

# VISIT REPORT

## TÜRKIYE

### January 2021



# CPT

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

**PERIODIC VISIT**  
11 – 25 January 2021

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## EXECUTIVE SUMMARY

The main objective of the visit was to examine the treatment and safeguards afforded to persons detained by law enforcement agencies as well as the treatment and conditions of detention of persons held in prisons. Particular attention was paid to the situation of women, juvenile prisoners and persons sentenced to aggravated life imprisonment. Further, the CPT's delegation was able to assess the impact of the measures taken to prevent the spread of Covid-19 in prisons and to gauge the impact of the pandemic on both staff and prisoners.

The co-operation received by the delegation throughout the visit was, on the whole, very good.

### ***Police custody***

The majority of persons in detention met by the CPT's delegation stated that they had been correctly treated by police/gendarmerie both at the time of their apprehension and while in police custody. However, the delegation did, once again, receive a significant number of detailed allegations of ill-treatment and excessive use of force upon apprehension, including of juveniles. The ill-treatment was purportedly inflicted as a means to force the suspects to provide information or to confess to particular crimes or to punish them for the alleged crime committed. The alleged ill-treatment consisted of slaps, punches and kicks to the body and/or head as well as the use of batons or other hard objects. The delegation also received clear and consistent allegations from several persons, notably juveniles, that they had been subjected to electric shocks from hand-held devices. In addition, the delegation heard some allegations of excessively tight handcuffing and of persons being handcuffed to fixed objects. By way of illustration, the report details a number of cases of alleged ill-treatment.

Concerted action is required to tackle the problem of ill-treatment by police/gendarmerie. This should include a clear message by the Minister of the Interior that such behaviour is illegal and unprofessional, and that it will be sanctioned accordingly. Further, the CPT reiterates the importance of proper oversight and training of law enforcement officers, and of the need to carry out effective investigations into allegations of ill-treatment.

As regards safeguards against ill-treatment (i.e. the right of notification of custody and the rights of access to a lawyer and a doctor), most detained persons interviewed by the delegation indicated that a relative or another trusted person was notified shortly after their apprehension and that, overall, the right of access to a lawyer functioned in practice. However, once again, a number of detained persons claimed that the police had granted their request for an *ex officio* lawyer only after a considerable delay in order to be able to question them about the suspected offence without the presence of a lawyer. More needs to be done to guarantee the right of access to a lawyer in the period prior to the formal statement being made. Action is also required to ensure that all persons are fully informed of their rights as from the very outset of their deprivation of liberty.

Further, the system of mandatory medical checks of detained persons at the beginning and at the end of police custody remains flawed. The Ministries of the Interior and of Health should together take decisive action to ensure that detained persons are systematically subjected to a physical examination and that medical controls are always conducted out of the hearing of police/gendarmerie officers.

The detention facilities in all the law enforcement establishments visited were in a good state of repair and generally clean and well ventilated. However, the Turkish authorities should ensure that all new police/gendarmerie custody facilities include in their design access to natural light as well as an outdoor yard for persons held longer than 24 hours. In addition, existing facilities should continue to be upgraded and the official capacities for the occupancy of cells overnight reviewed.

## Prisons

The CPT takes note of the measures taken by the Turkish authorities since 2019 to reduce prison overcrowding. For the first time in 15 years, the prison population in Turkey has declined (from 290,000 at the end of 2019 to 192,000 at the time of the visit). However, the Committee remains concerned that prison overcrowding still constitutes a significant problem in Turkey in spite of the increase in prison estate. Indeed, most of the prisons visited during the January 2021 visit were considerably overcrowded.

The CPT stresses that the authorities' efforts to tackle the problem of prison overcrowding should be centred around a comprehensive strategy for the sustainable reduction of the prison population, where the highest priority is to ensure that imprisonment is indeed imposed as a last resort at all stages of the criminal justice system, from pre-trial to the execution of sentences.

The Covid-19 pandemic placed an additional strain on the prison system and disrupted its normal functioning. The CPT's delegation found that the restrictions imposed on prisoners and the measures taken in prisons for public health protection had largely succeeded in restricting the propagation of the Sars-Cov-2 virus. That said, the measures resulted in the vast majority of prisoners being deprived of any out-of-cell activities and them being confined to their living unit. The Covid-19 policy also negatively affected the well-being of prison staff.

The great majority of prisoners interviewed by the delegation in the prisons for adult men stated that they were treated by staff in a correct manner. However, at Diyarbakır High-Security Prison No. 1, Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1, the delegation did receive a number of credible allegations of recent physical ill-treatment by staff (including senior officers), consisting mainly of slaps, punches and kicks. In most cases, the alleged ill-treatment was said to have been inflicted as a punishment in reaction to recalcitrant behaviour or breaches of discipline by prisoners, in places located outside the scope of the CCTV coverage, such as staff offices. A few allegations of this nature were also received at Maltepe L-type Prison No. 1. Moreover, at Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1, the delegation also received several allegations of ill-treatment of a particularly severe nature involving blows with a plastic pipe to the soles of the feet ("*falaka*").

The CPT sets out a series of measures that the Turkish authorities should take to tackle the alleged ill-treatment, including delivering a firm message to management and staff that ill-treatment of prisoners is unacceptable, more rigorous documentation of all injuries and of any use of force and the diligent examination of complaints of ill-treatment. Further, steps should be taken to ensure that CCTV systems in all prisons are fully operational as they offer a valuable additional safeguard for both prisoners and staff.

Material conditions of detention were generally of a good standard at Diyarbakır High-Security Prison No. 1, and would have been equally good at Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1, had the original design capacity of dormitories not been increased considerably, resulting in many prisoners being held in cramped conditions. Further, the delegation observed serious overcrowding at Istanbul-Maltepe L-type Prison No. 1 and Istanbul-Metris T-type Prison No. 1; the living conditions at these two prisons were also found to be deficient in many other respects, notably as regards the state of repair and hygiene. The Turkish authorities should take urgent measures to ensure that dormitories in these prisons offer at least 4 m<sup>2</sup> of living space per person and that prisoner accommodation areas are kept in an adequate state of repair and hygiene, and every prisoner has his own bed. Further, as regards the regime, for as long as the Covid-19 pandemic persists, efforts should be made to ensure that, as a minimum, all prisoners (male and female) have regular access to sports facilities.

As had been the case during previous CPT visits, the staffing levels for both doctors and qualified nurses were clearly insufficient in all the prisons visited. Access to psychiatric care for prisoners was also manifestly inadequate; of particular concern was the practice observed in most of the establishments visited of placing mentally ill prisoners in isolation for prolonged periods without any meaningful human contact, which, in the Committee's view, could be considered as inhuman and degrading. Moreover, no progress was observed as regards medical screening of newly arrived prisoners and the continued lack of respect for medical confidentiality. Remarks and recommendations are also made regarding various other issues, notably prisoners' contact with the outside world, discipline and complaints procedures.

The great majority of female prisoners interviewed by the delegation at Bakırköy and Kayseri Women's Prisons stated that they were treated correctly by staff. That said, in both prisons, the delegation did receive several allegations of prison officers pushing and pulling women by the hair and inflicting slaps and kicks. At Bakırköy, the delegation also heard several allegations according to which juveniles with challenging behaviour had been physically ill-treated. Of particular concern were credible accounts that the management of the prison, i.e. its director and his two deputies, had been personally involved in both physical ill-treatment and verbal abuse of recalcitrant girls.

Material conditions of detention at Bakırköy and Kayseri Women's Prisons were on the whole satisfactory. However, at Kayseri, the dormitories used for quarantine purposes (in the context of the Covid-19 pandemic) were extremely overcrowded. As regards juvenile prisoners held at Bakırköy, the Turkish authorities should take steps to ensure that they are offered purposeful activities, including access to education, even during the pandemic, and that their living conditions are improved. Further, immediate measures should be taken at Bakırköy Prison to ensure that all prisoners held in quarantine are offered at least one hour of outdoor exercise every day. Recommendations are also made in respect of the training provided to staff, the use of strip-searches and the development of admission procedures which take account of the gender-specific needs of female prisoners.

As regards prisoners sentenced to aggravated life imprisonment, the CPT expresses concern about the solitary-confinement-type regime which was being applied to many such prisoners at Diyarbakır High-Security Prison No. 1, Kayseri T-type Prison No. 1 and Kayseri Women's Prison. The Committee stresses once again that the underlying concept of the detention regime of persons sentenced to aggravated life imprisonment, as defined in the law, is fundamentally flawed and calls upon the authorities to carry out a complete overhaul of this detention regime.

At Istanbul-Maltepe Juvenile Prison, the delegation received consistent allegations from many boys, held in different wards of the establishment that, if they misbehaved, damaged property or self-harmed, they would be taken out of their ward and subjected to slaps or even punches and kicks by officers. The CPT considers that such behaviour is not only degrading and unprofessional but undermines the ethos of a juvenile detention facility as a place of support for juveniles. The Turkish authorities should ensure that staff understand that such acts are illegal and will be punished accordingly. Steps should also be taken to improve the training for prison staff working with juveniles, notably in handling high-risk situations.

In addition, to reduce the number of incidents of violence and bullying between juveniles, the Turkish authorities should develop a violence reduction strategy which engages juveniles. This strategy must also include increasing staff numbers and promoting their engagement with the boys.

In respect of material conditions, many of the cells were in an appalling state. Action should be taken to maintain each cell in a decent state of repair and cleanliness and to eradicate the widespread existence of black mould. All boys should also be provided with a hygiene kit upon their admission to the prison. In respect of activities, the CPT considers that, even in times of a pandemic, a weekly programme of activities should be in place, and that staff should engage with the boys in their wards.

As regards discipline, the CPT considers that the use of solitary confinement as a punishment for juveniles should be ended, and that juveniles who self-harm or who are at risk of self-harming should always be dealt with from a therapeutic standpoint and not a punitive one.

