

VISIT REPORT

ROMANIA

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

CPT/Inf (2026) 25

VISIT REPORT

ROMANIA

APRIL - MAY 2025

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

Periodic visit | 28 April – 9 May 2025

Published on 3 September 2026

Contents

KEY OBSERVATIONS	4
EXECUTIVE SUMMARY	6
I. INTRODUCTION	10
A. The visit, the report and follow-up.....	10
B. Consultations held by the delegation and cooperation encountered	10
C. National Preventive Mechanism	11
II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED	13
A. Law enforcement agencies	13
1. Preliminary remarks	13
2. Ill-treatment.....	14
3. Safeguards against ill-treatment.....	15
4. Security measures	20
5. Transport	21
6. Detention and Preventive Arrest Centres.....	22
B. Prison establishments.....	31
1. Preliminary remarks	31
2. Ill-treatment.....	36
3. Conditions of detention	39
4. Prison staff and special intervention groups	51
5. Healthcare services	53
6. Other issues	64
C. Detention facilities for children and young adults	71
1. Preliminary remarks	71
2. Ill-treatment.....	72
3. Living conditions	74
4. Healthcare	77
5. Other issues	79
APPENDIX I – Establishments visited.....	82
APPENDIX II - List of the national authorities, other bodies and non-governmental organisations with whom the delegation held consultations.....	83

KEY OBSERVATIONS

PRIORITY TOPICS

■ Police

CONDITIONS OF DETENTION – Improve the material conditions in Detention and Preventive Arrest Centres (DPACs) including better access to natural light and ventilation, upgraded equipment, improved maintenance and relocating cells currently situated underground

REGIME – Provide an out-of-cell regime in the DPACs beyond the current one hour of access to an enclosed yard

■ Prison

CONDITIONS OF DETENTION – Adopt a systemic approach to address overcrowding and prison population inflation and take the necessary measures to ensure adequate material conditions and provide sufficient purposeful activities

STAFF – Fill vacant posts in operational, healthcare and social reintegration sectors, review and adjust official staff complements

DISCIPLINE – Repeal the provisions requiring prison healthcare staff to certify that prisoners are fit to undergo disciplinary punishment and those making self-harm and attempted suicide disciplinary offences

■ Detention facilities for children and young adults

STAFF – Fill vacant posts in operational, healthcare and social reintegration sectors, review and adjust official staff complements

USE OF FORCE – Review the use of force and means of restraint at the Târgu Ocna Educational Centre

CHRONIC ISSUES

■ Police

CONDITIONS OF DETENTION – Transfer the custody of persons held in pre-trial detention from the Ministry of Interior to the Ministry of Justice and the prison administration.

GOOD PRACTICES

■ Prison

PREVENTION OF ILL-TREATMENT – New policy on the use of body-worn cameras by front-line prison officers and measures taken to ensure adherence to this policy

ACCESS TO SERVICES AND COMPLAINTS – Information technology equipment enabling prisoners to submit requests, petitions and complaints electronically

CONTACT WITH THE OUTSIDE WORLD – Expansion of facilities for video-conference calls and increased entitlement to free video calls for prisoners

■ Detention facilities for children and young adults

REGIME – Presence of an integrated school within the Craiova Detention Centre

THE CPT AND ROMANIA

Romania ratified the ECPT in 1994, and the Committee's first visit took place in 1995.

Since ratification, the CPT has carried out 14 country visits to Romania – 6 periodic and 8 ad hoc – including 75 visits to police establishments, 36 to prisons, 18 to psychiatric institutions, 13 social welfare and educational-correctional establishments and 2 to immigration detention facilities.

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

EXECUTIVE SUMMARY

During the 2025 visit, the CPT focused on the treatment of persons held in five police detention facilities, four prisons and two establishments for children and young adults in conflict with the law.

The cooperation received during the visit from the Romanian authorities was excellent. However, the principle of co-operation also requires that decisive action be taken to implement CPT's key recommendations. In this respect, additional efforts are necessary in particular as regards the persisting overpopulation of prisons and the regime and material conditions of detention in police establishments.

Law enforcement agencies

The vast majority of persons interviewed by the delegation indicated that they were treated respectfully and professionally by the police officers. The national authorities introduced a policy on zero-tolerance of violence which appears to have had an impact. However, a few allegations of physical ill-treatment were received, including from children, consisting mainly of slaps and punches to the face and body inflicted by police officers during apprehension or interrogation.

With regard to safeguards against ill-treatment in police custody, detained persons generally had the opportunity to notify a third party, were informed of their rights, and had access to a lawyer. However, efforts should continue to ensure that these rights are fully implemented in practice for all detainees, and that access to a doctor is guaranteed from the very outset of deprivation of liberty. In addition, further measures are required to strengthen the fight against impunity, including training on non-coercive interviewing and investigation techniques, enhanced use of technological tools, and providing prosecutors with their own investigators.

The CPT once again found very poor material conditions, including humidity, dilapidated mattresses, inadequate access to natural light and insufficient ventilation, and worn-out furniture in several Detention and Preventive Arrest Centres (DPACs), several of which were located below ground level. Hygiene was insufficient, and some Centres were occasionally overcrowded. Both the quality and quantity of the food offered remained inadequate. Despite repeated recommendations, no improvements have been made to the regime, which generally provided for only one hour per day of access to small, enclosed yards.

The Committee considers that a prolonged period of detention under such conditions could amount to degrading treatment. Urgent measures should be taken to offer appropriate conditions both in terms of material conditions and regime. As stated in the past, serious consideration should therefore be given to placing persons held in pre-trial detention under the authority of the Ministry of Justice and the prison administration.

Prison establishments

The CPT recognises the efforts in reforming the prison system as outlined in the [Action Plan for the period 2020-2025](#). Nevertheless, overcrowding in establishments for adults remains a challenge: prisons were operating at 119.5% of their official capacity and the prison population had grown by about 20% since 2020. Overcrowding was evident in all four establishments visited, with the highest levels found at Iași (140%) and Botoșani (130%) Prisons, with the pre-trial and admission sections generally being the most severely overcrowded.

The Romanian authorities should take steps to ensure that all persons in prison are held in decent conditions and with those living in multiple-occupancy cells afforded a minimum of 4 m² of living space each, excluding the sanitary annexe. Furthermore, in order to find a lasting solution to the overcrowding problem, the authorities should undertake a detailed analysis of the main factors contributing to this phenomenon, and thereafter define and implement adequate policies to modulate the prison population.

The CPT notes positively that concerted and determined action can have a considerable impact on preventing ill-treatment, as attested by the significantly lower prevalence of allegations of ill-treatment received as compared to previous visits. As an illustration, the delegation did not receive any allegation of physical ill-treatment by prison staff, including members of the special intervention group, at Craiova Prison. A similar situation was found at Iași Prison and only a few credible allegations were received at Botoșani and Bucharest-Rahova Prisons. The senior management in each prison should remain vigilant and committed to a policy of “zero tolerance” of ill-treatment by prison staff. In this context, the expansion of video surveillance in common areas in prisons and the systematic use of body-worn cameras during interventions are considered positive steps.

Inter-prisoner violence was overall limited in severity and frequency at Botoșani, Bucharest-Rahova and Craiova Prisons, taking into account the size of these establishments, with staff and management reacting appropriately to any incidents reported. At Iași Prison, inter-prisoner violence appeared significantly more prevalent notably amongst young adults in pre-trial detention and persons in the maximum-security unit, with serious incidents including sexual violence. While the response to isolated acts was adequate, the detection and the prevention require the development of a coherent strategy to combat inter-prisoner violence and intimidation in this prison.

Material conditions were satisfactory in some parts of the establishments visited, notably the new Pavilion C of the women’s section of Craiova Prison, the psychiatry units at Botoșani and Craiova Prisons and some sections of Bucharest-Rahova Prison. On the whole, however, overcrowding significantly undermined the efforts to provide adequate living conditions to the prisoners in the four prisons. In many multiple-occupancy cells and dormitories, prisoners were afforded a mere 2 m² to 3 m² of living space each and the equipment (lockable storage, tables and chairs/stools) was insufficient for the number of persons. The state of repair of the cells and their sanitary annexes was generally poor. Mattresses and bedding were often worn out and infestations of bed bugs and cockroaches were reported in all four prisons, despite regular disinfestation.

During the visit, the delegation met persons in prison with special physical needs (ageing or with reduced mobility). Apart from an adapted cell in the women’s section of Craiova Prison, none of the prisons were appropriately designed or equipped to accommodate their needs. Structural adaptations and adjustments are required to ensure that these persons have access, on an equal basis with others, to reasonable accommodation and all essential facilities and services.

Staffing levels in the four prisons and throughout the prison system remain insufficient, particularly as regards custodial staff present in the detention areas. Sections with more than a hundred prisoners were often left under the responsibility of one or two junior officers, supervised by a senior officer. The social reintegration departments were better staffed compared to the situation found previously, but a number of posts remained vacant. It is urgent to reinforce staffing levels, based upon a review of the role and duties of prison staff. As regards the special intervention groups (EOS) operating in establishments with maximum-security units, the CPT reiterates its view that EOS should be dissolved, the staffing complements on the maximum-security units be augmented and a dynamic security approach implemented.

The report notes the efforts deployed by the Romanian authorities to expand the range of out-of-cell activities on offer. However, much more remains to be done to achieve the objective of enabling persons, both on remand and sentenced, to spend a reasonable part of their day engaged in purposeful activities of a varied nature, tailored to their needs. Action should be taken, at national level, to implement policies promoting prison work and vocational training with equal opportunities for women and men in prison.

As previously recommended, the maximum-security regime should be reviewed to offer more out-of-cell time and a greater range of activities, as well as the possibility of associating with other prisoners, based on an individual risk assessment. Decisive action should also be taken to ensure that handcuffing high-risk prisoners is not systematic and is always based on an individual and comprehensive risk assessment.

As regards the provision of healthcare, improvements were noted regarding access to medical consultations, including following a violent incident or use of force, and to the recording of and reporting on injuries. Nevertheless, healthcare staffing levels were clearly insufficient and require reinforcement in all four of the prisons visited, in particular general practitioners and nurses. Further action is also required to guarantee medical confidentiality; ensure comprehensive and, as regards women prisoners, gender-specific, medical screening upon admission to prison; and implement a comprehensive strategy to assist persons with drug-related problems. It also remains necessary to put in place a system of oversight by the Ministry of Health.

All the prisons visited held a significant proportion of prisoners having a mental health condition. All healthcare services included a full-time psychiatrist apart from Botoşani Prison. However, there were no clinical psychologists attached to these services, which meant that most of the prisoners did not have access to therapeutic interventions. The Romanian authorities should ensure that all prisons have appropriate input from a psychiatrist, clinical psychologists and, in due course, mental health nurses. Dedicated prison psychiatry units should be adequately staffed and able to offer a range of therapeutic options and structured activities tailored to the specific needs of the patients accommodated.

As for the use of means of restraint, the findings of the visit indicate that at Bucharest-Rahova and, to a lesser extent at Iaşi Prison, placements in padded cells (“protection rooms”) and instruments of mechanical restraint were used for punitive purposes. Steps are necessary to properly regulate placements in “protection rooms” as a measure of last resort, whereas the use of mechanical restraints in a prison setting should be immediately ended.

Turning to security measures, the use of tear gas spray in a prison setting should be reviewed; truncheons should no longer be routinely carried out by custodial staff in detention areas; and strip searches should, in all cases, be conducted in a manner respecting human dignity and intimacy.

In the four prisons visited, the disciplinary procedure appeared to be correctly conducted, and disciplinary solitary confinement was sparingly applied. However, the CPT recommends once again that self-harm and attempted suicide no longer be considered as disciplinary offences.

As regards contact with the outside world, the possibilities for video-conference calls installed during the Covid-19 pandemic have been expanded and new regulations have broadened the prisoners’ access to free video calls. The CPT reiterates that open visits for all prisoners should be the rule, with closed visits as the exception.

Detention facilities for children and young adults

The Romanian authorities are invited to reassess the location of the Educational and Detention Centres to take into account the place of origin of the children within the country, the best way to stimulate their reintegration into the community and the optimal catchment area to attract qualified staff to work with the residents.

In both Centres visited, the majority of residents spoke positively about staff. However, allegations of physical ill-treatment by security staff were received at the Craiova Detention Centre, including slaps and baton blows. At the Târgu Ocna Educational Centre, excessive use of force during interventions appeared to be an issue of concern. Effective investigations should be conducted into such alleged treatment and staff should be reminded that ill-treatment is illegal and unprofessional. Further, staff should receive training on the appropriate and proportionate use of force.

Inter-resident violence appeared limited and under control at Craiova Detention Centre. However, violence among residents in their rooms and in the yards appeared common in Târgu Ocna with allegations of sexual assaults also being made. The violence prevention policy should be urgently reviewed as well as room-share risk assessments of residents and the pedagogic and child-oriented approach enhanced.

The living conditions were acceptable in both establishments with residents being accommodated in collective rooms. However, at Târgu-Ocna, residents should be allowed to personalise their rooms, and the rooms should be better equipped. Further, the cage-like exercise yards at this establishment should be removed. The authorities are also invited to review the layout of establishments for children and young adults and move towards single-room accommodation.

At the Craiova Detention Centre, the applicable regime was commendable in terms of the number, variety and quality of activities, as well as life skills training. Education was central with the only integrated school in the country and 45 teachers assigned to the establishment. In contrast, the regime in Târgu Ocna was poorer, as educational and reintegration activities were limited. Both Centres were affected by a lack of staff, though the impact was more pronounced at Târgu Ocna.

The use of disciplinary measures generally seemed appropriate. The CPT welcomes that children in Educational or Detention Centres cannot be placed in solitary confinement as a disciplinary measure. However, it is regrettable that self-harm remained a disciplinary offence. Further, staff should stop carrying truncheons and handcuffs in detention areas, and the use of force and means of restraint should be reviewed at the Târgu Ocna Educational Centre.

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 Romania from 28 April to 9 May 2025. It was the Committee’s fifteenth visit to Romania.¹

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

- Vânia Costa Ramos (Head of delegation)
- Helena Papa
- Ceyhun Qaracayev
- Vassilis Tzevelekos
- Elisabetta Zamparutti

They were assisted by two experts, Marie Brasholt (medical director, Dignity, Denmark) and Marius Caruana (Lead doctor, migrant health service, Malta), as well as by Julien Attuil-Kayser and Laura Ielciu-Erel, from the CPT Secretariat.

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 Romania on 12 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 Romania provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and cooperation encountered

4. In the course of the visit, the delegation held consultations with Radu Marinescu, Minister of Justice, Bogdan Despescu, State Secretary of the Ministry of Internal Affairs, and Roxana Simona Momeu, Secretary of State of the Ministry of Justice. It also met with Claudiu Silvian Românu, Director General of the National Prison Administration (*Administrația Națională a Penitenciarelor* - ANP), Ioana Mihaela Morar, Deputy Director General of ANP, and other senior officials from the Ministries of Internal Affairs and of Justice. The delegation also met senior prosecutors in Bucharest.

Talks were held with members of the National Preventive Mechanism (NPM) within the office of the People Advocate (Ombudsperson) as well as with representatives of civil society.

5. At the end of the visit, the delegation provided the Romanian authorities with its preliminary observations, which were subsequently transmitted in writing. On 30 June 2025, the Romanian authorities communicated their response, which has been taken into account in the relevant sections of the present report.

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

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

6. On the whole, the CPT delegation received excellent cooperation from all its interlocutors in terms of rapid access to the establishments it wished to visit, to the documentation it wanted to consult and to individuals with whom the delegation wished to speak. Particular gratitude should be extended to the management and staff of the visited establishments.

The Committee also greatly appreciated the assistance provided before, during and after the visit by the CPT's liaison officer, Ilie Cute.

The visit coincided with the Presidential elections, and the CPT is pleased to note that this did not affect the visit's smooth execution despite the challenges associated with the voting process. This allowed the delegation to observe that persons deprived of their liberty in police and prison establishments were able to exercise their right to vote in an orderly and accessible manner. Apart from a limited number of persons specifically deprived of their electoral rights, all persons detained in police and prison establishments had the possibility of voting.

7. The CPT would like to highlight the decision of the Botoşani Prison management, endorsed by the National Prison Administration, to immediately decommission the cells which the delegation has found to be unsuitable for accommodation of prisoners due to their layout. More generally, the CPT notes that efforts have been deployed by the Romanian authorities to implement some of the recommendations the CPT made with a view to strengthening protection from ill-treatment of persons deprived of their liberty by law enforcement officials, and persons held in police detention facilities and prison establishments.

8. However, at Iaşi Prison and Craiova Detention Centre for minors and young adults, the delegation received several accounts that managers and custodial officers had warned detained persons, including minors, against raising complaints with the Committee, implying that to do so would put them at risk of retaliation ("think hard about what you are going to say"). The CPT trusts that the Romanian authorities will ensure that none of the persons deprived of liberty in these or other establishments visited will be subject to any reprisals for having spoken to its delegation.

Furthermore, the CPT has strong indications that the announcement of the Committee's visit was the reason for the transfer of a significant number of prisoners in the days preceding the visit, from Iaşi Prison, an establishment which the CPT had notified that it would visit (see paragraphs 85 and 86). It must recall that the principle of cooperation between Parties to the Convention and the Committee requires that the authorities should refrain from attempting to present a distorted picture of the actual situation in the establishments to be visited. It also requires that decisive action be taken to improve the situation in light of the CPT recommendations. In this respect, the CPT remains concerned about the persisting overpopulation of prisons for adults and the regime and material conditions of detention in police establishments.

C. National Preventive Mechanism

9. In December 2014 the People's Advocate of Romania (Ombudsperson) was designated by Law No. 181/2014 as the National Preventive Mechanism (NPM) implementing the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. The NPM role is carried out by a specific department with the People's Advocate's Office under the supervision of Ionel Nicolae, Deputy Ombudsperson. The NPM is organised with a central office in Bucharest and three regional offices in Alba, Bacău and Craiova counties, which facilitate the monitoring of places of deprivation of liberty throughout the territory of Romania. The law requires that each monitoring visit include representatives from NGOs and specific professionals. Consequently, the NPM established partnerships with NGOs nationwide and with various professional associations, notably medical doctors. In 2024, it carried out visits notably to 12 prisons, two prison hospitals and the Craiova Detention Centre, most of them having been notified in advance.² The CPT welcomes the proactive steps taken by the NPM to follow up on the Committee's previous recommendations, particularly concerning the abolition of disciplinary sanctions for self-harming (see paragraph 210), with a view to ensuring their full implementation.

2. The reports on the visits are published on the People's Advocate website.

Despite some improvements, the NPM continues to face difficulties regarding its staffing level. At the time of the visit, 19 posts were filled out of the 23 budgeted positions; the vacant posts included a lawyer, a psychologist and a social worker, as well as an administrative support officer.



The CPT encourages the authorities to ensure that vacant posts in the NPM's staffing table are filled.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Law enforcement agencies

1. Preliminary remarks

10. During the visit, the CPT examined the treatment of persons in police custody and remand prisoners held in five police stations and Detention and Preventive Arrest Centres (*Centre de reținere și arestare preventivă* – DPAC) located in Buzău, Craiova and Pitești as well as in Bucharest detention facilities Nos. 1 and 10.

11. The applicable rules governing police custody (*reținerea*) and pre-trial detention (*arestarea preventivă*) in DPACs have not changed since the previous CPT visits.³ Police custody can last for up to 24 hours and must be ordered by an investigative police officer or a prosecutor following an interview with the person concerned in the presence of a lawyer. To be placed in pre-trial detention, the person must be brought before the competent judge for rights and liberties within 24 hours.

12. Pre-trial detention may be ordered for an initial period of up to 30 days and can be extended for further 30-day periods, not exceeding a total of 180 days. Under exceptional circumstances and with the agreement of the persons concerned, detention in a DPAC can be prolonged including for the execution of a sentence.⁴

13. Law No. 218/2002 on the organisation and functioning of the Romanian Police, as amended in 2019, provides that the police may carry out administrative detention for identification purposes or preliminary investigations. This may occur where there is a risk to the life of an individual, a threat to public order, or when there are plausible reasons to suspect that a person has committed or is preparing to commit an offence. The person deprived of liberty is entitled to contact a family member or another person, to be assisted by a lawyer, to see a doctor, and to be informed of the reasons for the detention.

The CPT welcomes the positive improvements brought by Law No. 122/2022, which notably clarified the duration of the measure and limited it to eight hours – 12 hours in exceptional circumstances. The authorities indicated that in 690 cases, administrative detention lasted more than eight hours between 2022-2025.

14. In Romanian law, criminal responsibility is set at the age of 14. Children between the ages of 14 and 16 may be held criminally liable only where a forensic psychiatric assessment establishes that they possessed discernment at the time of the offence. Children aged 16 and 17 years old are fully criminally responsible. In both cases, children may exceptionally be placed in police custody and pre-trial detention, only if the effects that the deprivation of liberty would have on their personality and development are not disproportionate to the objective pursued by the imposition of such measures. The maximum limits for police custody and pre-trial detention in these cases are the same as for adults.

In all cases, children deprived of their liberty by the police must be held separately from adults.

15. During the visit, the delegation gained a clear impression that the authorities were willing to develop human rights-oriented policies, improve institutional management and modernise police facilities. As highlighted below, several measures were taken to implement CPT recommendations including effectuating strip-searches in stages and reducing the prolonged use of handcuffs. The CPT welcomes this approach and encourages the authorities to further their efforts, in particular, as regards the fight against ill-treatment. Structural reforms are also urgently required to offer appropriate material conditions and regime to persons held in DPACs.

3. See paragraph 9 of the CPT report on its 2021 visit, [CPT/Inf \(2022\) 06](#).

4. Exceptional circumstances often concerned the prosecution and sentencing of law enforcement or custodial staff members.

2. Ill-treatment

16. The Police Act (Law No. 360/2002) was amended in 2022, introducing several significant changes. The amendments notably clarified disciplinary sanctions of police officers, including for misconduct, introduced preventive administrative measures (official warnings) and improved procedural safeguards. As indicated above, the authorities have adopted a zero-tolerance approach and emphasised their commitment to sanctioning any inappropriate conduct by members of law enforcement.

17. The vast majority of persons interviewed by the delegation indicated that they were treated respectfully and professionally by the police officers who arrested and interviewed them, as well as by those who managed their detention. Several spoke positively of their attitude and behaviour.

However, the delegation received a few credible allegations of ill-treatment by police officers. As had been the case during the 2021 visit, the alleged ill-treatment consisted mainly of slaps and punches to the face and body upon apprehension or during interrogation. These allegations were made by both adults and children, and occurred in different counties. These acts were apparently perpetrated to inflict pain, “maintain order” or to force a confession. Sporadic allegations of excessive use of force were also received, as were allegations of threats, pressure and verbal abuse, including racist and anti-Roma comments.

With one exception in Buzău DPAC, no allegations were received of ill-treatment by the police officers responsible for custody in DPACs. Many detained persons stated that staff acted in a professional and respectful manner. In addition, no allegations of inter-detainee violence were reported.

18. The CPT is particularly concerned by one allegation of police ill-treatment. On 21 April 2025, Mr X alleged having been apprehended at home, in the evening, by two police officers, one of whom was known by him to be from Goicea Police Section. After being questioned at the police station, he was allegedly instructed to rest his forearms on the table while being handcuffed, whereupon he was hit over 20 times with a baton on the forearms. A further 10 baton blows were allegedly delivered to his forearms while on his knees and he received several baton blows to the soles of his feet, while still wearing his shoes. The ill-treatment appeared to have been perpetrated by the same police officer who also verbally abused and denigrated him. The other police officer who apprehended him was present but did not react or intervene. He was released in the middle of the night (around 03:00) and told in a threatening manner not to complain.

Two days later, he was apprehended by other police officers, interviewed and transferred to the Craiova DPAC. He had access to a doctor and a lawyer, and indicated having been treated correctly by the police on the occasion of this new arrest. According to his admission file on 24 April, “signs of violence” were recorded. The documentation consulted also recorded that he alleged having been “physically attacked and beaten with a baton on the forearms by members of the police” and the register of injuries indicated the presence of bruising on the anterior aspect of the forearms as well as multiple old scars on the forearms, without stating the compatibility between the allegations and findings. The delegation was not informed of any investigation being carried out.



The CPT recommends that the Romanian authorities carry out an effective investigation into this case and provide the Committee with updated information on the status of the proceedings.

19. The Ministry of the Interior created police training structures in each county in 2021 to facilitate access to training and adapt them locally. In this context, training courses for law enforcement agents on human rights and combatting hate crime and bias, including vis-à-vis members of the Roma and LGBTI communities, were developed and implemented. Furthermore, a policy on zero-tolerance of violence was introduced with relevant training and regular reminders from the hierarchy. Police computers and mobile phones also systematically displayed a zero-tolerance message.

20. The CPT welcomes these positive improvements, which appeared to have a concrete impact on the behaviour of police officers. However, as noted in this report, allegations of ill-treatment, including of a severe nature, continue to be received. It should be made clear that all forms of ill-treatment are absolutely prohibited, and that the perpetrators of ill-treatment and those encouraging or condoning such acts will be subject to appropriate sanctions. Unlawful behaviour undermines the fundamental trust between the police and the public.

The Committee recommends that the Romanian authorities pursue their efforts to eradicate police ill-treatment and ensure that a firm message is delivered regularly and in an appropriate manner, to all law enforcement officials that all forms of ill-treatment – including verbal abuse, racist behaviour, threats and psychological ill-treatment – of detained persons are unacceptable, illegal and will be punished accordingly.

3. Safeguards against ill-treatment

a. introduction

21. The CPT attaches a particular importance to the safeguards afforded to persons deprived of their liberty by the police. These safeguards include the rights of these persons to inform a close relative, or another third party of their choice, of their situation, to have access to a lawyer, and to have access to a doctor. The Committee also examines whether these persons were informed without delay of all their rights and whether the custody records were properly completed. It further pays attention to electronic recording of police interviews, as well as to other specific safeguards for persons belonging to vulnerable groups, such as children.

The legal provisions regarding the safeguards against ill-treatment, contained in the Code of Criminal Procedure (CCP), remained unchanged since the 2021 visit.⁵

b. notification of custody

22. The possibility to inform a third party of the apprehension is provided by law. Persons recently apprehended indicated that they had had the opportunity to have a person informed, usually a relative. Several indicated that they were offered by the police officer to make the phone call themselves, including in the context of antidrug operations. The CPT welcomes this practice.

However, several persons who did not speak Romanian indicated that they were not informed of this possibility, or could not exercise this right as their relatives were living abroad. A couple of persons also stated that this right had been delayed for several hours by police officers without a specific reason and in some cases until the first court hearing.

The CPT invites the Romanian authorities to pursue their efforts to ensure that all persons deprived of their liberty by the police can effectively inform a relative or a third party of their detention from the very outset of their deprivation of liberty (that is, with effect from the moment at which they are obliged to remain with the police).

c. access to a lawyer

23. The CCP provides for the obligation to be informed of the right of access to a lawyer prior to the first police interview, including an *ex officio* lawyer.⁶

5. See [CPT/Inf \(2022\) 06](#), paragraph 28.

6. See further details in [CPT/Inf \(2022\) 06](#), paragraph 31.

As during the 2021 visit, the vast majority of persons apprehended by the police had been granted access to a lawyer before being questioned at the police station. Those who decided to exercise this right indicated that they had swiftly received the assistance of a lawyer of their own choice or one appointed *ex officio*. However, several persons alleged that they were not granted private discussions prior to questioning and could only meet with their lawyer after the first police interview. A few indicated that police officers put them under pressure not to exercise their right to a lawyer as this “could delay the procedure” or “was not necessary in their case”.

It is regrettable that police officers continued to be generally present and within earshot during conversations between a lawyer and the apprehended person, contrary to the CCP provisions which provide for the confidential nature of such conversations. The delegation could see that meetings between lawyers and clients were taking place in rooms with open doors, with police officers nearby.

24. **The CPT recommends once again that the Romanian authorities take practical steps to ensure that whenever a detained person has made a request to have a lawyer present, police officers do not commence the questioning of the suspect until the arrival of the lawyer.**

Further, police officers should be reminded regularly that they shall afford any person deprived of their liberty the possibility to talk in private to a lawyer, as provided for in law.

d. access to a doctor

25. As regards access to a doctor, the situation remains unchanged since the 2021 visit. Persons apprehended by the police were still only entitled to emergency medical assistance prior to their transfer to the arrest detention centre (that is after 24 hours of their deprivation of liberty). Therefore, the persons released after the initial interview or kept in police stations before being released did not have systematic access to a medical screening and the possible recording of injuries. Both police officers and detained persons alike confirmed that no medical consultation usually took place during the initial detention period. Access to a doctor was generally provided upon arrival at a DPAC (see paragraph 62).

