the placement of prisoners in thematic modules such as UTE, PAIEM and INTEGRA, the Treatment Board could propose the inclusion of prisoners in one of the specialised transversal treatment programmes being implemented at the level of the SGIP.

The following programmes were in place for various specific groups of prisoners at most of the visited establishments:

PICAS (programme for the treatment and rehabilitation of sex offenders);
PICOVI (programme for the management of prisoners with violent behaviour);
PRIA (programme for the rehabilitation of prisoners sentenced for sexual and gender-based violence (SGBV) offences);
PIDECO (for offenders in economic and white-collar crime);
TAPA (pet therapy rehabilitation);
DALIL (for radicalised Islamic terrorist offenders);
SERMUJER (for female prisoners victims of SGBV);
and other special groups in relation to preparation for release on permits, elderly prisoners or young adults.

Further, although special programmes were in principle implemented with the resources and staff provided by the SGIP, civil society organisations were active in all the establishments visited in providing recreational, rehabilitative and religious activities, as well as in supporting the work of treatment staff in so-called therapeutic modules.[87]

78. Many prisoners expressed their appreciation for the individualised approach of the treatment staff in the creation of the PIT and MII (*Modelos de Intervenciòn Individuales for remand prisoners*). This appreciation was particularly evident in the most specialised modules. However, despite their dedication and motivation, there were several vacancies in the budgeted positions of treatment staff (notably educators, psychologists and social workers), which hindered the desired level of intervention, particularly in the domain of psychological assistance.[88] The lack of treatment staff was affecting in particular Madrid VII Prison due to its distance from urban centres and unattractive location (87 km from Madrid).[89]

79. As stated in paragraph 60 conflictual modules of all the prison establishments visited were characterised by a paucity of activities and an impoverished regime.

In such modules prisoners were left to their own devices for the entire day and many told the delegation that their expressed desire to progress to other modules was being frustrated by several factors, such as: the negative assessment they had received from treatment boards, the paucity of activities and possibilities to demonstrate their motivation, and the dilapidated state of the workshops, libraries and classrooms in the modules. Consequently, only a small number of prisoners from conflictual modules were granted permission to leave the module to attend the prison's socio-cultural and sporting facilities; by contrast only basic Spanish and mathematics classes were offered on the modules. The treatment staff at the prisons visited informed the delegation that treatment activities are voluntary, and that this category of prisoners was reluctant to participate in any specialised treatment. Further, staff also considered that they would pose significant challenges with regard to discipline.

80. The Committee is once again appreciative of the extensive range of targeted treatment activities, innovative specialised programmes, the provision of remunerated work, and the receptiveness of prison establishments to civil society. It is important to note that the aforementioned commitments and investments were at risk of being undermined by two key factors. Firstly, there was a shortage of staff members specialising in certain categories of treatment. Secondly, there was a lack of success in attracting workers to isolated and secluded areas, such as Estremera (Madrid VII Prison). Furthermore, although the creation and categorisation of modules for prisoners with a specific profile, such as those prone to conflict,

87. All visited establishments had concluded collaboration agreements with several NGOs.
88. For example, at Puerto Prison there were six out of seven budgeted posts of psychologist, 13 out of 21 educators and seven out of 14 social workers. At Huelva Prison, the ratio was six out of eight psychologists, three out of four jurists, seven out of 13 social workers and two out of 15 educators.
89. For example, at Madrid VII Prison there were 10 vacant posts of social workers.

is in accordance with the provisions of Article 76.2 of the RP,[90] there are also concrete risks of creating an informal segregation. This is notably the case if it results in significantly worse conditions of detention, more frequent disturbances, and an unfavourable environment for custodial staff.

To address the deficiencies in ordinary regime modules, the CPT recommends that the SGIP undertakes the following measures:

- **Recruit additional staff and fill the vacancies of treatment staff, notably for social workers and educators at all prisons visited.**

- **Ensure that more targeted individualised activities are drawn up for prisoners in "conflictual" modules at all establishments visited, in order to address their needs, notably the root causes of their violent and recalcitrant behaviour.**

- **Refurbish and upgrade workshops and classrooms in "conflictual" modules and ensure that they become operational and are kept in a proper state of repair.**

5. The situation of female prisoners in ordinary modules

81. At the time of the 2025 periodic visit to Spain there were 3 537 female prisoners accounting for 7.2% of the overall population. In its report on the 2020 periodic visit to Spain, the CPT recommended that the Spanish authorities develop a gender-specific approach towards women prisoners, in light of their specific profile, different risk assessment, as well as the prevalence of mental illness and self-harming behaviours, and previous traumatisation.[91] Further, the CPT formulated additional recommendations concerning the regime on offer, screening proceedings, the increase of female prison staff, and adaptation in contact with the outside world. The SGIP adopted a Service Order (No. 06/2021) on the fundamentals of the introduction of a gender perspective in Spanish prisons. This Order stipulated the removal of gender stereotyped activities in prisons and the participation of females in vocational activities. It also specified the development of medical protocols for the screening of SGBV, the creation of special training modules for prison staff, and the establishment of a transversal commission for the implementation at each prison establishment which was duty-bound to report to the Equality Department of the SGIP. The CPT welcomes this approach.

82. In the course of the 2025 periodic visit, the CPT delegation visited the female modules of Algeciras, Puerto III, Huelva, and Madrid VII Prisons. This included the mixed-gender modules of Puerto III and the mixed-gender UTE modules of Huelva and Madrid VII Prisons.[92] The mixed-gender modules were found to provide very good conditions of detention in terms of equipment, hygiene and maintenance, and furniture.[93] However, the ordinary female modules of Algeciras, Puerto III, Huelva and Madrid VII shared the same design as the male modules and in some cases (such as Modules 1 of Algeciras and Puerto III Prison exhibited similar deficiencies to those of the 'conflictual' modules for male prisoners, where it was noted that communal facilities and workshop areas had fallen into a state of disrepair and were largely unused. Furthermore, indigent female prisoners complained about the inadequate provision of hygiene items, such as sanitary pads, in their allotted bi-monthly stock provided by the SGIP.

90. Article 76.2 of the RP reads as follows: "the internal separation of the prison population, in accordance with the criteria established in Article 16 of the General Prison Law, shall be adjusted to the needs or requirements of treatment, intervention programmes and the general conditions of the Centre."
91. See in this respect paragraphs 122-136 of the CPT's report on its 2020 periodic visit to Spain CPT/Inf (2021) 27.
92. Mixed-gender modules have been recently set up in Spanish Prisons pursuant to Article 16 of the LOGP and Article 99.3 of the RP, which stipulates that on an exceptional basis male and female prisoners may share the same module with their consent and upon the fulfilment of certain conditions. Male and female prisoners of a specific treatment profile and, in principle, involved in remunerated work share certain communal facilities of the module such as refectory and workshops, and take part in the same recreational activities.
93. Mixed-gender modules had been adapted to the particular needs of female prisoners with properly equipped showers and sanitary facilities.

83. With regard to the regime and activities provided, the delegation noted the particularly positive examples of the mixed-gender modules, which featured a rich level of work and vocational activities, and a relaxed atmosphere between staff and prisoners.[94] Further, the prison management of Puerto III and Algeciras Prisons had invested efforts in promoting the inclusion of female prisoners in workshops as well as vocational courses together with male prisoners. At the ordinary female modules of Puerto III (Module 1) and Algeciras (Module 1) Prisons, female prisoners expressed discontent regarding the lack of purposeful activities beyond the specialised SERMUJER programme and that they were compelled to spend the majority of their day in idleness. Further, female prisoners from the same modules lamented the penury of remunerated working activities available, its perceived lack of vocational value and the alleged failure of treatment staff to provide adequate psychological support for their past trauma of victimisation.

84. To sum up, the findings of the delegation during the 2025 periodic visit indicate that the adoption of the Service Order No. 06/2021 has had its first positive effect, and the management of the prison establishments were more attentive to the specific needs of female prisoners, notably when accommodated in ordinary prisons. The measures in question comprised enhanced screening activities to identify past victimisation from a treatment perspective,[95] more targeted interventions, and the promotion of mixed-gender modules. Furthermore, equality commissions and transversal commissions were convening regularly and reporting to the relevant Equality Commission of the SGIP. In regard to the processes of screening and admission, the SGIP issued Instruction No. 09/2022, which incorporates the gender perspective in a suicide prevention protocol. This instruction is based on recent academic research, which examines the varying rates of the phenomenon within the female prison population with the objective of facilitating the recognition of warning signs by staff and ensuring that they are appropriately addressed.

85. The CPT recommends that the Spanish authorities develop the range of activities on offer to women prisoners with a view to offering them paid work and vocational programmes which will assist their reintegration into the community. In this respect female prisoners from ordinary modules, such as Modules 1 of Algeciras and Puerto III Prisons and Module 16 of Madrid VII Prisons, should be offered more targeted activities and remunerated work of a vocational value, and their past victimisation should be addressed more promptly and consistently in terms of psychological care and a targeted approach. Further, female prisoners should be proactively encouraged by treatment staff to take part to the offered activities. Finally, the allotted quantity of sanitary pads should be consistently increased at all of the prison establishments visited accommodating females and, as appropriate, at the national level.

6. Security and coercive measures (mechanical fixation of prisoners, searches)

a. scope of measures (historical development)

86. The Spanish legislation stipulates a set of security and coercive measures that can be applied by prison staff to prisoners in specific cases or scenarios.[96] At the time of the visit, the delegation examined the application of such measures and the progress made since its previous visits. The delegation focused specifically on the application, supervision and reporting to the relevant judicial authorities of the measure

94. This was particularly evident at the mixed-gender module of Puerto III Prison, where the large majority of prisoners were involved in remunerated activities, this being one of the requirements for their admission to the module.
95. For instance, treatment staff at all prisons visited proactively tried to identify victims of sexual and gender-based violence with the view to enable a multidisciplinary response to be tailored to their needs from a treatment perspective. With regard to medical screening, please refer to the comments in paragraph 103.
96. According to Article 45 of the LOGP, the use of restraint is permitted to prevent escapes, acts of violence, self-harm and harm to other prisoners, as well as to overcome a prisoner's active or passive resistance to prison officers carrying out their duties. Further, Article 72 of the RP states that authorised means of coercion include temporary isolation (*aislamiento provisional*), the use of physical force, rubber truncheons and pepper spray. The principles of legality, proportionality and necessity are explicitly recalled.

of mechanical fixation of a prisoner for regimental purposes (*sujecciòn mecanica regimental*). This measure is regulated by Instruction 03/2018 of the SGIP. The CPT has called for its disbandment since 2016, on the grounds that it is potentially physically degrading and might be applied for punitive reasons.[97]

At the outset of the visit, the delegation was provided with official statistics from the Spanish authorities indicating that the resort to such measures was drastically decreasing due to the investments of the SGIP into alternative measures, and de-escalation techniques by prison staff, as well as a cultural shift. For example, there had been 245 resorts to mechanical fixation for regimental purposes in the course of 2022 across all 80 prison establishments under the SGIP, 216 in 2023, 151 in 2024 and 28 in the first three months of 2025.[98] However, the overall application of other security measures, such as provisional isolation, physical force, handcuffing and use of rubber truncheons remained stable.[99]

b. mechanical fixation

87. Instruction 03/2018 establishes the protocol for the application of mechanical fixation of prisoners for regimental purposes. This protocol encompasses procedural aspects, the equipment and material conditions of the cells, recording and monitoring procedures, and reporting lines to the relevant prison management and judicial authorities.[100] During the 2025 periodic visit, the delegation examined the way in which the measure was applied, including a thorough review of the relevant documentation[101] and CCTV recordings of the application of the measure.

In addition, the delegation spoke to prisoners and staff, as well as reviewing the judicial confirmation of the application of the measure. In this respect, the delegation was able to confirm that the resort to the measure had drastically decreased. For example, at Sevilla II Prison, the measure had not been resorted to in a single case in the first three months of 2025 and in no cases at all in 2024. In other prisons visited, its application appeared to be mainly related to instances of self-harm or extremely agitated behaviour and, unlike in the past, there appeared to be no instances of application of mechanical fixation for punitive purposes.

88. A review of the relevant documentation showed that prisoners were, in principle, being fixated to a bed in a closed-regime module for periods that rarely exceeded two hours, as determined by the relevant head of shift.

The measure was implemented in conjunction with CCTV recording. Healthcare professionals were scheduled to attend the location promptly following its initiation and at regular two-hour intervals to assess fundamental life parameters (vital signs). It is evident that the records were meticulously maintained, accurately recording the duration of the measure and its underlying justification. These records were submitted to the competent supervisory judge to verify the legality of the application of the measure.

89. However, the delegation noted a number of continuing problematic issues, notably:

- The CCTV recording examined by the CPT delegation demonstrated that prisoners could be restrained using a seven-point fixation with cloth straps, in addition to the conventional five-point fixation, by placing an additional band over their front to prevent abrupt movements of the head.
- The CCTV recording revealed that prison staff were at times adopting improper handling techniques when applying the cloth straps, such as holding a prisoner's head by placing their hands under his chin. Further, the medical documentation examined by the delegation also

97. See paragraph 76 of the CPT's report on the 2016 periodic visit to Spain CPT/Inf (2017) 34 and paragraph 85 of the CPT's report on the 2020 periodic visit to Spain CPT/Inf (2021) 27.
98. The decrease was particularly significant in respect of the fact that the measure continued to be consistently and robustly applied in the penitentiary system under the authority of the autonomous community of Catalonia.
99. For example, there had been 13 760 resorts to use of handcuffs from 1 January 2022 to 30 March 2025 in all prison establishments under the responsibility of the SGIP.
100. See in this respect paragraph 85 of the CPT's report on the 2020 periodic visit to Spain CPT/Inf (2021) 27.
101. Such as incident reports drawn up by prison staff to the head of service and prison director, as well as the medical documentation issued at the time of the statutory medical examination with the prisoner subject to the security measure.

indicated that, in a number of cases, prisoners had sustained injuries such as erythema on the limbs and shoulders, which were due to improper handling techniques at the time of their fixation to an equipped bed.
- Some prisoners complained that their requests to urinate were not attended to, and consequently, they were forced to urinate in the bed.
- No debriefing sessions were conducted with the prisoners involved following termination of the measure.

By letter received on 14 July 2025 the Spanish authorities informed the Committee that the seven point fixation of prisoners to a bed was not permitted and would be stopped.

90. The Committee welcomes the drastic decrease in the resort and application of the measure of mechanical fixation of prisoners for regimental purposes at the visited establishments. However, in respect of the instances in which it was still implemented, the same deficiencies were observed as during past visits.