# I. INTRODUCTION

## A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Turkey from 11 to 25 January 2021. The visit formed part of the CPT’s programme of periodic visits for 2021 and was the Committee’s eighth periodic visit to Turkey.<sup>1</sup>

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

- Mykola Gnatovskyy, President of the CPT (Head of Delegation)
- Therese Rytter, 2<sup>nd</sup> Vice-President of the CPT
- Djordje Alempijević
- Nico Hirsch
- Julia Kozma
- Ceyhun Qaracayev
- Hans Wolff.

They were supported by Hugh Chetwynd (Head of Division) and Elvin Aliyev of the CPT’s Secretariat.

3. A list of the establishments visited by the delegation is set out in Appendix I to this report.

4. The report on the visit was adopted by the CPT at its 105<sup>th</sup> meeting, held from 28 June to 2 July 2021, and transmitted to the Turkish authorities on 13 July 2021.

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 the Turkish authorities to provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations and replies to the comments and requests for information formulated in this report. As regards the requests for information in paragraphs 110 and 155 of the report, the CPT requests that a response be provided within one month.

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

5. In the course of the visit, the delegation held consultations with Süleyman Soylu, Minister of the Interior, Abdulhamit Gül, Minister of Justice, Muhterem Ince, Deputy Minister of the Interior, Uğurhan Kuş, Deputy Minister of Justice, and Yunus Alkaç, Director General of Prisons and Detention Centres, as well as senior officials from the Ministries of the Interior (including the General Command of Gendarmerie), Justice and Foreign Affairs.

Further, meetings were held with Süleyman Arslan, President of the Human Rights and Equality Institution of Turkey, in his capacity as Head of the National Preventive Mechanism (NPM) set up under the Optional Protocol to the United Nations Convention against Torture, and representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities and organisations with whom the delegation held consultations is set out in Appendix II.

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1. With the exception of the reports on the August/September 2016 and April 2018 ad hoc visits, the reports on all previous CPT visits to Turkey and related Government responses are available on the Committee’s website: <https://www.coe.int/en/web/cpt/turkiye>

6. The co-operation received by the delegation throughout the visit was on the whole very good. The delegation generally enjoyed rapid access to all the establishments it wished to visit (including the ones which had not been notified in advance), was provided with the information necessary for carrying out its task and was able to speak in private with detained persons.

However, in half of the prisons visited (notably, Bakırköy Women's Prison, Diyarbakır T-type Prison No. 3, Kayseri T-type Prison No. 1 and Maltepe L-type Prison No. 1), certain inmates were apparently warned by staff against making complaints to the delegation, and the delegation observed that prison officers were noting down the names of the prisoners interviewed. In this regard, a number of inmates expressed fear about retaliatory action by staff. This matter was raised by the delegation with the Turkish authorities during the end-of-visit talks.



**The CPT would like to know what measures have been taken in the prison establishments visited to ensure that no prisoner is subjected to reprisals for having spoken with the delegation.**

## **C. Immediate observations under Article 8, paragraph 5, of the Convention**

7. During the end-of-visit talks with the Turkish authorities, on 25 January 2021, the CPT's delegation outlined the main facts found during the visit. On that occasion, it made two immediate observations under Article 8, paragraph 5, of the Convention.

The first immediate observation was made in respect of women and juvenile prisoners held – in the context of the Covid-19 pandemic – in quarantine cells/dormitories at Bakırköy Women's Prison and Maltepe Juvenile Prison for 14 days (and occasionally even longer) with no access at all to an outdoor yard. The delegation requested the Turkish authorities to take urgent measures in both establishments to ensure that all such prisoners are offered outdoor exercise every day.

The second immediate observation concerned the juvenile prisoners held at Bakırköy Women's Prison. The delegation requested the Turkish authorities to ensure that they are provided with decent conditions, some purposeful activities and daily engagement from properly trained staff.

8. The above-mentioned immediate observations were subsequently confirmed in a letter of 10 February 2021 from the Executive Secretary of the CPT. The Turkish authorities were requested to provide, within one month, a confirmation that the immediate observations have been implemented and an account of the measures taken in this respect.

By letters of 10 March and 7 May 2021, the Turkish authorities provided comments on various issues raised by the delegation during the end-of-visit talks, including on the measures taken in response to the immediate observations. This information will be commented upon in the relevant sections of the present report.

## **D. Monitoring of places of deprivation of liberty**

9. Turkey ratified the Optional Protocol to the United Nations Convention against torture and other cruel, inhuman or degrading treatment or punishment (OPCAT) in 2011 and designated the Human Rights and Equality Institution of Turkey (TIHEK)<sup>2</sup> as the National Preventive Mechanism (NPM).

According to the 2016 Law on the Human Rights and Equality Institution of Turkey, TIHEK is a public legal entity with administrative and financial autonomy (its budget being allocated directly from the national budget). It has a Board as its decision-making body which is composed of eleven members, including a Head and a Deputy Head. TIHEK's national prevention mechanism function is carried out by a separate NPM unit within the Institution, with its own dedicated staff. The unit is mandated to visit all places of deprivation of liberty (*ex officio* or based on individual communications) and is assisted by a pool of experts

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2. Known as the Human Rights Institution of Turkey up until 2016.

(e.g. medical doctors, psychologists, lawyers, etc.). After each visit, a report is prepared containing the NPM's findings and recommendations, which is presented to the relevant national authorities.<sup>3</sup>

10. As already mentioned above, during the visit the CPT's delegation met TIHEK's President and staff members. It was informed that the NPM had visited 34 places of detention in 2019, with a budget of about TL200,000 (i.e. approximately €30,000). Although the activities of the NPM were curtailed in 2020 due to the Covid-19 pandemic and the number of visits carried out had fallen to twelve, the aim was to organise 40 visits in the course of 2021.

Given the very high number of places of deprivation of liberty in Turkey (i.e. some 370 prison establishments as well as hundreds of police detention facilities, immigration detention centres, psychiatric hospitals and social care homes), the target of 40 visits per year is extremely limited if the NPM intends to have any impact on its preventive mandate.

**||| To be effective, the CPT considers that the NPM needs to significantly increase the number of visits it carries out each year. In this context, the Committee invites the Turkish authorities to increase the resources made available to the NPM in order to enable it to discharge its mandate effectively (see Article 18(3) of the OPCAT).**

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3. In addition, TIHEK prepares annual reports to be presented to the Presidency of the Republic of Turkey and the Parliament.

## II. Facts found during the visit and action proposed

### A. Law enforcement establishments

#### 1. Preliminary remarks

11. The general legal framework regulating the deprivation of liberty by law enforcement agencies of persons who are suspected of having committed a criminal offence remains unchanged since the CPT's previous visits in 2017 and 2019. It is recalled that the maximum period of police/gendarmerie custody is generally 24 hours<sup>4</sup> or, in some cases, 48 hours, excluding the time required to bring the suspect before the nearest judge (which shall not exceed twelve hours).<sup>5</sup> In the case of "collective" offences (i.e. committed by three or more people), the custody period can be extended, for no more than one day at a time, up to a maximum of four days by written order of the public prosecutor.<sup>6</sup>

12. The legal framework regulating the maximum period of police custody for certain offences related to national security as well as for terrorism-related and collective offences was modified with the entry into force on 31 July 2018 of Law No. 7145 on "Amendments to some laws and decree-laws". A transitional provision (Section 19) was added to the Anti-Terrorism Law which provides that, for a period of three years from that date, with regard to crimes against national security or constitutional order,<sup>7</sup> crimes falling within the scope of the Anti-Terrorism Law or committed by a criminal organisation, the authorised period of police custody (i.e. 48 hours or, in the case of collective offences, four days) may be extended twice due to the difficulty in collecting evidence or the volume of the case file, each time within the time-limit of the respective authorised custody period.<sup>8</sup> The decision to extend the custody period is taken at the request of a prosecutor and by decision of a judge who shall hear the detained person.

13. As outlined in the CPT's report on the 2019 visit, the maximum possible period of police/gendarmerie custody is of direct relevance to the CPT's mandate. First of all, the prolonged stay of criminal suspects on the premises of law enforcement agencies, even after the person concerned has been brought before a judge, increases the risk of intimidation and ill-treatment. Secondly, law enforcement establishments are not designed for lengthy stays. Indeed, the findings of the 2021 visit confirm that, while material conditions in police/gendarmerie detention facilities continue to be generally adequate for short stays, they are not suitable for prolonged detention (in particular, due to the frequent limitations regarding access to natural light and the absence of outdoor exercise areas and of proper sleeping places).<sup>9</sup>

 **The CPT reiterates its recommendation that the Turkish authorities amend the legislation regulating the duration of police/gendarmerie custody with a view to re-introducing an absolute upper limit of four days.**

#### 2. Ill-treatment

14. In the course of the 2021 visit, the CPT's delegation interviewed a great many persons in prison who had recently been in the custody of the police as well as persons who were being held in police detention at the time of the visit. The majority of persons met by the CPT's delegation stated that they had been correctly treated by police/gendarmerie both at the time of their apprehension and while in police custody. However, the delegation did, once again, receive a significant number of detailed allegations of ill-treatment and excessive use of force upon apprehension, including of juveniles. The alleged ill-treatment related to:

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4. The 24-hour time limit also applies to persons who have been deprived of their liberty for identification purposes (See Section 5 of the Regulation on Apprehension, Detention and Statement Taking; hereinafter: "Detention Regulation").

5. Section 91, paragraphs 1 and 4, of the Code of Criminal Procedure (CCP).

6. Section 91 (3), *ibid.*

7. Sections 302 to 339 of the Criminal Code.

8. That is, to a total of six days or, as regards collective offences, twelve days.

9. For further details, see paragraphs 33 to 35.

- the time of apprehension, after the persons had been brought under control (and handcuffed);
- the time when the suspects were being transported to the police station;
- the time when the suspects were held in an office or vehicle at the police station.

The ill-treatment was purportedly inflicted as a means to force the suspects to provide information or to confess to particular crimes<sup>10</sup> or to punish them for the alleged crime committed.

The alleged ill-treatment consisted primarily of slaps, punches and kicks to the body and/or head as well as the use of batons and, on occasion, the butt of a pistol or other hard objects. The delegation also received clear and consistent allegations of torture from several persons, notably juveniles, that they had been subjected to electric shocks from hand-held devices.