The CPT considers that, in addition to identifying healthcare needs, a key objective of guaranteeing the effective right of access to a doctor during police custody is aimed at preventing ill-treatment. In the CPT’s experience, it is during the period immediately following apprehension that the risk of intimidation and ill-treatment is at its greatest. Medical doctors examining persons in police custody should be required to draw up a comprehensive and timely record of any injuries observed and any relevant statements made by the detained person, as well as the doctor’s observations indicating the consistency between any allegations/statements made and the objective medical findings. The record should be made available to the detained person and their lawyer.

The CPT recommends that national legislation be amended so that all persons deprived of their liberty by the police are expressly guaranteed the right to have access to a doctor from the very outset of their deprivation of liberty, that is, from the moment of apprehension.

e. information on rights

26. As during the 2021 visit, the vast majority of persons interviewed indicated that they had been orally informed of their rights, notably the right to a lawyer and to notify a third party of their apprehension, following their arrest. Many also stated that they were provided with a written document recapitulating their rights which they could keep during their detention and show to the delegation during the visit. A few foreign nationals affirmed that they were not provided information, orally or in writing, in a language that they could understand.

The CPT encourages the Romanian authorities to pursue their efforts to inform orally all apprehended persons of their rights and thereafter, at the police station, to provide them with written information on their rights in a language and form they understand.

f. conduct of interviews

27. The delegation was informed that a total of 205 police investigation and questioning rooms have been established across the country equipped with IT recording devices. The authorities also reported that 51 child-adapted rooms, equipped with both video and audio recording facilities, have been made available for the police interviewing of children. At national level, the authorities indicated their strong commitment to non-coercive interviewing techniques and highlighted the development of a training programme for trainers and a dedicated guide for police officers in this regard.

In practice, only a limited number of detained persons indicated that their questioning had been electronically recorded. While the majority of those reported that they had been questioned appropriately by law enforcement agents, several, including children, indicated that they had experienced pressure during interviews. A recurring practice reported was the conduct of lengthy interviews without interruption, during which persons were threatened with violence and shouted at with the aim of compelling them to confess to an offence. Several detained persons also reported that police officers behaved aggressively and used inappropriate or abusive language. One individual, held in a Craiova detention facility, stated that the police officer exerted pressure on him, repeatedly shouted at him with insults, and threatened his lawyer in an attempt to silence him. The purpose of this conduct was reportedly to obtain a confession in a drug-related case. A Prosecutor was also reported to have acted in the same manner.

28. For the CPT, it is evident that a criminal justice system which places particular emphasis on confessional evidence creates incentives for investigators to resort to physical or psychological coercion. The primary purpose of police questioning must therefore be clearly defined: it should aim at obtaining accurate and reliable information to establish the truth of the matter under investigation, rather than securing a confession from a person whom interviewing officers may already presume to be guilty. Therefore, the Committee encourages the authorities to implement a change of paradigm by promoting a fundamentally different approach towards methods of police investigation.⁷

In addition to the measures already taken, it is necessary to adopt detailed instructions on the proper conduct of questioning criminal suspects. Initial and ongoing training on professional interviewing techniques should be provided to operational police officers and investigators. Such training ought to place particular emphasis on an intelligence-led and evidence-based methodology, thereby reducing reliance on information or confessions obtained during questioning for the purpose of securing convictions. Furthermore, a system of continuous monitoring of police interviewing standards and practices should be established in order to enable the effective investigation of any allegations of ill-treatment. This would require the systematic audio- and preferably also video-recording of interviews, as well as the maintenance of comprehensive records.

29. The CPT encourages the Romanian authorities to continue their efforts to promote a system of investigative interviewing of criminal suspects, in light of the above remarks. To this end, professional training should be provided regularly covering professional and non-coercive interview and investigation techniques, as well as the prevention of ill-treatment.

7. See notably "[A brief introduction to investigative interviewing A practitioner's guide](#)", Council of Europe (2018) and the Mendez Principles, "[Principii privind intervierea eficientă pentru investigații și culegerea de informații](#)", version translated in Romanian by the Association for the Prevention of Torture - APT (2021).

The use of electronic equipment for full recording of all police interviews, including the provision of information on the rights of the person being interviewed, should be further promoted, notably by ensuring that every facility where such interviews take place has dedicated rooms with suitable audio and preferably also video equipment. Reference is also made here to paragraph 81 of the CPT's 28th General Report.⁸

g. fight against impunity

30. To improve transparency of the law enforcement actions and facilitate prosecutions, the Ministry of the Interior has intensified the deployment of Body Worn Cameras (BWCs) since the 2021 visit, with more than 17 300 devices available. The delegation was informed that there were more cameras than police staff requiring them. The CPT positively notes these efforts and considers that the systematic use of BWCs during any incidents represent an additional safeguard against abuse by officials as well as a protection against unfounded allegations of ill-treatment. Nevertheless, interviews with law enforcement officials and recently apprehended persons, as well as a review of investigation files, indicated that BWCs were not systematically used, particularly when force was applied by police officers during or after apprehension.

The Committee recommends that the Romanian authorities ensure that body-worn cameras are systematically used, especially during apprehension, and that their use be subject to rigorous monitoring, following the model in place within the Romanian prison administration.

31. During the 2025 visit, the delegation followed up on the question of the effectiveness of criminal investigations into allegations of ill-treatment by law enforcement officials or by prison staff.

In 2015, the Prosecutor's Office attached to the High Court of Cassation and Justice adopted a "Strategy on the Efficiency of the Investigations into allegations of ill-treatment by state agents".⁹ This Strategy provided that, by derogation to the common rules on jurisdiction, such investigations are to be carried out by specially appointed prosecutors within the prosecutor's offices attached to the higher courts (that is, county courts or Courts of Appeal, depending on the rank of the suspects). The Strategy also introduced clear monitoring and reporting guidelines within the State Prosecutor's Office to ensure the effectiveness of those investigations.

During the 2025 visit, the delegation was informed that due to the need to balance the workload across the prosecution service, the General Prosecutor of Romania had issued new instructions on the handling of such cases (Order No. 286 of 16 December 2024). Under these instructions, the higher prosecution services continue to take over cases of alleged ill-treatment with medically recorded evidence of traumatic injuries sustained by the victim while in custody. Cases involving allegations of ill-treatment which do not meet these criteria are being dealt with in accordance with the common rule of jurisdiction and fall, in general, within the purview of the prosecutor's offices attached to local courts.¹⁰

8. See document CPT/Inf (2019) 9-part, paragraph 81: "The CPT has also stressed the importance of accurate recording of all police interviews (including the start and end times and the names of all persons present during the interview). The electronic recording of police interviews (with audio/video-recording equipment) has also become an effective means of preventing ill-treatment during police interviews whilst presenting significant advantages for the police officers involved. Electronic recordings should be kept securely for a reasonable period, be made available to the detained persons concerned and/or their lawyers, and be accessible to representatives of international and national monitoring bodies (including NPMs), as well as to any officials responsible for investigating allegations or reports of police ill-treatment."

9. The Strategy was adopted in the context of the execution of more than 50 judgments of the European Court of Human Rights finding mainly substantive and procedural violations of Article 3 of the European Convention on Human Rights on account of ill-treatment of persons in the custody of law enforcement officials and the ineffectiveness of the criminal investigations carried out into such incidents (see for example the judgments in *Barbu Anghelescu v. Romania* (Application No. 46430/99) of 5 October 2004, *Anton v. Romania* (Application No. 57365/12) of 19 May 2015, *Lingurar v. Romania* (Application No. 48474/14) of 16 April 2019)).

10. Investigations into cases of ill-treatment pursuant to Article 296 of the Criminal Code (abusive behaviour), Article 280 (abusive conduct of criminal investigation) and Article 281 (ill-treatment) are carried out by the prosecutor's offices attached to the local courts or to the six district courts in Bucharest. Investigations pursuant to Article 282 (torture) are carried out by the prosecutor's offices attached to the county courts. In Bucharest, unlike in other districts,

32. The delegation met with senior prosecutors in Bucharest and reviewed several case files concerning police misconduct against persons deprived of their liberty.

As was the case during the 2021 visit, although the prosecutors maintained formal control of the investigations, they continued to rely on external police officers to carry out most of the investigative tasks. In cases involving allegations of ill-treatment by law enforcement officials, these were, in general, officers of the Internal Control Bureau of the Police. Further, at least in Bucharest, the prosecution service could also rely on specialist police departments (such as the anti-corruption department or the criminal investigation department), in more complex cases.

33. In all the relevant cases examined by the delegation, the prosecutors had promptly opened criminal investigations once a criminal complaint had been filed, or acting upon information indicating that ill-treatment might have occurred.¹¹

It was also evident in most of these cases that the investigative authorities had attempted to collect all the relevant evidence, including BWC footage as well as CCTV/video surveillance recordings from police stations or public locations, and to identify and interview potential witnesses.

However, in several cases, the police authorities had been unable to hand over the requested BWC footage, as the police officers involved had not worn such a device or had not turned it on prior to the intervention, in contravention to instructions issued by the General Inspectorate of the Romanian Police. As far as the delegation could ascertain, in none of these cases did the prosecution service refer the matter to the Inspectorate. Further, in one of the cases examined, CCTV recordings from the police station, requested by the investigators six days after the alleged ill-treatment had been reported, were no longer available due to automatic overwriting. The delegation understood that the lack of comprehensive regulations on the use of CCTV and the storage of CCTV recordings in a police custody setting meant that this was not an isolated incident.

34. As regards medical evidence, in the cases examined, the prosecutors had been prompt in ordering forensic medical examinations once a criminal investigation had been opened. The examinations had also been conducted promptly and the forensic medical reports generally issued without undue delay. The delegation further ascertained that if the person concerned wished to obtain forensic medical evidence before filing a criminal complaint, they have direct access to the forensic medical institute in order to undergo an examination. In this situation, however, the alleged victim could only obtain a forensic medical certificate (as opposed to a fully-fledged forensic medical report) and such certificates were, at times, issued one or two months after the date of the examination. The forensic medical reports examined described the possible mechanism of injury, but did not always include the forensic doctor's observations indicating the degree of consistency between any allegations/statements made by the person examined and the objective medical findings. This was also the case for the forensic certificates examined, which were also far less detailed in their description of the medical findings.

The figures provided during the visit indicated that the overwhelming majority of the investigations concerning cases of possible ill-treatment by law enforcement officials or by prison staff carried out by the prosecution services in Bucharest over the period 2022-2025 had been concluded without charge.¹² In some of the cases examined by the delegation, the decisions to close the investigations appeared insufficiently reasoned, as they merely referred to the evidence gathered and did not clearly set out how the evidence supported the suspect's account or contradicted the victim's account of the investigated incident.

the new rule on jurisdiction was established prior to December 2024.

11. For example, the prosecutor opened a criminal investigation of their own motion when, during an interview of a person suspected of having committed a criminal offence, that person stated that he had been ill-treated by the apprehending police officers. This can also be the case when medical reports attesting signs of injury are received from the healthcare services in DPACs or in prisons.

12. The rate was 97.71% for the Prosecutor's Office attached to the Bucharest County Court, and 98.84% for the prosecutor's offices attached to the six district courts in Bucharest, taken together.

35. The CPT has consistently stressed that a state's credibility in respect of the prohibition of torture and other forms of ill-treatment is undermined each time officials responsible for such offences are not held to account for their actions. If the emergence of information indicative of ill-treatment is not followed by a prompt and effective response, those minded to ill-treat persons deprived of their liberty will quickly come to believe – and with very good reason – that they can do so with impunity. Conversely, when officials who order, authorise, condone or perpetrate torture and ill-treatment are brought to justice for their acts or omissions, an unequivocal message is delivered that such conduct will not be tolerated.

In this regard, the findings of the 2025 visit indicate that the effectiveness of the criminal investigations into alleged or suspected acts of ill-treatment by law enforcement officials is, at times, hampered by difficulties in securing relevant and often crucial evidentiary material, such as BWC footage and CCTV recordings, as well as robust medical evidence. More generally, as the CPT has already pointed out, the independence as well as the thoroughness of the relevant investigations could be enhanced by ensuring that prosecutors can have recourse to their own investigators and do not have to rely upon external police officers to carry out certain investigative tasks.¹³

In the CPT's view, this should go hand in hand with strengthened oversight of such investigations by the prosecutorial authorities, as well as a proactive approach from these authorities in discharging their responsibility to effectively investigate and, where warranted, to prosecute and bring to trial those law enforcement officials suspected of ill-treatment.

36. **The CPT recommends that the Romanian authorities pursue their efforts to strengthen the effectiveness of the criminal investigations into cases of alleged or suspected ill-treatment by law enforcement officials, notably by taking all the necessary steps to ensure that:**

- **all police stations in the country be required to store all their closed-circuit television recordings for a minimum of 30 days; as regards body-worn camera video footage, reference is made to the recommendation set out at paragraph 30 above.**
- **the report (or certificate, as the case may be) drawn up by forensic medical doctors contains in all such cases: (i) an account of any allegations of ill-treatment or other statements made by the person concerned regarding the causes of the injuries, (ii) a full account of objective medical findings based on a thorough examination, and (iii) the doctor's observations in the light of (i) and (ii), indicating the degree of consistency between any allegations/statements made and the objective medical findings.¹⁴**

Further, the CPT recommends again that the Romanian authorities take steps to provide prosecutors charged with investigating allegations of ill-treatment by law enforcement officials with their own investigators, as a means to enhance the independence and the thoroughness of such investigations. Meanwhile, prosecutors should promptly conduct investigative actions themselves, especially as regards interviews.

4. Security measures

37. Unlike in 2021, the prolonged and excessive use of handcuffing did not appear to be an issue. This is to be welcomed. The delegation was informed that handcuffing someone to a fixed point or object was prohibited, and that the handcuffing instructions clearly specified the need to allow a finger-width gap. In practice, very few allegations of tight handcuffing were received.

13. See [CPT/Inf \(2022\) 06](#), paragraph 26.

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

38. Order No. 20/2025 of the Minister of Internal Affairs amending the Regulations on the organisation and functioning of detention and preventive arrest centres, published on 17 February 2025, instructs all police forces to conduct strip searches in stages, in line with CPT recommendations. According to the information gathered, this procedure has generally been implemented correctly, with few reports of individuals being required to undress fully.¹⁵ Further, this type of search was infrequent. This represents real progress compared to previous findings. The CPT commends this positive evolution.

Regrettably, the police stations and DPACs visited were not equipped with dedicated spaces to carry out these searches and both detained persons and police officers interviewed indicated that strip searches were routinely executed in a corridor or in storage room.

The CPT recommends that police facilities be equipped with dedicated areas for conducting strip searches which respect intimacy, and be provided with a chair, a hook to hang clothes and floor protection. It also invites the authorities to continue their efforts and ensure the respect of the new instruction in all circumstances.

5. Transport

39. Persons deprived of their liberty were transported by the police in different type of vehicles. The delegation examined several police cars and minivans/buses around the DPACs visited. Although some vehicles were old and not adapted to the transportation of detained persons, most were recent and customised for police requirements.

The vast majority of the vehicles seen by the delegation were equipped with individual seats and seatbelts; only a few old minivans did not have this security equipment. The delegation also noted that some recent police vehicles had the back of the car redesigned: a physical partition barrier separated the rear from the front seats and hard plastic bench-style seat replaced regular seats. The design reinforced security within the vehicle while strongly limiting legroom and comfort for the persons being transported. For the CPT, such a vehicle should only be used for short-distance transfers rather than for trips lasting an hour or more.

40. Most of the persons interviewed reported that their seatbelts were fastened when they were transported in police vehicles, though some stated they were not. Also, while most of them stated that they were transferred with handcuffs in front, or without them, some alleged having had their hands cuffed behind their backs, making their transfer particularly unpleasant and unsafe.

The Committee considers that the transport of persons deprived of their liberty should always be carried out in a safe manner and under acceptable conditions. Thus, cabins should be large enough and equipped with appropriate safety devices, with padded seats fitted with safety belts and, preferably, facing in the direction of travel. Vehicles should also be equipped with a means of communication between detained persons and escort staff.

As regards cuffing the hands behind the back during transportation, given the potential for discomfort to the person concerned and notably the risk of injury in case of an accident, this practice should be discontinued. Persons should be transported instead in secure vans, thereby obviating the need for them to be handcuffed during the journey.

The CPT recommends that the Romanian authorities ensure that persons deprived of their liberty are transported in vehicles equipped with the necessary safety features, and that handcuffing is applied based on an individual risk assessment, with the hands always cuffed in front.

15. However, several women indicated that they had to be totally naked during their admission at the Bucharest No.1 DPAC.

6. Detention and Preventive Arrest Centres

a. introduction

41. In January 2025, there were 47 operational DPACs with an overall capacity of 1 472 places – based on 4 m² of living space per person. 10 DPACs were in Bucharest with an overall capacity of 280 places¹⁶ and 37 in the rest of country, one in each county with the DPACs in Sălaj, Suceava and Teleorman being under renovation at the time of the visit. The vast majority of the detention facilities had a capacity of less than 50 places. Approximately 980 persons were held in these facilities.

As mentioned above, the maximum length of detention in a DPAC is, in principle, 180 days. In practice, the average period of detention in arrest detention centres remains around 60 days according to the authorities and the findings of the delegation.

42. The CPT continues to consider that persons on remand should not be held in police detention facilities and that it is not acceptable for the police authorities to hold detainees for months on end. Detention in police facilities should be as short as possible. The authorities indicated that the possibility of transferring the responsibility of the initial remand custody to the Ministry of Justice was under the review of a technical committee.

However, no further information was provided on the materialisation of this transfer, nor was the intention to amend the national legislation accordingly mentioned.

As already expressed in the reports on the 2018 and 2021 visits, persons held in police custody are more exposed to possible ill-treatment and coercion. Additionally, the findings of the 2025 visit show once again that neither the material conditions nor the regime in the DPACs visited were appropriate for stays of more than a few days and a prolonged period of detention in these conditions could amount to degrading treatment under the terms of Article 3 of the European Convention on Human Rights. Therefore, the CPT considers that every effort should be made to limit the time that persons are held within these facilities.

The CPT recommends that the Romanian authorities place persons held in pre-trial detention under the authority of the Ministry of Justice and the National Prison Administration. The legislation should be amended accordingly. This would not prevent the police from transferring and interviewing detained persons in police facilities, whenever required for the purposes of the investigation and as foreseen by the legislation.

Pending this transfer, the CPT recommends that the length of detention in DPACs be drastically reduced, and persons transferred to prison establishments ideally within a month.

b. material conditions

43. The CPT noted the efforts to renovate and upgrade the material conditions of the police detention and preventive arrest centres. The cells of the Bucharest No. 10 DPAC were upgraded in 2022; toilets, new beds and emergency call buttons were installed, and separate shower rooms were built. The Pitești DPAC underwent extensive transformation in 2024, increasing its capacity from 23 to 37 places, and installing toilets and showers in the cells. The cells in this establishment were well-lit (natural light and artificial lighting) and equipped with a bed, call bell, telephone, television, tables and private space in which to store personal belongings.

16. The Bucharest No. 1 DPAC, the largest in the country with a capacity of 104 places, remains the only DPAC in Bucharest to accommodate women and children and to hold a healthcare unit.

The material conditions in the Bucharest No.1 and Craiova DPACs remain similar to those described in the report on the 2021 visit.¹⁷

In most of the DPACs visited, cells had been repainted very recently. The Craiova DPAC was apparently repainted, by detained persons, three days prior to the CPT visit and women held in Bucharest No. 1 DPAC alleged that they had recently had to repaint their cell while still living and sleeping in it. It is self-evident that detained persons should not have to live and sleep in a cell that is being repainted given the overwhelming smell of the paint and the need to aerate the cell thoroughly.



The CPT trusts that the Romanian authorities will take the necessary steps to ensure that this does not reoccur in the future.

44. All the persons were held in multiple-occupancy cells with 4 m² of living space each, with the exception of the women section of the Bucharest No. 1 DPAC where four women were held in some 9 m², including sanitary facilities. Moreover, several establishments indicated that they regularly encounter episodes of overpopulation, including due to the closing of other DPACs for renovation. The most affected DPAC appeared to be the Bucharest No. 1 with a population exceeding 280 persons held for a capacity of 104 places (269% occupation) in the autumn of 2024. Overpopulation occurred regularly over the last four years according to the management.

Access to natural light remains problematic in most of the detention facilities; Bucharest No. 1 (men) and 10, Buzău and Craiova were located underground, with very small windows, often with semi-opaque glass or mesh and bars. Insufficient natural light meant that the cells had to have artificial lighting switched on permanently and, as the light switch was outside of the cell, all requests concerning the lights had to be made to the police officers. Additionally, none of the DPACs visited was fully accessible for a person in a wheelchair as the detention area was often in the basement or there were steps to access the healthcare unit or outdoor area.

With the exception of Pitești and Bucharest No.10 DPACs, the detention cells in the other DPACs were hot, had visible marks of humidity, and were lacking proper ventilation, especially when the shower was used or if occupancy was at its maximum or beyond. In the Bucharest No. 1 and Buzău DPACs, the cells were equipped with air conditioning; however, the air conditioning was not functioning at the time of the visit of the Bucharest No. 1 DPAC, despite the relatively high temperatures – the air conditioning in the corridor was operational. At the Craiova DPAC, the in-cell toilets were only partially partitioned, and the supply of hot water in both cells and showers was irregular; many detained persons reported being forced to shower in cold water.

As regards furniture, detention cells were typically furnished only with double or triple-bunked beds, a small table and one or no chairs, forcing individuals to take turns to sit or eat while sitting on their bed. Similarly, personal storage consisted mostly of a small, unlocked drawer beneath the bed, requiring detained persons to keep their belongings, clothing, and food in bags or luggage, stored under the beds.

45. In most of the cells visited, mattresses were in a very bad state of repair, dirty, with exposed foam and torn. Detained persons, including children, were not systematically provided with a pillow and sheets. Several indicated that bed linen was brought by their family and some had to wait several days or weeks. The same applies to hygiene kits, which were not systematically available for newly arrived detained persons, who often had to rely on cellmates or relatives to obtain towels, soap, toilet paper, toothpaste or a toothbrush. Many women interviewed also had to rely on the solidarity of other detained women or their relatives to obtain specific hygiene products, such as sanitary towels. The Bucharest No. 1 DPAC did not appear to have a stock of sanitary kits (for men or women) or clean linen despite being the biggest DPAC in the country and the only one in Bucharest holding women.

17. For more details, see the paragraph 39 of the 2021 visit report, [CPT/Inf \(2022\) 06](#).

Each centre possessed a refrigerator for the storage of food purchased or received by detained persons, and often equipment to heat meals. Three meals were provided daily in principle. However, a small number of persons indicated that they were not provided with food at the beginning of detention in DPACs, with some alleging not to have received a meal for two days. Staff indicated that some gaps could happen, notably over weekends. Further, the delegation again received numerous complaints, in all the DPACs visited, about the quality and quantity of food provided and especially concerning a lack of fresh fruit and vegetables. Many of them relied on the food items bought outside or received from their relatives.

46. In sum, the findings from 2025 are similar to those from previous visits, despite financial investment and recent renovations. The material conditions still do not meet the CPT's minimum standards, in particular as regards access to natural light and ventilation, storage space and basic in-cell equipment. Living conditions in most DPACs remain inappropriate for prolonged periods of detention.

In light of the above remarks, the CPT calls upon the Romanian authorities to take the requisite measures and ensure that police detention and preventive arrest centres:

- **offer every detained person at least 4 m² of living space in multiple-occupancy cells (Bucharest No. 1 women);**
- **provide sufficient access to both natural and artificial light, and adequate ventilation in each cell (Bucharest No. 1 and 10, Buzău and Craiova);**
- **provide every detained person with a clean mattress in decent state of repair, clean bed linen and a pillow;**
- **provide every detained person with a chair, a table and lockable cupboard space in which to keep their belongings;**
- **have fully-partitioned (that is, up to the ceiling) sanitary annexes in the cells at Craiova;**
- **provide, upon arrival, personal hygiene products and ensure regular and adequate supplies, taking into account the specific needs of women, notably through the provision of sanitary towels free-of-charge;**
- **offer an adequately nutritious diet, which includes fresh fruit and vegetables.**

47. The authorities indicated that following recent investment, five DPACs were equipped with "isolation rooms for violent prisoners". The delegation visited these cells in Buzău and Pitești DPACs – the three others are located in the DPACs in Călărași, Oradea and Slobozia. The cells have padded floors and walls, measure 6 m² and are equipped with a mattress and call bell. There is a small window for natural light and the cells are covered by CCTV.

The placement in isolation cells is regulated by the Order of Ministry of Interior No. 14 of 9 February 2018. Any placement is ordered by the DPAC Head based on "information from the staff directly involved in security and surveillance activities or on the conclusions of a psychologist". A person deprived of liberty shall be placed in "solitary confinement if there is an imminent risk of [...] self-harm or suicide; [...] injury to another person, if it is not possible to separate them; [...] destruction of property or serious disturbance of order". Isolation can be imposed for a maximum of 24 hours, renewable once in exceptional circumstances. During their isolation, the person deprived of liberty shall receive "psychological counselling and be supervised by the medical staff" of the establishment. The person shall also "be monitored by security and surveillance personnel, who shall observe their physical and mental condition and inform the responsible authorities of any possible deterioration in their health or the imminence of negative events".

48. According to the register on the use of restraints consulted in the Pitești DPAC, the room was used only once since May 2024, about three months prior to the visit. The recording of the incident was limited to the name of the person and the duration, with no indication of the reason for the measure. Neither the healthcare staff nor the DPAC management could justify its use nor could they recall the placement and monitoring protocols. A confusion appears to exist between the use of isolation cells for medical or disciplinary purposes. The placement protocol does not require the intervention of a psychiatrist, or the

possibility for the medical staff to end the isolation for medical reasons. Furthermore, the information transmitted to the delegation referred to “the disciplinary punishment of persons deprived of their liberty through isolation”.

The CPT considers that isolation cells, such as padded cells, should only be used in a precise and defined psychiatric context. If a detained person becomes agitated due to their mental health condition, they should be transferred to a mental health facility immediately. Therefore, there is no medical justification for the presence of a padded cell in a DPAC, particularly in the absence of necessary safeguards such as medical supervision. If the authorities intend to use these cells for disciplinary purposes, a dedicated regulation and procedure should be adopted.



The Committee recommends that the Romanian authorities review the use of the padded isolation cells in the DPACs in light of the above remarks.

c. regime and contact with the outside world

49. The regime applied in arrest detention centres continued to be governed by Article 122 of Law No. 254/2013 on the execution of custodial sentences and measures ordered by judicial authorities during criminal proceedings. In principle, it should include at least one hour of outdoor exercise per day in a courtyard with exercise equipment, access to a library, opportunities to work on facility maintenance, and participation in vocational, recreational, and cultural activities.

Regrettably, the regime observed in all DPACs visited remained almost non-existent. Detained persons generally had access only to a courtyard with their cellmates for one hour or less per day, while the remaining 23 hours were spent in their cells, usually watching television, playing boardgames, or reading. Outdoor exercise usually lasted just one hour. Detained persons indicated that its duration was sometimes reduced, particularly in cases of overcrowding or during weekends, a situation which was confirmed by staff.

50. Despite the legal provision, no cultural, recreational, or vocational activities were offered. Religious services were exceptionally organised, but communal gatherings were prevented including at Bucharest No. 1 DPAC, despite the recent renovation of the church of the police establishment. A few persons carried out unremunerated cleaning and maintenance tasks in common areas, in exchange for benefits such as extended visiting rights.

Each DPAC had a library, mostly composed of outdated books in a poor state of repair and several detained persons appeared unaware of their existence.

51. Outdoor areas consisted of small (generally 10 to 15 m²), austere, and bleak yards enclosed by walls and one or more layers of metal mesh, partially covered with plexiglass roofing. The most oppressive was the yard in Bucharest No. 10 DPAC, which was difficult to access, sombre, small, dilapidated and dirty, and the Buzău DPAC yard which, despite being relatively large (some 60 m²), was located below ground level and enclosed by high concrete walls and overhead fencing, giving it the appearance of a cage. The exercise yards were unsuitable for daily outdoor activity and fresh air. In addition, most were inaccessible to wheelchair users. Furthermore, only the Bucharest No. 1 and Buzău DPACs had rooms big enough (a library) to organise collective activities.

In spite of the repeated recommendations of the CPT, the regime offered to persons held in DPACs has not changed much since its first visit in 1995. The Committee considers this state of affairs totally unacceptable as persons held in DPACs should have the same rights and treatment as those held on remand in prison establishments. Furthermore, it is of serious concern that the reconstruction work carried out at the Bucharest No. 10 and Pitești DPACs did not include outdoor areas of sufficient size for walking and exercise, nor did it provide activity rooms.