Therefore, the CPT reiterates its recommendation that the Spanish authorities end the practice of mechanical fixation to a bed of prisoners for regime (security) reasons.

91. With regard to the processes of recording and reporting of the measure, the delegation observed that all instances of mechanical fixation were promptly communicated to the prison director who, in principle, was responsible for monitoring the CCTV recording. In one particular instance, the director of Huelva Prison instigated an investigation and initiated disciplinary proceedings against a member of the prison staff following the review of the relevant CCTV recording. This action was taken as a result of an incident that had occurred on 25 April 2025, where the member of staff had punched a prisoner three times in the abdomen while attempting to apply the cloth straps.

In addition, reports on the application of mechanical fixation, along with any other instances of the implementation of means of restraint, were referred to the relevant supervisory judge. The judge was responsible for noting and certifying the application of these measures in accordance with the legislation. It is important to note that the CPT's previous criticism regarding the standardised and perfunctory nature of the supervision remained unaddressed.

The CPT recommends that supervisory judges exercising an oversight over the application of mechanical restraint of prisoners for regimental purposes apply prompt, meticulous control of all circumstances leading to its application with a specific focus on its proportionality. In this respect, the recommendation outlined in paragraph 136 in relation to the immediate control of the JVP rather than a posteriori is also valid in this context.

c. provisional isolation, physical force, handcuffing and rubber batons

92. Article 72 of the RP also stipulates that prisoners could be subject to other security and coercive measures such as provisional isolation, the use of physical force, the application of handcuffs, and the use of rubber batons. Such episodes were of particular sensitivity due to the potential for exposure to physical ill-treatment and excessive use of force by prison staff. A review of the relevant documentation revealed that the most frequently implemented measure was provisional isolation, which was generally carried out in a dedicated cell of the closed regime module and could last up to 24 hours. Furthermore, in a number of cases, additional means of restraint were applied concurrently, including physical force and rubber batons. In such cases, the likelihood of allegations of ill-treatment increased.[102]

102. In particular almost all prisoners who had been subject to a cumulative combination of security measures consisting of provisional isolation, use of force and rubber truncheons met at Algeciras, Huelva and Puerto III Prison alleged physical ill-treatment to the CPT delegation.

The relevant incident reports provided a detailed explanation of the events and regimental disturbances that had led to the application of means of restraint. With regard to its proportionality, the standard phrases such as *"minimal force was required in order to subdue the individual"* did not always appear to be convincing.[103] Moreover, the statutory documentation of the medical examination conducted in compliance with Article 72.1 of the RP, which consisted of a brief visual check through bars, and in the presence of custodial staff, was not conducive to the credibility of the necessary oversight of the system and the assessment of the proportionality of the application of measures such as use of force or rubber truncheons. This was particularly problematic given that supervisory judges were, in principle, certifying the legality of the application of the measure based on those reports (see paragraph 54). Finally, several prisoners informed the delegation that, in addition to the episodes of physical ill-treatment to which they had been subject, conditions in provisional isolation could at times be exacerbated by the fact that they would not be provided with mattresses and sheets by prison staff and had been placed in the dedicated cell in their underwear.

The Committee recommends that prisoners subject to the measure of provisional isolation under Article 72 of the RP are always provided with adequate bedding (rip-proof sheets and blankets) and never have their clothes removed. Further, in respect of the oversight of the application of coercive measures, the supervisory judges should apply meticulous control of the circumstances leading to the application and be attentive to the use of standardised phrases such as "minimum necessary force".

d. body searches and body-packers

93. Article 68 of the RP stipulates that strip searches of prisoners may be conducted upon the order of the head of shift in cases where there is reasonable suspicion that an object or illicit substance is being concealed, if such an action is deemed necessary to protect the life of the prisoner or the security of the institution. Such measures must be meticulously documented in a designated register, the responsibility for which lies with the Head of Service.

In the course of the 2025 visit, the delegation examined the procedure surrounding strip searches, which were notably conducted in relation to prisoners returning from leave permits or following an intimate visit. It appeared that the resort was very frequent in light of the increase in the introduction of illicit substances into prison establishments, particularly in Andalucía and the choice of the prisoners was based on gathered insights and information indicating a reasoned suspicion that they could carry an illicit object. Strip searches were conducted in the designated search room of the admission or closed-regime modules, and were carried out by staff members of the same sex as the prisoner, who were equipped with handheld metal detectors and absence of gowns to ensure the preservation of the prisoners' dignity.

However, the delegation received numerous allegations that strip searches had been disrespectful, disproportionate and overly intrusive. In addition, it was alleged that prisoners were forced to completely disrobe without being provided with gowns from the search room, that squats were being performed, and that degrading moves were being demanded, such as spreading the buttocks or lifting the testicles and pulling back the foreskin of the penis. Several prisoners told the delegation that they did not wish to submit to the humiliation that they felt, and that for that reason they did not wish to request intimate visits.

The CPT takes the view that a high frequency of thorough searches – involving systematic stripping – of a prisoner entails a high risk of degrading treatment.[104] Further, the regular subjection of prisoners to strip searches after intimate or family visits may discourage the free exercise of this right.[105]

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103. For instance, the majority of cases examined revealed that groups of up to seven prison staff in full anti-riot gear employed "minimal and necessary force" for a period of 10 minutes and utilised rubber batons for a duration of five minutes in order to subdue a prisoner's resistance.

104. See also the case-law of the European Court of Human Rights on strip-searches and in particular the following judgments: Lorsé and others v. The Netherlands, no. 52750/99, dated 4 February 2003; van der Ven v. The Netherlands, no. 50901/99, dated 4 February 2003; Frérot v. France, no. 70204/01, dated 12 June 2007; Roth v. Germany, no. 6780/18 and 30776/18, dated 22 October 2020.

105. See in this respect also Güerri, C. (2023). Stripping the Self Away: Security, Control, and Punishment in the Practice of Strip Searches in Spanish Prisons. In: Daems, T. (eds) Body Searches and Imprisonment. Palgrave Studies in Prisons

The CPT recommends that the Spanish authorities ensure that the criteria of expediency and proportionality for strip-searches be reviewed, with the aim of ensuring respect for personal dignity. Detained persons who are searched should not normally be required to remove all their clothes at the same time, for example, a person should be allowed to remove their clothing above the waist and then put their clothes back on, before removing further clothing. Further, there is no justification for prison staff to request from prisoners any degrading actions such as spreading the buttocks or lifting the testicles and pulling back the foreskin of the penis. Alternative screening methods, for example, through the use of ultrasound examinations, should be developed.[106]

94. As was the case during previous visits, the delegation also visited the cells used for the accommodation of persons who were suspected of having ingested illicit substances (body packers) following an x-ray.[107] In principle, such prisoners would be accommodated in the special cells located in the admission departments of the relevant prison establishments for periods of up to two days, and would be under the observation of an *interno de apoyo* though a glass screen. Healthcare staff would undertake regular checks of the prisoners' status and the delegation was informed that, in the event of complications, the prisoners would be transferred to the reference hospital without delay. However, a number of prisoners, particularly at Huelva Prison, expressed concerns regarding the substandard and austere conditions in body packer cells (in terms of absence of furniture and TV), as well as the stringent regime that prevailed, including the prohibition of possessing reading material and watching television. Further, with regard to the duration of the placement, a number of prisoners complained about the fact that they had been accommodated in the cell for up to five days without the possibility of changing their clothes and taking showers.

In the Committee's view, the detention of suspected body-packers requires appropriate medical supervision, owing to the serious risk of acute poisoning and intestinal blockage, both of which can result in death.

The CPT recommends that the Spanish authorities ensure that the measure of provisional isolation for the purpose of monitoring the expulsion of body-packs of prisoners be implemented only in the infirmary, under the supervision of a member of the healthcare staff, who performs regular and frequent checks. Healthcare staff should be trained to monitor for and recognise clinical signs of drug toxicity and bowel perforation or obstruction in prisoners suspected of body packing (such as sedation, seizures, rapid heart rate, altered mental state and acute abdominal pain), and should arrange immediate transfer to hospital by ambulance in the event of any of these. Further, prisoners placed in observation cells for the expulsion of body-packs should always be provided with the possibility of changing their clothes and adequate access to recreation in terms of television sets and reading material.

7. Healthcare services

95. With the exception of the autonomous communities of Catalonia, Navarra and the Basque Country, the responsibility for prison healthcare in Spain remains with the Ministry of the Interior. Indeed, a relevant provision of the Law No.16/2003 on the Cohesion and Quality of the National Health System

and Penology. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-031-20451-7_9.

106. See in this respect Rule 20 of the 2010 'Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders' (the 'Bangkok Rules') states the following: 'Alternative screening methods, such as scans, shall be developed to replace strip searches and invasive body searches, in order to avoid the harmful psychological and physical impacts of such searches'. Further, see also Rule 52 of 'The United Nations Standard Minimum Rules for the Treatment of Prisoners' (the Mandela Rules) encourages prison administrations to develop appropriate alternatives to 'intrusive searches'.

107. Article 68 of the RP also stipulates the application of other means such as x-ray in the event that strip searches did not yield results. Further, the prisoner's refusal to be subjected to a strip search would also lead to their placement in a body packer cell.

stipulates that such responsibility be transferred to the healthcare authorities of the respective autonomous community, a stipulation which has not materialised notably due to the reluctance of the healthcare authorities at the regional levels.[108] At the outset of the visit, the delegation was informed that negotiations were underway with several autonomous communities, which collectively accommodate the majority of the prison population (such as those of Andalusia and Madrid), regarding the potential transfer of stewardship to the healthcare authorities. However, these discussions encountered various impediments, resulting in a state of stagnation.[109] The Ministry of the Interior has indicated its general support for the proposed transfer, particularly in light of the persistent staff shortages, notably among prison doctors, and the challenges in attracting suitable candidates in the absence of adequate financial incentives.[110]

The CPT calls upon the Spanish authorities to take active steps to execute the transfer of prison healthcare to the national health service as envisaged by Law 16/2003. In this respect, the CPT would like to receive, in due course, a copy of the Action Plan drawn up for the transfer.

a. staffing

96. At the outset of the visit the CPT delegation was informed about the penury of healthcare staff at the national level, and notably prison doctors, across the entire penitentiary system and the difficulty in recruiting them.[111] The situation observed during the visit at the five prison establishments confirmed the above trend, was a source of grave concern and was as follows:

- at Algeciras Prison, two full-time equivalent (FTE) General Practitioners (GPs) and one part-time contracted doctor were present in lieu of nine budgeted positions. Further, a full component of 13 nurses and two auxiliaries were ensuring a round-the-clock coverage.[112] Further, the establishment was visited by a psychiatrist once a week and a dentist three times a week. Specialist secondary consultations were ensured at the nearby hospital.

- at Huelva Prison, two FTE GPs and one part-time contracted doctor were present in lieu of nine budgeted positions, and 10 nurses (out of 11 budgeted positions) and six auxiliaries were ensuring a round-the-clock presence.[113] Further, one contracted psychiatrist and dentist were present two mornings a week, as well as one orthopaedic doctor, surgeon and infectious disease specialist, and a part-time radiology technician.

108. The additional provision six of the Law No. 16/2003 stipulates as follows: *"Health services dependent on prison institutions shall be transferred to the autonomous communities for full integration into the corresponding regional health services. To this end, within 18 months of the entry into force of this law and by means of the corresponding royal decree, prison health services shall be integrated into the National Health System, in accordance with the transfer system established by the statutes of autonomy."*

109. Notably in light of the reluctance of the autonomous communities to take over such responsibility or the existence of accumulated debts by the Ministry of Interior towards the relevant healthcare authorities.

110. At the commencement of the visit, the CPT delegation was provided with a comprehensive report on the status of healthcare within the prison environment by the SGIP.

111. At the time of the visit, there were 138 prison doctors at the level of the SGIP, with 106 vacancies. Furthermore, public competitions published since 2021 for a total of 80 posts attracted 17 candidates, of whom only seven were successful.

112. The following shift pattern is in operation: a GP is present on site during the morning and afternoon periods, Monday to Friday. At weekends, there should be a GP on site working a 24-hour shift. However, due to only two GPs (the permanent ones) being willing to do this, this is not always possible. A telemedicine service is available for use in instances where GP are not present on site.

113. The shift pattern consisted of seven nurses present during the morning shift, one nurse and one auxiliary during the afternoon shift and one nurse during the night. A GP is present on site during the morning and afternoon periods, Monday to Friday.

- at Madrid VII Prison, the healthcare component consisted of three GPs (out of 10 budgeted positions), 11 nurses and six auxiliaries.[114] A psychiatrist was visiting the establishment and there was no radiology technician.

- at Puerto III Prison, two FTE GPs and one part-time contracted doctor were present in lieu of nine budgeted positions. Further, the healthcare complement also consisted of 12 nurses and three auxiliaries ensuring a round-the-clock presence.[115] A psychiatrist was visiting the prison one morning per month, a dentist twice a week and a radiology technician twice a week. A urologist and podiatrist were also visiting the establishment once a month and the remainder of the specialised consultations were ensured in the community.

- at Sevilla II Prison, five GPs (including two contracted) were present out of 12 budgeted positions, 11 nurses and 10 auxiliaries.[116] Further, a psychiatrist was visiting the establishment on a regular basis, and a dentist was present twice a week.

The level of frustration of the prison management was palpable, and some were investing funds from alternative budget lines in order to recruit GPs under a service contract. Further, the telemedicine service, which operated at the level of the entire SGIP since 2021 and in all prisons visited, did not provide satisfactory compensation for the lack of medical staff.

97. The Committee acknowledges the endeavours of the SGIP in addressing the persistent shortage of GPs in prison establishments, notably through the organisation of competitions and the implementation of telemedicine systems. Furthermore, given the lack of interest in open competitions due to the unattractive working conditions and the difficulties in ensuring transfer of stewardship for prison healthcare in the short-term, the Committee considers that the SGIP should give full consideration to innovative measures such as the introduction of a system of financial and professional incentives (in terms of salary increases and the financing of specialisations) in order to attract interested candidates to perform the duty of prison doctors.