15. The CPT wishes to highlight the following cases of alleged ill-treatment. While some of the persons met by the delegation stated that they wanted to make a complaint about the ill-treatment,<sup>11</sup> others provided information on the condition that their names would not be divulged.

- i. A person (AA) met at the Ankara Anti-terror department stated that at 5 a.m. on 21 January 2021, the police had entered his home with force waking him up and that he had been thrown against the wall, pushed to the ground and handcuffed behind his back. Once on the floor, an officer had allegedly placed his boot on his left ear and pressed down hard. Upon examination by the delegation's forensic medical doctor two days later, the following injuries were noted: bruising and swelling of lower right eyelid. Left earlobe in its upper part diffusely bruised and swollen. On posterior part of the right elbow several discrete abrasions, partially confluent, over the area measuring 2.1 x 1.7 cm. These findings are consistent with the allegations made by the person.<sup>12</sup>
- ii. A person (BB) met at Ankara Police Headquarters stated that in the evening of 22 January 2021 the car, in which he and two other persons were travelling, was stopped by a group of 15 policemen. He alleged that he was taken out of the car, placed on the ground in the prone position and subjected to several kicks to the body and his head was stepped on by a policeman. Subsequently, he claims that he was lifted up and his head was rammed against the car window, causing it to shatter, and that he was punched in his left eye and on the back of the head. After visiting the hospital, where the police told him to state that he was resisting arrest, he said that he was again kicked and punched several times while being transported to Ankara Police Headquarters.

The injuries noted down by the doctor at the hospital at 21h40 were extensive<sup>13</sup> and were reviewed by the delegation's forensic doctor. The injuries are consistent with his allegations of having been kicked and punched (A), of having had his head stepped on and of having had his head banged against a hard object such as a window (C).

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10. Notwithstanding Article 148 of the Code of Criminal Procedure on forbidden methods of evidence.

11. In this respect, it is incumbent upon each person to lodge a complaint with the relevant authorities as providing the CPT with details of an allegation of ill-treatment does not constitute an official complaint. This was made clear to the persons met by the CPT's delegation during the visit.

12. The allegations are also supported by the injuries noted during the examination carried out on 22 January at 8h24 at Ankara Gazi Mustafa Kemal State Hospital which included, inter alia, "Ecchymoses beneath right eye. On the left earlobe pain and redness". The evolving nature of the injury to the left earlobe indicates it was inflicted in short period (few hours) prior to the examination at the hospital.

13. (A) "Ecchymoses (5x1 cm) and swelling (2 cm) on the left occipital area; Ecchymoses (3x1 cm) and swelling (2 cm) on the right occipital area; Ecchymoses (8x1 cm & 5x5 cm) on the back, in interscapular region;" (B) "Abrasion (2x2 cm) on the left zygomatic region; Abrasion (6x1 cm) on the left zygomatico-temporal region; Two abrasions (3x1 cm & 1x1 cm) on the right temple area; Abrasion (1x1 cm) on the right zygomatic region; Multiple linear abrasions on the right cheek;" (C) Multiple abrasions and ecchymoses on the right cervical region, in total about 5x5 cm; Multiple abrasions and ecchymoses on the left cervical region, the largest about 5x1 cm; Two circular lesions of 1 cm, on the anterior side of the neck, the type of which has not been specified. Complaints of pain in the left eye."

Further, the CPT's delegation interviewed the other two occupants of the car, one of whom was held in a separate cell, who both confirmed in their own words the above allegation. In addition, one of them also bore several injuries to the face and head which were consistent with his allegation of having been beaten by the apprehending officers.

- iii. A person (CC) met at the Ankara Police Headquarters (Public Order Department) stated that he had been apprehended on the street at around 11h00 on 21 January 2021 by four police officers in civilian clothes and transported to the criminal investigation department in Altındağ. At this station, he alleged that the four officers took him to an office upstairs where, interspersed with questions, they subjected him to multiple baton blows to the legs and arms while he was lying on the floor. Subsequently, at 16h00 he was transferred to the Ankara Police Headquarters where he claimed he was initially taken to an office on the top floor where three officers delivered several punches to his upper body and head. At 19h15, he was placed in a custody cell. When met by the delegation the following afternoon, he complained that he was in pain and suffered from heartache.

An examination by the delegation's forensic doctor revealed the following injuries: Swelling of both lips and descript ecchymoses on mucosa of the lower lip. A bruise 1.5 x 1.2 cm in size, on the anterior part of the left upper arm. Discrete bluish bruising on the lower part of the right scapular region. Discrete bluish bruising on the upper part of the left scapular region, over the upper scapular edge. Abrasion measuring approximately 2.2 x 1.8 cm, on the lower part of right lower arm, in ulnar part. The injuries are consistent with the allegations made by the person.<sup>14</sup>

- iv. A person (DD) met in an Istanbul police station stated that he was apprehended on 16 January 2021 by around 10 police officers at his home in front of his family. He claimed that several officers were drunk and that one of them punched him when he requested to see the arrest warrant. He lashed out at that officer which led to the other officers punching and kicking him several times, even after they had handcuffed him. Subsequently, he was placed in a police vehicle where he received further kicks to his knee, shoulder, arms, and torso. On arrival at the police station he was taken to an office where he had to undress completely and was handcuffed to a fixed object and received several more kicks and punches.

When taken to the hospital, the doctor recorded the injuries: an abrasion on the left side of the chest, size 6.1 cm<sup>2</sup>; eight abrasions in the lower left side of abdomen; six 5.1 cm abrasions on the middle part of the chest; a 3.5 cm abrasion on the left shoulder; a 4.1 cm abrasion in the region of the right eye; 2.1 cm abrasions on the right and left kneecaps. The injuries were confirmed by the delegation's forensic doctor and are consistent with the person's allegations of ill-treatment.

- v. A person (EE) met at Istanbul-Metris T-type Prison No. 1 stated that he was apprehended at home on 5 January 2021 by three police officers in civilian clothing. He said that his hands were immediately cuffed behind his back and he was made to lie down prone on the floor whereupon the officers delivered 5-6 blows with a wooden object found in the apartment to his back and upper legs. He was taken to Bayrampaşa state hospital for a medical examination and subsequently transported to a police station where, allegedly, he was forced to kneel in an office for about 1½ hours.

Upon examination by the delegation's forensic doctor seven days later, the following injuries were noted: in the left scapular region angle, a pale yellowish bruise measuring approximately 3 x 4 cm; on the posterior and partially lateral part of the right femoral region, in its middle part, a bluish-greenish bruise on the wide area, measuring approximately 25 x 13 cm; on the lateral part of the left femoral region, in its upper half, a bluish-yellow bruise on the wide area, measuring approximately 15 x 10 cm. The injuries are consistent with his allegations of ill-treatment.

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14. They are not however consistent with the description of the use of "gradual force to apprehend and handcuff" the suspect as noted by the arresting offices in the "Incident, apprehension, body search, safekeeping and delivery report".

- vi. Another person (FF) met at Istanbul-Metris T-type Prison No. 1 stated that he was apprehended on the street on 5 January 2021 by around ten public order officers in civilian clothes who immediately started to hit him with their truncheons even though he was not resisting arrest or trying to flee. He claimed that three officers continued to deliver truncheon blows to his arms, back and leg as well as to his head until he blacked out. At Kırac police station, both in the waiting room and in a room where he was shown some CCTV footage, the same officers continued to hit him intermittently with truncheons as they wanted him to sign a confession. During this time, he said he was kneeling on the floor with his hands cuffed behind his back. He claims he fainted again and woke up in hospital, where a doctor examined his injuries.

Upon examination by the delegation's forensic doctor seven days later, the following injuries were noted: on the upper and anterior side of the left shoulder, in its lateral part, on the area measuring approximately 4 x 2 cm, a bluish green bruising in form of a blurred tramline; on posterior part of the left upper arm an extensive bluish bruise, measuring approximately 20 x 15 cm with swelling of soft tissues; in the left scapular region, on its border with spinal region, pale bluish bruise, measuring approximately 2 x 1 cm; In the middle part of the right scapular region, a pale bluish bruise measuring approximately 2 x 1 cm; in left subscapular region, a pale yellowish bruise measuring approximately 3.5 x 2 cm; on lateral part of the left femoral region, in its lower third, a bluish bruise measuring approximately 7 x 3 cm; on posterior part of the left femoral region, in its upper half, an extensive bluish bruise measuring approximately 15 x 12 cm; on posterior part of the left lower leg, in its upper third, a bluish bruise measuring approximately 12 x 5 cm. The injuries are consistent with his allegations of severe ill-treatment.

- vii. Another person (GG) met at Istanbul-Metris T-type Prison No. 1 stated that while driving in the Esenyurt district of Istanbul on 31 December 2020 at around 13h30, he was stopped by the police, who took him out of the vehicle and cuffed his hands behind his back. He was placed in a police vehicle and during the journey he claimed that one officer repeatedly delivered blows to the side of his head with a book. Apparently, after five minutes the police vehicle stopped in a remote area and the officers allegedly proceeded to subject him to multiple kicks, punches and truncheon blows all over his body while he was sprawled on the back seat of the car. These officers subsequently took him to Esenyurt state hospital for a medical examination where he was not properly examined.

Upon examination by the delegation's forensic doctor 12 days later, the following injuries were noted: on the anterior part of the right upper arm, in its upper half, a yellowish blurred bruise measuring approximately 10 x 3 cm; on the lateral and partially posterior part of the left upper arm, in its middle third, a yellowish-green blurred bruise, measuring approximately 5 x 1.7 cm; an abrasion measuring 2 x 1 cm on dorsum of the right hand. The injuries are consistent with his allegations of ill-treatment.