52. While having in mind the recommendation formulated in paragraph 42, the CPT calls upon, once again, the Romanian authorities to devise and implement a comprehensive regime of out-of-cell activities in all detention and preventive arrest centres nationwide. The aim should be to ensure that remand prisoners are able to spend a reasonable part of the day, eight hours or more, outside their cells, engaged in purposeful activity of a varied nature (work, preferably with vocational value, education, sport, recreation/association). To this end, communal rooms should be created in each facility where detained persons can spend a certain amount of time each day engaged in purposeful activities organised by qualified staff.

Further, all detained persons, without exception, must be offered at least one hour of outdoor exercise a day in suitable facilities of an adequate size, that is, sufficient to walk and exert themselves physically, and possessing means of rest, shelter, exercise equipment and permitting a view of the sky. The low-lying metal overhead mesh should be removed from all the exercise yards. All centres (including cells, yards and medical unit) should also ensure accessibility to all persons reflecting their circumstances and needs, and reasonable adjustments should be made to that end.

53. As regards contact with the outside world, the cells visited were all equipped with telephones, allowing their occupants to make up to three calls for one hour each day. Telephones were also available in the detention area corridors and yards. This extended opportunity for direct communication with the outside world is welcomed by the CPT, as it allows social ties to be maintained.

In several DPACs visited, detained persons were also allowed to have video-meetings with their relatives, especially when the latter lived abroad. This is positive. As regards physical visits, detained persons had a maximum of four visits per month – six for minors. However, the visits were systematically partitioned, preventing physical contact, except for the visits of children.

The Committee recalls that visits around a table should be the rule, and visits with partitions the exception, and applied based on an individual assessment of the risk presented by each detained person.

The CPT recommends that the Romanian authorities review their legislation and visiting premises in DPACs to allow detained persons to have, as a principle, open visits.

d. children

54. The delegation again met children held in Craiova, Pitești and Bucharest No. 1. DPACs. Unlike during the 2021 visit, the children met were held separately from adults. This is a positive development. However, police officers indicated that, while doing their best to ensure a strict separation, children could exceptionally be detained with adults in case of overpopulation.

Regarding material conditions, children were held in ordinary cells within the detention area with no particular improvement or attention. In Bucharest, all minors were held at the DPAC No.1 where three cells had been renovated in 2018 to accommodate a maximum of six minors, although each cell was equipped with two sets of bunk beds. Despite being regularly repainted, the cells already showed signs of wear and tear. Two children, 14 and 16 years old, were held in a humid and gloomy cell at Craiova DPAC with dilapidated beds and mattresses. The material conditions of the cell holding the only minor (16 years old) in Pitești DPAC were comparatively better, as the recently renovated cell was adequately lit and equipped. However, the presence of a WC/shower combined with drainage problems resulted in an unbearable smell.

55. The regime applied to children remained identical to that of adults, consisting solely of one hour of daily access to the yard. No additional educational, occupational, or physical activities were organised for them. Children only benefited from meetings with a psychologist (generally once a week), with no further specific attention provided to their situation.

It is deeply regrettable that, since the 2021 visit, no improvements in law or practice have been made, and children in DPACs continue to be held in extremely poor material conditions without any form of structured regime.

56. As previously expressed, the lack of purposeful activity is especially harmful for children, who have a particular need for physical activity and intellectual stimulation. The CPT considers that children in remand detention should be offered a full programme of out-of-cell activities suited to their age, such as education, sport, vocational training and recreational activities. Education and physical activities should constitute an important part of that programme. They should also be offered at least two hours of outdoor exercise every day.

Once again, the staff in direct contact with them, namely police officers in charge of the custody, were not selected and trained for working with children and young people, nor did they benefit from appropriate external support and supervision in the exercise of their duties. In this respect, the CPT recalls that the custody and care of children deprived of their liberty is a particularly challenging task. It should be taken into account that many of them have suffered physical, sexual or psychological violence. Furthermore, children reported being held alone for days or even weeks, with no meaningful human interaction. The police officers responsible for their detention were neither properly trained nor attentive to their needs and made no effort to spend additional time with them.

Minors should be placed in an environment adapted to their needs, ideally in separate custody areas with a more open regime. Moreover, whenever their stay exceeds a few days, they should be transferred to a specialised centre specifically designed for their age group (that is, a non-prison like environment with regimes tailored to their needs and staffed by persons trained to deal with their age group).

57. **The CPT calls upon the Romanian authorities to ensure that children are held in appropriate and decent conditions in a dedicated custody area managed by trained staff, and provided with a purposeful regime, that is, at least eight hours a day out of their cells, in all DPACs. To this end, a programme of activities should be set up which include educational, occupational, or physical activities and specialised staff, including educators and teachers, should be recruited.**

Every effort should also be made to keep minors in DPACs for the shortest possible period, that is, days rather than months.

e. healthcare services

58. The provision of healthcare in the DPACs remains unchanged since the 2021 visit and is under the responsibility of the Medical Directorate of the Ministry of the Interior.¹⁸ Although independent from the management of the centres, healthcare staff continue to be directly recruited and employed by the Ministry of the Interior.

In principle, each DPAC has a healthcare staff composed of medical doctors, nurses and psychologists. The staffing levels of general practitioners and nurses present in the DPACs visited appeared satisfactory, with at least one GP and a nurse present on working days, and a nurse for several hours during the weekends. As previously noted by the CPT, the situation in DPACs continues to contrast positively with the situation found in prisons (see paragraph 156). Further, the healthcare staff of the DPACs visited did not wear police uniforms, contrary to the previous findings and in accordance with CPT's standards. This is a positive improvement.

Nevertheless, staffing levels remain an issue at the national level, with shortages of 10% for medical assistants and 45% for medical doctors. The delegation observed shortcomings in the establishments visited. The post of general practitioner at the Craiova DPAC was vacant and was replaced by the part-time presence of police, gendarmerie and fire brigade doctors, which undermined the continuity of care. A nursing post was also vacant at the Bucharest No. 1 DPAC. At the Buzău DPAC, GPs and nurses were not

18. For more details, see paragraph 48 of the 2021 visit report, [CPT/Inf \(2022\) 06](#).

solely working for the DPAC and mostly worked for a police/gendarmerie healthcare centre nearby. Further, two out of the three GPs working at the Pitești DPAC were due to retire in less than three years with no perspective of replacement as the authorities reported significant difficulties in filling healthcare positions. In 2024, 21 medical doctor positions were opened but remained unfilled.

The authorities signified their intention to make these positions more attractive, raise awareness of their existence and improve the recruitment process. Meanwhile, *ad hoc* solutions are found, as illustrated by the situation found at the Craiova DPAC.

59. **The CPT would like to receive information on the measures taken and envisaged to facilitate the recruitment of healthcare staff. It would also like to receive the confirmation that the vacant posts were filled, in particular at the Craiova DPAC.**

In addition, the recommendation in paragraph 154 relating to greater oversight by the Ministry of Health applies equally in relation to the provision of health in the DPACs.

60. During the initial talks, the authorities confirmed that the healthcare staff working in DPACs were solely responsible for persons deprived of their liberty following the re-organisation of the Medical Directorate in 2016. The healthcare staff at the Bucharest No. 1 DPAC confirmed that it was solely treating detained persons. In the three other DPACs, the doctors and nurses indicated that they were also providing care for serving and retired police officers as well as their families. Several healthcare staff and police officers considered this situation inappropriate.

As repeatedly expressed since 2010, the CPT considered that such a state of affairs is likely to give rise to conflicts of interest, both due to the legal status of the healthcare staff as police officers and the dual obligation vis-à-vis their patients. This situation is particularly problematic in cases of alleged ill-treatment. It also diverts time and resources away from those who are detained.

The CPT invites the authorities to ensure that the sole duty of DPAC healthcare staff is to care for persons deprived of their liberty.

61. The healthcare consultations were carried out in a room adjacent to the detention area. The healthcare rooms were clean but small and poorly equipped; for example, the medical room at the Craiova DPAC and one of the two rooms at the Bucharest No. 1 DPAC were not equipped with handwashing facilities.

The CPT previously recommended that the medical services of all DPACs be equipped with basic life-saving equipment (a defibrillator and oxygen) and an ECG machine. The Committee notes that measures were taken notably to acquire defibrillators; some of which, however, were still in their packaging box and had expired pads. Further, ECG and oxygen were not directly accessible in all the DPACs visited.

The CPT recommends that all the medical services of DPACs be equipped with basic equipment for medical examination, including handwashing facilities and life-saving equipment, and staff trained in their use.

62. As highlighted above, the initial examination by a doctor was carried out upon admission to a DPAC, generally within 24 hours. The somatic health screening was carried out in an appropriate manner with a systematic chest X-ray screening for tuberculosis. The detection of possible blood-borne viral infections or substance abuse continued to depend largely on medical suspicion. Voluntary screening for blood-borne infections was not offered systematically and had to be initiated by the detained person, provided they were aware of their right to request it. Hepatitis B vaccination was not available, and access to substance-related treatment was difficult at times (see paragraph 67). In cases of suspected learning disabilities or lack of capacity, persons were referred to a designated psychiatric hospital.

A specific format is used for medical assessments and patients must sign a written consent form. Following the examination, the detained person is informed of their right to request and receive a doctor's appointment. The forms were written in Romanian, and the healthcare staff were using online translation tools to communicate with non-Romanian speakers, since there was no official interpreter available.

Gender-based specific questions were limited to a gynaecological history, and gender-based violence inflicted prior to admission was not screened. It appeared to the delegation that if domestic violence injuries were identified upon admission, additional forensic examinations could not be provided by the authorities.

63. The CPT recommends once again that all persons being admitted to a DPAC, in particular those with a history of substance-use, be routinely offered a voluntary blood test for blood-borne viruses (HIV, HBV, HCV) and that hepatitis B vaccination be offered. Furthermore, steps should be taken to address the gender-specific needs of women who require screening for sexual abuse or other forms of gender-based violence. Efforts should also be made to provide official interpretation for medical consultations.

64. Regarding the recording of traumatic lesions, the CPT welcomes the Ministry of Interior Medical Directorate's efforts to implement the Committee's previous recommendations. The medical screening of a person admitted to a DPAC now contained an account of statements made by the admitted person, relevant to the medical examination (including a description of the state of health and any allegations of ill-treatment), and a full account of the objective medical findings based on a thorough examination. The delegation also took note of the improvement in marking traumatic injuries on body charts and their appropriate filing in the detainee's medical file. Healthcare professionals received dedicated training in this context.

Consequently, each DPAC visited had a trauma register, even though not standardised, in which an injury was recorded, independently of the origin or nature, marked on a body chart, inspired by the Istanbul Protocol, and communicated to the prosecutor's office.¹⁹ Further, the medical professionals described the injuries in a dedicated form, stated the date, time and place of the examination and indicated the reference where the full examination could be found in the medical register. The allegations were collected separately in an 'informed consent' form, which clearly requested a response to a question on whether the person had been physically assaulted, among others.

65. These are positive developments. Nevertheless, additional action is required to ensure that medical screening becomes an effective safeguard against ill-treatment. The perceived reticence by medical professionals and the lack of a specific question on the form for healthcare professionals to indicate the consistency between any allegations made and the objective medical findings, generate challenges notably to allowing the opening of police investigations in the appropriate cases. Furthermore, medical staff were not provided with the appropriate professional equipment to document the lesions. Consequently, photographic images of the lesions were not included in the medical files, which often contained vague statements on the origin of the injuries. Finally, the dispersal of medical information across several registers and files prevents an adequate picture of the reality of the health situation.

III The CPT recommends that the measures listed in paragraph 186 regarding the recording of injuries also be implemented in the police context.

66. At all the centres visited, healthcare staff were distributing medication to detained persons or preparing them in sealed envelopes to be distributed either by a nurse or member of the custodial staff.

19. The number of such reports transmitted to the prosecutorial authorities during the period 2022-2025, according to the data provided by the authorities, is as follows: 793 in 2022, 825 in 2023, 987 in 2024, and 202 in 2025 (up to 23 April).

The confidentiality of medical information was maintained during transfers, as the medical file was carried by the escort in a sealed envelope addressed to the health unit at the destination establishment. Regrettably, confidentiality was not respected during medical examination, which often took place in the presence of a police officer.



The recommendation formulated in paragraph 191 regarding the need to respect medical confidentiality applies equally in this context.

67. Access to specialised doctors was organised by the healthcare unit. The CPT notes positively that, following legislative reform, persons held in DPACs can receive medical support from external services. However, several substance users, including a 16-year-old boy, stated that they had not received substitution treatment for several weeks, apparently due to difficulties accessing specialists, who alone are authorised to initiate such a treatment.



In this context, the recommendation formulated in paragraph 193 on substance-use treatment applies equally.

B. Prison establishments

1. Preliminary remarks

a. prison reform

68. Overcrowding in the prison system has been the subject of a long-standing dialogue between the CPT and the Romanian authorities. Over the past decade, the Romanian authorities have engaged in a major reform process, which included the entry into force of a new Criminal Code and a new Code of Criminal Procedure in February 2014.

This process was also steered by over 300 judgments of the European Court of Human Rights, including a pilot judgment delivered in 2017 (*Rezmiveş and Others v. Romania*), finding violations of the prohibition of inhuman and degrading treatment due to overcrowding and poor material conditions in numerous prisons in Romania. In the context of the execution of these judgments, in November 2020, the Romanian Government submitted to the Committee of Ministers of the Council of Europe (CM) an updated [Action Plan for the period 2020-2025](#) with measures aimed at addressing prison overcrowding and at improving conditions in the prison system.²⁰

69. The Action Plan envisaged the modernisation of 946 places and the creation of 7 849 new accommodation places, including the construction of two new prisons, by the end of 2025. It further set out legislative, policy and practical measures to reinforce the probation system²¹ and to enhance educational and reintegration programmes. It placed emphasis on better management of the current prison population, through close monitoring of the occupancy rate across the prison system and targeted action, notably transfers, to ensure a balanced distribution of prisoners.

70. As highlighted in the report on the CPT's 2021 visit, which focused on prisons and police, the 2014 penal and prosecution policy reform led to a significant reduction of the prison population from 32 428 persons in June 2014 to 20 570 persons in January 2020; the prison population rate dropped from around 160 to 117 per 100 000 inhabitants. The number of persons serving community sanctions under the supervision of the Probation Service increased from 26 749 at the end of 2014 to nearly 100 000 at the end of 2017 and remained stable thereafter.²²

71. At the time of the 2021 visit, the prison population had increased to 22 608 (a prison population rate of rate of 118 per 100 000 inhabitants) for an official capacity of 17 779 places.²³ According to the data provided by the Romanian authorities, at the time of the 2025 visit, the prison population had further increased, to 24 778 persons. Of these, 23 555 persons were detained in 34 prison establishments for adults, 467 were detained in four establishments for children and young adults, and 628 were held in the six prison hospitals.

The capacity of the prison system, broken down by type of establishment, was as follows: 19 706 places in prison establishments for adults and 1 134 places in establishments for children and young adults. The six prison hospitals had a capacity of 1 060 beds for patients, as well as 159 additional places for persons deprived of their liberty who are not in need of medical care (for example, selected to work in the hospitals or awaiting transfer after discharge from hospital).

20. The CM continues to supervise the execution of these judgments, and in particular the adoption by Romania of measures of a general character to guarantee non-repetition of such violations (see [Rezmiveş and Others v. Romania](#) group of cases).

21. Notably by recruiting new staff and by introducing a new status for probation personnel.

22. Information provided by the Romanian authorities to the CM in the context of the execution of the above- mentioned judgments.

23. Calculated on the basis of 4 m² of living space per prisoner.

72. At the time of the 2025 visit, the occupancy rate of the prison establishments for adults stood at 119.5% and that of establishments for minors, at approximately 41%. With regard to establishments for adults, disaggregated data provided by the authorities²⁴ indicated that out of 34 prisons, in eight the occupancy rates were between 120% and 140% and in 15 prisons, the rates were between 140% and 168%.

According to the data published by the ANP, as of 16 October 2025, the prison population stood at 25 404.

73. The main penological indicators available²⁵ show that the imprisonment rate in Romania remains high (125.3 per 100 000 inhabitants compared to a European median of 104.8). The percentage of inmates in pre-trial detention is very low (13%, compared to a European median of 26%). The rates of admissions to, and releases from prison are both very low (58.8 and 57.3 per 100 000 inhabitants compared to European medians of 143.8 and 119 respectively), whereas the average length of imprisonment is very high (25.5 months compared to a European median of 8.7 months).

74. During the exchanges the delegation had at beginning of the visit, senior officials from the Ministry of Justice and the ANP referred to several factors which, in their assessment, have already and could continue to contribute to the upwards trend in the prison population.

75. At legislative level, while the 2014 penal policy reform reduced the minima and maxima of the prison sentences for various offences, it also introduced a more severe sentencing regime for repeat offences, resulting in longer prison terms than those imposed under the previous legislation. More recent legislative interventions have specifically excluded the use of alternatives to imprisonment in relation to some offences, such as driving without a licence or under the influence of alcohol or psychoactive substances²⁶ or have increased the length of sentences which can be applied in respect of certain other offences, such as sexual offences and drug trafficking.

76. There has been an increase of about 10% in the number of persons remanded into detention at the time of the 2025 visit, compared to the situation on 31 December 2021.

Over roughly the same period, a decrease of about 7% in the number of applications for conditional release upheld by the courts was noted. In this respect, the delegation was informed that when the civil damages awarded to victims have not been recovered in full, such applications were often rejected by courts even against the recommendation of prison parole boards. Further, according to interviews with prisoners, applications for conditional release had sometimes been rejected by the courts on grounds linked mainly to the offence committed and the term of imprisonment imposed, despite the parole board's positive assessments of the prisoner's social reintegration process. The length of the court proceedings concerning conditional release was also raised as a potential issue requiring the attention of the competent authorities.

In their communication of 30 June 2025 to the CPT, the Romanian authorities stressed that the existing conditional release mechanism remains nevertheless effective, as evidenced by the fact that the conditional release rates have been relatively stable and well above the European average rates reported since 2019.²⁷

77. Regarding the measures taken under the *2020-2025 Action Plan* and beyond, the Romanian authorities indicated that 2 463 new accommodation places had been created between 2021 and 2025 and that 3 452 new places would be made available by the end of 2025. Delays in the completion of some

24. This data reflected the situation on 22 January 2025.

25. See Council of Europe Annual Penal Statistics on Prison Populations – [2024 SPACE I Report](#) and [Key Findings of the 2024 SPACE I report](#).

26. Law No. 172/2024 excluded the possibility for the courts to defer sentencing under certain conditions with respect to these two offences (*amânarea aplicării pedepsei*, Article 83 of the Criminal Code). The same law excluded the possibility for the courts to suspend the sentence under supervision (*suspendarea executării pedepsei sub supraveghere*, Article 91 of the Criminal Code) for causing death whilst driving without a licence or under the influence.

27. The authorities referred to the data included in the Space I Reports corresponding to the period 2019-2022. The latest figures show that in 2023, the rate of conditional release was 59.1%, compared to a European average of 33% and median of 28.4% (see 2024 Space I Report).

of the works envisaged under the Action Plan as well as the upward trend in the prison population have required readjustments. Thus, further works to expand the capacity of the prison system are envisaged, with an estimated 5 512 new places to be created between 2025-2029. These include 900 and 1 000 places in the two new prisons whose construction is foreseen under the Action Plan, which is now scheduled for completion in 2028 and in 2029 respectively. In addition, existing premises providing 318 places have been modernised since 2021 and those providing 707 other places are due to be modernised by 2029.

The construction of the two new prisons is largely funded through a loan from the Council of Europe Development Bank. As regards the other works, the authorities specified that these are funded through allocations made on a yearly basis from the ordinary budget earmarked for the ANP. The ANP representatives stated that this authority is determined to pursue these works but cautioned that such budgetary arrangements trigger uncertainty around long-term projections due to funding variability.

78. The Romanian authorities further highlighted that since the 2021 visit, legislation has been passed to introduce an electronic monitoring system, which is gradually being made operational. Presently, in criminal proceedings, the system is used on a pilot basis at the pre-trial stage, to monitor compliance with the conditions of house arrest, bail or release under judicial supervision. Expanding the use of electronic monitoring at the post-sentencing stage, which requires legislative change, will be considered based on the results of the pilot testing.²⁸

The delegation was also informed of various measures of the government-endorsed national social reintegration strategy for 2020-2024. In 2025, the government endorsed a new national strategy for 2025-2029 in order to implement the findings of a comprehensive study on the causes of reoffending. According to the authorities, the actions taken within such strategic frameworks, particularly since 2015, have led to a steady decrease of the reoffending rate, from 46.32% in 2008 to below 37% in the past three years.

79. The CPT recognises the consistent and significant efforts made by the Romanian authorities to tackle prison overcrowding. At the same time, it notes with concern the continuing upward trend in the prison population since its 2021 visit which, by the authorities' own admission, has frustrated their objective under the 2020-2025 Action Plan to end prison overcrowding within the timeframe originally set.

80. In the four prisons visited, overcrowding remained an issue and significantly undermined the clear efforts noted on the part of the prisons' administration to provide adequate living conditions to the prisoners. For a number of persons held in each of these establishments, the cumulative effect of being accommodated in overcrowded cells with poor material conditions, combined with a regime offering extremely limited time out-of-cell (see below) could amount to inhuman or degrading treatment.

81. In this connection, the CPT must again emphasise that further expanding the capacity of the prison estate is unlikely by itself to offer a lasting solution to the problem of prison overcrowding. It is essential, in parallel, to adopt policies designed to contain or reverse the growth of the prison population, for example by limiting the number of persons sent to prison and/or the time they have to serve, and by adequately implementing alternatives to imprisonment. It is axiomatic that in order to devise a coherent strategy against prison overcrowding and prison population inflation, a detailed analysis of the main contributing factors should be carried out, addressing in particular such matters as the types of offence which carry long prison sentences, priorities in crime control, public attitudes and concerns and existing sentencing practices.

It is moreover important to bear in mind that prison overcrowding is neither just a problem for prison governors and prison administrations to solve, nor one that governments can tackle alone. Instead, the CPT's experience has shown that combating prison overcrowding requires a systemic approach and concerted action by all relevant stakeholders, namely policy makers, legislators, judges, prosecutors and prison and probation managers.

28. Law No. 146/2021 on electronic monitoring in judicial and criminal enforcement proceedings, which came into force on 21 May 2021.

82. **The CPT recommends that the Romanian authorities pursue their reform agenda and secure adequate budgetary provision for the timely implementation of the remaining steps of the reform, in order to ensure that all persons in prison are held in decent conditions and with those living in multiple-occupancy cells afforded a minimum of 4 m² of living space each (excluding the sanitary annexe).**

The Romanian authorities should envisage setting an absolute upper limit for the number of detained persons (*numerus clausus*) for every prison establishment in order to guarantee the minimum standard in terms of living space.²⁹

83. **The CPT moreover considers that the Romanian authorities should make additional efforts focused on managing the prison population, in light of the remarks set out above. To this end, the Committee recommends that the Romanian authorities undertake a detailed analysis of the main factors contributing to prison overcrowding and prison population inflation and, based on this analysis, that they define and implement adequate policies and measures to address these factors.**

Due account should be taken of the principles set out in the relevant recommendations of the Council of Europe's Committee of Ministers.³⁰

b. prisons visited

84. The delegation carried out visits to Botoşani Prison, for the first time, to Bucharest-Rahova Prison (last visited in 2014), to Iaşi Prison (last visited in 2018), and to Craiova Prison as a follow-up to the 2021 visit.

85. *Botoşani* and *Iaşi Prisons* were holding 724 and 573 detained persons at the time of the visit which was a 10% drop in the numbers published by the ANP for the preceding months.³¹ At Iaşi Prison, which was one of two establishments the CPT had indicated it intended to visit a week prior to the visit commencing, the delegation ascertained that 134 prisoners had been transferred out of the establishment between 22 April and 1 May 2025, that is, the week prior to the visit. This compares with 292 prisoners transferred out in the seven weeks prior to that (from 1 March to 21 April 2025). Prisoners in both prisons stated to the delegation that transfers as well as other improvements in the living conditions had been made in anticipation of the CPT's visit. Interestingly, as of 22 August 2025, Botoşani Prison was holding 805 prisoners and Iaşi Prison was holding 635 prisoners, according to the data published by the ANP.

86. The CPT considers that there are strong indications that the transfer of a significant number of prisoners from Iaşi Prison in the days preceding the visit was due to the imminent visit of the prison by the CPT delegation. The Committee wishes to stress that the principle of cooperation requires that national authorities abstain from attempts to mask the real situation and thus undermine the integrity of the monitoring process, for example by transferring detained persons out of an establishment due to the CPT having notified in advance its intention to visit that particular establishment.

The CPT trusts that the Romanian authorities will ensure that such manoeuvres do not occur in the future.

29. See paragraph 102 of the [CPT's 31st General Report](#).

30. See in particular, the CM Recommendation No. R(99)22 concerning prison overcrowding and prison population inflation, Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, Recommendation 122 Rec(2003)22 on conditional release (parole), Recommendation CM/Rec(2010)1 on the Council of 123 Europe probation rules, Recommendation Rec(2014)4 on electronic monitoring and Recommendation CM/Rec(2017)3 on the European Rules on community sanctions and measures. Reference is also made here to the [White Paper on Prison Overcrowding](#), the Council of Europe's Committee on Crime Problems (CDPC), PC-CP (2015) 6 rev 7.

31. That is, from January to April 2025, between 798 and 818 prisoners at Botoşani Prison and between 649 and 658 prisoners at Iaşi Prison.

87. *Botoșani Prison* is located on the outskirts of Botoșani, in north-east Romania. As indicated above, the establishment was holding 724 male prisoners (including one child of 17 years) for an official capacity of 557 places (an occupancy rate of about 130%). The sentenced population included 617 men under the semi-open and open regimes, 20 under the closed regime and nine under the maximum-security regime (*regim de maximă siguranță* - RMS); 70 prisoners, including the child, were in pre-trial detention and eight were in admission.

Prisoners were accommodated in three pavilions (A, B and D). Pavillion A is a three-storey building, with three sections: sections E1 and E2 accommodated prisoners in the semi-open regime, and section E3, sentenced prisoners under the closed and maximum-security regimes in transit, prisoners on pre-trial detention and newly admitted sentenced and remand prisoners during the quarantine period.

Pavilion B is a two-storey building, with two sections: section E4 housed the medical unit and an adjacent newly established psychiatry unit for prisoners with severe mental health disorders, while section E5 accommodated prisoners in the open and semi-open regimes. Pavillion D is a one-storey building, with one section (E6) for prisoners in the open regime.

At the time of the visit, construction work on two new detention pavilions was underway. The first pavilion is planned to include premises for 320 accommodation places for prisoners under the semi- open and open regimes, and the second, premises for 80 accommodation places for prisoners under the closed regime. In addition, the construction of a new administrative building, including premises for visiting rooms and for educational and psycho-social activities for prisoners, was nearly completed.

88. *Bucharest-Rahova Prison* is one of the two prisons in Bucharest located eight kilometres from the city centre. The prison complex, opened in stages from 1997 onwards, consisted of nine sections within the main perimeter.³² Located in two-storey buildings with exercise yards on the ground floor, the sections were composed of multiple-occupancy cells with official capacities of between four and 26 beds. The establishment has 243 cells for a total capacity of 1 445 places. The capacity had been increased by 350 places following some recent refurbishments. The management indicated their intention to carry out construction work to improve certain exercise yards and outdoor sport facilities.

There were 1 467 persons being held at Bucharest-Rahova Prison at the time of the visit. Around 20% of all individuals entering the Romanian prison system pass through this prison, resulting in a high turnover of inmates. The establishment accommodated different regimes, including remand (with approximately 600 detainees), maximum-security prisoners awaiting forensic examination, as well as closed, open, and semi-open regimes (about 100 places each). In addition, there were 62 young adults (aged 18-21) in detention, and occasionally children, with three being held at the time of the visit for a short period of 10 days, at the court's disposal.

89. *Craiova Prison*, located in the centre of the municipality, was opened in 1897 and has undergone regular renovations. Most of the persons held were accommodated in collective cells. The U-shaped building houses adult men, with accommodation arranged according to regime. Sections E6 and E7 are designated for the stricter regime (maximum-security), where inmates are in principle held in single-occupancy cells, while the remaining sections (E2, E3, E4, E5, E8, and E11) consist of collective dormitories. Since the 2021 CPT visit, dedicated premises for women were opened in Isalnița (section E9), located seven kilometres away from the main buildings, allowing their former section in the main prison to be renovated and converted into a unit for detained persons with serious mental health disorders (Section E1 with a capacity of 36). In addition, Section E11 was refurbished, by transforming former storage areas into five cells with large dormitories – between 13 to 34 of official capacity. These works, carried out between 2023 and 2024, expanded the prison's capacity, creating 108 additional accommodation places. The prison was holding men and women on remand and those under the maximum-security, closed and open regimes. There was no semi-open regime section in the establishment, and there were no women in RMS. The management indicated their intention to carry out work to refurbish one section (E4) and improve certain exercise yards and outdoor sport facilities.