The CPT calls upon the Spanish authorities to take urgent steps to fill the vacant posts of doctors at the prisons visited and at the level of the SGIP, pending the transfer of the stewardship for prison healthcare to the relevant healthcare authorities at the level of the autonomous communities. In this regard, the Ministry of Interior should consider implementing relevant financial and professional incentives (for example, salary increases and funding opportunities for medical specialties) to attract suitable candidates for the vacant positions. Further, healthcare staffing levels for general practitioners, dentists, nurses (including mental health nurses) and other healthcare professionals should be tailored to the prisoners' specific healthcare needs.[117]

114. Doctors work 24-hour shifts, followed by three days off, but due to a shortage of personnel, there is one day in four when there is no medical presence. A remote teleconsultation system has been established, comprising a pool of volunteer doctors working in other prisons. This system places a significant burden and responsibility on the nursing staff.
115. The rota for the GPs' on-site presence is as follows: one GP is present on site during the morning and afternoon, from Monday to Friday morning. During the weekend period, a General Practitioner is on duty for one 24-hour shift and is available from 17:00 to 20:00 on the other day.
116. GPs are on call 24 hours a day every four days (currently every two days due to holidays). On weekends and public holidays, a GP and a nurse are on duty.
117. The required number of healthcare staff for every prison is best determined by a needs assessment, performed by healthcare professionals with appropriate documentation of the workload, consultation frequencies and duration, patients' needs for primary and secondary healthcare and prevalence of pathologies. Compiling such information is best facilitated by an electronic healthcare data management system.

b. access to a doctor

98. With regard to requests for medical assistance, prisoners are required to approach nurses and auxiliaires in order to submit a written request at the relevant module. In certain instances, the delegation was informed that such requests could also be referred to the custodial staff, who would then pass them on to medical personnel to determine their urgency.[118] This was due to the absence of a system of confidential approach, such as a designated mailbox in the relevant module.

99. In relation to the timeliness of appointments and the triaging system, the delegation received numerous allegations at all prison establishments that, due to a lack of staff, only the most urgent requests were being processed. In addition, due to a shortage of medical staff, doctors were unable to examine prisoners in the medical rooms located in their respective modules and they instead examined prisoners in the main infirmary, a process which sometimes necessitated the escort of prisoners. Of particular concern to the delegation was the fact that dental appointments were affected by particular delays, as well as specialised care appointments, which also suffered from delays of several months or cancellations due to the unavailability of escorting staff.

The CPT reiterates its recommendation that steps be taken at the prison establishments visited as well as at all other Spanish prisons to enable prisoners to contact the healthcare service on a confidential basis, for example, by means of a message in a sealed envelope and in dedicated boxes exclusively managed by healthcare staff (or through the introduction of an electronic request system). Further, prison officers should not seek to screen requests to consult a doctor.

c. infirmaries, equipment (pharmacies and distribution of medication)

100. The infirmaries of all prison establishments were well equipped (notably with with multiple clinic rooms, an x-ray machine, emergency equipment including a defibrillator and oxygen, and emergency medications) and kept in an impeccable state of hygiene and repair.

101. In terms of medical records, the SGIP had introduced in recent years digital medical records which were in use at all establishments visited. However, access to the records of prisoners in the community was not yet guaranteed in respect of the healthcare authorities of most autonomous communities at all prisons visited.

102. The procurement system of medicines operated by the Ministry at the central level guaranteed adequate stocks at all visited establishments. The distribution of medication was, in principle, carried out by nursing staff in all modules of the visited establishments. With regard to psychotropics, the supervision appeared to be adequate. However, the CPT delegation also noted some inconsistencies. These were notably in relation to the fact that, at some PAIEM modules, medication could be distributed by support prisoners.

The Committee recommends that the practices of support prisoners distributing medications at PAIEM and other therapeutic modules be stopped and instead always be carried out by nursing staff.

d. screening upon admission and transmissible diseases

103. Upon admission to prison, newly admitted prisoners were promptly subjected to a medical examination upon admission to prison (including checking vital signs such as heartrate, temperature, blood pressure etc.) in principle by a doctor and a nurse. However, the physical examination of prisoners by a doctor did not include a visual check of their bodies and was not inclined towards the recording of traumatic injuries which could have been suffered during arrest. Furthermore, prisoners admitted with visible injuries already ascertained and documented from certificates of civic hospitals would be simply certified, with no further examination as to their origin. Finally, contrary to the letter and spirit of the Service

118. Such as, for example, at Algeciras and Puerto III Prisons.

Order 06/2021 on the gender perspective in prison, female prisoners were still not systematically screened for SGBV and previous trauma upon their admission to prison.

> **The Committee recommends that the systematic visual check of newly admitted prisoners, assuming the consent of the prisoner has been gained, in view of seeking injuries possibly originating from violence be introduced as mandatory for all the prison establishments under the responsibility of the SGIP.**
>
> **The CPT also recommends that the Spanish further develop the admission process at the prisons visited and throughout the SGIP where relevant in order to take into account the gender-specific needs of female prisoners. This should include screening for sexual abuse and other forms of gender-based violence inflicted prior to entry to prison and ensuring that such information is considered in the drawing up of a care plan for the woman in question. This should be conducted in a way that is sensitive and trauma-informed, that is, not necessarily using a questionnaire during the initial interview, but should nevertheless make it possible to identify needs shortly after admission.**

104. With regard to the procedure for the screening of infectious and transmissible diseases, the admission protocol incorporates the administration of tests for the presence of the hepatitis C virus (HCV), the hepatitis B virus (HBV), and the human immunodeficiency virus (HIV). As regards tuberculosis, chest x-rays were being carried out on-site in case of detected symptoms and assessment. With regard to the treatment of prisoners, the SGIP apprised the delegation of the fact that HCV and HBV had been almost entirely eradicated, and TB had decreased across the entire penitentiary system, in light of the efforts invested.[119] Evidence suggests that such trends are indeed confirmed at the prisons visited.

e. recording of injuries

105. As stated in paragraph 57, the accurate documentation of injuries observed on prisoners during police custody and incarceration has been a subject of recommendations by both the CPT and the Spanish NPM over the years. At the start of the visit, the SGIP informed the delegation that specific modules on the Istanbul Protocol had been incorporated into the training provided to healthcare staff. Further, the 2023 Protocol on forensic medical examination of persons in detention of the Ministry of Justice (see paragraph 17) emphasises the need for prison doctors to receive training on the Istanbul Protocol and the documentation of injuries.

The description of injuries as observed by the delegation at all prison establishments visited was minimal and superficial (that is, with no reference to their size, shape and colour), and their underlying cause absent or indicated only in generic terms.[120] Furthermore, no evaluation of the compatibility of the injuries with the individual's allegations was conducted, nor were any injuries documented through photographic evidence.[121] In certain instances, medical notes in injury reports appeared to contain judgmental language which wase not conducive to the development and maintenance of a positive doctor-patient relationship.[122]

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119. In particular, the prevalence f prisoners with known HIV infection in 2024 was 2.87% (2.82% in men and 3.65% in women), which was slightly lower than the previous year. In 2024, 31 cases of tuberculosis were reported (29 men and two women), with an incidence rate of 0.69 per thousand. Of these, 93.5% were male, the average age of cases was 46, and 32.25% (10 cases) occurred in the foreign population. Since the implementation of the Strategic Plan for the Treatment of Hepatitis C in the NHS (PEAHC) in April 2015, a total of 6 278 prisoners have received treatment for chronic hepatitis C. Consequently, there has been a substantial decrease in the number of prisoners with detectable viral load, from 11% in 2016 to 0.88% in 2024.

120. Such as phrases indicating that the prisoner had been hit by another person or that the injuries displayed were compatible with the legal use of means of restraint.

121. Prison staff told the delegation that photographs of injuries could not be taken as this would be in violation of privacy-related legislation.

122. For example, this relates to expressions of scepticism pertaining to patients' motives which were frequently observed in medical records. These records often contained judgemental language, including such terms as 'manipulative', 'aggressive' and 'presents himself as a victim'.

This is not surprising when considering the manner in which medical examinations of prisoners who were subject to the use of restraint were being conducted, as was observed by the delegation during its visit (see also paragraph 58).

Further, a dedicated register of injuries was not in use at any of the visited establishments and reports of injuries were only retrievable from the relevant medical file of a given prisoner.

The recommendation outlined in paragraph 18 is also valid in this context. Moreover, the same procedure should be followed after a violent incident within a prison establishment, or whenever a prisoner is brought back to prison by the police, after having participated in investigative activities. Further, the Committee reiterates its recommendation to set up a dedicated injury register at the prisons visited and throughout the SGIP.

f. medical confidentiality

106. The 2023 Protocol emphasises the significance of conducting medical examinations in a prison setting, ensuring that they are carried out in a manner that ensures the privacy and security of the individual undergoing examination, and that custodial staff are not present during the examination. With the exception of Madrid V Prison where the confidentialiy of medical examinations appeared to be respected, the medical examinations of prisoners at the rest of the prison establishments visited were conducted in the clinic room with the door open and at a distance at which hearing was possible by prison staff. It is important to note that, as stated in paragraph 58, the mandatory medical examination of prisoners who had been subject to coercive measures in accordance with Article 72.1 of the RP comprised a brief exchange with the prisoner through bars and with the systematic presence of prison staff.

The recommendation outlined in paragraph 18 on the conduct of medical examinations is also valid in this context. Further, the CPT would like to stress that respect for confidentiality is essential to the atmosphere of trust which is a necessary part of the doctor/patient relationship; it should be the doctor's duty to preserve that relationship and to decide on the manner in which the rules of confidentiality are observed in a given case.

The CPT considers that, as a general rule, all medical examinations/consultations of prisoners in prison should be conducted out of the sight and hearing of custodial staff, under conditions fully guaranteeing medical confidentiality. However, the Committee recognises that the presence of non-medical staff at the request of the healthcare professional may be warranted in exceptional cases.

The CPT recommends that the Spanish authorities take measures to ensure that the above-mentioned precepts are fully implemented in practice.

g. mental health care

107. The CPT has previously emphasised the significance of ensuring a consistent and high-quality psychiatric therapeutic intervention for prisoners diagnosed with mental disorders within Spanish prisons. A 2022 survey administered by the Ministry of Health in conjunction with the SGIP as part of the National Plan on Drugs (*Encuesta sobre salud y consumo de drogas en población interna en instituciones penitenciarias - ESDIP*) revealed that 34% of the prison population had previously received a diagnosis of a mental or emotional disorder. The prevalence of the condition was found to be higher among women (42.3%) than among men (34.3%). Furthermore, 32.2% of individuals within the prison population have reported suicidal ideation at some point in their lives (38.7% of women and 31.8% of men).

It is particularly evident that the scarcity of healthcare personnel had a significant impact on the availability of psychiatrists and clinical psychologists, with their presence being found to be inadequate across all prisons examined. This deficiency is further compounded by the critical need for therapeutic intervention within these settings.[123] The delegation received a plethora of complaints from all prison establishments

123. For example, the visiting psychiatrist at Puerto III Prison was scheduled to meet with 87 prisoners in one morning.

visited regarding the difficulties prisoners experienced in obtaining appointments with psychiatrists. Further, the considerable workload of visiting practitioners provided further evidence of this phenomenon, and certain prisoners conveyed to the delegation that they had resorted to paying for private consultations through their families in order to have a private psychiatrist visit them in prison.

The CPT recommends that the Spanish authorities take action to increase significantly the mental health care in each prison visited in light of the remarks outlined above. Each of these prisons should have the FTE of at least one psychiatrist. Further, each of these prisons should have at least one full-time clinical psychologist working with prisoners with a mental disorder (notably on suicide prevention).

108. As mentioned in paragraph 41 the SGIP had, since 2007, introduced a special treatment programme for prisoners with mental disorders under the tag PAIEM. Prisoners included in the programme were subject to an assessment by the Treatment Board, after which they could be accommodated in a dedicated PAIEM module or receive treatment interventions in other respective modules.[124]

The CPT delegation found that, despite the PAIEM modules' varied and graded levels of intervention from multi-disciplinary staff,[125] the provision of a more calming environment than other modules, and the offer of targeted activities and group psychotherapeutic sessions, they could have benefited from additional individual support from clinical psychologists and a more sustained mental health support. In particular, several prisoners from the PAIEM modules appeared to be lacking in motivation to participate to the activities on offer.

The CPT recommends that the Spanish authorities ensure that modules accommodating PAIEM prisoners provide these persons with the appropriate care and treatment required. To this end, the Spanish authorities must increase the staffing resources for the PAIEM programme, notably as concerns clinical psychological treatment and psychiatric therapeutic care provided by multidisciplinary mental healthcare teams, and offer a structured programme of psychosocial care beneficial to the prisoners and motivate them to participate to the same, as highlighted in the above remarks.

109. A thorough examination of the medical charts of prisoners at all prison establishments revealed that between 50 and 60% were being treated with psychotropic medications, as well as a combination of psychotherapeutic interventions.[126] A significant proportion of these prescriptions had not been reviewed for extended periods, often spanning several months, due to the limited availability of psychiatric care within the prison environment. In light of the extremely rare supervision by psychiatrists for the majority of prisoners, the long-term prescription of therapy and the high addictive potential of the most commonly prescribed drugs such as gabapentinoides (Pregabalin and Gabapentin, methylphenidate and benzodiazepines) and their secondary effects, the Committee has serious concerns and believes that this practice must be rectified urgently.

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124. At the outset of the visit, the CPT delegation was informed that, according to reports from the centres, a total of 2 167 prisoners were included in this programme as of 31 December 2024. Of the total, 197 of these were female (representing 9.1% of those included in the programme). The figures represent 4.9% of the total prison population, with 4.7% of this figure being male and 6.7% female

125. The PAIEM modules offered three different levels of intervention in accordance with the level of autonomy of the accommodated prisoners.

126. For example, a total of 594 prisoners (46%) in Puerto III were prescribed a psychopharmaceutical drug. The most frequently prescribed medications were anxiolytics and anticonvulsants, prescribed to 496 prisoners, while 98 prisoners received other psychopharmaceutical treatments, most commonly antidepressants. This ratio was similar at Huelva Prison, with 629 prisoners (55%) of the total number of prisoners in Huelva being prescribed some drug from the psychopharmaceutical group. Finally, at Madrid VII Prison, approximately 700 prisoners (roughly 55% of the total population) were prescribed the same type of medication. Further, in addition to the long-term prescription of drugs from the group of anxiolytics and anticonvulsants, it was observed that there was a particular problem with the frequent combined use of several anxiolytics in the same prisoner. Another concern was the combination of anxiolytics and anticonvulsants in prisoners who had not been diagnosed with a neurological disorder (such as, for example, epilepsy).