16. In the course of the visit, the CPT's delegation received many allegations from children that they had been ill-treated by police officers upon their apprehension or while held in police custody. In addition, as mentioned above, several credible allegations concerned the use of an electro-shock device on children by officers belonging to the *Yunus* police unit.<sup>15</sup>

- i. A 15-year-old child (BA) met at Maltepe Children's Prison stated that he was apprehended on 14 November 2020 in a market in Istanbul by *Yunus* officers. He was cuffed behind his back and placed in the back of a vehicle and punched a few times on his body. A few minutes later, his 14-year-old brother (CA) was apprehended in front of their residence. The younger boy alleged that a policeman punched him on the shoulder, grabbed him and shoved him into the back seat of the car next to his brother. Subsequently, a policeman in the front of the car turned around and started to inflict electric shocks to various parts of their bodies (chest, inside of legs, right of face and on forehead) with a hand-held device. Both of them also claimed that they were punched and kicked on their legs, arms and torso

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15. *Yunus* is a mobile intervention police unit operating in Istanbul.

and subjected to a torrent of invective. Upon arrival at Esenler Atışalanı Juvenile Police Station, they were well-treated.

Both boys, held in different parts of the prison and interviewed separately, provided consistent accounts of their treatment and a credible explanation of the size and shape of the electro-shock device (black, stick like, of about 25-30 cm in length), as well as of the sound and the immediate symptoms. Both boys said that they had told the hospital doctor that they had no injuries as the officers who allegedly ill-treated them were present at the time, and the doctor did not examine them.

- ii. A child (AB) met at Maltepe Children's Prison stated that he was arrested at home on 10 January 2021, by around eight *Yunus* officers. He was treated correctly upon arrest and brought to Atışalanı police station, where the officers wanted him to make a statement. He claimed that when he said that he could not be interrogated by the police because he was a minor, they took him downstairs and put him in the backseat of a white Ford Tournéo and threatened him. He alleges that when he asked for a lawyer, the officers took out a black telephone-sized electro-shock device and, in contact mode, delivered multiple shocks to his forehead and mouth, which made him feel unwell and led to him vomiting. Further, the officers also slapped and kicked him several times with their steel-capped boots.

Upon examination by the delegation's forensic doctor 10 days later, the following injuries were noted: on the left frontal region, adjacent to hair line, measuring 1.8 x 2 cm, discrete bluish bruising, swelling and pain on palpation; on the left occipital region, confluent ecchymoses over the area measuring 3.5 x 2 cm, moderate swelling and pain on palpation; on the anterior part of the left ankle, in its lower third, two discrete abrasions; on the anterior part of the right ankle, longitudinal linear abrasion, measuring 4 x 0.4 cm. The injuries are consistent with his allegations of ill-treatment of having been slapped and kicked.

17. In light of the delegation's findings and observations in the course of the 2021 visit, which reinforce the findings from the CPT's 2017 and 2019 visits, it appears that the infliction of ill-treatment particularly against juveniles and persons suspected of certain crimes such as drugs offences cannot be considered an infrequent practice. Indeed, the seriousness of the information gathered in the course of the 2021 visit concerning ill-treatment calls for immediate and determined action by the authorities. The Turkish authorities must recognise that the existence of ill-treatment by police officers is a fact, and that it is not the result of action by a few rogue officers. Police culture must be robust enough to firmly reject the practice of ill-treatment within its ranks. The Turkish authorities should vigorously explore all means to ensure that the message of zero tolerance of ill-treatment of detained persons reaches police/gendarmerie officers at all levels; they should be made aware, through concrete action, that the government is resolved to stamp out ill-treatment of persons deprived of their liberty. Combating ill-treatment entails not only the adoption of the appropriate legal norms but also taking the necessary steps to ensure their implementation including the timely transmission of information on allegations of ill-treatment to the competent prosecutorial authorities.

Further, putting an end to ill-treatment by law enforcement officials requires a multifaceted approach, comprising: a competitive recruitment process of police officers based upon clearly defined selection criteria; an educational training course for all new recruits and serving police officers with a particular emphasis on technically advanced methods of crime investigation based on human rights principles; the accountability of senior officers for their line management responsibilities; the application of appropriate sanctions (criminal and disciplinary) for the perpetrators of ill-treatment and for those who fail to prevent or report it; and the existence of effective and independent procedures for examining complaints and other relevant information regarding alleged ill-treatment by police officers.

**To this end, the CPT reiterates its recommendation that a clear and firm message of “zero tolerance” of ill-treatment be delivered to all law enforcement officials from the Minister of the Interior. As part of this message, it should be reiterated that all forms of ill-treatment of detained persons, as well as any tolerance of such acts by superiors, are illegal and will be punished accordingly.**

**In addition, the relevant authorities should ensure that an effective investigation is carried out into every allegation of ill-treatment and that senior officers are held accountable for their line-management responsibilities.**

18. The CPT recognises that the arrest of a suspect is often a hazardous task, in particular if the person concerned resists and/or is someone whom the police have good reason to believe may be armed and dangerous. The circumstances of an arrest may be such that injuries are sustained by the person concerned (and by police officers), without this being the result of an intention to inflict ill-treatment. However, no more force than is strictly necessary should be used when effecting an arrest. Furthermore, once arrested persons have been brought under control, there can be no justification for their being struck by police officers.

**In light of the information gathered during the 2021 visit, the CPT reiterates its recommendation that police officers be regularly instructed on these basic principles, including through practical training exercises.**

19. The CPT also considers that the experience of other countries demonstrates that issuing body worn video cameras to law enforcement officials and their systematic use during apprehensions and any use of force may represent an additional safeguard against abuse by officials as well as a protection against unfounded allegations of ill-treatment.

**The Committee would appreciate the comments of the Turkish authorities on this matter.**

20. In the course of the 2021 visit, the CPT’s delegation met many persons who complained about excessively tight handcuffing and in a number of instances it met persons who still bore marks caused by the handcuffs, weeks and even months afterwards. Further, several persons complained of being handcuffed for prolonged periods and others of having their arms pulled upwards while handcuffed in a hyper-extended manner and being forced to walk in such a position.

**The CPT recommends that the Turkish authorities ensure that, where it is deemed essential to handcuff a person, the handcuffs should under no circumstances be excessively tight<sup>16</sup> and should be applied only for as long as is strictly necessary.**

**In addition, in light of many allegations by apprehended persons that their hands had been cuffed behind their backs during transport,<sup>17</sup> the CPT recommends that any such practice should be avoided given the potential to cause unnecessary pain to the person concerned and the risk of injury in the case of accident.**

21. Assessing the effectiveness of action taken when ill-treatment may have occurred constitutes an integral part of the CPT’s preventive mandate, given the implications that such action has for future conduct. The credibility of the prohibition of torture and other forms of ill-treatment is undermined each time officials responsible for such offences are not held to account for their actions. If the emergence of information indicative of ill-treatment is not followed by a prompt and thorough investigation, 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.

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16. It should be noted that excessively tight and prolonged handcuffing can have serious medical consequences (for example, sometimes causing a severe and permanent impairment of the hand(s) or thrombophlebitis in the arms).

17. The application of handcuffs to detainees during transportation should only be resorted to when the risk assessment in an individual case clearly warrants it. When the use of such means is considered absolutely necessary, it should be done in such a way as to minimise any risk of injury to the detained person.

Conversely, when officials who order, authorise, condone, perpetrate or tolerate torture and ill-treatment are brought to justice for their acts or omissions, an unequivocal message is delivered that such conduct will be punished accordingly.

For these reasons, the CPT needs to be assured that investigations into allegations of ill-treatment, whether reported or detected *ex officio*, meet the criteria of effectiveness. That is, are the persons responsible for carrying out such an investigation impartial and independent of those implicated in the events, and are the investigations carried out promptly and thoroughly (i.e. whether all reasonable steps have been taken to secure evidence concerning the incident). It is axiomatic that no matter how effective an investigation may be, it will be of little avail if the sanctions imposed for ill-treatment are inadequate.

22. At the end of the visit, the Deputy Minister of the Interior provided the CPT's delegation with an overview of the work of the Law Enforcement Supervision Commission (LESC), over which he presides. The CPT recalls that the LESC was established on the basis of Law No. 6713 of May 2016 and is composed of the Deputy Minister of the Interior (as Chairperson), the Head of the Civil Inspection Board of the Ministry of the Interior, the President of the Human Rights and Equality Institution, and representatives of the Ministry of Justice, the Bar Association and civil society. It aims at enhancing the efficiency and transparency of law enforcement units by creating a common database for all prosecutions and disciplinary procedures against law enforcement officials<sup>18</sup>. In the course of 2020 (its first full year of functioning), the LESC reportedly received 45,500 complaints and managed to conclude 21,300 of them. Apparently, no cases of law enforcement officials ill-treating persons were found although reference was made to 15 officers being disciplined.

**||| The CPT would like to receive a copy of the final report and a summary of the official main findings for 2020.**

**||| 23. Moreover, in order to obtain a comprehensive and up-to-date picture of the situation regarding the treatment of persons detained by law enforcement agencies, the CPT would like to be provided with the following information, in respect of the period from 1 January 2020 to 30 June 2021:**

- a) the number of complaints about ill-treatment by law enforcement officials (police/gendarmerie) and the number of criminal and/or disciplinary proceedings which have been instituted as a result;**
- b) the number of criminal and/or disciplinary proceedings which have been instituted *ex officio* (i.e. without a formal complaint) into possible ill-treatment by law enforcement officials;**
- c) the outcome of the proceedings referred to in (a) and (b), including an account of criminal and/or disciplinary sanctions imposed on the law enforcement officials concerned.**

### **3. Safeguards against ill-treatment**

24. The 2021 periodic visit was an opportunity to examine whether the operation of the safeguards in place had evolved since the previous visit in 2019, especially as regards the effectiveness of a right to a doctor.

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18. The CPT recalls that the Public Prosecutor, and not the LESC, is the independent institution mandated to carry out investigations into allegations of ill-treatment by law enforcement officials.

## a. notification of custody

25. The right of notification of custody is set out in Section 95 (1) of the CCP, which reads as follows: “When a suspect or accused is apprehended or detained, or the detention period is extended, his/her relative or another person he/she identifies shall be informed without delay by the order of a prosecutor”. This is reiterated in Section 8 of the Detention Regulation, which provides that when a person is arrested, the factual basis for his/her arrest will be notified without delay to a relative or another person he/she indicates. The law does not allow for any exceptions to this rule.