32. There was also an open-regime section in Bragadiru (51 places), where prisoners worked in agricultural activities – this structure was not visited by the delegation.

At the time of the visit, the official capacity was 812 places and 931 adults were being held there – including 140 women. In the men's section of the prison, 195 persons were on remand, 90 in maximum-security regime; and 12 prisoners were serving life sentences. In Section E3, 28 young adults with different status were being held. The overall overcrowding rate of 14% varied significantly across sections.

90. *Iași Prison*, located close to the Iași city centre in north-east Romania, was accommodating 573 adult male prisoners at the time of the visit. The sentenced population included 57 men under the maximum-security regime and 87 under the closed regime. There were also 223 prisoners in pre-trial detention, including 20 young adults, and 16 prisoners in admission. 23 other persons were held in the prison's infirmary. These prisoners were held in a three-storey accommodation block (Block B) within an inner secure perimeter.

91. The delegation did not examine the situation in the adult male semi-open and open unit (Block D), which was holding 167 prisoners.

A third block (Block A) had been decommissioned in 2018 and was undergoing major renovation at the time of the visit, and should provide for 240 new accommodation places. In addition, work to expand and modernise the premises for visiting rooms was close to being completed. Investments to refurbish the premises in Block B, to replace the water, electrical and heating installations there and to modernise the prison's power plant and network were also planned.

The operational capacity of the prison reported by the management to the delegation at the start of the visit was 410 places, meaning that the prison was operating at almost 40% above its capacity.

92. **As regards the ongoing and planned infrastructure work at the four prisons, the CPT would like to receive confirmation that financial provision has been secured for their completion and effective operation. It would further like to be informed of the envisaged calendar regarding the opening of the new premises at Botoșani and Iași Prisons and what additional measures (staff resources, reallocation of detained persons) will accompany the expansion of these prisons' capacity.**

The CPT also wishes to receive information about the envisaged calendar regarding the opening of the new sports premises and yards at Bucharest-Rahova and Craiova Prisons and the refurbishment of section E4 at Craiova Prison.

2. Ill-treatment

a. ill-treatment and excessive use of force by staff

93. In the course of the 2021 visit, the delegation received a significant number of allegations of ill-treatment of detained persons by custodial staff and by members of the special intervention groups (*echipe operative speciale* - EOS), including at Craiova Prison.

The findings of the 2025 visit indicate that concerted and determined action by the Romanian authorities, including by implementing the CPT's recommendations, can have a considerable impact on preventing ill-treatment, as attested by the significantly lower prevalence of allegations of ill-treatment received in 2025 as compared to previous visits.

94. In all four prisons visited, the vast majority of the prisoners interviewed by the delegation stated that they had been treated correctly by prison officers, and many spoke positively about the professional attitude and behaviour of the custodial staff, in particular.

At *Craiova Prison*, in a significant improvement from the situation found during the 2021 visit, the delegation did not receive any allegations of physical ill-treatment or of excessive use of force, by custodial staff or EOS members. The general atmosphere on both sites of the prison appeared calm and relaxed, and the delegation also noted a decrease in the frequency of interventions by the EOS.

Similarly, at *Iași Prison*, the delegation did not receive any credible allegations of physical ill-treatment or of excessive use of force by regular custodial staff or by members of the EOS.

95. At *Botoșani Prison*, the delegation received a credible allegation of physical ill-treatment of a prisoner by a member of the EOS, consisting of slaps and a punch to the head, in the section accommodating prisoners under the maximum-security regime.

At *Bucharest-Rahova Prison*, the delegation received a few credible allegations of physical ill-treatment, consisting of slaps, kicks and baton blows, by custodial staff. Further, the delegation was made aware, including by the prison management at the outset of the visit, of the case of a prisoner who had reportedly been assaulted in his cell by two custodial staff members in the evening of 3 October 2024. The ill-treatment had allegedly consisted of punches, kicks and baton blows, for around an hour, and had resulted in the detained person's hospitalisation for several weeks.

The prison management had referred the case to the Public Prosecutor's Office (PPO) and transferred the two staff members concerned to duties not involving contact with prisoners, while initiating disciplinary proceedings. In their communication of 30 June 2025, the Romanian authorities confirmed that the PPO had opened a criminal investigation into this incident, which was ongoing.

III The CPT would like to be kept informed of the progress in and the outcome of the criminal investigation, and the disciplinary proceedings opened in this case.

96. The delegation received a few allegations of verbal abuse consisting of insults and use of inappropriate language by custodial staff at Botoșani, Iași and Bucharest-Rahova Prisons. At Craiova Prison, in the female section, the delegation learned that a prisoner who had complained of having been verbally abused had received an apology from the custodial staff member involved, following the section director's intervention.

III 97. The CPT recommends that the Romanian authorities ensure that the National Prison Administration and the senior management in each prison remain vigilant and committed to a policy of "zero tolerance" of ill-treatment, including excessive use of force and verbal abuse, by prison staff. In this context, a firm message should be delivered to the members of the special intervention group (EOS) at Botoșani Prison and to the custodial staff at Bucharest-Rahova Prison that ill-treatment of prisoners, whatever its severity, is illegal and will be dealt with accordingly. Furthermore, steps should be taken to ensure that all custodial staff at Botoșani, Iași and Bucharest-Rahova Prisons clearly understand that they must treat persons in their custody with respect and that any form of verbal abuse directed at prisoners is not acceptable and will be the subject of appropriate sanctions.

98. At the outset of the 2025 visit, the delegation was informed that in response to the CPT's previous recommendations, the ANP had expanded CCTV coverage in the establishments under its management, almost doubling the number of cameras in use since 2021.

The ANP has introduced a new policy on the use of body-worn cameras by front-line prison staff. Under this policy, BWCs are provided to custodial staff assigned to detention areas and activity and visiting areas, at the start of their shift as part of their standard equipment. Detailed instructions from the ANP Director regulated their use, including the circumstances in which staff are obliged to activate the BWCs.³³ The ANP has also put in place a system to monitor and ensure compliance with the instructions received by prison staff.

33. In accordance with the ANP instructions, BWCs were set to pre- and post-record for two minutes before and after the camera is switched on and off.

During the period 2022-2024, the following corrective measures were taken in the cases in which prison staff were found to have breached the above-mentioned instructions: 443 prison officers received further training on the use of BWCs and 153 officers received a reprimand; disciplinary proceedings were initiated against 57 others and, in the case of 20 prison officers, the matter was referred to the criminal investigative bodies.

III The CPT wishes to receive information about the specific conduct imputed to the prison officers in these 20 cases.

As a result, during the same period, the percentage of operational incidents in which BWCs had not been activated fell from 37.5% to 14.6%. The Romanian prison administration's new policy on the use of this equipment by prison staff and the measures taken to ensure adherence to this policy, are to be commended as examples of good practice.

99. In all the prisons visited, the CCTV systems were functional and covered the common detention areas, including exercise yards, and most of the stairways, and front-line prison staff were equipped with BWCs. CCTV and BWC footage, which was of good quality, was extracted and stored in cases of interventions involving the use of force, as part of the incident file, under the responsibility of a senior member of the prison's management.³⁴ These interventions were reviewed by the prison senior management and made the object of debriefings with the staff involved, and the video footage extracted was used to this end. In addition, as of 2022, footage of such interventions, together with the documentation drawn up, was also transmitted to the ANP, which has a dedicated team, operating 24/7, tasked with reviewing all negative incidents reported by the prison services.

However, apart from this situation, CCTV footage reportedly remained available for between 20 and 30 days, depending on the storing capacity of the equipment used, whereas BWC footage was overwritten.

100. The Committee wishes to emphasise that CCTV and BWCs directly contribute to the prevention of ill-treatment whilst protecting prison officers against any unfounded allegations. Footage extracted from these devices facilitates the effective investigation of possible misconduct.

III The CPT recommends that the Romanian authorities take the necessary measures to ensure across the prison system that CCTV and body-worn camera video footage is, in all cases, securely retained for a period of at least one month, and preferably longer.

b. inter-prisoner violence and intimidation

101. At *Botoşani*, *Bucharest-Rahova* and *Craiova* Prisons, the delegation did not receive any allegations of inter-prisoner violence, and such instances appeared overall to be limited in severity and frequency, taking into account the size of these establishments. At Craiova Prison, the placement of prisoners in multiple-occupancy cells was made based on a detailed risk and needs assessment, and at Botoşani Prison, known risks of inter-prisoner violence were mitigated through separation into different sections.

When incidents did occur, staff intervened promptly and appropriately to separate the prisoners involved and thereafter escorted them to the medical unit for medical examinations. Cases involving allegations or injuries indicative of inter-prisoner violence were reported to the PPO, through the prison management, and made the object of disciplinary proceedings.

102. At *Iaşi Prison*, inter-prisoner violence appeared to be significantly more prevalent. The delegation heard a few accounts of newly arrived young adults placed in pre-trial detention being subjected to physical violence (kicks, punches and blows with objects) and forced to clean the sanitary facilities by other young adults in their cells. The delegation also received an allegation of sexual assault of a remanded young adult by a cellmate. Further, two adult male prisoners, one of whom had been classified as vulnerable reportedly on account of his sexual orientation, alleged having been subjected to sexual assault

34. The deputy director for detention safety and prison regime.

and physical violence in various cells to which they had been moved after prior incidents. At the time of the visit, both were accommodated in cells where they stated that they felt safe.

Entries in the trauma register showed that incidents of inter-prisoner violence occurred every two to three days and generally involved young adults in pre-trial detention and prisoners placed in the maximum-security section. Most of the incidents recorded involved punching, beatings and slapping. A recent incident recorded involved blows with an iron rod and another involved attempted strangulation, whereas in a third case, the victim of a beating had been hospitalised with a hemopneumothorax. Two allegations of sexual violence were also recorded.

103. The response to isolated acts of inter-prisoner violence from both staff and the prison management was prompt and appropriate, in terms of separating prisoners, ensuring their presentation for medical examinations, reporting cases to the PPO and conducting disciplinary proceedings. However, the delegation heard that staff were not always aware of such incidents, in particular amongst young adult pre-trial prisoners; the detection of instances of inter-prisoner violence and intimidation needs to be improved. The delegation further found that more could be done at establishment level in relation to the prevention of inter-prisoner violence, including the response to repeated incidents involving the same individuals, which at the time of the visit appeared limited to relocating the victims to another cell. This is particularly significant to the situation of prisoners classified as vulnerable, as the prison's policy was to avoid their segregation and instead have the front-line custodial, healthcare and social reintegration staff engage with them and monitor them more closely.

104. **The CPT recommends that the Romanian authorities, together with the management of Iași Prison, devise a coherent strategy to combat inter-prisoner violence and intimidation in this prison. Such a strategy should include implementing an individualised risk and needs assessment of prisoners, as well as the classification and allocation of individual prisoners with a view to ensuring that they are not exposed to other inmates who may cause them harm. Ongoing monitoring of prisoner behaviour (including the situation in the cells, for example, where justified by the risk assessment, through more frequent, random visits by staff), as well as training of staff to take proactive measures to identify suspicions of any risk of inter-prisoner violence and report it to management, should also form part of such a strategy. This will require sufficient staffing levels and the presence of staff in direct contact with prisoners to enable prison officers to adequately supervise prisoners and support each other effectively in the exercise of their tasks (see also paragraph 148).**

105. In their communication of 30 June, the Romanian authorities indicated that a strategic framework is in place at national level to address aggression and self-harm in the prison system. In this context, a methodology for multi-disciplinary interventions based on risk-management was developed and training for prison staff is envisaged. The ANP has also a set of measures to address the specific needs of young adults in the prison population.

The CPT would like to receive information on the concrete measures implemented and/or envisaged to be implemented under these policy frameworks at Iași Prison.

3. Conditions of detention

a. material conditions

106. At *Botoșani Prison*, four of the six sections were operating above their official capacity at the time of the visit. The highest occupancy rate (205%) was found in section E5, which was accommodating 246 prisoners under the semi-open regime for a capacity of 120 places.³⁵ In the other overcrowded sections,

35. One dormitory (E5.01) was fitted with 16 sets of bunk beds, measured some 60 m², and was holding 22 persons at the time of the visit (that is, 2.72 m² of living space per person).

the rates ranged between 117% (section E1, semi-open regime) and 129% (section E6, open regime).³⁶ Sections E3 (admission, pre-trial and transit) and E4 (medical and psychiatry units) were operating within their capacity, but overcrowding was observed in some of the cells the delegation visited in section E3.³⁷

The vast majority of prisoners were accommodated in multiple-occupancy cells and dormitories of varying sizes, which could accommodate between six and 32 prisoners and were fitted with bunk beds. The prison ensured separate accommodation for smoking and non-smoking prisoners.

107. Apart from section E4, material conditions were generally poor, in the main because of outdated infrastructure (consisting of old and exiguous buildings) and overcrowding. The state of repair and cleanliness of some of the cells and dormitories visited left much to be desired. The delegation was particularly concerned to find that the only minor prisoner, a 17-year-old who had been brought to Botoșani Prison from an educational centre to attend a court hearing, was being held for 22 hours a day in a filthy cell (E3.31), infested with bed bugs, with a dilapidated and dirty sanitary annex.

The delegation found that on the third floor of Pavilion A, there were two cells equipped with a set of bunk beds, each measuring some 6 m in length and about 1.5 m at their widest point. At the time of the visit, one of these cells (E3.34) was being used to accommodate a prisoner. The second cell (E3.36), unoccupied at the time of the visit, was intended to be used as a disciplinary isolation cell. On the ground and first floor of the same pavilion there were two similar cells (E1.34 and E2.34) that were unoccupied at the time of the visit, but they were being used to accommodate up to two prisoners; for example, two prisoners had been accommodated in each of these cells until the eve of the visit, that is 28 April 2025. The delegation cautioned that these cells were too narrow to be used for prisoners' accommodation³⁸ and was thereafter informed by the prison management that they had been decommissioned. The CPT welcomes this rapid reaction.

||| The CPT trusts that the Romanian authorities will decommission all cells which provide for less than 2 m between the walls.

108. At *Bucharest-Rahova Prison*, of the nine sections, three (E3, E5 and E6) were found to operate above their official capacity, with occupancy rates of 110%, 137% and 139% respectively. In these sections, cells measured in general between 30 m² and 45 m² and could accommodate up to eight prisoners, which meant that in some cases the minimum standard of 4 m² of living space per person was not observed.

Material conditions were very good in sections E7 (therapeutical wing) and E9 (prisoners under the open regime), where the cells were in a good state of repair and cleanliness, and had adequate light and sufficient ventilation.

Conditions were far less satisfactory in sections E1 and E4, which were notably accommodating prisoners in admission and pre-trial detention, as well as HIV-positive prisoners (see paragraph 195) and vulnerable prisoners (E1) and vulnerable and in-transit prisoners (E4). The cells in these sections were dirty and dilapidated. The delegation also received complaints from non-smoking prisoners who had to share accommodation with smokers.

109. The main site of *Craiova Prison* continued to be severely overcrowded, despite the creation of a new section (E11) since the CPT's previous visit to the prison in 2021.

However, the delegation did note the improved living conditions afforded to the 20 prisoners with severe mental health disorders who were accommodated in a newly refurbished dedicated psychiatry unit (section E1) with a capacity of 36 places. It consisted of seven multiple-occupancy cells, with its own clinical room, activity room and yard. An air-conditioning system was installed on the corridor. There were two cells measuring some 8 m² and 9 m² respectively fitted with two beds; two cells measuring some 21 m²,

36. One dormitory (E.6.04) was fitted with 10 sets of bunk beds, measured some 43 m², and was holding 18 prisoners (that is, 2.48 m² of living space per person).

37. For example, cells E3.04 (admission) and E3.14 (pre-trial detention adults) measured each 15.45 m², were fitted with three sets of bunk beds, and were holding each six persons (that is, 2.57 m² of living space per person).

38. See CPT/Inf (2015) 44: ["Living space per prisoner in prison establishments: CPT standards"](#).

fitted with five beds; two cells measuring 28 m² and 30.5 m² respectively, with seven beds each; and a cell measuring 35 m² fitted with eight beds. The cells and their sanitary annexes were clean and in a good state of repair. However, the space in the unit and in the cells was cramped, and the overall atmosphere was prison-like. Further, the cells were not equipped with sufficient chairs and had no call bells. The unit's exercise yard was sufficiently large, well-kept, and equipped with benches and a shelter against rain or sun, as well as greenery.

Bearing in mind the profile of the unit, the CPT recommends that the Romanian authorities review the capacity of the cells, so that the smallest cells are used for individual accommodation of patients and the other cells accommodate no more than four patients. Steps should also be taken to ensure that the number of chairs is commensurate with the number of persons accommodated in a cell and that all cells in this unit are fitted with call bells.

110. Across the other sections of Craiova Prison, the highest occupancy rate (172%) was found in Section E4, which was accommodating 122 prisoners in admission, pre-trial detention and transit for a capacity of 71 places.³⁹ High occupancy rates were also found in section E3 (145%, that is, 116 persons for 80 places),⁴⁰ accommodating prisoners in pre-trial detention and in sections E5 (158%, that is, 111 prisoners for 70 places) and E8 (154%, that is, 165 prisoners for 107 places),⁴¹ accommodating prisoners under the closed regime. The new section (E11) accommodated 131 prisoners under the closed regime, for a capacity of 121 places (occupancy rate of 108%).⁴² These sections had multiple-occupancy cells and dormitories of varying sizes, which could accommodate between eight and 34 persons and were fitted with bunk beds.

The situation in the maximum-security section (E6) was largely the same as at the time of the 2021 visit: there were 57 cells in this section, measuring approximately 6.5 m² (excluding the sanitary annexe), for 91 prisoners, which meant that most of the cells were accommodating two prisoners.

Due to overcrowding and high turnover of prisoners, the admission and transit cells visited by the delegation (section E4) were run down, and their sanitary facilities were humid, mouldy, dirty and in a poor state of repair. As indicated above, the delegation was informed that work to refurbish this section was scheduled to begin shortly.

Reference is made to the remarks and request set out at paragraph 92.

Although the conditions found across the other sections were better than those in section E4, most of the deficiencies reported by the CPT in 2021 were found to persist (see paragraph 113).

111. At the time of the visit, all three pavilions at the *women's section (Işalnița site)* of Craiova Prison were operating within their official capacity, but overcrowding was observed in some of the dormitories the delegation visited.⁴³

Material conditions were excellent in the newly built pavilion C, which had entered into operation in late 2024 and accommodated prisoners under the semi-open and open regimes. The detention premises in both sections of this pavilion were spacious, well-lit and clean. The pavilion had a medical unit, as well as several functional and recreational amenities, including laundry and ironing rooms, two cafeteria-style dining areas, two fully equipped kitchenettes, and two gyms, which were not fully operational at the time of the visit. Each section had two relaxation rooms, equipped with sofas, tables, chairs, television sets and books. The pavilion also had a fully accessible, barrier-free cell with four beds, with an adapted sanitary annex, for accommodation of prisoners with physical disabilities.

39. One multiple-occupancy cell (E4.25) was fitted with five sets of bunk beds, measured 20 m² and was holding 9 prisoners (that is, 2.22 m² of living space per person).

40. One dormitory (E3A.16) was fitted with 15 sets of bunk beds, measured 60 m² and was holding 30 prisoners (2 m² of living space per person).

41. One dormitory (E8.114) measured 53 m² and was holding 22 prisoners (2.40 m² of living space per person).

42. One dormitory (B.5) measured 52.2 m² and was holding 26 prisoners (2 m² of living space per person).

43. One dormitory in pavilion A measured 31 m² and was holding 16 prisoners (1.93 m² of living space per person).

The conditions were less satisfactory in pavilion A (semi-open and open regime) and pavilion B (admission and pre-trial detention), where some of the cells, although in an acceptable state of repair, were old and cramped. Several of the detained women complained about insects, particularly at night. The delegation also received some complaints from non-smoking prisoners who had to share accommodation with smokers, which was also an issue on the main site of the prison.

112. At *Iași Prison*, at the time of the visit, two of the three sections of Block B operated well above their capacity. Section E8 accommodated 167 prisoners in pre-trial detention and under the closed regime, for a capacity of 104 places (occupancy rate of 161%). Section E9 accommodated 157 prisoners in admission and in pre-trial detention, for a capacity of 104 places (occupancy rate of 151%). Section E7 operated at that time within capacity (82 prisoners under the maximum-security regime and at the prison's infirmary, for a total capacity of 89 places), but a week prior to the visit, it had accommodated 117 prisoners (occupancy rate of 143%). The vast majority of prisoners were held in multiple-occupancy cells of varying sizes, fitted with bunk beds, which could accommodate four, six and eight prisoners.

In all three sections, the delegation visited several cells affording each person held there just about 2 m² of living space.⁴⁴ The prison ensured separate accommodation for smoking and non-smoking prisoners.

During the visit, most of the detention premises were found to be clean and in an acceptable state of repair, although worn out overall. However, the delegation heard multiple accounts from prisoners of improvements made in anticipation of the CPT's visit, such as removing beds, repainting the walls – which the delegation itself verified – and replacing mattresses and bedding.

113. In all four of the prisons visited, apart from the newly built Pavilion C at the women's section of Craiova Prison, multiple-occupancy cells and dormitories were in general not equipped with sufficient tables and chairs or stools for all persons, which meant that prisoners had to eat their meals on their beds or take turns in eating. Further, many prisoners in multiple-occupancy accommodation had no storage space for their personal belongings and had to keep them in bags under the beds or in the cell's pantry. In many cells and dormitories, the mattresses and bedding were worn out, even when they had reportedly been replaced a few months (Craiova Prison) or a few days (Iași Prison) before the visit. Infestation with bed bugs and cockroaches was noted or reported in various sections of the prisons and, at Craiova Prison, also in the medical unit on the main site,⁴⁵ even though disinfection was carried out regularly.

Further, sanitary facilities which had not been recently renovated were often outdated and in a poor state of repair (dilapidated and run-down toilets and showers, broken tiles, toilets or sinks, old and sometimes rusty pipes). In the four prisons visited, the showers were not separated or were only partially separated from the rest of the sanitary annex in some of the multiple-occupancy cells.

At Botoșani, Craiova (main site) and Iași Prisons, many prisoners complained of poor ventilation and extreme heat in the summer, while those accommodated in dormitories at Botoșani and Craiova (main site) Prisons also complained of being cold in winter.

114. **The CPT recommends that the Romanian authorities take steps to improve the living conditions in each of the prisons visited, including by:**

- **rapidly reducing the number of persons detained in the overcrowded sections of these prisons, so that all types of multiple-occupancy accommodation offer at least 4 m² of living space per person (excluding the sanitary annexes).⁴⁶ Reference is also made in this regard to the comments and recommendations in paragraphs 82 and 83.**

44. For example, the following cells all accommodated eight persons: cells E7.15, measuring 15.65 m² (1.95 m² of living space per prisoner), E8.15 measuring 16.31 m² (2.03 m² of living space per prisoner), E9.15 and E9.17 measuring each 16.75 m² (2.09 m² of living space per prisoner).

45. Many of the prisoners met by the delegation appeared to have insect bites on their bodies.

46. See Living Space per prisoner in prison establishments: CPT Standards, [CPT/Inf \(2015\) 44](#).

- taking decisive action to tackle the infestations of bed bugs and cockroaches in all cells and to replace all worn mattresses and bedding;
- ensuring all cells are appropriately equipped with tables, the number of chairs is commensurate with the number of persons accommodated in the cell and each prisoner is provided with storage space for their personal belongings.

More generally, greater investments are required to maintain all cells and sanitary annexes in an appropriate state of repair and cleanliness, and measures should be taken to ensure that showers in all multiple-occupancy accommodations are fully separated from the rest of the sanitary annex.

Similar measures should be taken in all prisons in Romania facing comparable overcrowding and inappropriate material conditions of detention.

115. The Committee would also like to be informed of the measures taken to ensure that all cells and dormitories are sufficiently heated during winter, notably at Botoşani Prison and on the main site of Craiova Prison.

Further, the CPT recommends that measures be taken at Craiova and Bucharest-Rahova Prisons to ensure, at the very least, protection from the harms of passive smoking, such as designating smoke-free accommodation.

116. Furthermore, the CPT considers that the time has come for the Romanian authorities to envisage, especially in the context of the ongoing infrastructure investments in the prison estate, abandoning large-capacity dormitories in favour of smaller living units. Large-capacity dormitories inevitably imply a lack of privacy for prisoners in their everyday lives. Moreover, the risk of intimidation and violence is high. They can also render proper staff control extremely difficult, if not impossible; more specifically, in case of prison disturbances, outside interventions involving the use of considerable force are difficult to avoid. With such accommodation, the appropriate allocation of individual prisoners, based on a case-by-case risk and needs assessment, also becomes an almost impossible exercise. All these problems are exacerbated when the numbers held go beyond a reasonable occupancy level. Further, in such a situation the excessive burden on communal facilities, such as washbasins or lavatories, and the insufficient ventilation for so many persons will often lead to deplorable conditions.

The Committee must nevertheless stress that moves away from large-capacity dormitories towards smaller living units must be accompanied by measures to ensure that prisoners spend a reasonable part of the day engaged in purposeful activities of a varied nature outside their living unit.

The CPT recommends that the Romanian authorities move from large-capacity dormitories towards smaller living units, notably when building new prison establishments or when creating new detention premises in existing establishments.

117. Hot water supply varied between prisons and, sometimes, between the different sections of the same prison. At Botoşani Prison, access to hot water was ensured daily, for two to three hours, in the sections accommodating prisoners who were working (E5 and E6) and in the medical unit (E4). This was adequate. However, in two other sections of that prison (E2 and E3), hot water was supplied only three times a week, for an hour and half. In the women's section of Craiova Prison, hot water was reportedly supplied for an hour every day.

At Iaşi Prison, prisoners in Block B, on which the delegation focused, had access to hot water three times a week, for two hours.

The delegation continued to receive complaints from prisoners held in larger multiple-occupancy cells and in dormitories that the hot water supply was insufficient to enable them to maintain proper hygiene, considering the number of persons sharing accommodation.

The CPT recommends that the Romanian authorities persevere in their efforts to ensure that all prisoners have regular and sufficient access to hot water, both for reasons of personal hygiene as well as for washing their clothes and dishes. All prisoners should have daily access to hot water and should be able to take a hot shower at least twice a week.

118. The delegation received many complaints about the insufficient quantity and the poor quality of the personal hygiene products prisoners received on a monthly basis (for example, one small soap and two rolls of toilet paper). Complaints were also received about the irregular supply of cleaning products for the cells, which meant that prisoners had to purchase such items in order to maintain in-cell hygiene.

119. As regards food, the basic daily allowance was between 5.48 and 8.01 Lei⁴⁷ per adult prisoner and between 7.79 and 10.36 Lei for minor and young adult prisoners. The delegation received many complaints, in all four prisons, about the quantity and the quality of the food provided to the prisoners, mainly that it was too starchy, with not enough meat, fruit or vegetables. Many prisoners stated that they had to supplement their diet by buying food from the prison shops (at Bucharest-Rahova and Iași Prisons), at prices reportedly well above market rates, or from shops outside the prisons, via e-shopping terminals which had been introduced at Botoșani and Craiova Prisons. Prisoners who could not afford to purchase goods from the shop had to rely on solidarity from others which, in the delegation's view, creates a risk of dependency and exploitation.

At Bucharest-Rahova Prison, the delegation also received complaints from prisoners of Muslim religion that their religious dietary requirements were not adequately taken into account.⁴⁸

120. The CPT understands that budgetary constraints demand a process of prioritisation and is aware that the ongoing infrastructure investments in the prison estate inevitably absorb a significant amount of the financial resources available. However, care should be taken to ensure that this process does not lead to situations in which the state fails to meet its responsibility to provide adequate conditions of detention for prisoners, and the authorities should not relieve themselves of this burden by relying on inmates and their families to provide basic necessities, such as sufficient food and hygiene items.⁴⁹

121. The CPT recommends that the Romanian authorities take the necessary measures to ensure that:

- **all prisoners have adequate quantities of essential personal hygiene products as well as cleaning products for their cells;**
- **a wide variety of foods is made available in the right proportions to enable all prisoners to maintain an adequately nutritious, sufficiently calorific and well-balanced diet, as well as access to plenty of fluid. Prisoners with insufficient income should receive additional financial assistance in prison to enable them to purchase basic items that are not provided free of charge by the prison authorities.**

Further, the CPT recommends that measures be immediately taken at Bucharest-Rahova Prison to ensure that religious requirements be taken into account in the provision of food and the supply of food items which can be purchased.