The CPT recommends that the SGIP take effective steps to address the above-mentioned situation at all prison establishments visited and at the level of the prison administration in light of the remarks above.

h. fixation for medical purposes (sujecciòn mecanica medical)

110. The measure of mechanical fixation of an prisoner for medical purposes could be executed in an infirmary section of a prison establishment by order of the duty doctor or a psychiatrist. The number of mechanical fixations has been decreasing since 2023 and is, in principle, applied in cases of psychomotor agitation and attempted suicide or self-harm with a maximum duration of two hours.[127]

The measure was applied in compliance with Instruction 03/2018 and was under constant medical supervision. The duration of mechanical fixation was in principle proportionate to the level of intervention required.

i. substance use disorder

111. According to the results of a survey conducted by the ESDIP in 2022, 75.1% of prisoners reported having used an illegal drug at some point while in custody, with 58.9% reporting use within the last year, 53.5% within the last month at liberty, and 16.8% within the last 30 days.[128] At the time of the 2025 visit, all prison establishments visited, notably those in Andalusia, were experiencing significant challenges due to the introduction, diversion and trafficking of illicit substances and in particular the progressive spread and consumption of impregnated paper.[129] This prompted the Spanish authorities to the establishment of specific detection dog units (*unidades caninas)* in 2024[130] and the increase of body searches of prisoners (see paragraph 93).

The CPT recommends that, in light of the longstanding experience of the Spanish authorities in the prevention, management and treatment of prisoners with substance use disorders, a strategy be drawn up for effectively addressing the predominant presence, introduction and trafficking of illicit substances in prisons in light of the above remarks, as well as relevant publications by renowned international bodies.

112. At the outset of the visit, the CPT delegation was informed by the SGIP of its strategy regarding substance use programmes, which included prevention activities (notably overdose action programmes), harm reduction such as syringe exchange programmes and distribution of aluminium foil[131] programmes, overdose management, detoxification and social reintegration programmes.[132]

127. For example, since 1 January 2022 the measure of mechanical fixation for medical purposes had been enforced 339 times at the prison establishments under the responsibility of the SGIP (126 in 2022, 119 in 2023, 74 in 2024 and 20 during the first three months of 2025).
128. Furthermore, the survey revealed a downward trend in the prevalence of drug use within the last 30 days in prison for most illegal substances from 2006 to 2022. Cannabis, the most commonly used illegal substance among the prison population, has shown a marked downward trend since 2011. The only substance that has shown an upward trend in its prevalence of use is non-prescription tranquillisers.
129. The introduction of impregnated paper, notably in Andalusian prisons, represented a significant challenge for prison authorities due to its undetectability by sniffer dogs and its potential for causing serious dependency in consumers.
130. *Unidades caninas* had been introduced through Instruction 07/2024 and consisted of rolling teams of trained detection dogs which could be deployed to several prison establishments nationwide depending on their needs.
131. Although it was on offer, there was no request for such interventions at the prisons visited.
132. Furthermore, as reported by the Spanish authorities, the majority of centres were observed to possess a dedicated Drug Addiction Support Group (*Grupo de Attencion Addicciones* - GAD). The remit of this group included the management and coordination of prevention, assistance and social reintegration programmes, in addition to control measures to reduce the supply of drugs within each centre.

The delegation's findings reflected the efforts invested by the authorities and indicated that prisoners were promptly screened and easily admitted to harm reduction or Medication for Opioid Use Disorder (MOUD) upon their admission to prison, and that they received adequate information upon their admission.[133] However, in some of the prisons visited methadone is supplied in tablet or capsule form, which poses a safety concern due to the increased risk of diversion and trading. This may consequently lead to an increased risk of overdose within prisons. For reasons of safety, it is recommended that liquid methadone be supplied in accordance with the norm in most of Spain.

The CPT recommends that the distribution of liquid methadone in the context of MOUD be introduced at all prison establishments visited and at the level of the SGIP as appropriate.

113. The delegation also undertook a review of the specialised modules for substance use, otherwise referred to as UTE, at each of the establishments visited. As previously found by the CPT, the UTE modules (including one mixed-gender module at Madrid VII) provided for a tranquil environment in which prisoners who had subscribed to a commitment could receive various levels of treatment intervention. The UTEs that were visited were found to be in a better state of repair and to have more effective equipment and more hygienic conditions than the rest of the modules. Furthermore, a variety of psychosocial interventions, recreational activities and some vocational programmes were provided. However, a number of prisoners have expressed dissatisfaction with the limited range of purposeful activities available and the perceived absence of individual psychological support.

As outlined in paragraph 108 regarding the requirement for enhanced treatment and therapeutic support for prisoners in PAIEM modules, this recommendation also applies in this context with regard to UTE prisoners.

j. prevention of suicide

114. According to the results of the third survey conducted by the above-mentioned 2022 ESDIP Survey, 32% of the prison population surveyed reported having suicidal thoughts at some point in their lives.[134] The suicide prevention programme in Spanish prisons is regulated by Instruction 05/2014, which stipulates a series of measures related to the screening of prisoners upon admission and their placement under an anti-suicide protocol. These consist mainly of placement in special cells under the supervision of specially trained support prisoners (*interno de apoyos*). Further, as mentioned in paragraph 84, Instruction 09/2022 was issued by the SGIP to incorporate the gender perspective into the prevention of suicide in prisons. This document is based on the findings of recent scientific publications and provides guidance to treatment and healthcare staff on how to recognise the signals and specifics of female prisoners' distress in terms of self-harm and suicide prevention, and how to better address them. This is positive.

115. During the visit, the delegation met with various individuals who were subject to a suicide prevention protocol. These individuals were either placed in a so-called "crystal cell" observation room[135] under the supervision of an *"interno de apoyo"* or were simply accommodated in an ordinary cell with a support prisoner. It was observed by the delegation that individuals designated as *"interno de apoyo"* were undergoing a basic training programme and were remunerated for their efforts.[136] That said, some of them told the delegation that they were being coerced by prison staff to perform such task despite their

133. For instance, the number of prisoners prescribed MOUD at Algeciras Prison was 95 (68 methadone, 27 buvidol), and at Sevilla II Prison, 47 (36 methadone, two suboxone and four buvidol).
134. Furthermore, a detailed analysis *(Estudio de suicidios y tentativas de suicidio en el ámbito penitenciario 2022-2023)* of prisoner suicide in Spanish prisons revealed several trends. These included a slight decrease in the number of suicides over the two-year period, as well as the finding that 36% of those who had committed suicide had previously participated in a suicide prevention programme (*Programa Marco de Prevención de Suicidios* or PPS programme). However, it was noted that 95% of them were not enrolled in any suicide prevention programme at the time of the fatal incident. The study also attempted to explore the potential use of self-harm as an indicator of psychological distress. However, the study was unable to reach any definitive conclusions on this matter.
135. Notably consisting of a single-occupancy cell, which is equipped with a pane glass window placed on one or both sides. This configuration provides a view of another cell, which houses a support prisoner.
136. In terms of benefits, such as permits.

reluctance. Furthermore, the delegation observed that no anti-rip sheets were provided in any of the inspected prisons, and several ligature points were identified in the observation cells (notably on the windows and in the semi-partitioned sanitary annex). Finally, several prisoners under suicide protocol complained about the impoverished regime and lack of activities on offer while serving the measure.

116. The CPT reiterates its recommendation that the Spanish authorities no longer task prisoners to act as permanent observers of other prisoners at risk of committing an act of self-harm or suicide and that such a task be given to trained members of staff. Further, there is no justification to coerce an interno de apoyo to perform such support task against his/her will.

The CPT recommends that these efforts be complemented by an increased mental health care with regard to prisoners held in closed-regime modules and after their reintegration into the ordinary regime. In addition, the modalities of permanent monitoring of prisoners placed under the suicide protocol, as described above, should be reviewed and an appropriate regime of purposeful activities should be offered for the entire duration of the measure.

Finally, the Committee takes positive note of Instruction 09/2022 and also recommends that the situation of female prisoners with a history of self-harm, abandonment and abuse be offered a multifaceted trauma informed approach, involving clinical psychologists in the design of individual programmes, including psycho-social support, counselling and treatment.

117. In relation to instances of self-harm, the delegation observed that in certain prison facilities, such as Huelva Prison, a multidisciplinary working group consisting of treatment and healthcare personnel had been established with the objective of monitoring all reported and recorded cases of self-harm, adapting the requisite therapeutic and treatment interventions, and conducting a more comprehensive investigation into the underlying causes of distress.[137] However, the rest of the prison establishments visited did not possess a dedicated register for cases of self-harm and such cases could only be retrieved from the relevant personal files of prisoners. Furthermore, it was noted that prisoners frequently received disciplinary sanctions for such behaviour, as it was interpreted as manipulative by prison staff.

The CPT takes positive note of the multidisciplinary efforts adopted at Huelva Prison in the analysis of episodes of self-harm from a therapeutic point of view.

The Committee recommends that such efforts be replicated at all prison establishments visited and be further strengthened by the introduction of dedicated registers on self-harm.

Moreover, in light of the prevalence of incidents of self-harm by women prisoners, staff working with women prisoners should be provided with specific training on identifying and interacting with women at risk of self-harm or attempting suicide, with an emphasis on de-escalation and rapport-building rather than restraint and isolation.

k. deaths

118. At the outset of the visit, the delegation was informed that, in the course of 2024, 148 deaths occurred in prisons or referral hospitals and were reported to the mortality registry of the Sub-directorate General of Prison Health of the SGIP (169 in 2023). Of the 148 deceased, 141 were male and seven were female. The average age of the deceased was 50.87 years. Moreover, the 2023 Guide on Good Practice for

137. The treatment department of Huelva Prison had already identified several of the primary underlying causes of this phenomenon, chiefly the desire of prisoners to request transfer to another prison establishment due to the perceived distance of Huelva from their places of origin.

the Forensic Medical Recognition of Deaths in Custody,[138] issued by the Ministry of Justice, states that the SGIP and relevant prison management should receive autopsy reports of deceased prisoners and incorporate them into relevant records to facilitate analysis of causes. Furthermore, the same guide stipulates that trained forensic doctors from the Spanish Institute of Forensic Medicine and Science should participate in *ad hoc* mortality commissions at SGIP level to facilitate evaluation of morbid processes leading to death and suicide in prisons, and to implement effective preventive measures.

119. The CPT delegation examined the relevant documentation in relation to the recent deaths and noted that its longstanding recommendations on the transmission of autopsy reports from the relevant judicial authorities to the prison management were not being implemented in practice as foreseen by the 2023 Guide. Further, in some cases the delegation learned that some courts refused to allow the prison administration access to autopsy reports and provisional reports on the grounds that it is not a party to the proceedings.

In particular, the fact that the death occurred while the SGIP was exercising its custodial functions grants it the possibility of invoking a legitimate interest in obtaining the autopsy report of the deceased prisoners, in accordance with Article 235 of the Organic Law on the Judiciary.

The CPT reiterates its recommendation that a record of the clinical causes of prisoners' deaths be made and, if an autopsy is performed, its conclusions be systematically communicated to the relevant prison establishment by the competent judicial authorities. Further, the management of every prison establishment should undertake an analysis of each death in prison in order to consider what lessons may be learned for the prison establishment. Finally, this recommendation should also be transmitted to the CGPJ for dissemination to the relevant judicial authorities. In particular, the Committee would like to be kept informed of the steps taken to implement the valuable recommendation in the 2023 Guide on Good Practice for the Forensic Medical Recognition of Deaths in Custody, which aligns with the CPT's recommendation.

8. Other issues

a. prison staff

120. At the outset of the visit, the CPT delegation was informed about the recruitment plans for prison officers by the SGIP at the national level, as well as about talks regarding the reform of the legal status of prison staff. A draft legal instrument was submitted for parliamentary scrutiny, to amend Article 80 of the LOGP and grant prison staff the same legal status in terms of career advancement, training and liability as other law enforcement officers. Furthermore, in 2024, the SGIP adopted an Instruction 05/2024 that established a protocol for action against sexual and gender-based harassment among prison staff.

121. The component of prison staff at the visited establishments was adequate in terms of presence of staff, turnover and rate of absenteeism at all prison establishments visited, with the exception of Madrid VII Prison,[139] where a staffing complement of 535 custodial staff (including 265 junior officers on a provisional assignment) were in charge of 1 269 prisoners with 84 vacancies. The delegation was informed that there were certain problems in recruiting staff and in ensuring adequate staffing levels during shifts due to the distance of those establishments from the main urban centres, which was a deterrent for workers to accepting employment.[140]

138. *Consejo Médico Forense. Guía de buenas prácticas para la actuación médicoforense en situaciones de muerte en custodia. Madrid: Ministerio de Justicia, 2023.*
139. For example, the staffing complement at Algeciras Prison consisted of 439 custodial staff with 15 vacancies.
140. For example, Madrid VII Prison also did not possess a staff canteen which was an additional deterring factor.

The CPT recommends that the SGIP take effective steps in order to fill the vacant posts of prison officers at Madrid VII Prison. Further, it would like to be informed about the steps being taken to ensure that all prisons have a full complement both of prison officers and treatment staff.

122. As of 2023 a new training centre for prison staff had come into service in Cuenca and was offering a fully-fledged programme of induction and in-service training activities for staff of the SGIP. Further, since 2024 the prison officers of the SGIP had been provided with new uniforms, which should provide necessary identification tags as has long been recommended by various monitoring bodies, including the CPT.

The delegation gained the distinct impression of the need to increase training of prison staff in manual control and de-escalation techniques in particular as concerns those accommodated in closed-regime modules, as well as in dealing with prisoners with mental disorders, notably for those serving in PAIEM modules. Finally, in light of the ever-changing and specific profile of foreign prisoners, as well as vulnerable groups such as transgender prisoners, specific modules should be devised and delivered systematically on these important issues (including targeted training for officers working with female prisoners and developmental psychological aspects of young persons with a history of migration).

The CPT recommends that the Spanish authorities take the necessary steps to further develop tailored training activities for prison staff in the newly established training centre of Cuenca in light of the above remarks.

b. discipline

123. An examination of the system of disciplinary proceedings during the 2025 visit found once again evidence of a disproportionate resort to and imposition of disciplinary sanctions in numeric terms. For example, at Algeciras Prison (accommodating 1100 prisoners) in the 14-month period spanning from January 2024 to 30 April 2025, solitary confinement had been imposed in more than 300 instances and in about 25% of those cases for a duration of 10-14 days. During the same reference period at Puerto III Prison (accommodating 1 295 prisoners), 348 solitary confinement measures had been imposed and in about 29% of cases for a duration of 10-14 days.

Further, in terms of subject matter of the sentencing, most sanctions concerning serious offences related to episodes of active and passive resistance to staff, possession of illicit substances and, in some cases, also incidents of self-harm.[141]

The Committee takes note that the Spanish authorities had first introduced a pilot project in 2005 at Madrid III Prison setting up a mediation system in view of the resolution of conflicts which may arise in the penitentiary context. The NPM has also recently called for the institution of such mediation service notably in view of reducing the number of disciplinary proceedings.