It appeared from the information gathered during the 2021 visit that in general persons apprehended were able to notify a relative or another trusted person of their custody. The police assumed notification to have been performed if a person was apprehended at home or in the company of friends and neighbours. On other occasions, law enforcement officials performed the notification themselves soon after apprehension. The application of this right was also usually well documented in the files consulted by the delegation. That said, in some instances, notification of custody was reportedly delayed by law enforcement officials for several hours (e.g. until the taking of a formal statement) or even longer (e.g. until the initial court appearance). Further, a number of persons stated that they were not informed whether or not a relative had been contacted.



**The CPT recommends that the Turkish authorities make further efforts to ensure that all persons detained by law enforcement agencies are able to benefit from the right of notification of custody as from the very outset of deprivation of liberty. Further, detained persons should be informed if their relatives have been contacted.**

## b. access to a lawyer

26. Overall, the delegation noted once again that the right of access to a lawyer functioned in practice. From the information gathered during the visit, it transpired that detained persons who wished to benefit from this right were usually able to contact their own lawyer or were offered an *ex officio* lawyer from the Bar Association during police custody.<sup>19</sup> In fact, most of the persons interviewed by the delegation confirmed that they had received a visit from a lawyer (private and/or *ex officio*) during their period of custody; many of them were reportedly permitted to speak with their lawyers in private before their statement was taken by the police.

However, once again, a number of detained persons claimed that the police had granted their request for an *ex officio* lawyer only after a considerable delay in order to be able to question them about the suspected offence without the presence of a lawyer (prior to the taking of a formal statement). Complaints were also received that state-appointed lawyers did not provide any meaningful assistance. More specifically, several detained persons, who had been provided with *ex officio* lawyers, indicated that they had not had – and the lawyers had not insisted on having – a private consultation during police custody or that the lawyer had shown up only after the statement was taken by the police, simply to sign the documents. In addition, some persons stated that they had only seen an *ex officio* lawyer for the first time at the courthouse (during an interview by the prosecutor and/or at the remand hearing by the judge).

As the Turkish authorities state in their response to the CPT’s report on the 2019 visit, “the right of the lawyer to consult with the detainee, to be present during the statement taking or interrogation, and to provide legal assistance shall not be prevented or restricted at any stage of the investigation and prosecution phase.” The fact that all detained persons have to be provided with a lawyer at the moment that a formal statement is made by them is positive. Nevertheless, more needs to be done to guarantee the right of access to a lawyer in the period prior to the formal statement being made and to ensure that those lawyers perform their duties effectively.

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19. The right of detained persons to contact and meet a lawyer in private and to have a lawyer present during questioning by law enforcement officials is formally guaranteed as from the outset of custody, and indigent persons are entitled to free legal aid by a lawyer appointed *ex officio*. In addition, the appointment of a lawyer is obligatory in cases where a detained person is suspected of having committed a criminal offence punishable by more than five years of imprisonment (Sections 149, 150 and 154 of the CCP).

**The CPT recommends that the Turkish authorities reiterate to police/gendarmerie officers that every person detained by them effectively has the right to have access to a lawyer (which includes the rights to speak with the lawyer in private and to have him/her present during questioning), as from the very outset of deprivation of liberty.<sup>20</sup>**

**Further, steps should be taken in consultation with the relevant Bar Associations to ensure that lawyers appointed to represent persons in police custody perform their functions in a diligent and timely manner.**

### **c. access to a doctor**

27. At the outset, the CPT notes that, in accordance with Section 9 of the Detention Regulation cited above, persons detained by law enforcement agencies continued to undergo a mandatory medical control (*sağlık kontrolü*) in a hospital emergency department at the outset and at the end of police/gendarmerie custody (and after every extension of a custody period). In addition, in certain police departments (such as Anti-Terror and Organised Crime Departments), this system had been complemented by a medical control every 24 hours.

In the light of previous criticism by the CPT over the effectiveness of this system as a safeguard to prevent ill-treatment and as a mechanism to combat impunity, the Turkish authorities have sought to improve the efficacy of the medical check-ups.<sup>21</sup> Following the CPT's 2019 visit, an instruction had been issued by the Ministry of the Interior to all Provincial Security Directorates on the procedure to be followed by the police with regard to mandatory medical controls.

28. Regrettably, in the course of the 2021 visit, the CPT's delegation again found that the system of *mandatory medical checks* of detained persons at the beginning and at the end of police custody (or after the prolongation of the latter) remained fundamentally flawed. In particular, it appears from the information gathered by the delegation during the visit that the confidentiality of such controls was still not guaranteed:

- contrary to the requirements of the Detention Regulation, police officers continued to be present during medical controls in the vast majority of cases, which meant that the persons concerned had no opportunity to speak with the doctor in private;
- police officers apparently often responded to the questions posed by the doctor on behalf of the detained persons.

Unsurprisingly, many detained persons interviewed by the delegation who claimed to have sustained injuries as a result of police ill-treatment stated that they did not want to inform the doctor about them as they felt neither safe from reprisals nor that the doctor could in any way help them. Moreover, several persons interviewed by the delegation claimed that they had been threatened by police officers present during the medical control not to show their injuries.

The delegation again received a few allegations from detained persons that they had not been subjected to a medical control at all; allegedly, they were obliged to wait in the police car/ van outside the hospital, while a police officer went inside to obtain a medical report signed by a doctor. It should also be pointed out that the police officers who take the detained person to the emergency wards to get the injury reports are often the same officers who allegedly ill-treated the person and who will take the person back to the police station.

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20. It being understood that whenever there are serious doubts about the professional integrity of the lawyer chosen by the detained person, another lawyer will be appointed (if necessary, *ex officio*).

21. See, most recently, CPT (2020) 24, paragraphs 23 and 24.

29. There is also the question of the efficacy of the examinations carried out by the doctors. It once again appeared that such medical controls were often limited to the posing of a question by the doctor about possible ill-treatment (if at all), and only rarely did they entail a physical examination (detained persons usually being “examined” with their clothes on). Further, it was routine practice for detained persons, including juveniles and women, to remain handcuffed during medical controls, which the CPT considers to be contrary to medical ethics. The performance of a medical examination on a person who is handcuffed should be highly exceptional and based on a written risk assessment justifying such a measure.

The examination of medical records in various law enforcement establishments also revealed that, in those rare cases where a proper examination was performed and injuries were recorded by doctors, the description of the injuries was usually superficial and the detained person’s account of how the injuries had been sustained was missing.

Finally, similar to the situation observed during previous CPT visits, it appeared that the legal requirement for the medical report drawn up at the end of custody to be transmitted to the public prosecutor by the relevant health institution in a closed and sealed envelope was generally not complied with. On the contrary, it seemed to be common practice for police officers escorting the detained person to hospital to receive such reports openly.

**30. The CPT reiterates its recommendation that the Ministry of the Interior, together with the Ministry of Health, take decisive action to ensure that medical controls of detained persons are carried out in full compliance with the requirements set out in Section 9 of the Detention Regulation. In particular, steps should be taken to ensure that the persons concerned are systematically subjected to a physical examination and that medical controls are always conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of law enforcement officials.**

**As regards the recording of injuries, the recommendations made in paragraph 77 apply equally to medical controls of persons detained by law enforcement agencies.**

**Further, the Committee calls upon the Turkish authorities to reiterate to all law enforcement officials that any threats or other discouragement vis-à-vis detained persons to report injuries inflicted upon them are unacceptable and will be punished accordingly. Steps should also be taken to put an end to the routine use of handcuffs during medical controls, as outlined in the above remarks.**

#### **d. information on rights**

31. From the information gathered during the visit, the delegation noted that the arrest warrant and the custody register referred to the rights of suspects and that both documents were usually signed by persons held in police custody. However, while many persons met stated that they had understood they had certain rights, they were unsure about their operation. In particular, as regards the right of access to a lawyer, a number of detained persons stated that they had been informed of it only several hours after having been brought to the law enforcement establishment, often after an initial “informal” questioning session.

Once again, the delegation found that detained persons were not systematically provided with a copy of the Suspects Rights Form (SRF), despite the requirement in the Detention Regulation (Section 6) that this be done.

**The CPT reiterates its recommendation that the Turkish authorities take steps to ensure that all persons detained by the police/gendarmerie – for whatever reason – are fully informed of their rights as from the very outset of their deprivation of liberty. This should be ensured by the provision of clear verbal information at the moment of apprehension, to be supplemented at the earliest opportunity (that is,**

immediately upon the first arrival at a law enforcement establishment) by the provision of the Suspects Rights Form (SRF). The form should be available in an appropriate range of languages. Further, the persons concerned should be asked to sign a statement attesting that they have been informed of their rights and always be given a copy of the SRF. Particular care should be taken to ensure that detained persons actually understand their rights; it is incumbent on police/gendarmerie officers to ascertain that this is the case.

#### **e. custody records**

32. The delegation observed that, in most of the law enforcement establishments visited, the custody register was well kept, fully and accurately recording the relevant information.

However, in some of the establishments visited officers failed to record important aspects of custody in the register (e.g. time of apprehension or release/transfer; whether a family member or lawyer had been contacted; etc.). For example, at the theft department of Ankara Police Directorate, the register contained no note of whether the three persons in custody at the time of the visit wanted a lawyer; the duty officer explained that this was due to the fact that the detainees could not read or write, and that the police were waiting for their lawyers to turn up and sign the register. While such a practice defeats the purpose of the safeguard, it is further contradicted by the fact that these same detainees had signed that their families had been informed, and one of the women in detention had signed a copy of a leaflet containing her rights.

**The CPT recommends that the Turkish authorities ensure that police/gendarmerie custody registers are filled out accurately and comprehensively.**

## **4. Conditions of detention**

33. As was the case during the 2019 visit, the CPT's delegation found that in all the law enforcement establishments visited, detention facilities were in a good state of repair and generally clean and well ventilated.

