

KEY OBSERVATIONS

PRIORITY ISSUES

■ Prison

CONDITIONS OF DETENTION – Longstanding overcrowding of prisons in Belgium adversely affecting detained persons and staff

PRISON STAFF – The legally required minimum service during days of industrial action, often unattainable even under normal conditions

HEALTHCARE – Poor mental healthcare for a population of prisoners presenting a significant number of acute psychiatric problems, and a punitive rather than therapeutic approach to acts of self-harm

■ Psychiatry

TREATMENT – The presence of people subject to compulsory psychiatric detention in prison is problematic

MEANS OF RESTRAINTS – Various matters relevant to internees incarcerated in prisons, including the application of restraints (chemical, manual and mechanical) and specific aspects of discipline remaining largely unregulated

HEALTHCARE – A significantly higher level of psychiatric care is required to ensure basic psychiatric care for detained individuals and to prevent situations of neglect

GUARANTEES – The drafting, adoption and implementation of an appropriate legal framework specific to people subject to compulsory treatment is necessary

■ Court

CONDITIONS OF DETENTION – Detention cells are dilapidated, dirty, dark and poorly ventilated at the Brussels Courthouse and in the Portalis building

GOOD PRACTICES

■ Prison

REGIME – Open ‘trust-based’ or community-based regimes have a positive impact on life in prison in detention

CONTACT WITH THE OUTSIDE WORLD – Prisoners have a strong opportunity for prisoners to maintain contact with the outside world, including telephone communication, correspondence, free videoconferencing, and extended visitation rights

MATERIAL CONDITIONS – Individual digital platforms are available to prisoners and patients for making telephone calls, carrying out administrative procedures and lodging complaints, watching television or accessing the internet

THE CPT AND BELGIUM

Belgium ratified the ECPT in 1991, and the Committee's first visit took place in 1993.

Since ratification, the CPT has carried out 13 visits to Belgium – 8 periodic visits and 5 ad hoc visits – including 60 visits to police and gendarmerie facilities, 39 to prisons, 11 to healthcare facilities, 6 to social-educational institutions and 8 to migrant detention centres.

All visit reports have been published. Belgium has not consented to the automatic publication of visit reports.

EXECUTIVE SUMMARY

The eighth periodic visit to Belgium took place between 15 and 26 May 2025. It focused on the situation in prisons, with, in the Flanders region, an emphasis on the treatment of persons subject to an internment measure (“internees”). The CPT also visited the two Forensic Psychiatric Centres (FPCs) in Belgium, both in the Flanders region, as well as the holding cells of the Court facilities in Brussels.

Prisons

The detention conditions in prisons have degraded considerably since the CPT’s last periodic visit in 2017. The prison population has been steadily increasing, reaching an occupancy rate at national of 118% at the time of the visit.

Material conditions varied from one establishment to another and were generally good in the new prisons visited (Haren and Marche-en-Famenne). However, the overcrowding has an impact on all aspects of life in detention: lack of privacy, increased tensions amongst prisoners and between prisoners and staff, shortage of activities and work, long delays in accessing healthcare including mental healthcare and substance-use-related therapies, as well as the deterioration of staff working conditions including increasing concerns for their safety.

Further, the CPT recalled that, it had published a public statement on 13 July 2017 relating to the functioning of the minimum service during industrial action in Belgian prisons. This 2025 visit demonstrated that, with the level of staffing at the time of the visit, the legally required minimum service was rarely guaranteed during days of industrial action.

More generally, prisoners were frequently confronted with enhanced waiting times for, or cancellations of, planned medical consultations, court hearings or activities, often without prior notice or explanation, due to staffing levels being insufficient to manage all required movements. Furthermore, staffing shortages reduced opportunities for meaningful staff-prisoner contact, and did not allow for the establishment of an environment conducive to rehabilitation and the prevention of reoffending.

The CPT was struck by the increased number of allegations of ill-treatment it received as compared to previous visits. In most cases it concerned slaps, punches or kicks by custodial officers during an intervention, taking place very often in areas not covered by video surveillance. In the CPT’s view, the Belgian authorities should act with increased vigilance and investigate actively and independently all allegations they receive. As a precondition for a decisive response by the authorities, the quality of the recording of injuries by the healthcare service, amongst other issues, will need to improve. Further, the CPT encourages the establishment of a prison inspectorate, as envisaged in the law.