The CPT recommends that, in view of the reduction of the imposition of disciplinary sanctions, the SGIP reinvest efforts in the introduction and implementation of a fully-fledged system of restorative justice principles and approaches by reducing and transforming conflictive relational dynamics between prisoners and staff towards peaceful conflict resolution mechanisms through the learning of social skills of communication and respect. This should consist in the training of mediators and the active promotion of alternative measures of conflict resolution in the prison context in the line of Recommendation CM/Rec(2018)8 of the Committee of Ministers to member States concerning restorative justice in criminal matters.[142]

141. If it had been assessed to be of a manipulative nature.
142. See in this respect paragraphs 60 and 61 of the Appendix to Recommendation CM/Rec(2018)8.

124. With regard to the sentencing policy, despite a certain decrease in the resort to consecutive sanctions of 14 days of solitary confinement for concurrent disciplinary offences,[143] the delegation noted several instances in which a single serious regimental incident was sanctioned with concurrent disciplinary offences of excessive duration. To illustrate this point, in respect of a prisoner met by the delegation at Puerto III Prison who, on 7 March 2025, allegedly assaulted two prison officers who were attempting to restrain him due to his agitation, the sanction proposal for this incident included a total of 84 days of solitary confinement (six terms of 14 days) and 120 days of deprivation of access to the courtyard (four terms of 30 days). This sanction was proposed as the incident was deemed to be in violation of 10 different counts of the RP, and had been approved by the competent JVP.[144]

125. The Committee reiterates its recommendation that the Spanish authorities act to ensure that no prisoner is held continuously in solitary confinement as a disciplinary punishment for longer than 14 days. If the prisoner has been sentenced to solitary confinement for a total of more than 14 days, there should be an interruption of several days in the solitary confinement at the 14-day stage, during which time the prisoner should have the possibility to associate with other persons and to participate in activities.

Further, supervisory judges should be made aware of the harmful effects that may result from placing a prisoner in solitary confinement as a disciplinary punishment for longer than 14 days.

More generally, the CPT also considers that a single incident should not result in more than one disciplinary punishment of solitary confinement, and that any offences committed by a prisoner which might call for more severe sanctions should be dealt with through the criminal justice system.

126. The sanction of solitary confinement was generally executed in a cell of the closed-regime department, and prisoners were provided with the statutory two hours of outdoor exercise per day and received a visit from healthcare staff on a daily basis. It is important to note that, in accordance with previous observations made by the CPT, the execution of sentences, particularly solitary confinement, has been known to be delayed by a period of months. Further, it was not uncommon for such sentences to be served in a different prison establishment following a prisoner's transfer.

The CPT recommends that the Spanish authorities review the timelines for hearing alleged disciplinary offences and for the application of disciplinary sanctions with a view to ensuring that the link between the offence and the punishment is maintained, and that it serves the maintenance of good order in the prison. Further, when prisoners are transferred to another prison establishment following an alleged disciplinary offence and no disciplinary punishment is imposed for several months, there should be procedures in place to review the application of any disciplinary sanction in light of the behaviour of the prisoner.

127. With regard to legal proceedings, prisoners were to be afforded the relevant legal safeguards foreseen by the legislation in terms of fair trial guarantees, information on charges, hearing in front of the disciplinary commission, right to defence and to propose evidence. Further, healthcare staff were still requested to provide a medical certificate of compatibility of the prisoner to serve the term of solitary confinement pursuant to Article 247.G of the RP, and some doctors expressed to the delegation their discontent at such practice as potentially infringing on the doctor-patient relationship.

143. According to Article 42 of the LOGP and of Article 236 of the RP, a sanction of solitary confinement for a very serious infringement may not exceed 14 days for a single offence or 42 days if imposed for concurrent disciplinary offences. The supervisory judge must approve any period of solitary confinement in excess of 14 days

144. Six very serious offences (five under Article 108B and one under Article 108D of the RP), and four serious offences (two under Article 109A, one under Article 109B and one under Article 109E of the RP).

The healthcare staff in any prison is potentially at risk of dual-loyalty conflicts. This risk is higher in those systems where healthcare staff work under the authority of the prison management. Their duty to care for their patients (sick prisoners) may often lead to conflict over considerations of the prison's management and security. This can give rise to difficult ethical questions and choices. Prison doctors act as a prisoner's personal doctor. Consequently, in the interests of safeguarding the doctor/patient relationship, they should not be asked to certify that a prisoner is fit to undergo punishment and/or may be safely subjected to mechanical fixation. This, essentially non-medical, task can affect the therapeutic relationship between healthcare staff and patients.

The CPT recommends that the Spanish authorities take immediate steps to bring existing practice into compliance with these principles and to ensure their implementation in all prison establishments.

c. foreign national prisoners

128. As mentioned in paragraph 29 at the time of the CPT's visit the rate of foreign prisoners was slightly decreasing at the national level and stood at 29%. The prisons visited bore a higher rate due to their geographic location and the criminological profile of the respective population. The treatment of foreign nationals is regulated by Instruction 03/2019 which stipulate, *inter alia* that their needs be adequately reflected when drawing up their PITs and other treatment activities.[145] The findings of the delegation indicated that foreign national prisoners were being treated and processed in accordance with the regulations, and that the relevant treatment staff were attentive to the individualisation of their treatment (for example, through the offer of language courses in the Spanish language). Further, there were increased possibilities for foreign nationals to maintain contact with their families through video calls at all prisons visited and all prison establishments had protocols of cooperation with the Islamic communities for the organisation of religious activities and specific arrangements in terms of regime during certain periods of religious worship and observance.

d. transgender prisoners

129. The Spanish prison system is recognised for its progressive approach in addressing the needs of transgender prisoners in accordance with international standards. In this regard, a dedicated Circular 03/2006 explicitly stipulates that transgender prisoners be accommodated in the module of their choice, be addressed by their preferred name and pronouns, be assigned a designated professional to address issues specific to their needs, and be accommodated in principle in individual cells or, where appropriate, with those prisoners who wish to share the cell with them by mutual agreement.[146]

In the course of the 2025 visit the delegation met with several transgender prisoners and could ascertain that the above-mentioned tenets were being adhered to in practice. However, some of the transgender prisoners lamented delays in the provision of hormone therapy and specialised appointments with the endocrinologist, which were linked to the general penury of medical attention affecting the ordinary population. Further, the transgender prisoners met, including in closed-regime modules also complained about the lack of adequate psychological care.

The recommendations outlined in paragraphs 108 and 111 in respect of the necessity to increase healthcare staffing and psychological support to prisoners at the prison establishments visited are also valid in this context.

145. Instruction 03/2019 sets out a series of measures to be implemented by prison staff in the treatment of foreign national prisoners, from the time of their admission to the prison. These measures include specific steps to ensure the calibration of treatment activities in prisons, with a focus on the provision of cultural mediation and access to educational, vocational and work-related activities.

146. Further, the Circular in question also contains specific provisions for safeguarding the privacy of transgender prisoners, such as the differentiation of hours for use of showers or changing rooms and common services. Finally, searches of transgender prisoners should be preferably carried out by electronic means and, in any circumstance, with due regard to gender identity, the prisoner who is the subject of the search must be consulted about their preference as to the gender of the person conducting the search.

e. contact with the outside world

130. Prisoners in Spain are entitled to three types of visits: *ordinarias,* with family members and relatives (up to four persons) of a duration of 40 minutes at a frequency of once a week and taking place in a closed setting behind a glass screen; *familiares*, with close family members and children up to 10 years of age and taking place in an open setting, and intimate visits with a spouse or partner on a monthly basis and of a duration of one to three hours. In addition to the above, Instruction 02/2024 now provides that meetings with lawyers must take place in an open setting.[147] The findings of the delegation indicate that the visits were taking place regularly and in accordance with the statutory rules.
The delegation did however receive complaints regarding the rigidity of the scheduling of visit arrangements at Puerto III outside of weekends, making it unsuitable for working family members to visit the establishment. Furthermore, the CPT continues to express concern regarding the systematic nature of visits that take place in a closed setting.

The CPT reiterates its recommendation that the Spanish authorities allow all visits to take place as a rule in open conditions, and that visits in closed booths be restricted to those cases when they are justified for security-related reasons. Further, the Spanish authorities should arrange such visits, ideally during weekends, with consideration for the challenges associated with facilitating the transportation of relevant visitors, as outlined in Articles 42.1 and 42.4 of the RP.[148]

131. The above-mentioned Service Order No. 06/2021 on the introduction of a gender perspective in prisons also referred specifically to the needs of female prisoners in maintaining adequate contact with the outside world. The findings of the 2025 visit indicate that the prison management of the establishments visited were facilitating the accumulation of visiting entitlements for female prisoners whose families were living at great distance from the prison establishments.

Given that women prisoners are far more likely than male prisoners to be the primary carers for any children they might have, it is important that every effort is made to promote contacts between a mother and her child(ren).

The CPT recommends that access to Voice over Internet Protocol (VoIP) technologies continue to be offered to foreign national prisoners and other women whose families live a great distance from the prison in which they are located, in particular in the spirit of Service Order 6/2021 and Article 42.4 of the RP.

132. The recent amendments to Instruction No. 02/2024 have increased the number of permissible telephone calls from 18 to 25 per week, a provision that has been adhered to in practice. The rise, though welcomed, had been met with criticism from the NPM on account of the expense of telephone calls in the event that prisoners chose to utilise their full entitlements. The delegation observed during the visit that telephone and video calls were being charged at different prices at the prison establishments visited.

At the outset of the visit, the delegation was informed by the SGIP that the introduction of relevant digital contact points within prisons with access to the internet and the possibility of Voice over Internet Protocol (VoIP) reference was under consideration and would be soon implemented.[149]

The CPT would like to receive the comments of the Spanish authorities on the above-mentioned precepts.

147. Previously, these also took place behind a glass screen.
148. Article 42.4 of the RP stipulates that "The difficulties involved in travelling for family members will be taken into account when organising visits."
149. The 'digital cell' project (*Proyecto celda digital*) would also include the possibility of installing tablets in cells, with access to TV channels, radio, digital journals and magazines, online educational courses, and the ability for prisoners to manage and check the status of lodged requests and complaints.

f. complaint procedures

133. Prisoners may file complaints (*quejas*) to the supervisory judge or the Ombudsman and (*peticiones*) or requests to the prison management.[150] As was the case in the past at the prison establishments visited, there was not a standardised system in place for the recording of complaints and requests. The relevant prison management would provide evidence of complaints through the meetings held with the supervisory judge. Further, requests (*peticiones*) could span very large thematic areas and are in principle the most common tool for prisoners to communicate their requests on printed forms.

134. The delegation's findings revealed that prisoners were aware of the mechanisms in place to lodge a complaint with an external, independent body such as the JVP, or the prison management, that these were regularly transmitted in a confidential manner to the JVP, and that feedback was provided in writing to their grievances. However, certain prisoners expressed a certain lack of trust in the efficacy of the complaint system, particularly with regard to cases of ill-treatment and excessive use of force. In such instances, some prisoners preferred to communicate their concerns to family members or lawyers during visits rather than lodging direct complaints to the JVP or the prison management, due to the lack of trust or fear of reprisals (such as in relation to the threat of being transferred to another prison establishment).

In the CPT's experience, the perceived fairness of a complaints system is also crucial to its effectiveness in combating impunity and promoting a safe environment in the institutions concerned. The system should inspire public confidence and its operation should not dissuade the persons in question from making complaints. In this context, independent complaints bodies should be unconnected and separate from the agencies responsible for persons deprived of their liberty. It is essential that they are, and are seen to be, independent.

The CPT recommends that prison staff receive the clear message that any kind of threats or intimidating action against a prisoner who has complained of ill-treatment, or attempts to prevent complaints or requests from reaching the relevant supervisory bodies, will not be tolerated and will be sanctioned accordingly. The Committee also recommends that all staff should be trained in the importance of the complaints' system and their role within this system. In addition, prisoners should be fully informed about their right to complain and the method by which to complain. Further, the recommendations outlined in paragraph 56 on the need to improve the efficiency of investigations into allegations of ill-treatment and on the proactive and timely oversight of JVPs into the decisions of the prison management are also applicable in this context, as they may contribute to reinforcing the trust of prisoners in the complaint system.

g. inspection procedures

135. At the outset of the visit, the CPT delegation held an exchange with representatives of the State Judicial Council (CGPJ) and notably those coordinating the work of supervisory judges (JVPs) in their statutory role of conducting oversight visits of prison establishments and processing complaints of prisoners. The CPT's previous recommendations[151] concerning the need to ensure a more incisive and proactive oversight of several aspects of prison life (for example, application of means of restraint, solitary confinement, and classification of prisoners) had been disseminated to all supervisory judges nationwide. The CGPJ communicated to the delegation that supervisory judges had recommenced conducting regular in-person visits to prison establishments, wherein they would meet with prisoners in private and address their complaints in person rather than through videoconference. The delegation observed that this development was being adhered to in practice in most of the prison establishments visited. However, at Madrid VII Prison the delegation found that the visits of the JVP were very sporadic.[152]

150. Pursuant to Article 50 of the LOGP and Articles 53 and 54 of the RP.
151. See in this respect paragraph 117 of the CPT's report on its 2020 periodic visit to Spain CPT/Inf (2021) 27.
152. In practice twice a year.

136. As concerns the supervisory role of the JVP in the certification of certain measures, such as the resort to means of restraint and the approval of solitary confinement exceeding 14 days, the findings of the delegation indicate that these continued to consist of written, standardised and bureaucratic exercises, in which the JVP would take note of reports and certificates transmitted by the prison management and certifying their legality *a posteriori*. For example, as mentioned in paragraph 91 the legal compliance of the application of means of restraint (including mechanical fixation of prisoners) continued to be of a standardised and circular nature and issued several days or even weeks after its application.

Moreover, the Spanish NPM has recently recommended to the CGPJ that a study be conducted in order to adopt the necessary legislation to ensure that the supervisory control of the JVP over the acts of the prison administration is prompt and immediate, rather than being *a posteriori*.[153]

The Committee acknowledges the CGPJ's dissemination of its prior recommendations to all JVPs, a measure that has prompted debate and analysis, leading to enhanced oversight activities in prisons.

However, in light of the findings of the CPT during the 2025 visit, the CPT reiterates its recommendation that the Spanish authorities, through the intermediary of the State Judicial Council (*Consejo General del Poder Judicial* - CGPJ), should remind the supervisory judges of the importance of their proactive role in independently supervising the execution of custodial sentences and safeguarding prisoners' rights, in particular by closely monitoring the treatment of prisoners in closed-regime modules and the use of restraints and solitary confinement. In particular, the competent JVP should pay regular periodic visits to Madrid VII Prison.