For example, this was the case concerning the recently constructed detention facility of the Anti-Terror Department in Ankara. The facility consisted of 16 cells,<sup>22</sup> each of which was equipped with two benches, broad enough for sleeping on and covered with a soft sponge mat. The cells were warm and clean. Persons detained at the time of the visit reported that they were provided with blankets, food and bottled water and that they were given access to the toilet upon request.

Nevertheless, the same deficiencies that have been described in previous visits reports were once again in evidence during the 2021 visit: i.e. lack of access to natural light and no outdoor exercise area. For example, even at the new facility at the Anti-Terror Department in Ankara, access to natural light, via a small opaque window, was minimal and there were no arrangements in place for providing persons with access to outdoor fresh air. A similar state of affairs existed in almost all the other law enforcement establishments visited, which is particularly detrimental for detained persons when the custody period lasts longer than a few days.

**The Committee reiterates its recommendation that the Turkish authorities ensure that all new police/gendarmerie custody facilities include in their design access to natural light as well as an outdoor yard for persons held longer than 24 hours.**

34. In the course of the visit, the CPT's delegation noted that in many of the police custody facilities visited detained persons were either provided with washable blue mattresses, such as at Istanbul Police Headquarters, or the cells contained benches (of sufficient width) fitted with a sponge covering, such as at Ankara Police Headquarters. Detained persons in all stations visited were provided with blankets.

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22. Each cell contained two parts: a secure area of 2.5m<sup>2</sup> upon entering the cell through a solid metal door and a "living" area of 6.25m<sup>2</sup>, with metal bars and a barred gate separating the two areas.

However, in the District Police Stations visited, the cells were only equipped with benches which were neither broad enough for sleeping on (50cm) nor fitted with a sufficient sponge mat covering. Such a situation was evident in the Istanbul District Police Stations of Ataşehir, Bağcılar, 75. Yıl Yenibosna and Ümraniye Dudullu as well as Istanbul Bağcılar Yüzyıl Public Order Police Station. Further, in these stations the artificial lighting was often deficient, being insufficient for the purposes of reading; this was particularly the case at the Diyarbakır Anti-Terror Department where there was no access to natural light and the artificial lighting was insufficient, and at the 75. Yıl Yenibosna Police Station in Istanbul where there was no functioning artificial lighting outside two of the three basement cells.

In addition, while the delegation did not encounter any detention areas which were overcrowded, notably due to the measures put in place to combat the Covid-19 pandemic, the official capacity of the Diyarbakır Anti-Terror Department should be drastically revised. Each of the 22 cells measured approximately 7.5 m<sup>2</sup> which is appropriate for accommodating one person and exceptionally two persons but not more. The official capacity of five persons per cell needs to be revised downwards.

**The CPT reiterates its recommendation that the Turkish authorities continue to upgrade the detention facilities in police/gendarmerie stations to ensure that detained persons held overnight are provided with sleeping facilities (such as a bed or plinth) of a reasonable size as well as with a (clean) mattress (in addition to blankets).**

**Further, the CPT recommends that steps be taken in all detention facilities to ensure that the artificial lighting not only functions but is of a sufficient brightness to enable detained persons to read. The CPT also recommends that the official capacity for each cell at Diyarbakır Anti-Terror Department be reduced to a maximum of two persons.**

35. In the police stations visited, access to the toilet was not a problem. However, some detained persons claimed that they had received no personal hygiene products (such as soap or a toothbrush/paste) during their stay in police custody. Further, the facilities visited did not possess a stock of sanitary hygiene products for women which meant that either the families had to bring them to the station, if possible, or the female officers on duty would provide them from their own supplies.

**The CPT recommends that the Turkish authorities ensure that persons held overnight in police/gendarmerie stations are supplied with basic personal sanitary/hygiene products.**

## B. Prisons

### 1. Preliminary remarks

#### a. recent developments

36. At the outset of the visit, representatives of the Ministry of Justice informed the delegation of the various measures taken to reduce the prison population. Most notably, reference was made to the adoption in April 2020 of Law No. 7242 which, inter alia, amended certain provisions of the Law on the Execution of Sentences and Security Measures (LESSM), reducing prison terms to be served prior to conditional release,<sup>23</sup> facilitating release on probation, enhancing alternatives to imprisonment (e.g. home confinement) for those in a vulnerable situation (such as women who have children under the age of six, elderly, seriously ill or disabled prisoners) and introducing a pandemic-specific leave for the prisoners placed or eligible to be placed in open-type prison establishments.

According to the information provided by the authorities after the visit, in the period between 15 April 2020 and 26 February 2021, some 7,800 persons had benefited from conditional release and some 145,000 had been released on probation. Further, as at 26 February 2021, about 80,000 prisoners were on so-called "Covid-19 leave".

Predictably, these measures had borne fruit, and for the first time in the last fifteen years the prison population in Turkey had shown a decline. At the time of the visit, the total number of prisoners in the country stood at approximately 192,000,<sup>24</sup> compared to more than 290,000 at the end of 2019. The challenge is to maintain this positive trend.

37. In the meantime, the overall capacity of the prison estate had been further increased to 244,678 places (as compared to 202,676 in 2017). By letter of 7 May 2021, the Turkish authorities provided the Committee with an update on the ongoing prison construction programme. Plans were afoot to create an additional 80,910 places through the commissioning of 123 new prisons by the end of 2023, of which 83 were under construction and 40 in the project phase. It was also envisaged that 50 old prison establishments (with a total capacity of 6,772) would be closed down in the same period. Out of the 83 prisons that were under construction, 68 prisons with a total capacity of some 42,400 were expected to enter into service by the end of 2021 and seven (with a capacity of some 7,300) in 2022. It was added that once all these establishments were brought into service by the end of 2023, the total capacity of the prison estate would reach 318,816.

38. The CPT takes due note of the measures described above, which have alleviated overcrowding in the prison system to a certain extent.<sup>25</sup> However, at the same time, the Committee remains concerned that prison overcrowding still constitutes a significant problem in Turkey. In fact, with few exceptions, the official capacities of the prisons visited during the 2021 visit were exceeded considerably; for example, Istanbul-Maltepe L-type Prison No. 1 was operating at 147% of its official capacity (see paragraph 45). As a result, large numbers of prisoners in these establishments were being held in rather cramped conditions, with some inmates having to sleep on mattresses on the floor or to share a bed with others.

39. The CPT is of the view that the authorities' efforts to tackle the problem of prison overcrowding should be centred around a comprehensive strategy for the sustainable reduction of the prison population, where the highest priority is to ensure that imprisonment is indeed imposed as a last resort at all stages of the criminal justice system, from pre-trial to the execution of sentences. Failing that, these efforts may prove futile and the prison population may well start growing again.

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23. From  $\frac{2}{3}$  to  $\frac{1}{2}$  of the prison term as a general rule and from  $\frac{3}{4}$  to  $\frac{2}{3}$  for repeat offenders and those involved in organised crime (save for certain crimes such as terrorism, drug trafficking, sexual abuse, premeditated murder and torture).

24. I.e. an incarceration rate of some 228 prisoners per 100,000 inhabitants. The inmate population included about 42,000 remand prisoners, as well as some 1,600 juveniles and 10,670 women.

25. This was the case, for example, at the Diyarbakır Prison Campus where four more prisons had been brought into service since the CPT's last visit in 2019.

**The CPT recommends that the Turkish authorities pursue their efforts to reduce the prison population and thereby combat overcrowding in a sustainable way, taking due account of the relevant recommendations of the Committee of Ministers of the Council of Europe,<sup>26</sup> as well as the Council of Europe's 2016 White Paper on Prison Overcrowding.<sup>27</sup>**

#### **b. Covid-19 pandemic and measures taken**

40. The CPT acknowledges that the Covid-19 pandemic has placed additional strain on the prison system and disrupted its normal functioning, while prompting prison establishments to introduce multiple restrictions in order to prevent the entry and spread of the virus and to preserve the safety of staff and prisoners.

41. In all the prisons visited, a series of measures had been put in place with a view to preventing the propagation of the Sars-Cov-2 virus in line with instructions issued by the General Directorate for Prisons and the guidelines of the Scientific Advisory Board of the Ministry of Health. These included subjecting all newly admitted prisoners to PCR tests, suspending or limiting family visits, communal activities and prison transfers, providing prisoners and staff members with protective masks, making available hand disinfectants, increasing the frequency of disinfection of different facilities inside prisons, and so on.

More specifically, every newly arrived prisoner was first subjected to a Covid-19 PCR test and was placed in quarantine in a dedicated dormitory or cell,<sup>28</sup> which, in principle, lasted 14 days.<sup>29</sup> In the case of a positive test result, the prisoner was sent to hospital for evaluation, to decide if he or she had to stay in the hospital or could return to the prison. Towards the end of the 14-day quarantine period the prisoner underwent a second test, and those whose test results returned negative were then transferred to normal living units. Inmates returning from outside the prison (e.g. from the court or hospital) were systematically tested and quarantined as well.

42. The information provided by the authorities suggested that, since the start of the pandemic in March 2020, the incidence of Covid-19-positive cases among prisoners and staff had been relatively low. At the time of the visit, for example, there were reportedly some 550 infected prisoners in total, of whom 90 were receiving treatment in hospitals.

43. To sum up, the impression gained by the delegation in the course of the visit was that an effective Covid-19 preventive policy was in place in all the prisons visited. That said, the delegation also noted that the administrative decisions taken and practices introduced as part of the anti-pandemic measures were having a significant detrimental impact on prisoners' daily lives. As is described further in the report, the vast majority of inmates in the prisons visited were deprived of the possibility to participate in out-of-cell activities, being confined to their living unit for most of the day (see also paragraph 84).

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26. See, in particular, Recommendations R(99)22 concerning prison overcrowding and population inflation, Rec(2014)4 on electronic monitoring, Rec(2017)3 on the European Rules on community sanctions and measures, Rec(2018)5 concerning children with imprisoned parents, Rec(2003)22 on conditional release (parole), Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, Rec(2008)11 on the European Rules for juvenile offenders subject to sanctions or measures and Recommendation Rec(2010)1 on the Council of Europe Probation Rules.