Inter-prisoner violence, resulting in injuries, appeared to be present in all establishments visited, except for the women’s units. Despite the efforts made to train staff in managing violence and conflict, more investment is required especially for newly recruited staff members. Further, attention should be paid to carrying out a proper individual risk and needs assessment, in accordance with a gender-sensitive and trauma informed approach, upon admission.

Prison healthcare should be aligned with mainstream healthcare provision in the community at large, ideally affiliated to the national or regional health authorities. To this end, the CPT fully supports the intended transfer of the responsibility for prison healthcare to the Federal Public Service (FPS) Public Health. Nevertheless, the Committee urges the authorities to already take measures to remedy the deficiencies observed in healthcare provision in general. Specific efforts should be made regarding addictions and psychiatry, where staff shortages effectively render adequate care impossible.

Internees

As to the treatment of internees in prisons, another longstanding issue of concern, the CPT noted that the number of internees rebounded after a decrease around 2017. At the time of the visit, there were 1 034 internees in prisons, of which the majority (568) was in the Flanders region.

The CPT visited Ghent and Turnhout prisons, where 40 percent and 38 percent of the prison population, respectively, consisted of internees. Due to overcrowding, lack of staff, in particular mental health specialists, and unfavourable material conditions, neither prison offered proper care to the internees. Consequently, in both prisons, the situation was dire for internees and staff alike and there was no appropriate daily regime with meaningful activities for internees. Internees were spending long hours in their cells, leaving them only for a maximum of two hours of outdoor exercise per day, and some preferred not to leave their cells at all as they feared the fights and the drug trafficking.

Further, although often of good will, custodial staff lacked even the most basic training to cope with this demanding population. In Ghent prison, this situation led to conflicts between different services, which resulted in cases of neglect, whereby very unwell internees were left to their own devices in cells soiled with excrement and urine.

Also, a specific legal framework for internees held in prison, covering issues such as discipline, regime and care, is still lacking, leaving prison directors to apply disciplinary measures in case they seek to protect internees from harming themselves, by suicide or otherwise.

The Belgian authorities presented the CPT with various measures they intend to take to reduce the number of internees in prison. While certain of these measures could certainly be executed in the near future, others, including the construction of new FPCs, have already been announced as far back as in 2017. Further, the implementation of several of the other measures presented depends on the conclusion of a future agreement between the Federal authorities and the regions.

Forensic psychiatric centres

The CPT visited for the first time FPC Antwerp, one of the two high security forensic psychiatric hospitals in Belgium with FPC Ghent. Both institutions are situated in the region of Flanders and cooperate closely in terms of organisation and work methodology. Both hospitals offer state-of-the-art treatment in modern facilities. However, in the continued absence of formal legislation covering the treatment of internees accommodated in an FPC, the applicable legal framework continued to consist of the 2002 Law on Patients' Rights and the internal rules of the institutions. This results in inadequate safeguards, including as regards involuntary treatment, and a complaints procedure, which aims at mediation rather than investigation.

Police

Although not a primary focus of the visit, the CPT did examine the role of the police in both prisons and FPC's as the police could be called upon to intervene in both types of establishments. The CPT noted that police interventions were frequent, as was the use of force. Police interventions were carried out, without FPC- or prison management being able to influence the means and methods used by the police.

The CPT noted the absence of an *ex post facto* scrutiny of police interventions, including as to whether the force used was proportional and justified. Consequently, the indications of incorrect police behaviour the CPT found during its visit, which included a complaint of physical ill-treatment of a prisoner by police officers in Turnhout prison, were never investigated.

Further, the CPT observed the occasional use of tear gas, rubber bullets, and an electroshock device by the police. In the CPT's view, the use of such means of force in a hospital setting should be reserved for life-threatening situations.

As a rule, the Committee considers that both in prisons and FPCs, staff should be sufficiently numerous and sufficiently capable of handling violent situations without recourse to the police. Nevertheless, the CPT acknowledges that in exceptional situations (for example, involving the use of weapons or a hostage-taking), police assistance may be unavoidable.

Further, police officers should be made aware that disproportionate and inappropriate force against prisoners or internees is never acceptable and will result in criminal and administrative procedures against the police officer concerned.

Courthouse

Overall, detention conditions at the Courthouse in Brussels, including the Portalis building – and the working conditions for staff – appeared to have deteriorated since 2017. The CPT called upon the authorities to ensure adequate maintenance and hygiene of the cell blocks without delay, and that detained persons obtain ready access to drinking water and are given food at appropriate times.