Furthermore, the Committee would be grateful to receive the results of the aforementioned study promoted by the CGPJ, following a recommendation by the NPM, regarding the immediate and prompt supervision of JVPs over the actions of the prison administration.

137. As mentioned in paragraph 7 the NPM was regularly conducting visits, *inter alia* to prison establishments, of a general as well as thematic nature and was publishing its reports (*fichas*) together with the response/feedback received by the SGIP. The NPM findings in its monitoring of prison establishments in recent years were very similar to the observations and concerns of the CPT.

153. This recommendation has been endorsed by the General Council of the Judiciary, which has conducted a thorough examination of the various options and subsequently reported that on 11 August 2022, the Standing Committee of the Council resolved to initiate the procedures for examining the proposed regulatory amendment. The aim of this amendment is to ensure that investigating judges on duty can fulfil the obligations entrusted to the prison surveillance courts outside court hours and on public holidays.

C. Juvenile Detention Centre "Vicente Marcelo Nessi" in Badajoz

1. Preliminary remarks

138. In the course of the 2025 periodic visit to Spain, the delegation visited for the first time the juvenile detention Centre Vicente Marcelo Nessi, in Badajoz, in the Autonomous Community of Extremadura.[154]

139. The Organic Law 5/2000, of 12 January 2000, applies to children and young persons[155] between the ages of 14 and 18 who are suspected of having committed a criminal offence provided for in the Spanish Criminal Code (or other special penal laws).[156]

As regards the *pre-trial stage* of criminal proceedings, Article 28 of Organic Law 5/2000 provides for several measures, including remand detention (*medida cautelar de internamiento),* that may be imposed for a maximum duration of nine months. Sentenced juveniles may serve a series of non-custodial and custodial measures, such as probation (*libertad vigilada)*, community service, and placement in a detention centre under the open, semi-open or closed regime. As to the closed regime, it must be imposed by a juvenile judge taking into consideration the seriousness of the offence, or if the offender acted as a member of an organised criminal group.

140. Custodial measures imposed on children (*menores)* up to 18 years of age that entail deprivation of liberty, including remand detention or imprisonment, are served in detention centres for juvenile offenders. Upon turning 18 years, juveniles may be transferred to a prison to serve the remainder of their sentence, subject to an assessment of their development by a juvenile judge. The maximum duration of the sentence to be served is six years for juveniles younger than 16 years of age and ten years for juveniles aged 16 years or older.[157] The youngest juvenile held in the centre at the time of the visit was 14 years old and the oldest 19 years; six juveniles were aged 18 years.

141. Established in 1970 in the neighbourhood of *Los Colorines*, Badajoz city, the juvenile detention centre Vicente Marcelo Nessi is under the authority of the Ministry of Health and Social Services of the Regional Government of Extremadura. The delegation was informed that a new juvenile detention centre will be constructed in the province of Badajoz to replace the centre Vicente Marcelo Nessi within the next few years.

The Committee would like to be kept informed of the progress made building that centre.

142. The centre accommodated 31 juveniles at the time of the visit.[158] The centre's single building consisted of three residential units (A, B and C), a therapeutical unit and an admissions unit, all of them mixed gender. Units A and B accommodated eight juveniles each, for a capacity of 11 juveniles, Unit C accommodated six juveniles for an overall capacity of 10 juveniles. The therapeutical unit accommodated 9 juveniles. Two other juveniles, one boy and one girl, only stayed at the centre during weekends.

154. The organisation and functioning of centres for the enforcement of measures imposed on juveniles in the Autonomous Community of Extremadura, is regulated by the Statute approved by Royal Decree 181/2010, of 27 August 2010.
155. For the sake of clarity, children (under 18 years of age) and young persons (older than 18 years) held in this centre will be referred to as "juveniles" hereinafter in this report.
156. Children below the age of 14 are not criminally liable under Spanish law; however, by virtue of civil legislation (including the Civil Code), educational measures may be imposed upon them.
157. See Articles 9 to 14 and Article 54 of Organic Law 5/2000. Juveniles in the Centre were mostly convicted for violent crimes. The longest sentence being served at the time of the visit was seven years and six months (for homicide).
158. Including 28 boys and three girls permanently based at the centre.

143. The therapeutic unit was intended for juveniles who were unsuited for placement in the residential units, including in case of special needs (for example, juveniles who had substance use disorders). Placement in the therapeutic unit is decided by a juvenile judge. At the time of the visit, the therapeutic unit operated at full capacity (nine juveniles).

The admissions' unit had capacity to accommodate nine juveniles. Juveniles were placed in this unit after their arrival in the centre for 24 hours. The unit was also used to segregate juveniles who had contracted a contagious disease as well as those juveniles who were subject either to a disciplinary measure of separation from the group, or to an individualised intervention measure.[159] Further, in the basement area of the building there was the *unidad de contención individual*, where juveniles were temporarily held for security reasons and/or to serve a disciplinary measure of separation from the group. No one was placed in these two units at the time of the visit.

144. According to the centre's Director, there had been a change in the profile of the juveniles over the last few years. Reportedly, juveniles currently placed at the centre were both younger and more violent than previously. Moreover, according to the records checked by the delegation, it appeared that most of the juveniles had a mental disorder.[160]

145. The surveillance and good order functions within the centre were performed by staff recruited by a private security company, who patrolled inside the centre's units, its common areas and the perimeter. Their task was to support the educational, therapeutic and caring staff, notably to maintain order and safety/security.

2. Ill-treatment

146. Article 56 paragraph 2 (a) of Organic Law 5/2000 stipulates that the Ministry of Health and Social Services of the regional government of Extremadura must ensure respect for the juveniles' rights to life, physical integrity, and health and safeguard them from any form of ill-treatment, inhuman and degrading treatment.[161]

147. The majority of juveniles interviewed by the delegation reported that they were treated correctly by the staff. According to them, the private security staff would usually attempt to apply de-escalation techniques in the first place to resolve an incident. However, the delegation did receive some allegations of deliberate physical ill-treatment including excessive use of force by the security personnel[162] to bring the juveniles under control, to restore order and prevent them harming themselves or others.

In particular, the juveniles interviewed described blows with rubber batons to various parts of the body, painful manual control techniques (for example, twisting juveniles' arms or throwing them to the floor to immobilise and handcuff them) and the systematic use of tight handcuffing. The allegations were supported by information found in medical files as well as from CCTV recordings examined by the delegation.

159. Individualised intervention measures were applied to juveniles with difficulties to adapt to a regular unit, who were subject to closer observation in the admissions' unit for a maximum of seven days.
160. Including neurodevelopmental disorders, such as an intellectual disability, autism spectrum disorder, or an attention deficit disorder with or without hyperactivity (ADHD) and/or substance use or addictive disorders.
161. See references to the need of complying with the principles of proportionality, necessity and temporality in Articles 54.5 (a) (body searches) and 55.3 (use of means of restraint) of the implementing regulations of Organic Law 5/2000, adopted by Royal Decree 1774/2004, of 30 July 2004.
162. Article 59 of Organic Law 5/2000 and Article 55 of its implementing regulations, approved by *Real Decreto 7774/2004*, regulate the use of physical force and other means of restraint authorised by the legislation (handcuffs; rubber batons and temporary isolation).

For example:

- On 9 April 2025, a 17-year-old juvenile was involved with two other juveniles in an incident that took place in the TV room of unit A. Due to the juveniles' disruptive behaviour (including ignoring the requests of staff), the security guards intervened to reestablish order by bringing the juveniles in question to their cells. The 17-year-old juvenile suddenly attempted to assault one of the security guards when he was trying to bring the other juveniles under control, which resulted in another security guard hitting him with a rubber baton about six to seven times. The whole incident was captured on CCTV, which the delegation was able to examine.

- On 24 April 2025, a 16-year-old juvenile, who had been temporarily isolated in his cell (*medida de aislamiento provisional)* as a result of an incident with another juvenile, was hit six to seven times with a rubber baton after he punched a security guard in the stomach as captured on the CCTV recording.[163] The rubber baton was also used to twist his arms as several guards sought to bring him under control and handcuff him. The juvenile was transported by the security staff with his head forced down toward his stomach to the *unidad de contencion* located in the basement. As he continued to resist and remained agitated he was kept handcuffed in the presence of security and support staff for approximately one and a half hours until he calmed down. From an examination of the relevant documentation, it transpired that this juvenile had been subjected to a measure of restraint on 11 occasions in the four months prior to the delegation's visit.

148. Any physical ill-treatment and excessive use of force inflicted on juveniles is unacceptable; use of force must be necessary and proportionate. In this context, the security staff working in juvenile detention centres should be carefully selected for their personal maturity and ability to cope with the challenges of working with and safeguarding the welfare of this age group, often suffering from behavioural, mental and substance use disorders. Security staff must therefore be able to effectively use verbal de-escalation techniques and to reduce tensions or hostility where there is an imminent and serious danger to the juvenile concerned or to others; in addition, staff should be trained to use non-pain compliant manual control techniques to the maximum extent possible when confronted with heightened tensions and unrest. The use of such skills in practice should complement and reinforce the confidence of security guards in interacting with juveniles and therefore improve their relationship and reduce tensions.

149. The CPT has encountered similar challenges in other autonomous regions of Spain[164] where security personnel were not sufficiently trained and/or their performance was not adequately managed. The CPT reiterates its recommendation that the Spanish authorities should increase their oversight over the selection and performance of private security staff working in juvenile detention centres to ensure that they are able to apply effectively both preventive de-escalation measures and manual control techniques. Further, the private security staff should be reminded, including through regular training activities and oversight, that any form of ill-treatment or excessive use of force is unacceptable and will be prosecuted and punished accordingly. (See recommendation in paragraph 151).

In this respect, the Committee would like to be informed of the manual control techniques taught to the security staff and on the number of interventions by security staff which have resulted in injuries to juveniles at the Centre Vicente Marcelo Nessi for the years 2023, 2024 and 2025, broken down by trimester.

Lastly, the Committee recommends that the Spanish authorities take measures, including by amending the legislation, with a view to prohibit the use of rubber batons as a legitimate means of force on juveniles; alternative methods, such as preventive, educational and therapeutic measures, should be considered to calm and manage agitated and violent juveniles.

163 The security guards had apparently tried to calm the boy down when he became agitated because the door of his cell had been locked while he was waiting to receive a pillow that he had requested

164 See the CPT report on the 2020 periodic visit to Spain CPT/Inf (2021), paragraph 178 and the CPT report on the 2024 *ad hoc* visit to Catalonia, Spain CPT/Inf (2025), paragraph 144.

150. As regards oversight and accountability, the delegation noted that injuries sustained by juveniles as a result of interventions by security staff, were systematically recorded (see paragraph 161), and that medical reports were subsequently submitted to the juvenile judges and prosecutors. However, the delegation learnt that only a few reports and complaints about the excessive use of force by private security staff made by the juveniles, mostly to the National Police, were followed by an investigation. There was however one case pending before a criminal court upon a complaint filed in 2024.

The Committee considers that in the case of confirmed injuries, in addition to recording and reporting them to the juvenile judges and prosecutors, the responsibility of the State for the wellbeing and safety of a juvenile in its care, requires that the centre systematically and promptly conduct an internal inquiry into the origin of the injuries.

151. The CPT recommends that the Spanish authorities ensure that, whenever injuries are recorded which are consistent with allegations of ill-treatment or excessive use of force made by the person concerned (or which, even in the absence of an allegation, are indicative of ill-treatment or excessive use of force), in addition to informing the competent investigative authorities, the centre systematically conducts *ex officio* a comprehensive inquiry into the origin of such injuries.

The Committee would like to receive information on (administrative/criminal) investigations into any form of alleged ill treatment conducted from 2020 to 2024 and their outcome.

3. Material conditions

152. The centre was clean and in a good state of repair. In the three residential units and in the therapeutical unit juveniles were accommodated in single occupancy cells, each measuring about 7 m^2, which were furnished with a bed fixed to the floor, a mattress and bedding, a built-in wardrobe, locked due to safety and security concerns. Further, on occasion, juveniles' cells were also equipped with a table and chair.

The delegation was informed that safety and security concerns were also the reason juveniles were not allowed to decorate their cells, which created an impersonal environment. Reportedly, the same concerns were the reason why some juveniles were not allowed to have a table and a chair in their cells. As a result, the delegation visited cells where there was not a surface on which to place books, notebooks etc., which they therefore had to keep on the floor, forcing them to sit on the ground to read/write as well as to eat, placing their dishes on the floor or on the bed, when they were separated from the group in their cells.

153. The sanitary facilities, consisting of wash basins, toilets and showers, were located within each unit. Further, each unit had a shared communal room equipped with several chairs, tables, TV sets, table-tennis, chess and snooker tables, as well as access to a spacious yard with benches, where juveniles could play sports and exercise, as well as a small garden with another tennis table.

The admissions' unit consisted of nine single occupancy cells measuring about 7 m^2, equipped with a bed with a mattress fixed to the floor and an in-built wardrobe. Further, the unit had a storage room, two common sanitary facilities (equipped with wash basins, toilets and showers) and a common area furnished with several tables, chairs, a TV set and board games. Nine cells in the therapeutic unit and three in the admissions unit, were equipped with CCTV cameras and used to temporarily survey juveniles in case there were at risk of self-harm or suicide.

154. From the interviews with juveniles, it appeared that the absence of toilets[165] and call bells in the cells of the juveniles was particularly problematic during nighttime. The delegation received many complaints from the juveniles that they had to call for the attention of the staff by banging on the metal doors or by shouting (or by waving at the cameras if the cell was under CCTV surveillance). As a result, one

165. Juveniles did not have access to running water in their cells either.

juvenile interviewed by the delegation claimed that he had had to relieve himself through the window on several occasions.

155. The Committee considers that locking juveniles for lengthy periods of time in cells without toilets or running water and without call bells may lead to degrading conditions.

The CPT urges the Spanish authorities to install call bells in juveniles' cells as a matter of priority. The Committee further recommends that the Spanish authorities ensure that there is a sufficient number of staff available to escort juveniles to the toilet and attend to any other needs that they may have without undue delay, including at nighttime.

156. Overall, the lack of decoration led to an austere and carceral environment, which in the CPT's view is not conducive to juveniles' wellbeing, rehabilitation and social reintegration.