27. See also paragraph 36 of the report on the CPT's 2019 ad hoc visit to Turkey (CPT/Inf (2020) 24).

28. In each prison, several dormitories/cells had been allocated to inmates undergoing the quarantine period.

29. The severe overcrowding in some of the prisons visited (e.g. Maltepe L-type Prison No. 1 and Metris T-type Prison No. 1) had led to a situation where the 14-day quarantine period only started to run from the moment when the dormitory was considered to be full (see, in this regard, paragraph 57). In addition to exposing prisoners to a heightened risk of infection, this in practice meant that inmates could often be held in quarantine for longer than the requisite 14 days.

At the same time, the CPT cannot fail to note that measures taken in the context of the prison authorities' Covid-19 policy had also negatively affected the well-being of prison staff.<sup>30</sup>



**The CPT would like to be provided with updated information about the current Covid-19 restrictions impacting both staff and prisoners as well as about the vaccination programme for staff and prisoners.**

### **c. prisons visited**

44. In the course of the 2021 visit, the CPT's delegation carried out full visits to *Diyarbakır High-Security Prison No. 1*, *Diyarbakır T-type Prison No. 3* and *Kayseri T-type Prison No. 1* as well as to *Istanbul-Bakırköy Women's Prison* and *Kayseri Women's Prison*.<sup>31</sup> The delegation also examined the situation of juveniles at *Istanbul-Maltepe Juvenile Prison*. Further, targeted visits were carried out to *Istanbul-Maltepe L-type Prison No. 1* and *Istanbul-Metris T-type Prison No. 1*, where the delegation mainly interviewed newly arrived remand prisoners about their experiences whilst in police custody and looked into the general living conditions. In addition, a brief visit was paid to *Maltepe L-type Prison No. 2* to interview juvenile remand prisoners.

## **2. Prisons for adult men**

45. Diyarbakır High-Security Prison No. 1, opened in August 2020, is one of the eleven prison establishments located on the Diyarbakır Prison Campus.<sup>32</sup> The establishment had an official capacity of 490 places, comprising 115 single-occupancy cells and 125 triple-occupancy (two-level) dormitories. At the time of the visit, it was accommodating 152 prisoners, of whom 119 were sentenced (including 28 persons sentenced to aggravated life imprisonment who were held in single cells).

Diyarbakır T-type Prison No. 3 was officially opened in January 2020 on the Diyarbakır Prison Campus and started to receive its first inmates in May 2020. With an official capacity of 1,000 places, it was accommodating 658 prisoners at the time of the visit, of whom 361 were on remand. The bulk of the prisoner accommodation was provided in two-level dormitories with sixteen beds.<sup>33</sup>

Istanbul-Maltepe L-type Prison No. 1 is part of the Maltepe Prison Campus consisting of two other L-type prisons, a juvenile prison and an open-type prison. As mentioned above, the establishment's official capacity of 1,700 places had been considerably exceeded at the time of the visit: it was holding 2,501 inmates, of whom 1,447 were on remand.

Istanbul-Metris T-type Prison No. 1 was opened in 1981 as a military prison and placed under the authority of the Ministry of Justice in 1988 (formerly known as "Metris Closed Prison"). At the time of the visit, the establishment was operating above its official capacity of 1,000 places, with a total of 1,259 inmates, of whom 968 were on remand.

Kayseri T-type Prison No. 1, opened in 2017, is located on the Bünyan Prison Campus. The establishment was holding 1,377 prisoners (448 of them on remand) at the time of the visit, for an official capacity of 1,033 places. The inmate population included 21 prisoners sentenced to aggravated life imprisonment. Prisoner accommodation consisted mainly of 16-bed dormitories, many of which had been equipped with extra bunk beds to cope with the overcrowding (see paragraph 56).<sup>34</sup>

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30. Custodial staff in each prison were divided into three groups, with the group on duty living in the prison for one week or ten days and undergoing a test before the start of their week- or ten-day-long shift (during which they had to work in twelve-hour shifts).

31. With the exception of Bakırköy Women's Prison, all these establishments were visited by the Committee for the first time.

32. Which included several T-type and high-security prisons for male adults, prisons for juveniles and women and an open-type prison.

33. At the time of the visit, several dormitories, which were being used for quarantine purposes, had been equipped with a few extra beds.

34. Additional beds had also been installed in the prison's eight triple-occupancy dormitories.

## a. ill-treatment

46. The great majority of the adult male prisoners interviewed by the delegation in the establishments visited stated that they were treated by staff in a correct manner.

However, at Diyarbakır High-Security Prison No. 1, Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1, the delegation did receive a number of credible allegations of recent physical ill-treatment by staff (including senior officers), consisting mainly of slaps, punches and kicks. In most cases, the alleged ill-treatment was said to have been inflicted as a punishment in reaction to recalcitrant behaviour or breaches of discipline by inmates, in places located outside the scope of the CCTV coverage, such as staff offices. A few allegations of this nature were also received at Maltepe L-type Prison No. 1 where prison officers had apparently used the stairways that were known to fall in the blind spot of a CCTV camera.<sup>35</sup> Moreover, at Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1, the delegation also received several allegations of ill-treatment of a particularly severe nature involving blows with a plastic pipe to the soles of the feet ("*falaka*").<sup>36</sup>

In addition, complaints were heard in most of the establishments visited that certain prison officers could at times be verbally abusive and threatening towards inmates.

**47. The CPT recommends that a firm message be delivered at regular intervals to management and staff at Diyarbakır High-Security Prison No. 1, Diyarbakır T-type Prison No. 3, Kayseri T-type Prison No. 1 and Maltepe L-type Prison No. 1 that physical ill-treatment of prisoners, the use of abusive language and threatening behaviour are unacceptable and will be sanctioned accordingly. It should also be made clear to all prison officers that any inmate who fails to comply with prison rules should be dealt with only in accordance with the prescribed disciplinary procedures.**

48. The CPT wishes to emphasise that properly functioning CCTV systems offer a valuable additional safeguard against ill-treatment, as well as providing protection to prison officers against any unfounded allegations of ill-treatment. The systems in place should provide comprehensive video coverage of all areas outside of the cells, including corridors, exercise yards and the entrances to any other rooms in which prisoners may be placed for whatever reason. The goal should be to enable all interactions between prison staff and prisoners outside of their cells to be video recorded. The footage recorded by those cameras should be securely retained for a period of at least one month (and preferably longer) and accessible only to senior managers and those staff members whom they have specifically authorised to view it.

Regrettably, this was not the case in all of the establishments visited. Reference has already been made to insufficient CCTV coverage in certain areas of Maltepe L-type Prison No. 1. Further, some of the serious allegations of ill-treatment made by inmates in other prisons (e.g. Diyarbakır High-Security Prison No. 1) could not be verified by the delegation given that recordings made by CCTV cameras of the incidents in question were missing or found to be incomplete.

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35. For example, on 16 January 2021, there was a verbal altercation between a prisoner and a custodial officer in one of the cells on the upper B3 landing. The prisoner (of slight build) was taken out of his cell and escorted by three officers, one holding an arm on either side of him and the third one walking in front. After leaving the narrow corridor, they entered the landing area above the stairs where an incident occurred. The landing was not covered by CCTV and the next available images show the prisoner emerging down the stairs with blood flowing from a wound to the head. According to the prisoner, one officer had punched him in the face while he was being held by the other two officers. Whereas, according to the officers, the prisoner had freed himself from their holds and grabbed a belt lying on a table which he had swung at the officers allegedly slightly grazing the neck of one officer before the belt smacked into the prisoner's forehead, causing the wound. The prisoner did not deny grabbing the belt and swinging it but claimed he had done so only after being punched and that he had swung it above his head once before dropping the belt as he had felt faint from the blood pouring down his face. At a minimum, the incident is a result of the custodial officers being unprofessional in using holds to escort the prisoner, but it cannot be excluded that the prisoner was punched as he alleged. CCTV on this landing would have provided greater clarity as to what had really happened.

36. Some of the inmates who claimed to have been subjected to *falaka* also alleged that staff had made them walk in cold water (apparently to reduce swelling).



**The CPT recommends that the CCTV systems in all prisons in Turkey be rendered fully operational as a safeguard against ill-treatment, in the light of the above remarks.**

49. In their letter dated 7 May 2021, the Turkish authorities referred to a circular letter issued on 16 October 2020, in which all prison establishments were instructed that “administrative actions in respect of the inmates, such as statement-taking within a disciplinary investigation, providing information and serving notifications shall only be realised in places covered by CCTV”. Clearly, this requirement was far from being respected in practice in most of the prisons visited; the delegation observed that it was common for prisoners to be escorted to staff offices (usually to that of a chief custodial officer) – which were not equipped with a CCTV camera – for holding an “educational talk”.

In this regard, it is encouraging that the authorities’ letter also refers to the staff of the prisons visited having been warned following the CPT’s visit to exercise due diligence in ensuring that meetings with inmates are held in rooms equipped with a CCTV system.

50. One of the most effective means of preventing ill-treatment by prison officers lies in the diligent examination of complaints of ill-treatment and, when appropriate, the imposition of suitable penalties. In this regard, the CPT has noted the following statistics provided by the Turkish authorities for 2018, 2019 and 2020.

According to information provided, criminal and/or disciplinary inquiries were carried out in the course of these three years in respect of a total of 2,229 prison officers in connection with allegations of ill-treatment.<sup>37</sup> At the criminal procedural level, two persons had received prison terms (both in 2019), 29 persons had been fined, 28 persons had been acquitted, and proceedings had been discontinued in respect of 1,413 persons; judicial proceedings or preliminary inquiries were still ongoing in all the remaining cases. At the disciplinary level, 71 persons had received various sanctions and in respect of 1,797 persons a decision on the discontinuation of proceedings had been taken, while the remaining cases were still pending.