122. As regards exercise yards, at *Botoșani Prison*, there were several outdoor yards attached to the three detention pavilions, equipped only with a few small rusty tables and benches. Two yards attached to Pavilion A had concrete ground and concrete walls on all sides and were covered with a metal mesh, all of

47. Approximately €0.88 and €1.58, as set out in Order No. 254/C/2023 of the Minister of Justice, last amended on 4 October 2024. This act provides for higher daily allowances and/or daily complementary allowances for some categories of prisoner (such as pregnant women and mothers with babies up to one year old, prisoners with medical conditions or prisoners who are working).

48. Botoșani, Craiova and Iași Prisons provided adapted menus to Muslim prisoners.

49. See [CPT/Inf \(2021\) 5-part](#), A decency threshold for prisons – criteria for assessing conditions of detention.

which made them particularly oppressive. In addition, the portable toilet in one of the two yards was out of order. The other yards were concrete floored, had caged-in yards, and were covered with a metal mesh. All yards were too small for genuine physical exertion and the shelter available against the rain or the sun was insufficient, considering the number of detained persons allowed to use them at a time. In Section 6, the delegation heard from prisoners that the fence separating the adjoining yard into two parts had been removed just before the CPT visit, and that they usually only had access to one part of the yard.

At *Bucharest-Rahova Prison*, there was a yard of varying sizes attached to each section. All of them were relatively small for the number of persons using them at the time, preventing prisoners from properly exercising.

On the main site of *Craiova Prison*, there were several outdoor yards of various sizes. Apart from the yard attached to Section 1, all others were too small to exercise properly considering the number of detained persons allowed to use them. The ground was uneven and they were covered by at least a metal mesh. Some yards were equipped with only rudimentary physical training facilities, primarily pull-up bars, while the available shelter from rain or sun and the seating provisions were generally insufficient to accommodate the number of individuals present.

In the *women's section of Craiova Prison*, the open yard attached to Pavilion C was sufficiently spacious, green with plants and trees, and suitably equipped with benches, tables and protection against rain or sun, but it lacked sports equipment. The two yards reserved for prisoners in Pavilions A and B were large and equipped with sufficient seats and protection against the rain or the sun. Unlike the Pavilion C yard, these areas were made of concrete and surrounded by metal fences topped with barbed wire.

At *Iași Prison*, there were two large outdoor exercise yards attached to Block B, both equipped with exercise bars, benches and shelter from the rain or the sun which appeared, on the whole adequate. There were five small additional yards, equipped with exercise bars.

123. **The CPT recommends that the Romanian authorities ensure that in the prisons visited, and as appropriate in other prisons, all exercise yards are equipped with sufficient means of rest and adequate shelter against the rain or the sun for the number of prisoners allowed to use them at any given time. Further, exercise yards should be spacious enough to give detained persons a real opportunity to exert themselves physically, offering a view of the surroundings, and should preferably contain some vegetation to provide a congenial environment.**

b. prisoners with physical disabilities and older persons

124. At Botoșani, Craiova and Iași Prisons, the delegation met a few prisoners with reduced mobility and a number of older persons. At the time of the visit, some were accommodated in the prison infirmary, while others, including a wheelchair user held at Craiova Prison, were being accommodated in ordinary detention quarters.

125. In each of the prisons visited, a system was in place whereby these prisoners, or the healthcare staff, could choose another prisoner to assist them with their daily living. Such arrangements had to be validated by the prison's labour board and the persons providing assistance were compensated for their work by the prison. However, none of the prisons visited were appropriately designed or equipped to accommodate the specific needs of persons with disabilities or older prisoners, apart from an adapted cell in Pavilion C of the women's section of Craiova Prison. Facilities, including medical units, lacked essential structural adaptations and equipment such as ramps, lifts, high-beds, accessible toilets with higher seats and showers with showering chairs, and adequate space for wheelchair users. Overcrowded cells and the absence of adapted infrastructure significantly restricted the mobility of prisoners with physical disabilities, mobility impairments and older prisoners.

For example, a wheelchair user was detained in a collective cell accommodating 22 persons at Craiova Prison, where the physical environment made it impossible to manoeuvre the wheelchair or properly access the bathroom, and where stairs obstructed any possibility of leaving the building. Further, this

person's assistant had not received any training in how to care for him. In addition, the tyres of the wheelchair were damaged.

126. The CPT considers that the authorities should make structural adaptations to prisons to support prisoners with physical disabilities, in line with standards applied in the community. Such persons should have access, on an equal basis with others, to reasonable accommodation and all essential facilities and services, including prisoner accommodation areas, toilets, showers, canteens, areas for activities, education and work, exercise yards, and medical units.

Indeed, if states deem it necessary to imprison persons with disabilities or older persons, they have a duty of care and a clear obligation to ensure that the specific needs and vulnerabilities of those prisoners are identified. All persons should have access to reasonable accommodation and be able to live in dignified conditions of detention which meet these needs. This includes full accessibility for persons with disabilities and older persons, the necessary structural adaptations and equipment, as well as access to healthcare, personal hygiene and care, in line with their needs. If a prison is unable to offer reasonable accommodation, with suitable and dignified conditions, transfer to a specialised external institution should be considered.

As regards the existing system of personal assistants, the CPT wishes to stress that any such involvement should never lead to a total delegation of staff responsibilities and the work of prisoners assigned to provide caring duties should always be adequately supervised by a qualified member of staff. Moreover, persons assigned as assistants should receive appropriate training.

127. The CPT recommends that the Romanian authorities apply the above-mentioned precepts and make the necessary reasonable adjustments to ensure that:

- **every prison has at least one fully accessible, barrier-free cell with an adapted sanitary annexe for prisoners with physical disabilities;**
- **all prisoners with physical disabilities and older prisoners can move independently and access all essential facilities and services, including prisoner accommodation areas, toilets, showers, canteens, areas for activities, education and work, exercise yards, and medical units;**
- **facilities accommodating prisoners with physical disabilities and older prisoners are barrier-free and provided with the necessary equipment.**

Further, steps should be taken to ensure that prisoners assigned to provide daily care duties are adequately supervised by a qualified member of staff and are provided with appropriate training.

c. regime

128. The relevant provisions are set out in Law No. 254/2013 on the execution of custodial sentences and measures ordered by judicial authorities during criminal proceedings (Law No. 254/2013) and its implementing regulation.⁵⁰

The four different detention regimes (maximum-security, closed, semi-open and open) for sentenced persons remain the same as described in the report on the 2018 visit,⁵¹ as does the composition and mandate of the Regime Board in each prison establishment⁵² which decides on the applicable regime at the end of the admission period of 21 days. The Regime Board's decisions are subject to judicial review. The applicable regime is reviewed by the Regime Board after a pre-determined initial period⁵³ and, thereafter, at least annually.

50. Approved by government decree No. 157/2016.

51. See [CPT/Inf \(2019\) 7](#), paragraph 79.

52. Composed of the prison director, the head of treatment, a psychologist, an educational officer and a secretary.

53. The first revision occurs after a fifth of the sentenced is executed and after 6.5 years for persons sentenced to life imprisonment (which is reducible), or earlier at the request of the disciplinary board.

129. During the 2025 visit, the delegation examined again the existing activities on offer for persons in prison, the way a prisoner's participation in such activities was relevant to the progression in regime status, and the link to the individualised sentence plan. Regrettably, the delegation found that little progress had been achieved since the 2018 and 2021 visits.

Sentence plans remained largely rudimentary, based on the offence committed and drafted without sufficient input from the person concerned. Instead of establishing clearly defined and individualised goals for the prisoner to achieve, they continued to merely list the activities recommended to the person concerned following initial and periodic assessments.

Although the offer had been diversified, most of the activities available still did not seem to be oriented to any identified need to assist prisoners with their preparation to reintegrate into the community. For many prisoners, the main motivation to participate remained the desire to earn the points assigned to some of these activities, which were still necessary in order to cancel out a disciplinary sanction or to earn a privilege and, more generally, to progress to a less restrictive regime.

Both staff and detained persons alike agreed that the activities usually offered did little to support social reintegration. In contrast, exceptional activities, such as artistic projects (like a theatre project at Craiova Prison) or specific vocational training, were seen as having a greater impact, but they were infrequent and not accessible to all.

130. In sum, as already underlined by the CPT, the existing system fails to provide sufficient motivation for self-improvement and to bring about genuine participation in activities which have a beneficial impact on a person's preparation for reintegration into the community.

The CPT reiterates its recommendation that the Romanian authorities review the way in which the individual sentence plans are drafted and revised, in light of the above remarks. Further, the CPT recommends once again that the offer of purposeful activities for persons in prison be increased, and that it be effectively geared towards facilitating their reintegration into the community. The existing points system should be replaced with a more qualitative assessment of the activities undertaken by the psycho-socio-educational teams in each prison.

131. Efforts had been made since the CPT's 2021 visit to improve the regime offered to pre-trial detained persons, with a greater proportion selected for prison-related work (maintenance, cleaning, laundry) at Bucharest-Rahova and Craiova Prisons, and for both prison-related work and paid jobs for a third-party beneficiary at Iași Prison. It was also positive that in all the prisons visited, pre-trial detained persons were in general offered at least two hours of outdoor exercise a day, as recommended by the CPT. The only exception was at Botoșani Prison, where young adult pre-trial prisoners were offered access to outdoor exercise for only one and a half hours a day.

However, apart from daily outdoor exercise, the vast majority of these prisoners – who were not selected for work – only had access to sport or gym activities for two hours a week at most, and participated, occasionally, in a few psycho-socio-educational activities. Much more remained to be done to ensure that all these persons are able to spend a reasonable part of the day, that is eight hours or more, outside their cells, engaged in purposeful activities of a varied nature (work, preferably with vocational value, education, sport, recreation/association). This is all the more important given the severe overcrowding found in sections and cells accommodating pre-trial prisoners in the prisons visited, the vast majority of whom continued to be held in less than 4 m² of living space per person, often significantly so.

132. The CPT recommends that the Romanian authorities pursue their efforts to offer a comprehensive regime of out-of-cell activities for remand persons. The aim should be to ensure that all these persons spend a reasonable part of the day (that is, eight hours or more) outside their cells engaged in purposeful activities of a varied nature, such as work (preferably paid work with vocational value), education, sport and recreation/association.



As immediate steps, the authorities should ensure that pre-trial detained young adults held at Botoșani Prison and pre-trial detained persons held in other prisons, as appropriate, have at least two hours of outdoor exercise in appropriate yards daily and that all remand prisoners are offered one hour of structured activity every day.

133. As indicated above, the applicable regime for sentenced persons depends on their classification. The strict separation of regimes, combined with the fact that not all prisons accommodated every regime, created significant management challenges. Limited communication between regimes further complicated prison administration, leading to difficulties in cell allocation and localised overcrowding, even when spaces were available elsewhere in the establishment. This issue was particularly evident in the maximum-security and closed regimes.

In the prisons visited, sentenced prisoners were offered daily access to outdoor exercise for one to three hours, and occasionally gym or sport activities with an instructor.

In each prison, prisoners could enrol in a number of psycho-socio-educational and religious programmes, which ran over a few weeks or a few months, and generally involved weekly sessions in small groups lasting one to two hours. The programmes on offer included induction sessions for newly arrived prisoners, pre-release preparation, civic education, and behavioural courses (addressing for example, aggression or substance misuse). In addition, prisoners could attend thematic social, educational, cultural and religious activities, many of which were organised on a one-off basis. Individual psycho-social counselling sessions were also offered at varying frequencies, depending on the relevant staff-to-prisoner ratio.

134. At *Botoșani Prison* (holding 724 detained persons), the delegation noted the investments and arrangements made to enable prisoners to complete their schooling and prevent dropout. The prison had a newly built, well-equipped school on the premises, with teachers from the community providing classes from primary level up to the first grade of upper secondary vocational education. 91 persons had enrolled for the school year 2024/2025 and at the end of the first semester, their number was 97 (newly arrived prisoners having the possibility to enrol during the school year).⁵⁴ Further, in 2023 and 2024, 84 and 36 prisoners respectively had attended vocational trainings (hairstylist, gardener, communication in English) and obtained a diploma. As regards work, in 2025, 38 prisoners (open and semi-open regimes) had been selected for jobs for third-party beneficiaries, and 167 other prisoners for prison-related work.⁵⁵

At *Bucharest-Rahova Prison* (holding 1 467 detained persons), 32 persons were enrolled for the school year 2024/2025 (primary education). 75 prisoners (open regime) had been selected for jobs for third-party beneficiaries, and 236 other prisoners (open, semi-open and closed regimes) for prison-related work.

At *Craiova Prison* (holding 931 detained persons), 183 persons had enrolled for the school year 2024/2025 (from primary up to the first grade of upper secondary education). 87 male prisoners (open and closed regimes) had been selected for jobs for third-party beneficiaries and 130 other male prisoners (including 16 under RMS) for prison-related work. Of the women prisoners, 43 (open and semi-open regimes) had been selected for prison-related work; regrettably, women did not have the possibility to work for third-party beneficiaries, unlike men.

At *Iași Prison* (holding 573 detained persons), works were underway to re-house the school in a new building. Teachers from the community provided classes from primary up to lower secondary vocational education. Of the 84 persons enrolled in the school year 2024/2025, 21 were still attending school at the time of the visit. Further, in 2024 and 2025, 18 and 16 prisoners respectively had attended vocational trainings (assistant cook) and obtained a diploma. As regards work, in 2025, 81 prisoners had been selected for jobs for third-party beneficiaries, and 124 other prisoners (open, semi-open and closed regimes) for prison-related work.

54. 81 persons had completed the school year 2023/2024.

55. For prison-related work, prisoners are remunerated through an entitlement of one day for three days worked, which is deducted from the time they must serve before they become eligible for conditional release. For work for third-party beneficiaries, prisoners receive 40% of the income generated by their work and an entitlement of one day for four days worked counting towards time served as set out above.

135. Compared with previous visits, it appeared that, due to improvements in staffing levels in the social reintegration departments, sentenced prisoners were able to participate in a broader range of activities. However, the objective advocated for by the CPT, of enabling prisoners to spend a reasonable part of their day, that is eight hours or more, engaged in purposeful activities out of their cells was still far from being achieved.

In that regard, the lack of regular and sufficient access to sports or gym activities was a matter frequently raised by prisoners. Further, the main concern for many prisoners to whom the delegation spoke, which was shared by the management of the prisons visited, was the lack of opportunities to work and pursue vocational training.

The management in the prisons visited did seek to provide such opportunities, but these remained scarce. To address this, action appears to be required at national level to introduce an employment policy based, if necessary, on special incentives for the placing of orders for prison work, as well as a vocational training policy for prisoners. Policies adopted in these areas should ensure equal opportunities for women and men in prison. As regards vocational training, the delegation was informed that the ANP had developed a policy for the period 2025-2029, and that the relevant normative act was in the process of being adopted.

136. The CPT recommends that the Romanian authorities, at the appropriate levels, step up their efforts to offer purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association) which are essential for preparing persons in prison for reintegration into the community as well as contributing to developing a more secure environment within prison, in light of the above remarks. The aim should be for prisoners to spend a reasonable part of their day (that is, eight hours or more) engaged in purposeful activities out of their cells.

137. As had been the case during the 2018 and 2021 visits to Romania, prisoners serving life sentences or sentences of more than 13 years continued to be placed, as a rule, under the maximum-security regime, after the end of the initial admission period (21 days). The Regime Board reassesses the situation of life sentenced prisoners after 6.5 years, and that of other prisoners after one fifth of their sentence has been served. Thereafter, a revision of placement is carried out every six months.

The delegation was informed that under the current legislation the Regime Board can, exceptionally, decide to allocate a prisoner in such a situation to the closed regime, having regard to the nature and circumstances of the offence committed, and the personality of the sentenced person. The authorities indicated that during the period 2022-2025, the exception was applied to 64 newly admitted prisoners, while the number of such prisoners allocated to the maximum-security regime was 496 (that is, the exception was applied in about 11% of the cases concerned). This represents a step in the right direction. As the CPT has pointed out, the length of the sentence does not necessarily bear any relationship to the level of risk a person may represent inside a prison. Instead, the placement in a stricter regime should normally be decided after a period of assessment in an ordinary regime, and in all cases, on the basis of a full psychological and, if necessary, psychiatric evaluation of the prisoner.

The CPT would like to receive further information about the specific criteria which are used to decide whether to apply this exception and the steps which are undertaken to determine whether a prisoner meets these criteria (for example, individual assessment meetings, activities, group sessions).

138. Prisoners under the maximum-security regime had in principle access to the same psycho-social-educational activities as the rest of the prison population. As was the case during previous visits,⁵⁶ activities for these prisoners had to be organised in small groups, under continuous surveillance by custodial staff, which in practice limited both the type and the frequency of the activities offered to them. For the same reasons, they had far fewer opportunities to be selected for work. As a result, the vast majority of these persons continued to spend most of their time, 21 to 22 hours per day, locked in multiple-occupancy cells.

56. See [CPT/Inf \(2019\) 7](#) and [CPT/Inf \(2022\) 06](#).

139. The situation of prisoners designated as posing a risk to the safety of the establishment and subjected, on this basis, to enhanced security measures within the prisons' maximum-security wings, remained largely the same as during the 2018 and 2021 visits.⁵⁷ The regime applied to them remained particularly strict: they were held in cells either alone or with another high-risk prisoner, with no possibility of work, few activities and reinforced security measures (such as being escorted by one or two members of the EOS and handcuffed each time they go out of the cell, including during roll calls). On the other hand, unlike during past visits, it appeared that these prisoners were no longer routinely handcuffed during medical consultations.

140. **The CPT calls upon the Romanian authorities to review the manner in which the maximum-security regime is applied, in light of its previous remarks and recommendations on this issue. In particular, prisoners under this regime, including high-risk prisoners, should be offered more out-of-cell time as well as the effective possibility to participate in a greater range of activities (education, sport, work, vocational activities and recreation). The possibility of associating within their wings should also be provided, based on an individual risk assessment.**

Decisive steps should also be taken to ensure that handcuffing high-risk prisoners is truly exceptional and always based on an individual and comprehensive risk assessment.

141. The four prisons visited could accommodate children deprived of their liberty, transferred there from detention or educational centres for short stays, in order to ensure their appearance before the investigative authorities or courts in the district. They were held separately from the adults.

Such cases were rare, particularly at *Botoşani Prison*, which however was accommodating a child at the time of the visit. While it was commendable that the prison authorities sought to ensure his strict separation from the adult prison population at all times, this in effect led to the child being held alone in the cell for 22 hours a day, with no human contact other than the custodial staff escorting him to the outdoor exercise yard and occasional visits from staff in the social reintegration department.

The CPT recommends that steps be taken at Botoşani Prison and, as appropriate, at other prisons, where children can be exceptionally held to avoid them being placed in *de facto* solitary confinement, especially during the day. Such steps may include participation in out-of-cell activities with suitably risk-assessed young adult prisoners, under appropriate supervision by custodial staff or by other staff engaged in such activities, as the case may be. Nevertheless, this should not extend to accommodation of children with young adult prisoners.

142. In the course of the visit, the delegation met transgender women held in collective cells with several detained men. While the management and custodial staff were doing their best to ensure their safety and security, they did not benefit from the appropriate regime or treatment regarding healthcare, activities or security measures. Furthermore, the ANP did not provide national policies or instructions on the detention of transgender persons.

With regard to the placement and treatment of transgender persons in general, the CPT wishes to emphasise that, as a matter of principle, they should be accommodated in prisons or prison units corresponding to the gender with which they identify, unless the competent authorities conclude, after an individualised risk assessment, that there are exceptional security or other reasons for accommodating them elsewhere. Such exceptions should be duly justified in writing and subject to regular review. More generally, the prison administration should develop a clear policy and guidelines on the rules and practices to applied to transgender persons in prison. The CPT also refers to its more detailed standards published in 2024.⁵⁸

57. The definition of high risk is set out in Article 24 of Law No. 254/2013 and Article 27 of its Implementing Regulation. The decision of placement in this category is taken by the Regime Board.

58. Prison standards for transgender persons in prison, [CPT/Inf \(2024\) 16 – part](#).



The CPT recommends that the Romanian authorities develop a policy and guidelines regarding the detention of transgender persons, in line with the CPT Standards, and ensure their implementation in all relevant establishments.

4. Prison staff and special intervention groups

143. The staffing situation in the four prisons visited as well as throughout the prison system remains a major challenge. According to the information provided, there was a total of 16 043 posts of various categories of staff in the prison system, of which 3 541 (22%) were vacant. The shortage of prison staff was comparable to that observed during the 2018 visit, when the ANP estimated that the actual number of prison employees needed to be closer to 20 000.

144. At Botoșani Prison, 84 of a total of 386 posts were vacant (22%), at Bucharest-Rahova Prison, 128 of 643 posts (20%), at Craiova Prison, 60 of 525 posts (11%) and at Iași Prison, 100 out of 492 (20%).

145. The situation was particularly concerning when it came to custodial staff present in the detention areas (including those responsible for escort within the prison). At *Botoșani Prison*, for a population consistently above 800, there were 70 staff and 26 posts were vacant. At *Bucharest-Rahova Prison* (1 465 prisoners), there were 137 staff, and 19 posts vacant. At *Craiova Prison* (931 prisoners), there were 126, and 12 posts vacant. At *Iași Prison*, for a population consistently above 600, there were 96 staff, and 15 posts vacant. This meant that, for example, at Botoșani and Iași Prisons, in the daytime, one or two junior officers, under the supervision of a senior officer, were responsible for sections accommodating more than a hundred prisoners (custodial staff were working 12-hour shifts, followed by 24 or 48 hours off).

146. In the social reintegration departments, the situation appeared to have improved overall since the 2018 and 2021 visits. This notably concerned the numbers of psychologists and social workers, which have been increased for prisons accommodating mainly persons under the maximum-security and closed regimes.⁵⁹ However, a number of posts, in particular of psychologists, were vacant. Further, at Bucharest-Rahova and Craiova Prisons, some of the posts were filled, but the persons occupying them were on long-term leave or had been assigned to other duties or seconded to work elsewhere.

147. In detail, the situation in the prisons visited as regards the above-mentioned categories of staff was as follows (all posts are full-time):

	Botoșani (pop.: 724)		Bucharest-Rahova (pop.: 1 465)		Craiova (pop.: 931)		Iași (pop.: 573)	
	Filled	Vacant	Filled/In post	Vacant	Filled/In post	Vacant	Filled	Vacant
Custodial staff in detention areas	70	26	137	19	126	12	96	15
Psychologists	6	3	11/7	4	7	4	5	3
Social workers	5	-	6	2	5/4	-	4	1
Educators	8	1	17/12	2	10/9	2	7	1

148. The CPT must stress that inadequate staff complements can only increase the risk of violence and intimidation between prisoners. They also undermine the quality and level of the activities offered to the prisoners and jeopardise the prospect of preparation for release and social reintegration.



The CPT calls upon the Romanian authorities to take urgent measures to recruit staff into the vacant posts in the prisons visited and in the other prisons in the country, as applicable.

59. Decision No. 472/2023 of the ANP Director increased the ratio from one psychologist/social worker for 200 prisoners, to one psychologist for 75 prisoners and to one social worker for 150 prisoners.

Further, the Committee calls upon the authorities to undertake a review of the current staffing levels in the prison system, duly taking into account the role and duties of prison staff (that is, their role to provide a safe and secure environment for prisoners and staff and to organise a programme of activities for all prisoners to assist them in preparing for reintegration into the community). In this context, reference is also made to the comments and recommendations below regarding the special intervention groups.

The CPT would like to be informed of the outcome of the review and of the evolution of staffing numbers per category in each of the four prisons visited.

149. In previous reports, the Committee was highly critical of the presence and the *modus operandi* of the special intervention groups (EOS), which operate in prisons holding persons under the maximum-security regime. The CPT recommended that these groups be dissolved and that, instead, the staffing complement of the maximum-security wings be augmented and a dynamic security approach be adopted. Further, pending review of the use of the intervention groups, the CPT recommended that the authorities immediately end the wearing of balaclavas by the members of these groups when on duty, as well as the 24-hour shift system in place for them.

150. The findings of the 2025 visit show that, although less frequently than in the past, members of these groups continued to be involved in the handling of operational incidents (such as cases of inter-prisoner violence) in the prisons visited. In addition, they continued to participate in routine custodial tasks in the wings which accommodated persons under the maximum-security regime, including high-risk prisoners. They were present during roll calls and general searches, and escorted high-risk prisoners within and outside the prison. Apart from these specific times in the detention areas, the EOS stayed in a separate section of the establishments and were only on call, thus not in constant contact with prisoners. While their presence did not appear to give rise to the tensions and climate of fear perceived during previous visits, their role, as acknowledged by the management in some of the prisons, remained mainly deterrent, that is, to control and to ensure passive security with no emphasis on knowing the persons in prison.

151. Members of the EOS displayed an identification number on the sleeve of their uniform. Balaclavas were still part of their standard equipment, and the delegation heard from prisoners and ascertained that they continued to use balaclavas in most of their interventions. According to the information provided at the outset of the visit by the Romanian authorities, the 24-hour shift system was still in place, but each member on duty had the possibility to rest for four hours at night.

In all the prisons visited, a custodial staff member equipped with a BWC was designated to videorecord interventions involving the EOS, but the EOS members participating in the interventions were not wearing such devices.

152. The CPT continues to hold the view that the special intervention groups are not a component of dynamic security, which should involve the development by staff of positive relationships with detained persons based on firmness and fairness, in combination with an understanding of their personal situation and any risk posed by individual prisoners. Their lesser involvement in operational incidents in the prisons visited shows that, as pointed out by the CPT, the duties, both preventive and reactive, relating to control and restraint of prisoners following an incident, can be carried out by suitably trained ordinary prison officers. Reference is made in this regard to the detailed remarks set out at paragraph 123 of the report on the 2021 visit.

153. The CPT reiterates its recommendation that the Romanian authorities dissolve the intervention groups in each of the prisons where they are currently operating and increase the staffing complement on the maximum-security regime wings with a view to adopting a dynamic security approach instead.

While these groups are still in operation, steps should be taken to immediately end the wearing of balaclavas by their members and the 24-hour shift system for the same, as well as to ensure that they are equipped with body-worn video cameras and



use them systematically for all planned operations, in accordance with the Romanian National Prison Administration's relevant policy.

5. Healthcare services

a. independence and governance

154. The CPT notes that prison healthcare services remain under the responsibility of the Ministry of Justice. They operate under the coordination, control and direction of the ANP's Medical Supervision Directorate, which ensures their administrative independence from the prison management and custodial staff.

There has been no development as regards the involvement of the Ministry of Health in assessing and overseeing the provision of healthcare in the prison system, despite the CPT's previous recommendation.



The Committee reiterates its recommendation that the Romanian authorities put in place a system of oversight of prison healthcare services by the Ministry of Health in conjunction with the Ministry of Justice.

155. During the visit, the delegation learned that the general practitioner in post at *Botoșani Prison*, who was also the head of the healthcare service, was carrying out medical assessments of all newly recruited staff and would also deliver prescriptions to staff for medication they are entitled to receive free of charge. At *Iași Prison*, the occupational health doctor in post, recruited to provide care to prisoners who are selected for work, was also tasked with conducting yearly health assessments of all prison staff. Such a dual responsibility may lead to a conflict of interest, which might ultimately compromise the perception of the professional independence of the prison doctors concerned. **Steps should therefore be taken to ensure that the sole duty of doctors of the prison health units is to care for detained persons.**

b. staff and access to healthcare

156. In the four prisons visited, the staffing levels were, overall, insufficient, and each prison had vacant posts, mainly for general practitioners (GP) and general nursing staff. The ANP had regularly sought to recruit new healthcare staff on vacant posts in the prison system. However, it appeared that a nationwide moratorium on recruitment in the civil service in place since 1 January 2025 precluded, with some exceptions, steps from being taken to fill vacant posts across the prison system.

The official staff complements for the prisons visited did not include mental health nursing posts. The delegation ascertained that this was because the sub-specialty of mental health nursing with dedicated training is only now being developed in Romania, with support from the Council of Europe under the project "Further strengthening the provision of healthcare and mental health in prisons and other closed institutions in Romania (Phase 2)".

157. In all the prisons visited, the existing healthcare staff were making notable efforts to provide good quality healthcare, as well as to carry out healthcare screening of newly admitted persons and to record and report injuries detected upon admission or during imprisonment. They were, however, overstretched, and some appeared to be on the brink of exhaustion.

At *Botoșani Prison*, the head of the healthcare service was the sole GP employed at the time of the visit, and there were two FTE GP posts vacant. According to the prison administration, the prison had 12 FTE general nursing posts, of which 11 were filled, but from discussions with staff, the delegation understood that there were only five general nurses effectively working. The healthcare team also included two FTE specialist nurses (pharmacy and hygiene). The nursing team ensured a round-the-clock presence.

Dental care was ensured by a dentist and a dental nurse, both employed full-time. The prison had two vacant FTE psychiatrist posts, at the time of the visit. A psychiatrist from Iași Prison provided input mainly for the prisoners accommodated in the psychiatry unit, including via telemedicine consultations.