The Committee acknowledges the need to ensure that placements in the centre occur in a climate of personal safety, both for juveniles and staff. Nonetheless, juvenile detention centres should strive for a physical environment as close as possible to ordinary living conditions with a view to promoting juveniles' education and capabilities to successfully transition towards adulthood. Alternatives should therefore be explored to render the centre less impersonal and carceral, for example by providing safe furniture in the cells (tables and chairs) and personalising them, as well as by decorating common areas. The CPT welcomes as a first step the commitment of the centre's management to install safety proofed clocks in juveniles' cells.

157. The CPT recommends that the Spanish authorities ensure that the environment in the Centre Vicente Marcelo Nessi is rendered more personalised and child friendly, including by allowing juveniles to have a table and a chair in their cells to provide them with the opportunity to decorate their rooms. .

4. Regime

158. There was a diverse range of activities available at the centre following individualised intervention plans. Juveniles could take part in educational activities, such as school and professional training, and in leisure time activities, such as radio broadcasting, reading, theatre, singing, dancing and handicrafts as well as in sports (including access to a gym, a football pitch and tennis tables).[166] Some of the juveniles could also leave the premises to attend, for example, boxing lessons.

As regards access to education, this was facilitated by professional teachers provided by the regional government (*Consejeria de Educacion, Ciencia y Formacion Profesional)*. Juveniles had therefore the same opportunities to obtain primary and secondary education degrees, as they would have had in the community. They could also follow courses (for example, conflict prevention and resolution, civic education, family violence, emotional regulation) and vocational training (for example, mechanics[167]). Lastly, a charity managed a drugs rehabilitation programme.[168]

159. However, some of the juveniles interviewed by the delegation at the therapeutic unit, were in a state of idleness and spent most of the day locked in their cells. For example, a juvenile at risk of self-harm/suicide had been placed permanently under CCTV surveillance for about two weeks in a cell equipped with only a bed, and with limited access to any activities; only access to the yard for one hour in the morning and in the afternoon and reading and listening to music in his cell.

166 At the time of the visit, seven juveniles were enrolled in daily school classes in the morning; three juveniles followed a professional educational training (*formación profesional*); three juveniles were daily involved in the catering and barista workshops in the morning and six in the late afternoon; two attended the socio health and safety workshops, for which they could obtain a certificate. In addition, most of the juveniles were involved in different leisure activities, mostly in the afternoon from 17:00 to 20:00 hours.

167. Juveniles enrolling in these programmes earned a certificate validated by the regional government.

168. *Programa de intervención en conductas adictivas (PMICA),* implemented by *Caritas*.

Cognisant of his unstable condition and notwithstanding the fact that the juvenile concerned was regularly visited by support and medical staff, including the therapeutic unit's psychiatrist, the CPT considers that such a state of idleness may undermine juveniles' developmental needs, rehabilitation and social integration.[169]

> **The CPT recommends that the management of the Centre proactively encourage juveniles accommodated at the therapeutic unit to participate in recreational, educational and vocational activities, including inside their cells if they so wish. Juveniles should be allowed, subject to sanctions or restrictive measures, to spend at least eight hours a day outside their cells and participate in programmes of purposeful and structured activities tailored to their individual needs and intended to fulfil the functions of education, personal and social development, vocational training, rehabilitation and preparation for release.**

5. Restrictive measures: the use of means of restraint

160. The Organic Law 8/2021 abolished the use of fixation (to a bed or another fixed object) on juveniles, through its amendment of Article 59 of Organic Law 5/2000, other than in a medical setting.

As regards other means of restraint, including the use of manual restraint (physical force), handcuffs and juveniles' temporary isolation for security reasons, their use is regulated by Organic Law 5/2000 and its implementing regulations,[170] which stipulate that means of restraint may only be used as a last resort (in order to prevent juveniles harming themselves or others, escapes, damage to the facilities, and to counter active or passive resistance to instructions given by staff), for the shortest time possible, and with full respect of juveniles' dignity and integrity.

161. The centre's Director must authorise the use of means of restraint, unless in case of an emergency, juvenile judges and prosecutors must be immediately informed,[171] and a medical examination of the juvenile concerned must take place within 48 hours after discontinuing the use of the restraint, which must be recorded in a dedicated register. The legislation explicitly indicates that means of restraint may not be used as a "concealed punishment."

Further, the centre has developed a Protocol on the prevention and management of violent behaviour that regulates the use of force and means of restraint at the centre.[172] It forbids the disproportionate use of force, which would be considered a form of ill-treatment, and prohibits the use of restraints on persons with physical and mental disabilities.

162. As far as the delegation could observe during the visit, the security staff used manual restraint techniques (physical force)[173] in instances when juveniles continued exhibiting signs of agitation, violent behaviour, or active resistance after attempts at dialogue had been deemed unsuccessful. Manual restraint often involved putting juveniles face down on the floor and cuffing their hands behind the back. If juveniles remained agitated or if their behaviour continued to pose a threat to others or themselves, they were temporarily isolated either in their own cell, or in the *area de contencion* located in the basement, for up to 12 hours,[174] during which time they were under the supervision of support staff. They could remain handcuffed until they calmed down (approximately for a maximum of 30 to 45 minutes according to the registers).

169 See the CPT 9th General Report including a chapter on juveniles deprived of their liberty.
170 See Article 55 of the implementing regulations adopted by Royal Decree 1774/2004 of 30 July 2004.
171. See Article 55 of the implementing regulations of Organic Law 5/2000, adopted by Royal Decree 1774/2004 of 30 July 2004.
172. Adopted in June 2021 and latest amended in February 2024.
173. After authorisation by the centre's Director.
174. According to information recorded from January to April 2025.

163. The delegation interviewed a 16-year-old girl (MJRP) who had been subjected to means of restraint.[175]She had apparently refused to return to her cell and became agitated resisting compliance with the instructions given by the support and security staff, who tried to verbally calm her down. The CCTV recording of the incident showed that she was subsequently grabbed and tightly handcuffed by the security guards. Allegedly, she had also been tied to her bed by one of her limbs after the handcuffs were removed and stayed locked in her cell until she calmed down.

The CPT calls upon the Spanish authorities to fully implement the provisions of Law 8/2021, which abolished the possibility of securing a minor to a bed or other fixed object. The practice of securing minors to a fixed object must be stopped immediately.

164. The CPT recognises that staff may exceptionally need to resort to the use of means of restraint to control juveniles who are acting violently or to calm them if they are agitated. The Committee however has noted that the recourse to means of restraint in the centre Vicente Marcelo Nessi has increased exponentially during the first four months of 2025, when security staff resorted to means of restraint on 90 occasions (223 means of restraint registered), comparing to the same period in 2024, when means of restraint were used in 25 instances (41 means of restraint registered).[176] Indeed, it would also appear that, comparing to other juvenile detention centres in Spain with higher occupational rates, there has been a more frequent recourse to means of restraint at the Vicente Marcelo Nessi Centre, considering its capacity and occupation level.[177]

165. Further, the Committee takes the view that systematically keeping juveniles handcuffed while being separated from the group until they calm down, besides its potentially traumatising effects on juveniles, may constitute a disproportionate use of force and is incompatible with the philosophy of a juvenile detention centre, the primary objective of which should be to support the education and re-habilitation of the juveniles.[178] Such concerns are heightened when the restraint measure is being used on children as young as 14-year-old, given that juveniles' degree of maturity and understanding at that age is much lower than at older ages.[179]

In the event of a juvenile acting in a highly agitated or violent manner, the person concerned should be kept under close supervision in an appropriate setting (for example, a time out room). In the case of agitation or violent behaviour caused by the state of health of a juvenile, staff should promptly request medical assistance and follow the instructions of the healthcare professional, including, if necessary, the transfer of the juvenile concerned to an appropriate health-care facility.

166. The CPT calls upon the Spanish authorities to review the application of means of restraint on juveniles at the Centre Vicente Marcelo Nessi in the light of the above remarks, also with a view to reduce their frequent use. Instead, alternative methods of managing violent incidents, such as the placement of juveniles in a time

175 She was found crying in her room, with her wrists bearing visible marks from the application of prolonged tightly fastened handcuffs.

176 In 2023 there were 156 incidents requiring the application of one or more restraint measures. The total number of restraint measures registered was 346 (127 times physical restraints, 118 times temporary isolation, 96 times hand-cuffs and 5 times use of a truncheon); in 2024 there were 194 incidents and 430 restraint measures registered (181 times physical restraint, 134 times temporary isolation, 113 times hand-cuffs and 2 times use of a truncheon; and from January to April 2025 there were 90 incidents and 223 restraint measures registered (82 times physical restraint, 75 times temporary isolation, 64 times hand-cuffs and 2 times use of a truncheon). The numbers for the first four months of 2024 were as follows: 25 incidents and 41 restraint measures registered (24 times physical restraint, 15 times temporary isolation, 2 times handcuffs and 0 times use of a truncheon).

177 For example, from 1 January 2022 to 31 March 2025, physical restraints were applied five times more at the Vicente Marcelo Nessi Centre than at the Madrid Lavader Centre; and temporary isolation from the group was used in 360 instances at the Vicente Marcelo Nessi Centre and in zero instances at the Murcia la Zarza Centre during the same period of time

178 See the CPT report on the 2020 periodic visit to Spain CPT/Inf (2021), paragraph 186 and the CPT report on the 2024 *ad hoc* visit to Catalonia, Spain CPT/Inf (2025), paragraph 157.

179. See Article 7 (e) of Organic Law 5/2000, which stipulates that "All actions should be appropriate to the age, character and personal and social circumstances of the juveniles."

out room under close supervision, where they cannot harm themselves or others, should be resorted to. In the CPT's view, only specifically designed non-pain compliant manual restraint techniques, combined with better risk assessment of young people and enhanced staffing skills, should be applied in juvenile establishments. Any force used to bring juveniles under control should be the minimum required in the circumstances and must not be intended to cause pain to the juveniles. This will require that security staff are regularly trained in conflict prevention and verbal de-escalation techniques and that they effectively put these skills into practice in their daily work. (See recommendations in paragraph 149).

Further, the CPT recommends that the Spanish authorities ensure that the use of handcuffs as a means to restrain violent and/or agitated juveniles until they have calmed down be ended fortwith.

6. Disciplinary measures

167. According to the applicable legislation, disciplinary offences can be classified as minor, serious or very serious. The sanctions that may be imposed are concomitant with the gravity of the offences, including a reprimand, prohibition of home leave or participation in recreational activities for up to two months, deprivation of weekend home leave for up to one month, separation from other juveniles during weekends (for up to five weekends) and separation in the juvenile's cell or in a dedicated isolation cell for up to seven days.[180]

168. As regards the fundamental safeguards to be applied during the conduct of disciplinary proceedings, juveniles must a) be informed of the disciplinary charges against them, b) be heard in person by the disciplinary commission, c) be assisted by a lawyer, d) be assisted by an interpreter if they do not speak the Spanish language, e) be provided with a copy of the decision, and f) be informed about the possibility to appeal the decision to the juvenile courts within 24 hours.

According to the disciplinary registers examined by the delegation and the information gathered through interviews with juveniles, the disciplinary proceedings adhered to these safeguards in practice.

169. The delegation was concerned by the high number of juveniles that were sanctioned by the measure of separation from the group in the Centre Vicente Marcelo Nessi. The recourse to this sanction increased significantly from 2023, when this sanction was applied in 141 cases (74,6% of all sanctions), to 106 cases in the first four months of 2025 (81,5% of all sanctions).[181]

170. Further, the CPT considers that juveniles were isolated in inadequate conditions. The delegation received several complaints from juveniles who had served a disciplinary sanction of separation from the group in the *area de contencion* located in the centre's basement.[182] Juveniles complained of the need to repeatedly shout and/or bang on the cell door to seek the attention of staff to access the toilet, or to be assisted by staff if they felt unwell. Allegedly, staff would only be responsive when the juvenile concerned attempted to destroy the CCTV camera or the bed.

180. See Article 60 of Organic Law 5/2000 and Articles 59 to 85 of its implementing regulations adopted by Royal Decree 1774/2000.

181 In 2023 there were 189 incidents that led to disciplinary sanctions with a total of 303 infractions recorded; in 2024 there were 164 incidents that led to disciplinary sanctions with a total of 316 infractions recorded; and from January to April 2025, there were 130 incidents that led to disciplinary sanctions with a total of 242 infractions recorded. Sanctions were most often: separation from the group for a period of three to seven days or one to two days, followed by deprivation of weekend leave and deprivation of participation in recreational activities.

182 It consisted of two cells measuring about 9 m2 each equipped with a bed fixed to the floor and CCTV cameras. There was limited access to natural light through small windows and there were neither call bells, nor in-cell toilets.

171. In terms of duration, according to the records checked by the delegation, in 60 cases separation from the group lasted between three and seven days, in 46 cases between one and two days (measures enforced from 1 January to 30 April 2025). In addition, preventive measures (*medidas cautelares*), lasting generally from 24 to 72 hours, were imposed (subject to the gravity of the infraction and a risk assessment of the juvenile concerned) pending the resolution of the disciplinary proceedings.

172. While separated, juveniles were granted access to daily outdoor exercise alone twice a day (one hour in the morning and one hour in the afternoon). Further, they were in regular contact with an educator and continued to receive visits and communicate with their families. Reportedly, those who worked or who were involved in pre-vocational training or formal education, both inside and outside the centre, continued to do so except when preventive measures were taken. Moreover, when it was considered beneficial for the development of the juvenile concerned, they were allowed to participate in additional activities and either a psychologist or a medical doctor assessed their physical/mental health condition daily, informing the centre's Director accordingly.

173. The CPT reiterates its view that any form of isolation may have an even more detrimental effect on the physical and/or mental wellbeing of juveniles, especially those under the age of 18, who should not be subject to a disciplinary sanction of separation from the group. A temporary time-out measure for agitated/violent juveniles who are a threat to themselves or to others might be envisaged instead of a disciplinary punishment of isolation.[183]

174. The CPT recommends that the Spanish authorities take the necessary measures, including by amending the applicable legislation, to end the application of the sanction of separation from the group for juveniles under the age of 18 years. Further, steps should be taken to significantly reduce the isolation of juveniles 18 years and older as a disciplinary punishment. The recommendation outlined in paragraph 123 on the resort to restorative justice principles and approaches in order to reduce the resort to disciplinary sanctions is also valid in this context).

The Committee further invites the management of the Centre Vicente Marcelo Nessi to amend the centre's internal regulations in order to immediately discontinue the segregation of juveniles under the age of 18 years old as a disciplinary punishment, pending the amendment of the applicable legislation.

7. Healthcare

175. The healthcare staff complement of the Centre Vicente Marcelo Nessi consisted of two nurses available during morning and afternoon shifts (from 08:00 to 22:00) seven days a week; one additional nurse was available on Wednesday during morning hours. There were no medical doctors, neither specialised health care professionals, present in the centre. Examination of new arrivals, emergency care and drawing injury reports, were performed by a general practitioner of the Los Angeles clinic available on call.[184] Medical follow-up and specialised medical care (including dental care) was provided in the primary health care centres and hospitals.

The mental health care services were provided by one psychiatrist, who visited the juveniles placed at the therapeutic unit 10 hours per week, as well as through external consultations provided by psychiatrists of the *Perpetuo Socorro Hospital* in Badajoz.

183 See Rule 60.6.a of the European Prison Rules (as revised in 2020), Rule 45 (2) of the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules)* and Rule 67 of the UN Rules for the protection of Juveniles deprived of their liberty; as well as the CPT report on the 2020 periodic visit to Spain CPT/Inf (2021), paragraph 191 and the CPT report on the 2024 *ad hoc* visit to Catalonia, Spain CPT/Inf (2025), paragraph 167.
184. On the basis of an agreement between the centre and the clinic *Los Angeles*, which operates under the public health care system of the Autonomous Community of Extremadura.

176. The Committee considers that the mental health care available at the centre was insufficient in view of the juveniles' profiles. Further, in the CPT's view, juveniles would benefit from the presence in the centre, at least on a part-time basis, of a medical doctor, who would more closely monitor patients ensuring the continuity of care and could also be involved in other medical duties such as drafting injury reports and supervising healthcare staff.

177. Furthermore, according to the centre's Director, the majority of juveniles had substance abuse disorders. There were specialists in the prevention and treatment of substance use disorders readily available in the centre (for example, 18 juveniles were enrolled in the drug treatment programme offered by Caritas). However, healthcare staff mentioned to the delegation the need to enhance such support, particularly regarding the treatment of addictions with adequate medication.

178. In light of the above, the CPT recommends:

- increasing the presence of the centre's psychiatric and psychological personnel, especially given the significant number of juveniles who are currently prescribed medication to treat mental health conditions ;
- providing for the regular presence of a medical doctor in the centre; and
- reinforcing juveniles' access to specialised care (on the prevention and treatment of substance abuse disorders), either through healthcare staff present in the centre, or through regular external consultations.

179. All newly admitted juveniles were medically screened by a nurse reporting to a medical doctor within 24 hours of admission, which included a physical examination, blood tests[185] and recording of injuries.[186] Newly admitted juveniles were subsequently interviewed by multidisciplinary teams, involving healthcare staff, educators, and psychologists, who developed individual treatment plans. These interviews were partially intended to detect juveniles' particular vulnerabilities in order to tailor treatment plans to their specific needs. Further, victims of gender-based violence underwent individualised therapeutic interventions under a special programme.[187]

180. As regards injury reports, including the ones drafted when juveniles presented injuries upon admission, these were sufficiently detailed, referring in the majority of instances to the compatibility of the injuries with juveniles' declaration. That said, they did not include information on the type of restraint used, or on its duration and the justification of its use. Further, injury reports did not include (colour) photographs of the injuries, no were they recorded in a special trauma register.[188]

The recommendations outlined in paragraph 159 in respect with the requirements of injury reports drawn up in respect of prisoners are also applicable in this context.

181. From the findings of the visit, it appeared that access to health care, as well as the continuity and equivalence of care, including regular treatments and emergency care in nearby hospitals and clinics providing specialised treatment, was ensured. [189] There were no waiting lists for external consultations at the time of the visit. In addition, private consultations, mainly for dental care, as well as telemedicine, were available.

182. The delegation examined the medication administered to juveniles, which was prescribed by a medical doctor and administered by the nurses; 21 juveniles received psychotropic medication and six out of them were under PRN[190] medication for anxiety, agitation and insomnia, as prescribed and regularly reviewed by the psychiatrist or the medical doctor.

185. In case juveniles refused to perform it, the result would be considered as positive, and it would have a negative impact on future leave permits.
186. Injury reports were transmitted to the centre's Director and to the juvenile courts and prosecutors.
187. Offered by *Margenes y vínculos*.
188. See footnote no. 17.
189. For example, the medical doctor of the *Los Angeles* clinic examined 155 juveniles in 2023 and 151 in 2024.
190. Two of them under quetiapine, three under small doses of benzodiazepine and one on olanzapine.

That said, the Committee considers that in order to minimise side effects, which can be particularly harmful for juveniles (including the risk of addiction), the administration of psychotropic medication in the centre must be closely supervised by specialised staff (preferably in juvenile psychiatry).[191]

183. In terms of medical confidentiality, it transpired to the delegation that (plain clothed) National Police officers who performed the transfer of juveniles to local clinics and hospitals to undergo medical examinations and treatments, generally stayed present during the medical examination either beside or inside the consultation rooms. Similarly, the centre's private security staff were present whenever medical examinations took place in the centre. Further, subject to the risk that juveniles represented, which was determined on a case-by-case basis in agreement with the healthcare staff, juveniles were handcuffed (in the front of the body) during transportation.

184. In the Committee's view, there can be no justification for security staff or police officers being systematically present during medical examinations; their presence is detrimental to the establishment of a proper doctor-patient relationship and usually unnecessary from a security point of view. (See paragraph 106). Moreover, the presence of non-medical staff during medical examinations may discourage the person concerned from disclosing sensitive information to the healthcare professional (for example, that they have been ill-treated, information about drug use or contagious diseases).

The CPT however recognises that the presence of security staff during medical examinations may be warranted in exceptional circumstances at the request of health-care staff. Such exceptions should be specified in the applicable legislation/regulations and should be limited to those cases in which, based on an individual risk assessment, the presence of police officers is considered absolutely necessary to ensure the safety of the healthcare professional. Moreover, an exception should only be permissible if other, less intrusive security measures are considered not to fully contain the perceived risks posed by the juveniles.

As a possible alternative, consideration should be given to setting up a secure room in the hospital or clinic, ensuring the presence in the room of additional healthcare personnel, or installing a call system, whereby healthcare professionals would be in a position to rapidly alert police officers in those exceptional cases when a juvenile becomes agitated or threatening during a medical examination. The healthcare professionals concerned should be duly informed of any relevant prior behaviour on the part of the juvenile concerned, the applicable rules and how to react in high-risk situations.

185. The CPT reiterates its recommendation that the Spanish authorities ensure that as a general rule all medical examinations/consultations of persons held at the Centre Vicente Marcelo Nessi, and at other juvenile detention centres if applicable, are conducted out of the sight and hearing of non-medical staff, under conditions fully guaranteeing medical confidentiality.

8. Staff

186. The staff component at the Centre Vicente Marcelo Nessi consisted of the management team (Director and Deputy Director), 18 educators, 39 carers/caregivers,[192] one social worker and four psychologists (including two full time and two part-time).[193] In terms of minimum staff coverage at nighttime, this was assured by one support staff (a caregiver) and one security staff per unit. Further, the presence of security staff was reinforced (with an additional officer) during weekends, when psychologists also ensured minimum coverage.

191. Monotherapies should be privileged as much as possible. In addition, the risk of overdoses, notably regarding the prescription of benzodiazepine, gabapentin and methylphenidate, should be prevented through rigorous and regular monitoring by a specialist.

192. The educational staff under the regional Ministry of Education (*Consejeria de Educacion de la Junta de Extremadura*), supported juveniles' primary and secondary education as well as technical and vocational training activities.

193 One full-time psychologist worked in the therapeutic unit and the others worked in the general modules, ensuring coverage also during weekends.

187. The security functions were performed by staff contracted through a private security company: 34 permanent and six temporary security staff working on eight-hour shifts, of whom eight were women. The daily shift included one person patrolling each unit, covering also the centre's communal, educational and workshop areas, and one staff located in the security CCTV room.

188. The delegation gained a positive impression about the dedication and professionalism of the managerial, educational and treatment staff. [194] That said, there was a strong focus on security in the centre with uniformed security personnel, visibly carrying rubber batons, handcuffs and wearing combat boots, constantly present. [195] Indeed, the security staff were systematically looming over every interaction between the juveniles and the technical and healthcare staff. Such an approach is not conducive towards supporting the rehabilitation and social reintegration of juveniles.

189. In this respect, the Committee considers that juvenile centres must have a sufficient number of support staff, possessing the skills and capacity to offer such an environment.

The CPT recommends that the Spanish authorities take action to increase the number of supporting staff and stepping up ongoing efforts to build their skills on conflict prevention and resolution with a view to enhance their ability to effectively manage agitated and violent juveniles through verbal de-escalation techniques, which should reduce tensions and improve the current atmosphere of intense surveillance focused on security and safety. Further, it would be preferable that the presence of security staff inside the centre be reduced, while being able to secure their rapid intervention when required to ensure safety and good order.

The CPT also recommends that the gender balance of the private security staff be improved, notably in view of the need to conduct body searches by staff of the same sex as that of the juveniles being searched.

9. Other issues

a. contact with the outside world

190. According to Article 40 of Organic Law 5/2000 implementing regulations, juveniles are entitled to receive two visits a week, each lasting 40 minutes (which may be accumulated into one visit), to make a minimum of two phone calls a week, and to receive phone calls during their recreation time. In addition, they may receive a family visit once a month (for three hours). These minimum entitlements were complied with at the Centre Vicente Marcelo Nessi.

b. body searches

191. Body searches were conducted in accordance with Article 54 paragraph 5 of Organic Law 5/2000 implementing regulations, adopted by Royal Decree 1774/2004, by a member of the security staff in the presence of a member of the support staff (carer or *cuidador*) (both of the same sex as the juvenile being searched) on arrival, after visits and when juveniles returned from leave.

192. Juveniles interviewed by the delegation were offered a bathrobe or a towel to cover themselves. However, one juvenile interviewed by the delegation alleged that he had been strip searched fully naked without being offered a bathrobe or a towel to cover himself, and that he was asked to squat and lift up his penis.

194. In 2025, the regional government's health care service supported training for all staff at the centre on the management of emotions, labour risk prevention, and on psychosocial interventions.

195. It is worth noting in this regard that the visit took place in the aftermath of the killing in March 2025, of an educator (35 years old woman) by three juveniles at the apartment where they resided under her supervision in Badajoz.

193. The CPT considers that a strip-search is a very invasive and potentially degrading measure. When carrying out such a search, every reasonable effort should therefore be made to minimise embarrassment and to ensure that the dignity of the person being searched is respected, which is particularly relevant in the case of juveniles.

194. The CPT recommends that the Spanish authorities ensure that whenever juveniles are searched they be allowed to partially keep their clothes, for example, a person should be allowed to remove clothing above the waist and put the clothes back on before removing further clothing, or to cover themselves with a bathrobe or a towel in case full body searches, which shall fully respect the juvenile's dignity and intimacy, in accordance with the applicable legislation.

c. Information on rights and complaints procedures

195. Juveniles were informed of their rights, including the right to complain and the complaints procedures, through both verbal information provided to them on arrival at the centre and the comprehensive brochure that was provided on arrival. A new brochure in simple, more juvenile friendly language, was in the process of being developed.

As regards the fulfilment of juveniles' right to complain, both internally and externally, as a safeguard against ill-treatment, juveniles were provided upon arrival with a complaints' booklet (to submit complaints and make petitions). The centre's management reviewed complaints and petitions on a daily basis and documented them in a dedicated register. A total of 407 complaints and requests were made in the course of 2024 and 111 during the first four months of 2025. The main subjects concerned access to recreational permits, requests to change module and access psychiatric care.

d. inspection procedures

196. In terms of external oversight, juvenile prosecutors and judges generally visited the centre on a monthly basis and communicated with juveniles via videoconference. Further, representatives from the Spanish NPM regularly monitor places of deprivation of liberty, including juvenile detention centres. They visited the Centre Vicente Marcelo Nessi most recently in June 2023.

APPENDIX I – ESTABLISHMENTS VISITED

The delegation visited the following places of detention:

Law enforcement establishments

Civil Guard

- Civil Guard Headquarters, Cádiz
- Civil Guard District Station, Madrid (Las Rozas)

National Police

- Police Station, Cádiz
- Police Station, Huelva
- Police Station, Jerez de la Frontera
- Police Station, Madrid (Centro)
- Central Detention Unit, Madrid (Moratalaz)
- Police Station, Madrid (Tetuán)
- Police Station, Madrid (Puente de Vallecas)
- Police Station, Madrid (Latina)
- Police Station, Madrid (Hortaleza-Barajas)
- Police Station for minors (G.R.U.M.E.), Madrid
- Police Station, Puerto de Santa Maria
- Detention facilities of the Plaza de Castilla Court, Madrid

Penitentiary establishments

- Algeciras Prison
- Huelva Prison
- Madrid V Prison*
- Madrid VII Prison
- Puerto II Prison*
- Puerto III Prison
- Sevilla II Prison

Juvenile establishments

- Juvenile Detention Centre, "Vicente Marcelo Nessi", Badajoz (Extremadura)

** Targeted visit to interview newly arrived prisoners on remand.*

APPENDIX II – List of Authorities met during the visit

Ministry of Interior :

- Fernando Grande Marlaska, Minister of the Interior
- Ángel Luis Ortíz Gonzáles, Secretary General for Penitentiary Institutions
- Elena Garzón Otamendi, Director General for International Relations and Migration
- Angel Garcia Navarro, Head of Department, Sub-Directorate General for International Relations and Migration
- Máximo Martínez Bernal, Deputy Director General of the Sub-Directorate General for Prison Analysis and Inspection
- Rosa Rodríguez Díaz, Advisor, Sub-Directorate General for Prison Analysis and Inspection
- Jesús Sánchez Gil, Head of the Technical Management Unit of the Inspectorate Services and Security Services

Ministry of Foreign Affairs, European Union and Co-operation

- Fernando Fernandez-Aguayo Muñoz, Director of the Office for Human Rights

Ministry of the Presidency, Justice and Relations with the Cortes

- María Illán Medina, Prosecutor, Directorate-General for International Legal Cooperation

Ministry of Youth and Children

- Miriam Segovia Moreno, Head of the Sub-Directorate General for the Promotion of the Rights of Children and Adolescents

Ministry of Health

- Francisco González Aguado, Deputy Director General of the Technical Office of the Commissioner for the Transition of the Mental Health Model

General Council of the Judiciary

- José María Fernández Seijo, Member of the General Council of the Judiciary and Chairman of the International Relations Committee

Spanish Ombudsperson (*Defensor del Pueblo*)

- Ángel Gabilondo, Spanish Ombudsperson
- Miguel Ángel Paneque Sosa, Head of the National Preventive Mechanism

"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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