For a prison population consistently above 800 persons and a prison which has a special unit for prisoners with severe mental health disorders, there is a need to ensure that all the vacant GP, psychiatrist and nursing posts are effectively filled.

In addition, the official staffing complements for general nurses should be increased bearing in mind that, for the time being, there can be no input from nurses with a mental health specialisation.

158. *Bucharest-Rahova Prison* had two GPs in post, namely the head of the healthcare service and a contractual FTE GP. Four GP posts were vacant. Eight general nurses as well as one specialist nurse (pharmacy) were employed full-time and ensured a round-the-clock presence, and there were four vacant general nursing posts. The prison employed one FTE psychiatrist. Dental care was ensured by a dentist and a dental nurse, both employed full-time.

Two custodial staff members had been assigned to assist the healthcare team with secretarial tasks and had access to the prisoners' medical files.

For a diverse prison population of 1 453 persons, and an establishment which operates as an entry point for 20% of the national prison population, there is a need to ensure that all the vacant GP and general nursing posts are filled, and also to increase significantly the staff complements for general nurses. In order to ensure continuity of care for patients, it is advisable that the additional GPs be employed by the prison administration on a long-term basis (as opposed to contractual). As an interim solution, the CPT encourages the ANP's initiative to recruit community GPs to do locum work in the prison, with oversight by the head of the healthcare service and possible support through the mentorship program already in place for newly recruited doctors in the prison system (see paragraph 163).

Furthermore, assigning secretarial duties in the healthcare service to custodial staff is a breach of medical confidentiality, detrimental to the establishment of a trustful doctor-patient relationship and may discourage the patient concerned from disclosing sensitive information to the healthcare staff (for example, allegations of ill-treatment). Custodial staff should therefore be removed from such duties and steps should be taken immediately to recruit specialist secretarial staff for this work.

159. *At Craiova Prison*, there was one FTE GP as well as 1.5 FTE contractual GPs. Nine general nurses (one contractual) and three specialist nurses (two in pharmacy and one in hygiene) were employed full-time. One FTE general nursing post was vacant. The nursing team ensured a round-a-clock presence on the main site. At the women's section, a nurse was in post every day, from 08:00 to 16:00, and another nurse ensured the distribution of medication requiring supervised in- take in the evening. On this section, there was no nursing presence at night.

The prison employed one FTE psychiatrist. It had one FTE dentist post, which was vacant. Dental care was provided by the head of the healthcare service, supported by two FTE dental nurses. This represents an improvement on the situation found during the 2021 visit, when the prison had no functioning dental service. However, the delegation continued to receive complaints, in particular from prisoners in the women's section, about difficulties in having access to dental care.

For a diverse male and female prison population consistently above 900 prisoners, including the unit for prisoners with severe mental health disorders, the prison should have access to the resources of at least three FTE GPs (that is input from an additional 0.5 FTE GP should be ensured). There is also a need to fill the vacant general nursing post, including in order to ensure round-the-clock nursing cover at the women's section. In addition, the official staffing complements for general nurses should be increased bearing in mind that, for the time being, there can be no input from mental health nurses. Steps should also be taken to fill the vacant FTE dentist post.

160. At *Iași Prison*, the head of the healthcare service was a GP. According to the prison administration, the prison employed another GP full-time, and three FTE GP posts were vacant. Eight general nurses, and one specialist nurse (pharmacy) were also employed full-time, and there were three FTE nursing posts vacant (two general and one hygiene). From discussions with staff, the delegation understood that there were only seven nurses effectively working, who ensured a round-the-clock presence. The prison also employed one FTE psychiatrist. Dental care was ensured by a dentist and a dental nurse, both employed full-time.

The prison's medical unit also served as regional centre for neurology, neurosurgery, transplants, oncology and cardio-vascular diseases. This meant that prisoners with such pathologies were admitted to the unit in transit to, or from, the specialist units in public hospitals in Iași. In light of this and for a prison population consistently around 650, it is necessary that at least one of the vacant FTE GP posts and all the vacant nursing posts are effectively filled. In addition, the official staffing complements for general nurses should be increased.

161. The official staff complements for the four prisons were adequate as regards the required number of GP posts, but insufficient as regards the number of nursing posts. From exchanges with the prison management, the delegation understood that a process was underway at central level to reassess the staffing needs across the prison system, as the staff complements foreseen under the existing regulations were not always commensurate with the actual number of prisoners held in a prison establishment.

162. The CPT recommends that the healthcare staffing levels in the prisons visited and, as appropriate, in other prison establishments in Romania, be reinforced. This includes exempting the prison service from the current moratorium on recruitments in the civil service as well as reassessing and, when necessary, adjusting the official staff complements, notably for general nurses.

Such steps should notably ensure that in all the four prisons visited, the official staff complements for general nursing posts are increased, the existing vacant and the newly created nursing posts are filled, and that:

- **at Botoșani Prison, two full-time equivalent general practitioners are in place in addition to the head of the healthcare service and the two vacant full-time equivalent psychiatrist posts are filled;**
- **at Bucharest-Rahova Prison, at least five full-time equivalent general practitioners are in place, in addition to the head of the healthcare service;**
- **at Craiova Prison, at least three full-time equivalent general practitioners are in place and the vacant full-time equivalent dentist post is filled;**
- **at Iași Prison, at least one of the vacant full-time equivalent general practitioner posts is filled.**

Further, at Bucharest-Rahova Prison, steps should be immediately taken to remove custodial staff from secretarial duties within the healthcare service and to recruit specialist staff to provide such support.

163. Neither doctors nor nurses working in the establishments visited appeared to have received comprehensive training in prison healthcare, either upon recruitment or thereafter.

Steps should be taken to develop training modules for prison healthcare staff to comprehensively address the specificities of healthcare in a prison setting (such as healthcare-related needs of prisoners, prison-specific ethical issues, transmissible diseases and substance use disorders).

Positively, at *Bucharest-Rahova Prison*, the new head of the healthcare service was mentored by a senior doctor with extensive experience in prison healthcare, as part of a mentoring scheme set up by the ANP to support newly recruited doctors in the prison system. This is good practice and should be replicated as far as possible in all other establishments.

164. The CPT is fully aware of the country-wide lack of healthcare professionals and appreciates the difficulties the prison authorities are facing in their efforts to recruit healthcare staff for vacant posts within the prison system. It is clear that additional steps should be made to attract medical professionals to this challenging field, including the provision of better remuneration and social guarantees, improved working conditions, specialised training and professional development opportunities.

The Committee understands that the Romanian authorities have, in cooperation with the Council of Europe, developed a human resources strategy for healthcare in the prison system and looks forward to receiving information about the measures set out in this strategy and their implementation.

165. As regards specialist somatic healthcare, at *Bucharest-Rahova Prison*, this was provided by doctors from the adjacent prison hospital. At *Iași Prison*, arrangements were in place for in-reach doctors to provide consultations on site, as follows: a neurologist, an ear-nose-throat doctor and an internist visited once a week; a dermatologist twice a week, and an endocrinologist once a month. In addition, a forensic doctor visited the prison once a week, and was on call, if forensic medical examinations were required. Similar arrangements were in place at *Craiova Prison* for a neurologist and an internist. Prisoners requiring other specialist care in these two prisons, as well as those detained at *Botoșani Prison*, were transferred to prison hospitals or were referred to specialists in the general health system.

166. At *Iași Prison*, half of the medical appointments outside the prison had to be rescheduled due to a lack of transportation, which was prioritised for transfers to court. At *Botoșani Prison*, two to three medical appointments outside the prison reportedly had to be cancelled every month because custodial staff were not available to escort prisoners.

The CPT recommends that the Romanian authorities ensure that sufficient means of transportation are available at Iași Prison in order to prevent medical appointments outside the prison from being routinely cancelled. As regards Botoșani Prison, the implementation of the recommendation set out in paragraph 148 will help to remedy the shortcomings noted.

167. As regards access to the prison healthcare service, in all the prisons visited, prisoners could file their requests for medical appointments electronically, using either tablets or info-kiosks installed in corridors in the detention areas. This represents a marked improvement on the situation found during the CPT's previous visits to the country, when access to healthcare was managed mostly by custodial staff. This practice, however, has not been fully phased out and remains the main way to access healthcare for non-digital prisoners.

The Committee would like to receive confirmation that similar arrangements to facilitate the prisoners' direct access to the healthcare services *in situ* are now in place in all the prison establishments in Romania. Further, in order to guarantee to all prisoners equal, confidential and unhindered access to these services, the CPT reiterates its recommendation to the Romanian authorities to set up a system whereby prisoners can make a request directly to the healthcare service by placing a paper in a box on their landing/wing indicating the reason for the request.

168. The delegation found that on the whole, the medical units in the prisons visited were suitably equipped. In particular, further to the CPT's recommendations, the ANP had taken action to equip all prison establishments in Romania with defibrillators. As a result, the medical units in all the prisons visited had defibrillators, which were also available on each floor in the detention areas, and custodial staff had received training in their use. The CPT welcomes these developments.

However, apart from Bucharest-Rahova Prison, no other medical unit in the prisons visited had the full range of basic emergency equipment recommended by the CPT (they all lacked nebulisers, oxygen was lacking at Iași and Craiova Prisons, including in the women's section, and electrocardiography (ECG) machines were not available in this section, nor at Botoșani Prison).

Steps should be taken forthwith to ensure that at a minimum every prison medical unit is equipped with a nebuliser and oxygen as well as an ECG machine.

169. In all prisons visited, medication requiring supervised in-take, such as psychotropic or antiretroviral medication, was distributed by healthcare staff at the medical unit, while other medication was given into the possession of prisoners.

At Bucharest-Rahova Prison, due to the severe shortage in nursing staff, the distribution of medication in the evening could sometimes continue late into the night (up to 01:00), which disrupted the prisoners' rest and was perceived by some as a disregard for their medical needs.

Reference is made to the recommendation set out at paragraph 162.

c. mental healthcare

170. The provision of mental healthcare in the Romanian prison system has long been an issue of concern for the CPT. During past visits, the Committee found that many prisoners with, even severe, mental health issues received little if any specialist care, due to a serious lack of qualified staff, notably psychiatrists and mental health nurses, in the prison healthcare services. Many of the persons concerned were moreover being held in an environment, including accommodation in large dormitories, which exacerbated their condition, making it harder for them to adapt to prison life and resulting in conflict with other prisoners and bullying by staff.

171. At the outset of the 2025 visit, the Romanian authorities provided information on a range of measures adopted and underway to improve the provision of mental healthcare in the prison system, including in the framework of the above-mentioned cooperation project with the Council of Europe (see paragraph 156). These steps tie in with a broader action at national level aimed at addressing longstanding deficiencies in the general mental healthcare system evidenced in CPT reports, as well as judgments of the European Court of Human Rights.

The authorities mentioned, among the measures specific to the prison system, increased efforts and outreach to attract and recruit psychiatrists on vacant posts; the setting-up of dedicated psychiatric units to accommodate prisoners with severe mental disorders in four prisons, including at Botoșani and Craiova Prisons; capacity-building activities for healthcare staff and non-healthcare staff in the prison system in various areas relevant to mental healthcare, including work in multidisciplinary teams and human rights compliance in the treatment of prisoners with mental disorders; and the development of some specific educational, psychological, and social support activities and programmes for these prisoners, as well as of a programme aimed at training other prisoners to become support persons for those diagnosed with severe mental disorders.

172. All the prisons visited in 2025 held a significant proportion of prisoners identified as having a mental disorder. For example, at Craiova Prison, about 21% of prisoners were in this situation, of whom more than half received psychotropic medication, and at Bucharest-Rahova Prison, about 12% of the prisoners were receiving such medication. At Botoșani Prison, about 27% of the prisoners were diagnosed with mental disorders, with some receiving psychotropic medication.

As indicated above, apart from Botoșani Prison, the healthcare services in the three other prisons included a full-time psychiatrist, who were carrying out mental health status assessments and diagnoses, reviews of the patients' mental health condition and of their medication, and some individual interventions.

In all four prisons, some psychological care was provided by the psychologists employed in the prisons' social reintegration departments, through group interventions and, at times, individual sessions, mainly within a set of pre-determined rehabilitation programmes.⁶⁰ However, the healthcare services did not include clinical psychologists and, as far as the delegation could ascertain, prisoners requiring it did not have access to therapeutic interventions.

Further, for the reasons outlined above (see paragraph 156), there was not, as yet, input from mental health nurses in any of the prisons.

173. **The CPT recommends that the Romanian authorities persevere in their efforts to improve the provision of mental healthcare in the prison system, in particular by ensuring that all prisons have appropriate input from a psychiatrist (that is, at least one psychiatrist in each prison) and from clinical psychologists, as part of their healthcare service.**

Further, the CPT wishes to be kept informed of the progress made in developing the sub-specialty of mental health nursing with dedicated training in Romania. It would also like to know whether the capacity building action undertaken in the prison system in areas relevant to mental healthcare includes training for existing nursing staff in prisons and, if so, to receive details about the content of such training and its outreach in terms of participants.

174. During the 2025 visit, the delegation looked into the conditions and care provided to the persons accommodated in the newly established psychiatry unit at Botoşani Prison.

This unit, as well as three other such units located at Baia Mare, Craiova and Galaţi Prisons, were established in order to accommodate and provide treatment and care for prisoners with severe mental health disorders in a state of mental decompensation. A psychiatrist in the ANP's Medical Supervision Directorate decides whether the prisoner concerned is to be transferred to a psychiatry unit in one of these prisons or to a psychiatry section in a prison hospital.⁶¹

The CPT wishes to receive detailed information about the criteria which are used to decide upon such transfers.

175. The psychiatry unit at Botoşani Prison, with a capacity of 12 places, was accommodating 10 patients at the time of the visit, whose mental health state appeared stable. It consisted of four cells, each equipped with three beds, and had its own clinical room, activity room (club) and yard. The material conditions in the unit were very good, the cells were spacious, clean and well lit; by contrast, the unit's concrete-floored, caged-in exercise yard, was drab and uninviting. The persons held in the unit did not have access to a fridge to store perishable food, unlike the prisoners in the other sections of the prison.

This deficiency should be remedied.

176. Psychiatric care to the patients accommodated in the unit was provided by a psychiatrist employed at Iaşi Prison, in general by means of telemedicine and, when needed, through in-person consultations. There were no other mental healthcare professionals providing therapeutic care to the patients in the unit.

Patients could spend three hours a day in the exercise yard and were occasionally engaged in recreational activities at the club, but had no purposeful activities, such as organised sports, education or work, to structure the day.

177. The Committee reiterates its view that, to be meaningful, dedicated prison psychiatric units must be appropriately staffed with clinical psychologists and mental health nurses, under the regular supervision of a psychiatrist. They should be able to provide appropriate treatment (including

60. Addressing, for example, substance use, aggression, violence, personal choices.

61. Three of the six prison hospitals have psychiatry wards.

non-pharmacological therapies), as well as activities and care targeted to the needs of the patients and should offer, as far as is possible within a prison setting, a therapeutic environment. Non-healthcare staff assigned to such units should receive mental health awareness training to interact and work with prisoners with mental health disorders.

The CPT recommends that the Romanian authorities review the operation of the psychiatry unit at Botoşani Prison and, as appropriate, in the other similar units, in light of the above remarks, to ensure that it is adequately staffed and is able to offer a range of therapeutic options and structured activities tailored to the specific needs of the patients accommodated there. As regards nursing staff, in the immediate term, consideration should be given to assigning specially-trained general nurses to such units, until suitably qualified staff become available.

d. medical screening on admission, recording and reporting of injuries and medical files

178. The general policy and the practice regarding medical screening on admission to prison observed during previous visits have remained largely unchanged. While all newly admitted persons were screened by a nurse on the day of their arrival, the admission screening by a doctor was sometimes delayed by several days or even weeks, due to staff shortages. The proforma templates healthcare staff had to fill on admission were not always used or filled out completely.

All newly admitted prisoners continued to be systematically screened for syphilis and tuberculosis (TB), if the latter had not already been carried out in a police detention and preventive arrest centre. Voluntary screening for blood-borne viruses (hepatitis B and C, HIV) was only offered in practice if the patient's medical history denoted risk. This, despite the fact that the proforma template had been updated in 2022 and required the healthcare professional completing it to ask the prisoner concerned whether they wished to undergo such tests and if they did, to obtain their written consent.

179. The CPT recommends again that the Romanian authorities ensure that all prisons carry out a comprehensive medical screening on admission. All newly admitted persons should be offered a systematic, voluntary blood test for HIV and hepatitis B and C, and treatment when appropriate.

180. As regards women, at Craiova Prison, the medical screening on admission included a gynaecological/obstetric history and involved a referral for a gynaecological examination when required.

181. For the Committee, a comprehensive medical screening upon admission should include a detailed assessment of the gender-specific needs and vulnerabilities of women in prison, by specifically trained staff (and, preferably, healthcare staff). This should include any reproductive health issues and, in particular, should aim at detecting – in a sensitive manner – in the first few weeks following their admission, any history of sexual abuse or other forms of gender-based violence that they may have experienced prior to admission.⁶²

The CPT reiterates its recommendation that a gender-specific medical screening on admission for women be introduced at Craiova Prison and every prison accommodating women, in light of the above remarks. Such screening should allow for the detection of vulnerabilities, including a history of sexual abuse and other gender-based violence, and it should inform any care plan established for the woman to ensure appropriate care and avoid re-traumatisation.

182. One crucial aspect of the work of prison healthcare staff where significant improvements were noted was the recording and reporting of injuries. Reportedly, this has been achieved through targeted training provided to healthcare staff in the prison system, including with support from the Council of Europe.

62. See also the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), Rule 6.

In connection with the above, although concerns remain about their confidentiality (see below), the prisoners' access to medical examinations following a violent incident or use of force no longer appeared to raise issues in the prisons visited. As far as the delegation could ascertain, prisoners against whom means of force had been used, those who had sustained injuries following an episode of inter-prisoner violence, and those who alleged ill-treatment or were found to present signs of injury were immediately escorted to the prison's medical unit and examined by a healthcare professional.

183. Healthcare services kept a dedicated trauma register for injuries displayed by prisoners upon admission, following a violent episode in prison or on other occasions (for example, acts of self-harm, accidents). The entries in these registries as well as the injury records drawn up by healthcare staff examined by the delegation were sufficiently detailed when it came to medical findings, including the description of injuries, which were also marked on standardised "body charts". Statements from the persons concerned about the circumstances in which they had sustained injuries were appended to injury reports and when prisoners refused to give such an account, this was recorded and certified under signature. However, healthcare staff were still neither required nor equipped to photograph the injuries.

The delegation noted that some injury records did not contain the healthcare professional's observations on the consistency between the person's account and the medical findings. Further, the standard forms for both trauma registers and injury reports introduced in 2022⁶³ no longer include a specific section for such observations. At Craiova Prison, the delegation was shown a letter from the ANP's medical directorate explaining that this was because under the national legislation, determining the nature of traumatic injuries and their origin falls within the exclusive remit of forensic doctors. This, according to the ANP, precludes prison healthcare staff from giving an opinion on the possible consistency of the injuries with an allegation of their occurrence.

184. It is recalled that Law No. 254/2013 provides that prisoners who bear signs of violence or who allege having been victims of violence can request to undergo a forensic medical examination. Unlike during previous visits, it appeared that prison healthcare staff now systematically informed the prisoners concerned of this right and in most of the cases examined by the delegation, the persons concerned had availed themselves of this right. At Iași Prison, the delegation was informed that in cases of allegations of sexual violence, arrangements were in place to ensure that the alleged victim would undergo a forensic medical examination within 24 hours.

As was the case during the CPT's 2021 visit, the cost of the forensic medical examination had to be borne by the prisoner requesting it, unless the person was recognised as indigent. For these situations, the ANP issued specific instructions to the establishments under its management to cover the costs of such examinations.

When the person concerned alleged having sustained injuries as a result of violence or when injuries indicative of such were found, the injury reports and the supporting documentation were transmitted to the relevant prosecution service, through the prison's management. At Bucharest-Rahova Prison, it appeared that all the reports attesting to the presence of injuries, regardless of their origin or cause, were forwarded to the PPO.

185. The Committee welcomes the steps taken by the Romanian authorities to ensure that prison healthcare services fully play their role in the system for preventing ill-treatment. It notes that the findings of the 2025 visit generally attest to the effectiveness of this action in the prisons visited by the delegation as regards the recording and reporting of injuries.



Looking forward, the CPT considers that specific training on recording and reporting of injuries should be provided to all newly recruited prison doctors and nursing staff, in order to strengthen their awareness of this specific role and their capacity to fulfil it.

63. The standard forms are included in an annex to Order No. 2188/C/2022 of 18 May 2022 of the Minister of Justice.

Further, the CPT continues to hold the view that injury records drawn up by prison healthcare staff should include the observations of the healthcare professional on the consistency between any allegations made by the person concerned and the objective medical findings. Such observations from adequately trained staff, which are clearly not meant to supplant a fully-fledged forensic medical report (see paragraphs 34 and 36), can assist both the forensic doctors and the prosecutorial authorities in prioritising the cases referred to them by prison healthcare services.

186. **The Committee calls upon the Romanian authorities to take the necessary steps, including, if necessary, amending the national legislation, to ensure that the records drawn up following medical examination of prisoners contain all of the following:**

- (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 the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

Steps should also be taken to ensure that all injuries are photographed in detail and the photographs kept in the prisoner's individual medical file.

187. A longstanding deficiency which negatively impacted the working conditions of prison healthcare staff and reduced the time they could dedicate to clinical work, was the use of multiple paper registers to record patient information. Regrettably, the delegation found no change compared to the situation encountered during previous visits. The medical units in the prisons visited had access to a centralised electronic data entry system but healthcare staff continued to record patient information mainly in paper registers or, at times, in both paper registers and electronically, which duplicated the work. The information continued to be scattered across the prisoners' individual paper file and various registers and, in some prisons, there was not even a consistent approach by healthcare staff as to what information to record and where to record it. Therefore, it remained difficult to obtain a clear picture of an individual prisoner's health condition, of their medical history or of a particular medical event and the clinicians involved.

The CPT calls upon the Romanian authorities to take actions to phase out the current practice of using multiple registers to record patient information and replace it with a centralised electronic data system.

e. confidentiality of medical examinations/consultations

188. The delegation once more found that the confidentiality of medical examinations and consultations in prisons was not being guaranteed. In all the prisons visited, custodial staff escorting the prisoners to the medical unit after violent incidents appeared to be routinely present in the examination rooms.⁶⁴ Further, at Craiova and Bucharest-Rahova Prisons, the delegation observed regular medical consultations being conducted within hearing distance and/or within sight of custodial staff.

189. The CPT must stress that there can be no justification for prison officers being systematically present during medical consultations/examinations of persons held in prisons. Their presence is detrimental to the establishment of a trustful doctor-patient relationship and usually unnecessary from a security point of view. Moreover, the presence of non-medical staff during medical examinations/consultations 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).

64. As shown by BWC recordings viewed by the delegation.

190. The CPT considers that, as a general rule, all medical examinations/consultations of persons in prisons should be conducted out of the sight and hearing of prison officers, 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.

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 prison officers of the same sex as the person being examined is considered absolutely necessary, most notably 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 prisoner. For example, consideration could be given to ensuring the presence in the room of additional healthcare personnel. Another possibility may be the installation of a call system, whereby healthcare professionals would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination. Prison officers should, when appropriate, fully apprise the healthcare professional of any relevant prior behaviour on the part of the prisoner. All healthcare professionals concerned should receive training on the applicable rules and on how to react in high-risk situations.

191. The CPT calls upon the Romanian authorities to take the necessary measures, including by amending the relevant regulations and by reviewing the security arrangements in place in prison medical units and consultation rooms, to ensure that the confidentiality of medical examinations/consultations is fully respected in practice. In particular, as a general rule, all medical examinations/consultations of prisoners should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality.

f. substance use disorders and transmissible diseases

192. The delegation found no change in the approach towards drug use in the Romanian prison system.

As was the case during previous visits, prisoners with opioid addiction were referred to a prison hospital for evaluation and treatment, under the national program. Prison healthcare staff had no mandate to initiate Medication for Opioid Use Disorder (MOUD) even in urgent situations of withdrawal and no harm reduction measures were in evidence in any of the prisons visited by the delegation (such as a needle and syringe exchange programme).

Condoms were only made available to prisoners having intimate visits and not for any consensual sexual relations between prisoners. Furthermore, in all four prisons visited, smuggling and the use of synthetic drugs impregnated on paper had become a matter of concern for the management. However, in none of the prisons, did healthcare staff appear to have been alerted to or to be otherwise aware of the issue and its implications, notably when it came to the potential effects of, and health risks associated with the use of those drugs, and the action to be taken were such risks to materialise.

193. The CPT reiterates that the approach towards drug use in prison should be part of an overarching national strategy on the issue and should include eliminating the supply of drugs into prisons, dealing with drug abuse through identifying and engaging drug users, providing them with treatment options and ensuring that there is appropriate continuity of care, developing standards, monitoring and research on drug issues, and the provision of staff training and development. In this context, particular attention must be paid to ensure that prison healthcare staff are trained to provide treatment, rehabilitation programmes and harm reduction measures to the persons concerned, with due consideration to potential comorbidities, including mental health issues.

The multi-disciplinary task of drawing up, implementing and monitoring the relevant programmes must be done by prison staff in close cooperation with healthcare personnel and other staff (psycho- socio- educational) involved. The healthcare service should be promptly alerted to any emerging concerns in relation to drug use in an establishment.

The CPT calls upon the Romanian authorities to ensure that a comprehensive strategy for the provision of assistance to prisoners with drug-related problems is drawn up and is operating effectively throughout the prison system, in light of the above remarks.

Further, as previously recommended by the CPT, harm reduction measures (such as condom distribution and provision of clean needles and syringes) should be introduced forthwith in all prisons in Romania.

194. As regards transmissible diseases, seven persons with HIV infection who had been recently admitted or transferred to the prison, had had their anti-retroviral treatment interrupted at Bucharest- Rahova Prison. This was reportedly due to delays in obtaining medical appointments at the local public hospital specialising in transmissible diseases, in order to renew their prescriptions for free anti-retroviral treatment. The delegation understood that the regulations in force required prescriptions to be renewed whenever patients receiving such treatment, whether in prison or in the community, changed their place of residence. While it is positive that the provision of anti-retroviral treatment to prisoners requiring it appears to be integrated into the relevant national policy, it is essential that the implementation of this policy vis-à-vis these persons ensures continuity of care throughout the duration of their imprisonment.

The Romanian authorities should review how access to anti-retroviral treatment is organised for newly admitted or transferred prisoners with HIV infection, in particular at Bucharest- Rahova Prison, and take all the necessary steps to ensure that there is no interruption of treatment in such cases.

195. Further, at Bucharest-Rahova Prison, the delegation ascertained that the practice noted in other prisons during past visits, of labelling with an “H” the doors of the cells in which newly admitted prisoners with HIV infection are accommodated during the quarantine period, persisted. At this prison, it also remained the case that, after the quarantine period, these prisoners were accommodated together in cells located in the infirmary and spent their daily outdoor time separate from other prisoners. There was a clear perception amongst the prisoners in this situation that custodial staff were afraid to interact with them and that their requests for work placements were denied because they had an HIV infection.

In the other prisons visited, persons with HIV infection were integrated into the general prison population and, as far as the delegation could ascertain, the fact that they lived with HIV was not known to custodial staff.

196. The Committee must stress once again that identifying detained persons by a certain pathology is stigmatising and a breach of medical confidentiality and should be ended forthwith. There is no necessity for non-healthcare staff to be systematically informed about whether a person has a specific illness. Healthcare staff may inform custodial officers on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents in writing to additional information being given.

197. The CPT calls upon the Romanian authorities to take decisive action to guarantee the strict confidentiality of medical information relating in particular to the identity of prisoners with HIV infection at Bucharest-Rahova Prison and in other prisons of the country, as appropriate, in line with the above remarks.

198. Further, the Committee wishes to stress that the presence of a blood-borne viral infection, such as HIV, alone is not a legitimate reason for segregating the prisoners concerned from the rest of the prison population. In the past, the CPT had considered that given the situation in Romanian prisons, namely severe overcrowding, poor material and hygienic conditions, lack of medical confidentiality and high levels of prejudice against people living with HIV, it may be tolerable for HIV positive prisoners to be accommodated separately. This, provided that such accommodation offered conditions conducive to their health and well-being and that they were offered access to outdoor exercise yards on a daily basis and

access to a range of purposeful activities together with other prisoners. The situation in the other three prisons visited, in which persons living with HIV were integrated into the general prison population, shows that these considerations are no longer valid.

The CPT calls upon the Romanian authorities to take all the necessary measures to end the practice followed at Bucharest-Rahova Prison of systematically accommodating prisoners with HIV infection together and keeping them apart from the rest of the prison population and ensure instead that these prisoners are safely integrated into the mainstream prison community. This includes ensuring that they have equal access to activities and opportunities to work as the other prisoners.

6. Other issues

a. means of restraint

199. Under the regulations in force, the prison director can authorise the placement of a prisoner in a “protection” room when there is “an imminent risk of self-harm or suicide, injury to another person if it is not possible to separate them, destruction of property, or serious disturbance of order”.⁶⁵ The measure can be imposed until the reason underlying it has ceased to exist, but for no longer than 24 hours. During the placement, the prisoner shall receive psychological counselling. Before the expiry of the 24 hours, a doctor and a psychologist “shall draw up a report on the medical condition, conduct, and conclusions regarding the psycho-behavioural state of the person concerned, which shall be submitted to the prison director”. Exceptionally, the measure can be renewed for a further 24 hours, subject to a medical and psychological evaluation of the person concerned. Healthcare staff are required to assess their condition at least every four hours. The person concerned shall also “be monitored by custodial personnel, who shall observe their physical and mental condition and inform the decision-makers of any possible deterioration in their health or the imminence of negative events”.

200. At *Botoşani* and *Craiova Prisons*, such placements were not resorted to, as far as the delegation could ascertain.⁶⁶

Bucharest-Rahova and *Iaşi Prisons* were each equipped with a padded cell, under CCTV surveillance, which was used for such placements. These were recorded in the prisons’ means of restraint registers, which included the following information: the date, the code of the incident justifying the application of the measure, the times at which the measure began and ended, and the names of the person who had authorised it and their supervisor.

201. Staff at *Bucharest-Rahova Prison* reported that the padded cell was used for placements in a “therapeutic” context. However, the means of restraint register showed that the measure was resorted to for disciplinary purposes as well. Indeed, in eight out of the 28 cases registered during the period from April 2024 to April 2025, the measure was recorded to have been imposed for refusals to obey orders. In these cases, as well as in most of the cases where the placement was recorded to have been resorted to for risk of self-harm or aggression, the recorded duration of the measure was of 24 or 48 hours (or a few minutes short of that), which are the maximum times authorised by the law for the initial and the renewed placements, respectively. This strongly suggested that such placements were resorted to mainly for punitive reasons. In a few cases, the delegation noted that the measure had not been properly recorded.⁶⁷

Furthermore, the delegation ascertained that the padded cell had also been resorted to in a case of attempted suicide, where a psychiatrist took the clinical decision to transfer the patient to a mental health institution but there was no means of transportation available. This stay in the padded cell was recorded to have lasted from 10:30 till 14:00 the next day, when the prisoner was transferred to hospital.

65. Article 24 of the Implementing regulation to Law No. 254/2013.

66. At *Craiova Prison*, the protection room had been damaged by a prisoner months before the visits and had not been refurbished since.

67. One of the placements had an entry date but no exit date, one was illegible, and one had the same date and time for both entry and exit.

202. At *Iași Prison*, placement in the padded cell also appeared, at times, to be resorted to for disciplinary purposes. The means of restraint register recorded 11 placements from June 2024 up to the time of the visit, seven of which had a recorded duration of four to 24 hours. In one of these cases, BWC and CCTV footage showed that, after attempts by custodial staff to calm an agitated prisoner who had threatened to damage the prison and broke the window of his cell, the EOS team was called in. Under their escort, the person concerned walked on his own to the infirmary, put on the rip-proof clothing given to him by healthcare staff, and then again walked on his own to the padded cell. On the way there, he was recorded making threats but otherwise appeared calm. The delegation could not discern any need to restrain him at that point. The person concerned was kept in the padded cell for almost six hours.

203. The Committee wishes to stress that, while agitated or violent prisoners who pose a serious risk to themselves or others may need to be temporarily isolated in an appropriate room, such as a padded cell, until they restore behavioural control, this should only be done as a measure of last resort, when all other reasonable options (such as attempts to de-escalate the situation) have failed to satisfactorily contain the risks.

Such placements should be for the shortest possible time and the prisoner should be immediately examined by a prison doctor in order to assess whether their mental state requires hospitalisation or whether any other measure is required in the light of the prisoner's medical condition. Clinical decisions by the doctor, including transfer to a suitable healthcare facility, should be immediately complied with. Any such placement should be properly recorded in a dedicated register. Finally, the person concerned should be given the opportunity to discuss their experience with a senior member of healthcare staff or another senior member of staff with appropriate training as soon as possible after the end of the application of the measure in question.

Further, if the authorities deem it necessary to authorise temporary separation of prisoners for reasons of order and security, such placements should be clearly distinguished, including in the relevant legislation, from those relating to prevention of suicide, self-harm or harm to others; they should be surrounded by appropriate safeguards and should be implemented in designated cells.

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

205. The relevant law and regulations⁶⁸ continued to authorise the use of instruments of mechanical restraint (leather straps for wrists and ankles, and cloth straps over the chest) in prisons.

At *Botoșani* and *Craiova Prisons*, there was no resort to mechanical restraint.

At *Iași Prison*, mechanical restraint was used, albeit rarely,⁶⁹ whereas at *Bucharest-Rahova Prison*, it was used more frequently.⁷⁰ In two recent instances examined by the delegation (one at each prison), the persons had been immobilised and strapped with five-point of fixation to a bed by members of the EOS. The prisoner at *Iași Prison* was moreover fixated with his arms stretched above his head. The recorded duration of the measures was for 12 hours and five minutes and 12 hours respectively. Video recordings seen by the delegation showed both prisoners walking on their own into the cells and appearing calm and engaged with the staff, while being fixated. At *Bucharest-Rahova Prison*, a staff member was heard on record advising the prisoner to use the toilet, as he was going to be restrained for 12 hours. It was clear in both cases that the measure had been used for punitive purposes, and this was confirmed with the registers, which indicated that it had been applied for refusals to obey orders.

68. Law No. 254/2013 and the Regulation on the organisation and functioning of detention and remand establishments, approved by ministerial Order No. 4800/2018.

69. The means of restraint register recorded one instance of use of mechanical fixation to a bed in 2025 and three such instances between June and December 2024.

70. The means of restraint register recorded eight instances in 2025, and nine between June and December 2024.

At Bucharest-Rahova Prison, the delegation found that this was not an isolated occurrence. In six of the eight instances recorded in 2025, the reason recorded for mechanically restraining the prisoner concerned was a refusal to obey an order and the recorded duration of the measure in five of these six cases was 12 hours. Further, the register recorded five entries for the same person between mid- July and the beginning of August 2024, for periods between 10 hours and 35 minutes and 48 hours. All these elements are indicative of a pattern of using fixation for punitive purposes.

206. In the Committee's view, instruments of mechanical restraint should never be used in prisons. In a prison setting, agitated prisoners who pose a serious risk to themselves or others may be temporarily isolated in an appropriate cell, as set out at paragraph 203. If they do not calm down within a reasonable time, they should be transferred to a suitable healthcare facility within or outside the prison system.

The CPT reiterates its recommendation that the Romanian authorities immediately end the resort to mechanical restraint at Bucharest-Rahova and Iași Prisons, as well as in other prisons in the country where this measure might still be resorted to.

b. discipline

207. In the prisons visited, disciplinary inquiries appeared to be thorough, and the disciplinary procedure correctly applied. The prisoners concerned were systematically interviewed by the disciplinary board, witnesses were heard and videorecording reviewed, the decisions were reasoned and notified to them, and the prisoners were informed of the appeal procedure (which had a suspensive effect) and used it frequently. The only issue found was that the prisoners concerned were provided with the report of the officer investigating the offence only at the time of the hearing before the disciplinary board.

Steps should be taken to ensure that prisoners receive such reports in good time before the hearing by the disciplinary board, so that they can suitably prepare their defence.

208. The disciplinary sanction of solitary confinement was sparingly applied, more so at Bucharest-Rahova and Craiova Prisons, and only rarely for the maximum duration authorised by the law, which is 10 days.⁷¹

However, when the sanction was applied, the doctors in the prisons visited were still required by law to inform the chair of the disciplinary board of any contraindications to a prisoner's placement in solitary confinement. Once the person was placed in solitary confinement, healthcare staff visited them at regular intervals (for example, every four hours at Iași Prison).

The Committee wishes to stress that prison doctors act as the personal doctors of prisoners and ensuring that there is a genuine doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo punishment is unlikely to promote that relationship. On the other hand, healthcare staff should be informed of every such measure and should visit the prisoner concerned immediately after its application and thereafter on a regular basis, at least once a day. Healthcare staff should provide prisoners with prompt medical assistance and treatment as required, and raise objections against the continuation of the measure as soon as it is considered to be putting a prisoner's physical or mental health at risk.

The CPT reiterates its recommendation that the Romanian authorities review the role of prison healthcare staff in relation to disciplinary proceedings, in light of the above remarks. In particular, prison doctors should not be required to certify prisoners as being fit to undergo punishment, such as solitary confinement.

71. Up to the time of the visit, at Botoșani Prison, the disciplinary board imposed solitary confinement for periods between two and five days in eight cases in 2025; in two of these cases the decision was overturned by the supervisory judge. At Iași Prison, solitary confinement was imposed in 10 cases in 2025, for periods between five and 10 days. At Craiova Prison, the measure was imposed once in 2025 by the disciplinary board and cancelled on appeal. At Bucharest-Rahova Prison, there were no cases in which the disciplinary board imposed solitary confinement in 2025.

209. Law No. 254/2013 continued to make self-harm a disciplinary offence. In 2023, provisions were introduced in the implementing regulation to the law to exempt prisoners who are diagnosed with “mental disorders that may lead to self-harming behaviour” from the application of a disciplinary sanction for acts of self-harm. In order to apply the exemption, the new provisions require the investigating prison official to obtain from healthcare staff a document indicating whether the prisoner concerned is known to have a mental health issue.

In all the prisons visited, disciplinary sanctions were still being applied for acts of self-harm.⁷² The delegation met prisoners who had been sanctioned, sometimes repeatedly, for self-harm and who were clearly in need of psychological support.

210. The CPT has repeatedly voiced its serious concerns over the legal provisions whereby self-harming constitutes a disciplinary offence. Acts of this kind very often reflect psychological or psychiatric distress, or situations which should be dealt with from a mental health angle, rather than punished. Far from dissipating these concerns, the provisions introduced in 2023 have compounded them, as they effectively make prison healthcare staff part of the decision-making process which may result in the application of a disciplinary sanction. It further generated additional administrative burdens to launch the procedure and request a certificate from the healthcare service. In the context of self-harm, the paradigm should be reversed: the issue should primarily be addressed as a healthcare matter, rather than as an act disturbing the prison order.

211. Although far less frequently than noted during past visits,⁷³ in all the four prisons withdrawal of the right to visits for a period of up to three months as a disciplinary sanction continued to be applied for offences unrelated to such contact, despite the CPT’s recommendations on the matter.

During the visit, the Romanian authorities reiterated that removal of visiting rights is currently applied only in those cases where other disciplinary sanctions are deemed to be insufficient and that the only alternative was that of solitary confinement, which they wished to avoid. The CPT has already expressed its agreement that solitary confinement is not an appropriate alternative. However, there are other graduated sanctions that could be applied as an alternative to removing visiting rights.

212. The CPT calls upon the Romanian authorities to ensure that acts of self-harm are no longer treated as disciplinary offences and that restrictions on visits are no longer applied as disciplinary sanctions, except in cases of violations directly related to visits. The relevant law and regulations should be amended accordingly.

c. security-related issues

213. During the visit, the delegation ascertained that tear gas is included among the means of force which prison staff are legally authorised to deploy, including in confined spaces and when exercising control over individual prisoners,⁷⁴ and that the standard equipment for front-line prison staff includes tear gas sprays.

In practice, in the prisons visited, staff in direct contact with prisoners were not carrying tear gas sprays and recourse to tear gas appeared to be very limited. However, the delegation did identify two recent instances⁷⁵ in which regular custodial staff at Iași Prison had used tear gas (CS) spray in cells when responding to incidents of inter-prisoner violence. Video footage of these two interventions, in which

72. For example, at Botoșani Prison, seven instances of self-harm had been disciplinarily sanctioned in 2025, of which five concerned the same prisoner; at Craiova Prison, 22 instances of self-harm had been disciplinarily sanctioned in 2025.

73. See [CPT/Inf \(2019\) 7](#) and [CPT/Inf \(2022\) 06](#).

74. Law No. 254/2013 sets out the situations and conditions in which prison staff are authorised to use physical force and other means of restraint and control. The authorised means of restraint and control are listed in the Regulation on the safety of detention facilities under the National Prison Administration. Practical instructions on the use, the reporting and the review of the use of physical and other means of force by regular custodial staff are included in a manual issued by the ANP.

75. The interventions had taken place on 31 January and on 21 March 2025.

members of the EOS were also involved, further showed that tear gas had been used as a first response, through the door hatch, before the intervention units entered the cells. The delegation also identified one recent case in which tear gas had been used by a custodial staff member at Craiova Prison through the hatch of yard in the context of a fight between three inmates – who were too far from the door to be impacted by the gas.

214. Tear gas is a potentially dangerous substance and there can be no justification for its use against a prisoner in a confined space such as a cell. Prison officers should be able to perform their duties quite effectively without having recourse to this type of means of coercion, in particular when it is a question of exercising control over individual prisoners.

In the CPT's view, only exceptional circumstances can justify the use of tear gas inside a place of detention – but never in a confined space such as a cell – for control purposes, and such exceptional use should be surrounded by appropriate safeguards. In particular, persons exposed to tear gas should be rapidly granted access to a healthcare professional. Officers authorised to use it should receive the necessary training, and adequate reporting, inspection and review mechanisms with respect to its use must be put in place. Further, tear gas sprays or canisters should not form part of the standard equipment of a prison officer.

215. The CPT recommends that the Romanian authorities take the necessary measures to ensure that if, exceptionally, the use of tear gas is permitted in a prison setting, its use is circumscribed and appropriate safeguards are put in place, in light of the foregoing remarks.

216. During the 2025 visit, the delegation observed some of the prison officers openly carrying a baton in the psychiatry and medical units at Craiova Prison.

The CPT has long advocated that prison officers should not be routinely equipped with batons, and it again recommends that the Romanian authorities end the carrying of truncheons by custodial staff in detention areas.

217. As recommended by the CPT, the regulations in force require that strip searches be conducted in two stages, so that the upper and lower parts of the body are not exposed at the same time. This positive evolution should be welcomed.

In most of the cases, strip searches appeared to be conducted accordingly in the prisons visited with a limited resort, as mainly used when the prisoner has been in direct contact with ordinary persons (that is non-prison or police staff). However, at *Bucharest-Rahova Prison*, several prisoners stated that when subjected to a strip search, they had been asked to remove all their clothes at once; some of them reported having also been asked to squat. At *Craiova Prison*, two prisoners stated having been asked to remove all of their clothes at once during a strip search.

At *Craiova Prison*, the delegation observed that, since there were no dedicated rooms on the landings, strip searches were carried out on the corridors, with curtains used to protect the prisoners' privacy. From the management, the delegation understood that this was also the case at *Iași Prison*.

The CPT recommends that steps be taken to ensure that strip searches are at all times conducted in two stages, as required by the relevant regulations, and in dedicated areas, which respect the person's intimacy, and that they be provided with a chair, a hook to hang clothes and floor protection. Requests to squat during a strip search should be exceptional and based on an individual risk assessment.

Further, the Committee encourages the Romanian authorities to develop and use appropriate alternatives to strip-searches, such as body scanners.⁷⁶

76. See for example Rule 20 of the Bangkok Rules, which states that "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 possible physical impact of invasive body searches". See also Rule 52 of the United Nations Standard Minimum

d. contact with the outside world

218. It was positive that in all the prisons visited, the cells were equipped with a telephone which prisoners could use. Phone booths in the wing corridors and the yards were also in service. Persons under the maximum-security regime and high-risk prisoners could make three calls of up to 30 minutes per day in total and the other detained persons, 10 calls of up to one hour per day or ninety minutes for pre-trial detained persons.

219. As recommended by the Committee, the facilities for video-conference calls installed during the Covid-19 pandemic have been retained and expanded. Further, regulations enacted in 2023 have broadened the prisoners' access to free video-conference calls. Prisoners are now entitled to four calls per month of up to 30 minutes each and can request additional calls *in lieu* of non-received visits, as long as they have not been disciplinarily sanctioned in the previous three months and do participate in activities offered to them. Prisoners who do not meet these requirements can benefit from videocalls in certain situations (natural disaster, bereavement or serious illness in the family). The prisons visited were suitably equipped with facilities and equipment for videocalls and the above-mentioned regulations appeared to be observed in practice. The possibility of using videocalls was considered a positive improvement by prisoners and staff. The CPT welcomes these developments.

220. As regards visits, prisoners in the open and semi-open regimes continue to be entitled to six and five visits per month respectively, in an open setting around a table. Prisoners under the maximum-security regime are allowed three visits per month. For these prisoners, the visits take place with a screen partition as a rule, but there is the possibility, exceptionally, for open visits to be granted to them. This had also been the case for pre-trial detained persons (six visits per month) and for prisoners under the closed regime (five visits per month) until 2023, when new regulations stipulated that these persons are allowed open visits as a rule, subject to certain conditions.

In the prisons visited, detained persons' access to visits was ensured in accordance with the relevant regulations. At *Bucharest-Rahova Prison* the delegation received a few complaints from prisoners that visits were sometimes cancelled due to a lack of staff.

III The implementation of the recommendation set out at paragraph 148 should enable such situations to be avoided.

221. It appeared that in some cases, prisoners under the maximum-security regime could benefit from open visits, especially if they had children, but this remained the exception for this category. As far as the delegation could ascertain, high-risk prisoners were not granted open visits.

III The CPT reiterates its recommendation that the Romanian authorities modify their legislation and practice to authorise, as a matter of principle, open visits for all detained persons, with closed visits as the exception, based on an individual assessment of risks.

222. The visiting facilities at *Craiova Prison* were adequate and had suitable dedicated spaces for open visits, including a child-friendly room. In contrast, the visiting facilities at *Botoşani Prison* were exiguous and did not have a dedicated space for open visits. They were equipped with booths with a partition glass which was pulled down for open visits, but such arrangements did not allow for meaningful contact between the prisoners and their families. Visits carried out in such conditions could not properly be considered open. It was therefore positive that the construction works underway at this prison included new premises for visiting facilities. At *Iaşi Prison*, pending refurbishments, the visiting facilities had been relocated to temporary premises.

III Reference is made to the remarks and requests set out at paragraph 92.

Rules for the Treatment of Prisoners (the Mandela Rules), which encourages prison administrations to develop appropriate alternatives to "intrusive searches".

223. At the *women's section of Craiova Prison* (Işalnița site), women referred to specific difficulties in maintaining contact with their families and children due to the facility's location further from Craiova and its limited accessibility by public transport, as well as to the limited number of women's prisons in Romania, which meant that many detained women were held far from their regions of origin. The possibility to have prolonged visits authorised by the prison management were appreciated, but some of them indicated that they necessitated longer telephone allowances, particularly as they either did not receive visits or had extended family and children.

The CPT is particularly attentive to the measures in place to ensure that women prisoners' contact with their families, including their children, and their children's guardians are encouraged and facilitated by all reasonable means. Separation from families and dependent children can have a particularly detrimental effect on both the women and their relatives. Where possible, measures should be taken to counterbalance disadvantages faced by women detained in institutions located far from their homes, such as the possibility to accumulate visit entitlements or alternative solutions.



The Committee encourages the Romanian authorities to enable and facilitate the maintenance of regular contact between detained women and their relatives, in particular their dependent children.

e. complaints procedures

224. In the context of complaints, a prison supervisory judge is located within each prison establishment and has a clear mandate to receive, investigate and adjudicate prisoners' complaints on detention-related matters (Article 9, Law No. 254/2013). The judges may act in three types of situations: (a) complaints against determination and changes in regime;⁷⁷ (b) complaints in respect of the rights of persons deprived of liberty;⁷⁸ and (c) complaints in respect of disciplinary sanctions.⁷⁹ Decisions by the supervisory judges may be challenged in court.

225. The delegation had the opportunity to discuss with the supervisory judge in each establishment visited. It was informed that the majority of the complaints received were in respect of disciplinary sanctions.

Supervisory judges receive complaints from detained persons after the internal remedy with the prison administration has been exhausted. They may consult prison management, visit detention areas, hear the applicant and other relevant persons, and gather evidence. If a complaint relating to conditions of detention is upheld, the supervisory judge orders the prison administration to take remedial action.

They themselves do not have the power to grant financial compensation, but detained persons have the possibility to seek such compensation in court through a different procedure. While applicants can be assisted by lawyers, they rarely intervene in procedures before the supervisory judges, notably due to the absence of legal aid.

The supervisory judges demonstrated diligence in processing the complaints. Although they have the power to address material conditions, several detained persons reported being reluctant to complain about overcrowding, fearing they might be transferred to a less crowded prison located further away from their families. With respect to other matters (discipline and regime), it appeared that judges could and did intervene to annul disciplinary sanctions or to prevent regime downgrading.

226. It is positive to note that in the four prisons visited, prisoners could electronically request hearings and file complaints with the prison administration, the supervisory judge and other authorities via the e-terminals installed in the prison corridors and via electronic tablets which they could, in principle, obtain from custodial staff.

77. Articles 39 and 40 of Law No. 254/2013. The persons have a time limit of three days to complain, and the judge must decide within 10 days.

78. Article 56 of Law No. 254/2013. The persons have a time limit of 10 days to complain, and the judge must decide within 15 days. The procedure does not include complaints on ill-treatment, which fall under the remit of the Public Prosecutions Office if they reach the criminal threshold, or of the administration by means of internal investigations.

79. Article 104 of Law No. 254/2013. The persons have a time limit of three days to complain, and the judge must decide within 10 days. The complaint has suspensive effect.

C. Detention facilities for children and young adults

1. Preliminary remarks

227. Pursuant to Law No. 254/2013, children should be held separately from adults. In principle, children can only be arrested and detained in exceptional circumstances and serve educative measures while being detained. They could be held, together with young adults, in Educational Centres and Detention Centres. In Romania, there are two institutions of each type which solely accommodate children and young adults in conflict with the law.

Educational Centres (in Buziaş and Târgu Ocna) aim to support rehabilitation through education and reintegration, offering access to reinforced educational, psycho- and social development programmes. On the other hand, Detention Centres (in Craiova and Tichileşti) apply more restrictive custodial measures to children who, in principle, have committed more serious offences or who pose a higher risk, while still ensuring access to educational activities and reintegration programmes. At the time of the visit, 467 minors and young adults were detained in Romania's specialised institutions (282 in the detention centres and 185 in the educational centres), for an overall capacity of 1 134 places.

228. The CPT welcomes the policy to hold children in specialised establishments separated from adults with increased educational and reintegration perspectives. However, the limited number of establishments and their locations generate specific challenges. The two detention centres are situated in the southern part of Romania (one in the east and one in the west), while the two educational centres are located in the central part of the country. There are no facilities for children in the north-west of the country. This geographical distribution results in long transfers and significant distances from the children's places of origin (see paragraphs 258 on staffing and 268 on contact with the outside world). In this context, the [European Rules for juvenile offenders subject to sanctions or measures](#) highlight that the placement should be done, as far as possible, "in institutions easily accessible from their homes or places of social reintegration" (Rule 55).

The Craiova Detention Centre is located within the city, directly opposite a large, coal-fired power plant (see paragraph 244). The other three establishments are situated in small municipalities, at least 20 km away from major urban centres. This remoteness poses serious challenges both for family visits and for attracting qualified staff, with the situation being particularly problematic at the Târgu Ocna Educational Centre.



The CPT invites the Romanian authorities to reassess the location of the Educational and Detention Centres to take into account the place of origin of the children within the country, the best way to stimulate their reintegration into the community and the optimal catchment area to attract qualified staff to work with the minors.

229. During the visit, the delegation visited the Craiova Detention Centre and the Târgu Ocna Educational Centre for the first time.

230. The *Craiova Detention Centre* is located within the city. Originally built in 1973 as a schooling centre, the premises were converted into a Re-education Centre in 1993 and then into a Detention Centre in 2014. Spread across a large complex of several hectares, the facility comprises two detention blocks, four large exercise yards, medical and administrative buildings, a school, a chapel, and areas dedicated to social reintegration, as well as a sports field, an indoor gym and several planting areas spread within the perimeter. One detention block was renovated in 2022 and the whole heating system of the establishment was renewed in 2025. The management indicated plans to renovate the visiting area in 2026 and to construct a dedicated transport and transit zone in the admission area at the entrance of the facility.

At the time of the visit, 144 persons (ages ranging from 14 to 25), including nine women, were being held at the Craiova Detention Centre for a capacity of 339, but with only 310 beds. 47 persons were minors and 66 were young adults aged 18-21. The children and young persons came from 23 different counties across Romania.

231. The *Târgu Ocna Educational Centre* is situated in a small town 50 km from Bacău, the regional capital. The site was previously a military base and training camp from 1916 to 1956, after which time it was transformed into a Re-education Centre. The Educational Centre was officially opened in 2016. It should be noted that the ANP Training School is located next to the Detention Centre. The complex consisted of several small buildings, including two detention blocks, two fenced outdoor yards, a basketball court, a workshop, a school, and administrative facilities. Important renovations have recently been carried out in the Centre, including the living areas and communal spaces such as the kitchen and educational rooms. The renovation led to the transfer of residents to other establishments, who had only recently returned.

The Educational Centre has a theoretical capacity of 170 places;⁸⁰ 76 sentenced minors and young adults were detained there at the time of the visit. Of these, 35 were children, 36 were young adults aged 18-21, and five were over 21, with ages ranging from 15 to 24. The children and young persons came from 19 different counties across Romania.

2. Ill-treatment

232. In both centres, the majority of residents spoke positively about the centre and the staff behaviour, especially the non-security staff. The atmosphere appeared relatively calm with an appropriate level of dialogue between the children and young adults and security staff, especially at Târgu Ocna Educational Centre.

233. At the *Craiova Detention Centre*, the delegation was made aware by the management of a case in which one member of staff physically assaulted a minor while escorting him down the staircase. The security staff member apparently delivered two slaps to the face and subsequently a kick to the body of the boy while he was on the ground. After having been made aware of the incident following a complaint by a family member, management acted appropriately and in a timely manner, interviewed the victim, author and witnesses, including three staff members, reviewed the CCTV recordings and requested a forensic examination. As a consequence, the staff member concerned was immediately reassigned to a position without contact with residents, the supervisory judge and the ANP were informed, disciplinary proceedings were initiated, and a formal complaint was lodged with the prosecutor.

234. Of greater concern is the fact that the delegation received a small number of allegations of physical ill-treatment by security staff. Residents – both children and young adults – alleged that they had been slapped with padded gloves and hit with a small baton. The allegations were directed at a specific group of officers who allegedly concealed the undocumented batons under their uniform and ensured that body-worn cameras were not in use at the time of any violent incidents. The violence seemed to be aimed at maintaining order and punishing residents who were considered agitated. This situation was known to other young persons, who feared being targeted. In this context, a young adult indicated to the delegation having been hit on the palm of the hands and the sole of the feet with a baton, a method known as *falaka*, on two distinct occasions. The alleged ill-treatments were carried out by a “group” of officers while the individual was alone in their cell. The resident was known to have mental health issues.

Furthermore, the delegation perceived an attitude of fear among certain residents. Several children and young adults indicated that recent improvements had been made (renovation, improved food and regime) in connection with the CPT visit. Apparently, they were threatened with consequences by staff if they complained to the delegation (“they come and go, but you stay with us”, “forget your conditional discharge”, “you might not be able to buy from the shop”). A few allegations of verbal abuse were also received, notably by one specific member of security staff in the women's section.

80. The management indicated that the occupancy level was reduced due to staff shortage.

235. **The CPT recommends that the Romanian authorities carry out a prompt, independent and thorough investigation into the allegations of ill-treatment at the Craiova Detention Centre in order to identify and, if appropriate, prosecute staff responsible for the alleged ill-treatment. The use of undocumented batons should be immediately stopped, and the management should deliver a firm message to all staff that any form of ill-treatment is unacceptable, illegal and will be punished accordingly. The Committee would also like to receive the confirmation that children and young adults did not face negative consequences for communicating with its delegation.**

236. No allegation of physical ill-treatment was received at the *Târgu Ocna Educational Centre*. However, the delegation did receive credible allegations of excessive use of force by operational staff during interventions. The security procedure observed involved handcuffing the person with their hands behind their back, elevating the arms, and applying downward pressure to the head and upper body, resulting in pain. The officers also appeared to shout at residents in a domineering and aggressive manner, which did not assist in de-escalating the situation. According to testimonies and review of video-recordings, this approach appeared to be applied consistently, irrespective of the young person's behaviour or level of compliance (see also paragraph 264 on means of restraint). The delegation raised the issues with the establishments' management, who have committed to investigating or reviewing these matters.

At the Târgu Ocna Educational Centre, staff must be warned that any use of force which is not necessary and proportional is not acceptable and will entail disciplinary and criminal action. Operational staff should receive specific and trauma-informed training in the management of violent incidents, such as the use of verbal de-escalation techniques to reduce tension, and manual restraint techniques which do not inflict pain. Further, any incident involving use of force should be reviewed internally in order to learn lessons for the future and reduce, if not eliminate, any instances of ill-treatment or unprofessional behaviour by staff.

237. At the *Craiova Detention Centre*, inter-resident violence appeared limited and under control taking into account the typology of residents and the type of accommodation. The delegation observed a video recording of a staff intervention during a fight in the canteen which was executed in a professional manner. Furthermore, a multidisciplinary programme was in place to address aggressive behaviour.

This situation contrasts with the *Târgu Ocna Educational Centre* where violence among residents was common, with frequent fights in rooms and yards. Physical assaults and altercations occurred regularly, as did bullying, harassment, and coercion, including demands for money or services. Even more worrying were the allegations received of sexual assault, with one reported case involving a vulnerable young adult with an intellectual disability. Management was aware of certain situations but indicated difficulties in conducting investigations due to the absence of official complaints or reports. The issue was primarily addressed by relocating perpetrators from one sector to another. Consequently, victims often feared retaliation and were hesitant to report incidents or undergo forensic examination.

The layout of the detention area, with large dormitories, facilitates the perpetuation of violence, compounded by a lack of staff and structured activities. Over the months preceding the visit, the situation seemed to have worsened, as the number of incidents involving physical assaults recorded in January-April 2025 had equalled the number of those recorded over the whole of 2024. The sudden increase in residents, following the return of those temporarily transferred during renovation works, has also contributed to heightened tensions.

238. The CPT considers that the duty of care which is owed by the Centre authorities to persons in their charge includes the responsibility to protect them from others who might wish to cause them harm. Management must adopt a proactive approach to the prevention of violence, particularly when the individuals detained are children or otherwise vulnerable persons. Addressing the phenomenon of inter-resident violence requires a multi-faceted approach.

The CPT recommends that the Târgu Ocna Educational Centre management, with the support of the national administration, urgently review its violence prevention policy to more adequately and accurately record, respond, investigate and establish measures to prevent inter-resident violence. These should include the adoption of a comprehensive anti-bullying policy and systematic and regular risk-assessments regarding allocation and placement of residents. A pedagogic and child-oriented approach should be instituted, and staff trained to take proactive measures to identify suspicions of any risk of violence and to act accordingly, including by reporting such suspicions to management.

3. Living conditions

239. The CPT notes with satisfaction that, at the time of the visit, the educational and detention centres were operating below their official capacity, which contributed to better living conditions and facilitated the allocation policy. The availability of places was particularly important as it enabled the separation of minors from adults, the implementation of different regimes (open/closed), and the segregation of female and male residents in Craiova.

a. material conditions

240. At the *Craiova Detention Centre*, the detention units were spread across five different buildings⁸¹ within the Centre's premises allowing the separation of children from young adults, of remand, open and closed regimes, and of men and women. However, the girls and young women of all regimes were held together in Unit E3 – with the exception of the mother and children area (not in use at the time of the visit).

The buildings, originally constructed to serve as a schooling centre rather than a modern detention facility, were over 50 years old and have undergone multiple renovations. There was a great disparity between the recently renovated cells in Unit E1 for example and those yet to be renovated in Units E5 and E6. Despite this difference, all detention facilities were found to be in relatively good condition notably regarding access to natural light and ventilation, with all cells having been repainted within the past six months. The rooms were communal, generally for seven residents, but some were also for two, four or six persons and, in principle, had an en-suite bathroom and shower. Several cells displayed signs of humidity and deterioration despite the recent repainting. The cells were relatively sparsely furnished with metal beds (simple or bunk), cupboards, a table and chairs. However, chairs and cupboards were not always sufficient to meet the needs of the number of occupants. Further, residents had no possibility of personalising their living area.

241. At the *Târgu Ocna Educational Centre*, the children and young adults were held in two Units (I and III)⁸² allowing the management to separate residents by age groups (minors, young adults – under 21s, adults). The facility has undergone extensive and lengthy renovation and modernisation. Consequently, the centre capacity has increased significantly, from fewer than 60 during the renovation to 170 places in February 2025. A new infirmary was established, replacing the previously inadequate medical office. Additional works included the dining hall, converting a former garage into an administrative pavilion, improving perimeter fencing, and constructing a new admission point. Although the kitchen had been modernised, it could not be used due to insufficient electricity capacity in the centre's own facilities. Meals were therefore prepared in the ANP Training Centre kitchen.

The rooms were spacious, well-lit, well-ventilated, and equipped with modern beds, cupboards, tables and chairs, and en-suite sanitary facilities. However, chairs were not always sufficient to meet the needs of the number of occupants. The detention rooms could accommodate between three and 10 residents, with no single rooms provided except one for persons with reduced mobility. The majority of residents were held in rooms for six, eight or 10 persons. As in Craiova, residents could not decorate their living areas, which remained austere and neutral. Despite the establishment's educational objectives, the overall environment remains predominantly prison-like with dormitory doors locked during the day and sterile decoration.

81. Units E1, E2, and E3 were located in a building at the rear of the establishment; Units E5 and E6 were situated next to the sports field along with the 'mother/child' unit, while Units E8 and E9 were separately located near the entrance.

82. Construction work was ongoing at the time of the visit in Unit II – with a theoretical capacity of 54 places.

242. Several exercise yards sufficient in number and size were accessible in both centres. Yards were relatively clean and spacious except that of the girls/women, which was austere at the *Craiova Detention Centre*. The situation was of concern at the *Târgu Ocna Educational Centre*, where the two outdoor areas consisted of a 100 m² space enclosed by metal fencing and topped with bars. From the outside, the residents in the exercise yards appeared as though they were enclosed in cages. Following the visit, the authorities indicated that a few flowers and plants were hung on the railings of the yard fences.

243. In the CPT's view, children and young adults should be held in detention centres specifically designed for persons of this age, with small accommodation units, and preferably individual rooms to allow autonomy and privacy.

The CPT recommends that measures be taken to ensure that:

- residents are allowed to personalise their detention rooms in both centres;
- all the detention rooms at both centres offer sufficient chairs and storage space for the number of residents held;
- the layout of the exercise yards in the *Târgu Ocna Educational Centre* is enhanced by improving the view to the sky and making them less oppressive.

The Committee also recommends that the Romanian authorities review the layout of establishments for children and young adults and adapt them to their age and needs. Particular attention should be given to reducing room occupancy, progressively moving towards single-room accommodation.

244. As indicated above, the *Craiova Detention Centre* is situated opposite two coal-fired power plants, whose ash emissions constitute a significant source of pollution and an environmental hazard exposing both detained persons and staff alike to coal dust and pollution. The delegation directly observed the presence of industrial dust and coal debris. Staff reported that the ground could at times be covered with such materials, depending on the power plant activity and weather conditions.

The CPT would like to be informed about the action being taken to mitigate the effects of the pollution on the detention centre residents and staff. If the centre is to remain in its current location, measures must be put in place to reduce any harmful effects of the pollution

b. regime

245. For the CPT, the care of detained children and young adults requires special efforts to reduce the risk of long-term social maladjustment. This necessitates a multidisciplinary approach, involving a wide range of professionals with varied skills, within a secure environment that is both educational and socio-therapeutic. The regime should be individually adapted to the needs of the concerned persons.

In both establishments, residents had an individualised plan adapted to their needs. The 'quarantine' period, typically the first 21 days of incarceration, was used to develop this plan and to assign an educator to each of them.

246. At the *Craiova Detention Centre*, the applicable regime was commendable in terms of the number and variety of activities, as well as life skills training, which support reintegration into the community upon release. Significant efforts were made to offer residents a variety of activities tailored to their expectations and needs. The "social reintegration" team developed a comprehensive programme of activities balancing education, vocational training, work and non-formal education. The programme was designed to support personal growth, encourage community engagement and promote participation in activities, while increasing time spent outside the cell, and reducing psychological and social vulnerability.

247. Through an agreement between the ANP and the Ministry of Education, the Craiova Detention Centre hosted the only integrated school in the country. As a result, 45 full-time equivalent teachers were assigned to the establishment.

All sentenced minors and young adults had access to schooling tailored to their level, with the possibility to obtain diplomas under the same conditions as in the community. On average, they attended four to six hours of classes daily, with low dropout rates. Vocational training was also offered in mechanics, carpentry, and cooking. In the 2024–2025 school year, 114 residents were enrolled in the establishment school. For those in pre-trial detention, educational activities were provided, particularly in literacy and basic education needs. In addition, a variety of activities was organised, including educational activities such as art, poetry, music and theatre, as well as psychological, social and sporting activities. A total of 226 detained persons were involved in 2025 (until 25 April). Additional activities (for example gardening, cooking or IT literacy) were also offered during school holidays in order to increase the out-of-cell time. The presence of an integrated school in the establishment should be considered as a model.

Furthermore, 48 persons (that is, one-third of the population) were engaged in work activities, with four employed by external contractors and the remainder carrying out duties within the establishment. The establishment had a self-managed Unit (E9) for nine young adults. The six persons held in the Unit benefited from an open-door regime, with no custodial supervision, and were permitted to work outside.

248. At the *Târgu Ocna Educational Centre*, the management offered a variety of activities to facilitate reintegration. Residents were encouraged to take part in activities tailored to their abilities and rehabilitation goals. The establishment benefited from an on-site school, offering all primary and secondary level education. Particular attention was given to children with special needs to ensure their access to education with, in principle, specially trained educators dedicated to their support. Additional efforts were also made to strengthen the literacy skills of all residents. Although the range was more limited than in the Craiova Detention Centre, some activities were offered, including educational activities (schooling, reading club, discussion groups) as well as psychological and social activities (focused on behaviour and collective living). Residents were also offered two hours of sport weekly, usually table tennis. In addition, 15 residents were assigned to work duties within the establishment.

However, educational and reintegration activities faced challenges due to staffing shortages. The lack of dedicated staff and accessible resources, combined with the establishment's location, limited the activity programme. This was particularly evident during weekends, when almost no activities were available apart from outdoor access and religious services. Furthermore, the establishment encountered difficulties in enrolling residents in vocational training programmes, due both to the shorter duration of detention compared to the length of the courses and the insufficient number of participants required to start a class. Finally, the staff and residents agreed that the level of activities on offer had decreased following the return of the residents who had been transferred during renovation works. As an example, access to the yard, which was theoretically set at two hours per day, was frequently reduced to one and a half hours or even one hour, due to tensions and the need to separate residents.

249. For the CPT, centres for children and young adults should offer activities aiming to fulfil educational, personal and social development, vocational training, reintegration and pre-release preparation functions, in light of the [European Rules for juvenile offenders subject to sanctions or measures](#) of the Council of Europe. Education provision should be continuous throughout the year, including during school holidays. The education provided should be similar to that offered in the community, with particular attention paid to the specific deficits of the target population, notably in terms of literacy and basic educational knowledge. In order to facilitate reintegration, collective activities should be privileged, and the introduction of an 'open-door' regime should be considered, wherever possible.

The CPT recommends that the Romanian authorities step up their efforts to ensure that all detained children and young adults, in particular at the Târgu Ocna Educational Centre, are able to spend at least eight hours outside their cells, including on weekends, public holidays and during school holidays, and to take part in purposeful, structured activities tailored to their individual needs, bearing in mind the issues mentioned above.

250. The CPT notes that significant investments were made at the Târgu Ocna Educational Centre to refurbish the kitchen and the dining room. The food offered in this centre was appreciated by the residents and appeared to be adapted to their physiological needs. In both establishments, meals were served in a common dining room, fostering social interaction and a sense of community. This was considered a positive aspect. However, the situation was less satisfactory at the Craiova Detention Centre, where menus were repetitive and fresh fruit and vegetables were scarce. To compensate, residents ordered food through the establishment's shop, which in April 2024 broadened its options by adding an additional online provider.

The CPT encourages the Craiova Detention Centre to provide more varied meals, with a greater use of fresh ingredients having in mind the European Rules for juvenile offenders subject to sanctions or measures.

4. Healthcare

251. The CPT welcomes the material conditions of the health unit at the *Craiova Detention Centre*. The unit has recently moved to a refurbished wing on the ground floor of Block 2. It consisted of two large rooms, one of which is used as an office, with new modern equipment. There was a dental clinic with a dental chair in good working order and a sterilisation area. In addition, the infirmary was composed of four collective rooms (28 m²), with a full sanitary unit each, occupied by six persons at the time of the visit. The infirmary was notably used to monitor those experiencing an initial shock to the system, those requiring mental health observation or those who asked to be voluntarily transferred for a short time to be in a "quieter place". One room dedicated to observation of those on hunger-strike was not in use, while another was specifically adapted for wheelchair users. As regards lifesaving equipment, there was an emergency bag and a defibrillator (AED) in the infirmary with another 15 AEDs spread throughout the living quarters. Oxygen and a nebuliser were present.

The *Târgu Ocna* medical unit was much smaller and consisted of two large rooms, one used as a pharmacy and the other for consultations. There was no chair for patients to sit on during consultations at the time of the visit. A defibrillator, checked on a weekly basis, and oxygen were available.

The CPT recommends that the Romanian authorities equip the Târgu Ocna Centre with a nebuliser.

252. As regards healthcare staffing, the *Craiova Detention Centre* had one doctor and one dentist (both FTE) working every weekday in the establishment, with a contract of service with another GP and dental service in case on absence/leave of the post holders. They were assisted by seven FTE nurses while four posts of specialised nurses (dental, hygienist and pharmaceutical) were vacant. The level staffing was sufficient to allow the health of the residents to be taken care of, as well as to cover emergencies. However, there was a certain level of apprehension among the staff as the GP and the dentist were due to retire in the near future with no perspective of replacement. The members of staff feared that the work they had done to build a robust health system could vanish due to their non-replacement.

253. The situation observed at the *Târgu Ocna Educational Centre* was deemed completely unacceptable. The healthcare staff consisted of four nurses and a pharmacy assistant. The GP position, as well as two nursing posts, were vacant and no dentist was intervening in the Centre. The nurses worked 12-hours shifts with one nurse constantly present. The pharmacy assistant worked on weekdays. A doctor was present once a month and saw as many patients as possible and wrote long-term prescriptions. To compensate for this shortcoming, medical and dental consultations were organised in the nearby prison. However, these were mostly limited to emergency interventions, with no preventive dental or medical consultations.

The CPT recommends that urgent measures be taken to fill all the vacant (or soon to be vacant) posts of doctors, dentists and nurses at the Craiova Detention Centre and Târgu Ocna Educational Centre.

254. The quality of ordinary somatic care was adequate in Craiova but a matter of concern in Târgu Ocna Centre.

Newly admitted residents' initial medical assessments were carried out by the nurse on the day of arrival. If the detainee was new to the penal system, the nurse would use the national format (the same as in prisons), while information was added to the existing chart in case of transfer from another establishment. All new arrivals undergo mandatory lung x-rays and tests for syphilis and, in principle, testing for hepatitis B, C and HIV, with consent. However, it appeared that the additional testing, notably for HIV, was carried out without counselling, and with no parental consent at the Târgu Ocna Educational Centre. The CPT recognises the importance of testing for specific diseases to prevent their spread, however, consent should always be obtained when testing is not compulsory.

||| The CPT recommends that the Romanian authorities ensure that informed consent is always obtained when non-compulsory health testing is carried out.

255. The screening procedures and the role played by healthcare staff in preventing ill-treatment and protecting against violence varied significantly between the two establishments visited.

The Craiova healthcare staff used a seven-item questionnaire as part of its screening for affective disorders, which included questions on possible exposure to physical, sexual, or psychological abuse. It also explored the living environment prior to admission and the perceived level of familial or social support. Particular attention was paid to domestic violence, with cases subsequently managed by the establishment psychologist team. The Director personally provided regular training on domestic violence, and staff awareness of the issue was evident. Residents were properly screened upon arrival or after reported incidents, and the information recorded. The CPT notes the numerous registers used at the Craiova healthcare unit – at least eight different ones – in addition to IT tools. This generated difficulties in following up on medical acts and created an unnecessary administrative burden for the staff. Further, free medico-legal consultations in cases of alleged or suspected sexual abuse have only been provided since 2023, free of charge, upon the opening of a criminal investigation. Prior, healthcare staff could directly request such consultations, and this change is considered a regression.

256. The situation found at the Târgu Ocna Educational Centre was less positive. The shortage of medical staff forced the nurses on duty to limit their interventions, leaving insufficient time for proper consultations and resulting in disengagement. This situation was of particular concern due to the findings regarding the allegations of violence, including of a sexual nature, collected by the delegation. Indeed, the physical examinations, upon admission or after incidents, conducted by nurses were very cursory and limited to the body part indicated by the patient or the security staff. No thorough examination was carried out, nor were questions asked to understand the circumstances or to identify additional injuries.

Furthermore, allegations of sexual aggression were not adequately investigated by the healthcare staff, and no proper examination or documentation was carried out by the forensic doctor. It appeared that there was no procedure to assess the victim's physical or psychological condition, or to collect forensic physical evidence. This lack of proactive measures by the healthcare staff impeded the identification of potential perpetrators and the provision of appropriate care and protection to the victims.

||| The CPT recommends that the quality of healthcare/medical screening be improved at the Târgu Ocna Educational Centre. Healthcare units should carry out adequate examinations and be able to refer cases of suspected sexual abuse and other gender-based violence for standardised medico-legal assessment independent of the opening of any judicial process. Further, the recommendation on the recording of injuries formulated in paragraph 186 applies equally in both establishments, with particular attention due to the age of the individuals concerned. Furthermore, specialised psychological support or counselling services should be set up for children who have been victims of sexual violence.

257. Security staff respected the medical confidentiality at the Craiova Detention Centre, as consultations happened in the presence of healthcare staff, with staff waiting in the corridor. The situation was different at the Târgu Ocna Educational Centre, where non-healthcare personnel were routinely present during medical consultations or examinations, without having been invited to attend. Further, requests for healthcare appointments could be made through the intervention of security staff in both Centres.

In this context, the recommendations formulated in paragraph 191 apply equally in the Craiova and Târgu Ocna centres.

5. Other issues

a. staff

258. Proportionally, as should be the case, the number of staff responsible for the security in the two Centres for children and young adults visited was generally higher than in the Prisons visited. The Târgu Ocna Centre had 62 custodial posts (including management and perimeter staff) of which 54 were occupied – with one quarter of all “surveillant agent” posts being vacant – while at the Craiova Centre, 134 of its 147 custodial posts were filled.

The limited number of security staff present in the living areas at the Târgu Ocna Centre hindered the implementation of a pedagogical and child-friendly approach. Staff were present only to open doors, respond to requests and escort the residents.

||| The CPT recommends that measures be taken to increase staffing levels in both Centres, and that in the Târgu Ocna Educational Centre, priority be given to promptly filling all vacant posts.

259. As regards the psycho-social-educational sector, the Craiova Detention Centre had 26 of its 30 posts occupied while in Târgu Ocna only 10 posts were occupied – the seven vacant posts included two psychologists, three educators and one sports instructor. As described above, the staff shortage in this area had a direct impact on the activities offered to residents in Târgu Ocna, as well as on their reintegration pathways.

260. The CPT is particularly concerned about the staffing levels found at the Târgu Ocna Educational Centre. The custody and care of children and young persons deprived of their liberty is a particularly challenging task. They often require increased contact and supervision, a need made even more pressing when the levels of violence are high, as the delegation observed in this Centre. Given the need to devote greater time and resources to this group of detained persons, additional staffing is all the more necessary, both security and psycho-social/educational. The staff should receive the necessary training to acquire the skills and techniques to manage children and young adults while developing personal maturity and the ability to cope with the challenges of their tasks.

||| The CPT recommends that all vacant posts at the Târgu Ocna Educational Centre be filled without delay, that security staff receive specific training, and that management be provided with support to ensure a safe environment conducive to development.

b. discipline

261. While young adults can be subject to the same sanctions as adults in prisons (see paragraphs 207 and following), the range of sanctions applicable to children is more limited. These include exclusion from activities or from purchasing items, with the maximum sanction being separation from the group for up to five days. The CPT welcomes the fact that children placed in educational or detention centres cannot be subjected to solitary confinement as a disciplinary sanction, in accordance with its Standards. In both

establishments, the isolation cell was rarely used in the disciplinary context for persons over 18 years of age and usually for a few days, up to a maximum of one week.

Good behaviour may also result in rewards with additional or longer visits and could facilitate an early release. In the Târgu Ocna Educational Centre, residents could benefit, as a reward, from a 24-hour stay with family members in a house specifically allocated to this, with the transportation costs and food covered if necessary (see below). This is a good practice which should be developed elsewhere.

262. It is not acceptable that, as with adults, children and young adults could be subjected to disciplinary sanctions for acts of self-harm and could be banned from family visits as a disciplinary measure. Although its use was limited, this was still applied occasionally in both Centres.

Considering the particularly negative impact of restricting contact with the family/outside world for children and young adults and their emotional stability, and the need to treat self-harm in a mental health context, the CPT recommends that the measures provided in paragraph 212 be applied accordingly in Detention and Educational Centres.

c. means of restraint and security

263. Although Detention and Educational Centres are, in principle, distinct from prisons and intended to operate with a less security-oriented approach, tear gas sprays and batons nonetheless formed part of the standard equipment of security staff in these establishments. Such equipment, notably truncheons and occasionally handcuffs, was carried openly by some staff within the detention areas.

The CPT considers that the routine carrying of batons or tear gas canisters and handcuffs in living areas is not conducive to developing positive relations between staff and detained persons. It is even more the case in establishments for children and young adults. Staff should therefore not routinely carry such equipment in living areas.

264. As a rule, restraint should be applied progressively: verbal de-escalation is prioritised, followed by movement restrictions and, if necessary, handcuffing (initially in front, potentially behind the back if the situation escalates). Restraints should be removed once the resident calms down, followed by a transfer to the infirmary and possible relocation. All guards must receive standard de-escalation training; however, there was apparently no specialised training for managing minors.

The delegation did not gather any information regarding the possible inappropriate use of authorised means of restraint at the *Craiova Detention Centre* (however see paragraph 234 on ill-treatment). On the other hand, the use of force and means of restraint did not always appear to be proportionate or necessary at the *Târgu Ocna Educational Centre*, as described above. Some staff tended to apply the highest possible level of security measures, including using handcuffs and physical control techniques, including those which inflict pain, without assessing the situation during the intervention or re-evaluating them in the course of the process, based on the behaviour of the children and young adults concerned.

The CPT recommends that staff cease to carry truncheons and other means of restraint in detention areas, and that the use of force and means of restraint at the Târgu Ocna Educational Centre be reviewed in light of the recommendation set out in paragraph 236.

265. As for strip searches, the CPT notes positively that, like in the adult prisons, these were generally carried out in two stages, as recommended by the Committee. However, a few children and young adults indicated in both centres that they had to undress completely, particularly when they had been admitted. Furthermore, the centres lacked dedicated facilities for carrying out searches correctly.

In this context, the recommendations formulated in paragraph 217 should also be implemented in the Craiova and Târgu Ocna Centres.

d. contact with the outside world

266. In the CPT's view, the active promotion of good contact with the outside world is especially beneficial for children and young adults deprived of their liberty, many of whom may have behavioural problems related to emotional deprivation or a lack of social skills.

267. Children and young adults held in the centres were entitled to 10 telephone calls, for up to an hour per day. Children and young adults held in the educational centre were entitled to one visit per day. For residents in the detention centre, the entitlement to visits was between five and eight days per month, depending on their age and regime. Residents in both centres were entitled to eight videocalls per month, if their families could not visit them. The CPT welcomes the efforts made, in both establishments, to offer as many opportunities for contact as possible including through telephone calls, ordinary visits, online meetings and prolonged unsupervised visits. Psychologists and social workers engaged actively with families, encouraging involvement in residents' rehabilitation.

268. The Târgu Ocna Educational Centre, in cooperation with local authorities, developed a dedicated project that provides nearby accommodation for visiting family members of residents, making it easier for them to extend their visits. Additional support was offered to cover transportation to the Centre and a food allowance when necessary. This is a good practice which could be replicated in the rest of the country.

However, as indicated above, the limited number of Detention and Educational Centres in the country meant that residents were often placed in institutions located hundreds of kilometres away from their homes. The remote location of the Târgu Ocna Educational Centre further compounded these access difficulties. In both Centres, residents indicated that they faced significant difficulties in receiving visitors due to the distance from their loved ones and the poor accessibility of the prison by public transport. Some residents also reported that their families faced difficulties using the videoconferencing system, either due to a lack of equipment or limited IT literacy.



The CPT encourages the Romanian authorities to increase their efforts in facilitating contact with the outside world for detained children and young adults as much as possible, in particular by further enabling access to videoconferencing and providing assistance for visits from geographically distant families, where necessary.

APPENDIX I – Establishments visited

The delegation visited the following places of detention:

Law enforcement establishments

- Central detention facility No. 1 at Bucharest Municipal Police Headquarters
- Detention facility No. 10 at Bucharest Police Section No. 19
- County Detention facility, Buzău
- County Detention facility, Craiova
- County Detention facility, Pitești

Prisons

- Botoșani Prison
- Bucharest-Rahova Prison
- Craiova Prison
- Iași Prison

Detention facilities for children and young adults

- Craiova Detention Centre for Minors and Youth
- Târgu Ocna Educational Centre for Minors and Youth

APPENDIX II - List of the national authorities, other bodies and non-governmental organisations with whom the delegation held consultations

A. National authorities

Ministry of Justice

Radu MARINESCU	Minister of Justice
Roxana Simona MOMEU	Secretary of State
Carmen NECULA	Director, Directorate for European Affairs and Human Rights
Mona ANGHENI	Deputy Director, Directorate for European Affairs and Human Rights
Ilie CUTE	CPT Liaison Officer, Directorate for European Affairs and Human Rights
Dragoş PANAITESCU	Deputy Director, Directorate for Elaboration of Normative Acts
Radu GEAMĂNU	Head of Service, Directorate for Elaboration of Normative Acts
Dragoş Enrico DEDIU	Legal Advisor, Directorate for Elaboration of Normative Acts
Claudiu ROMĂNU	Director General, National Prison Administration
Ioana MORAR	Deputy Director General, National Prison Administration
Ilie MARIAN	Director, National Prison Administration
Evelina AVIMOV	Head of Department, National Prison Administration
Lucian STAN	Head of the Infrastructure Service, National Prison Administration
Bogdan TUDOSE	Officer, Directorate of Detention Safety and Prison Regime
Diana MUSTĂŢEA	Deputy General Director, National Probation Directorate

Ministry of Interior

Bogdan DESPESCU	Secretary of State
Nusa COMAN	Director General, General Directorate for European Affairs, Schengen, and International Relations
Mihaela BĂLANESCU	Deputy Director General, General Directorate for European Affairs, Schengen, and International Relations
Roberta MITIDOI	Expert, General Directorate for European Affairs, Schengen, and International Relations
Florin TOMA	Expert, General Directorate for European Affairs, Schengen, and International Relations
Gabriel-Dan CRĂCIUN	Deputy Director General, Legal General Directorate
Valentin MINOIU	Deputy Director General, General Directorate for Human Resources Management
Diana DUȚULESCU	Head of Unit, General Directorate for Human Resources Management
Robert-Dragoş VLAD	Director, Medical Directorate
Georgiana Ramona DABIJA	Director, Directorate for Information and Public Relations
Marius DRAGNEA	Deputy Inspector-General, General Inspectorate of the Romanian

	Police
Marius-Claudiu IARU	Director, Legal Directorate, General Inspectorate of the Romanian Police
Marius BĂLAN	Director, Professional Training Directorate, General Inspectorate of the Romanian Police
Cornel-Laurian STOICA	Inspector-General, General Inspectorate of the Romanian Border Police
Sergiu STĂNICĂ	Expert, General Inspectorate of the Romanian Border Police
Eleodor PÎRVU	Deputy Inspector-General, General Inspectorate for Immigration

B. People's Advocate (National Preventive Mechanism)

Izabela CERNAVODEANU	Advisor
Nicoleta CONSTANTINESCU	Advisor
Mihaela SÎRBU	Advisor
Nicolae VOICU	Advisor

C. Non-governmental organisations

APADOR-CH (Association for the Defence of Human Rights in Romania – the Helsinki Committee)

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

Article 3 of the European Convention on Human Rights

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

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

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



Secretariat of the CPT

Council of Europe

67 075 STRASBOURG Cedex – FRANCE

+33 (0)3 88 41 23 11

cptdoc@coe.int – www.cpt.coe.int

ENG

www.coe.int

The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.