**The CPT would like to receive updated information in this regard covering the period up to the end of 2021.**

51. The CPT has also repeatedly stressed that a fundamental safeguard against ill-treatment and impunity is the requirement that a thorough and prompt medical examination be conducted on prisoners following a violent incident or use of force in a prison.

In this context, the delegation heard a number of complaints from prisoners that, after they had been ill-treated, their access to healthcare staff had been delayed until there were no visible traces left or totally denied to them. Moreover, an examination by the delegation of documentation on disciplinary proceedings against staff members in some of the prisons visited revealed that even when a formal complaint of ill-treatment was made, the prisoner concerned was not always promptly examined by a doctor.

By way of example, at Kayseri T-type Prison No. 1, the delegation came across the case of a prisoner who had complained to the prosecutor’s office about being subjected to *falaka* by several prison officers at the end of 2020. It was only two weeks later that the prosecutor had requested the prison management to ensure that a medical report was obtained for the prisoner concerned. In another case, a prisoner had been taken to hospital for a medical examination 18 days after his complaint of physical ill-treatment by staff was received by the prosecutor’s office.<sup>38</sup>

It is self-evident that medical examinations carried out after such delays are in most cases likely to serve little purpose. Reference is made in this regard to the precepts set out in paragraph 75.

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37. 657 in 2018, 864 in 2019, and 708 in 2020.

38. Similarly, at Diyarbakır T-type Prison No. 3, a prisoner who had complained of being subjected to *falaka* by prison officers was only medically examined nine days after the complaint was brought to the prosecutor’s attention by his lawyer.

52. At Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1, no centralised register was kept for instances of use of force or special means (such as handcuffs and rubber batons) by staff against prisoners. Further, the incident reports were not always sufficiently detailed and, in some cases, did not even specify the type of force used (e.g. “limited force was used”, “proportionate force was used”, etc.).

**III The CPT recommends that a dedicated register for the use of force and special means be established at Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1 (and, as appropriate, in other prison establishments).**

The entries in the register should include the time at which force/special means were used, the circumstances of the case, the reasons for resorting to force/special means, the type of means used, the involvement of a healthcare professional and an account of any injuries sustained by prisoners or staff. It is important to note that, without such a comprehensive register, it will be impossible to analyse accurately the overall situation in a prison and to draw the appropriate conclusions as regards use of force/special means.

53. At Kayseri T-type Prison No. 1, a transgender prisoner complained to the delegation that her hair had been cut forcibly by staff some three months previously. Another transgender prisoner met by the delegation in this prison claimed that she had recently been subjected to the same treatment at the neighbouring T-type Prison No. 2. If true, such acts would be unacceptable and may be considered as degrading treatment.

**III The Committee would like to receive the Turkish authorities’ comments on this matter (see also paragraph 80).**

54. It appeared from the information gathered during the visit that inter-prisoner violence did not constitute a major problem in the establishments visited. That said, it was hardly surprising that, at Maltepe L-type Prison No. 1, the extreme overcrowding in some of the dormitories, coupled with complete inactivity of the inmates, led to tensions and occasional fights between prisoners. Reference is made in this respect to the recommendations in paragraphs 58 and 63.

## **b. conditions of detention**

55. In all the prisons visited, the great majority of inmates were accommodated in dormitories of a duplex design, with a living area on the ground floor and a sleeping area upstairs. Ground-level living areas were equipped with an open kitchenette, a sanitary annexe (with a shower, a toilet and a sink) and plastic tables and chairs, and sleeping areas with bunk-beds and lockers. Depending on the resources at the prisoners’ disposal, most of the dormitories had additional amenities, such as refrigerators, television sets and other electrical or electronic appliances. Further, each dormitory had an adjacent courtyard to which prisoners had unrestricted access during daylight hours.

56. Material conditions of detention were generally of a good standard at Diyarbakır High-Security Prison No. 1, Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1. In particular, prisoner accommodation areas were well lit and ventilated, sufficiently heated and generally clean.

However, the CPT noted with concern that, at Diyarbakır T-type Prison No. 3 and Kayseri T-type Prison No. 1, the original design capacity of the establishments’ dormitories had been increased considerably (from ten to 16-18 beds, or even up to 26 beds at Kayseri), and many prisoners were as a result being held in cramped conditions. For example, at Diyarbakır T-type Prison No. 3, the delegation saw dormitories measuring approximately 50 m<sup>2</sup> (combined floor space of the two levels, excluding the sanitary annexe), which were accommodating up to 17 inmates. Further, a “quarantine” dormitory of some 87 m<sup>2</sup> at Kayseri T-type Prison No. 1 was holding 26 persons at the time of the visit.

On a positive note, prisoners enjoyed generous living space at Diyarbakır High-Security Prison No. 1 where single-occupancy cells measured at least 15 m<sup>2</sup> (including the sanitary annexe) and triple-occupancy duplex units some 36 m<sup>2</sup>.

57. As regards Istanbul-Maltepe L-type Prison No. 1 and Istanbul-Metris T-type Prison No. 1, living conditions were found to be deficient in many respects, notably as regards the state of repair and hygiene. Further, the delegation observed serious overcrowding in both establishments, where the dormitories were often accommodating a much larger number of inmates than their capacity. This was particularly the case at Maltepe L-type Prison No. 1: for instance, dormitories, including those used for quarantine purposes, with 28 beds were accommodating up to 56 prisoners, with many persons having to sleep on mattresses on the floor or share a bed. At Metris T-type Prison No. 1, a “quarantine” dormitory, which was equipped with twelve beds and nine mattresses placed on the floor (i.e. 21 sleeping places in total), was holding 23 persons.<sup>39</sup>

**58. The CPT recommends that the Turkish authorities take urgent measures at Diyarbakır T-type Prison No. 3, Kayseri T-type Prison No. 1, Maltepe L-type Prison No. 1 and Metris T-type Prison No. 1 to reduce occupancy rates, notably in the quarantine areas, with a view to offering a minimum of 4 m<sup>2</sup> of living space per inmate in dormitories and 6 m<sup>2</sup> in single-occupancy cells (not counting the area taken up by the in-cell sanitary annexe).**

**The Committee also recommends that immediate steps be taken at Maltepe L-type Prison No. 1 and Metris T-type Prison No. 1 to ensure that all prisoner accommodation areas are kept in an adequate state of repair and hygiene and that every inmate is provided with his own bed.**

59. At both prisons in Diyarbakır and at Kayseri T-type Prison No. 1, hot water was available in the dormitories all the time.<sup>40</sup> However, in practically all the establishments visited, the delegation received complaints from prisoners that they had to pay for basic personal hygiene items as well as for materials to clean their dormitories, while the vast majority of them did not have any opportunity to earn money in prison. Further, although newly admitted prisoners were as a rule provided with clean bedding, the delegation observed at Diyarbakır High-Security Prison No. 1 and Kayseri T-type Prison No. 1 that some newly arrived inmates who had already spent several days in the establishment had still not received bed linen. A similar situation was found at Metris T-type Prison No. 1.

**The CPT recommends that steps be taken in the prisons visited (and, where appropriate, in other prisons in Turkey) to ensure that all prisoners are provided free of charge with clean bed linen as well as with essential personal hygiene items and materials for cleaning their dormitories.**

60. At Diyarbakır T-type Prison No. 3, the delegation noted that in some dormitories the staircases connecting the two floors were only partially equipped with handrails. This could be potentially dangerous for elderly or sick prisoners (as illustrated by a recent case of an elderly inmate who had fallen down the stairs and died of an intracerebral haemorrhage).

**The CPT recommends that this deficiency be remedied.**

61. At the outset of the visit, the delegation was informed by representatives of the Ministry of Justice that, in order to limit contact among prisoners and thus prevent the spread of the infection, common activities in prisons – notably school classes and vocational training – had been largely suspended since the outbreak of the Covid-19 pandemic in March 2020.

Indeed, the delegation could observe for itself that, with the exception of a limited number of prisoners working in the establishments’ general services (kitchen, food distribution, cleaning, etc.), virtually no purposeful out-of-cell activities were offered to inmates in most of the prisons visited. Consequently, the overwhelming majority of prisoners were obliged to spend almost the whole day inside their dormitories, the principal means of distraction being walking in a courtyard (weather permitting), watching television and reading.

39. Several single-occupancy cells in this prison, which measured some 6 m<sup>2</sup> (not counting the toilet area), held two persons at the time of the visit, one of them sleeping on a mattress on the floor.

40. In Diyarbakır, this was achieved thanks to the installation of solar panels in the territory of the prison campus.

62. On a positive note, at Kayseri T-type Prison No. 1, several textile workshops<sup>41</sup> continued to operate notwithstanding the pandemic, providing employment to over 110 inmates.<sup>42</sup> Further, the prison's large indoor sports facility was returned to use on the first day of the visit and would reportedly be accessible for each prisoner once every two weeks for one hour. That said, the fact remained that there was a serious shortage of purposeful activities for the great majority of prisoners at Kayseri T-type Prison No. 1, who were essentially confined to their dormitories all day long.

**63. The CPT recommends that, for as long as the Covid-19 pandemic persists, efforts should be made to ensure that, as a minimum, all prisoners have regular access to sports facilities (at least on a weekly basis). Further, more efforts are required to ensure that other activities (such as work) are also on offer, which could be undertaken on a dormitory-by-dormitory basis. In this context, reference could be made to a circular issued by the Director General for Prisons and Detention Houses in July 2020, recommending that inmates sharing the same dormitory be enabled to participate in communal activities.**

**More generally, and once the pandemic-related restrictions are lifted, the Turkish authorities must take steps in all the prisons visited (and in all other prison establishments in Turkey where a similar situation prevails) to ensure that all prisoners are offered a structured programme of purposeful activities (such as work, education, vocational training, and sport).**

### **c. healthcare services**

64. The delegation conducted an evaluation of the healthcare services at *Diyarbakır High-Security Prison No. 1*, *Diyarbakır T-type Prison No. 3* and *Kayseri T-type Prison No. 1*. At Istanbul-Maltepe L-type Prison No. 1 and Istanbul-Metris T-type Prison No. 1, the delegation mainly focused on staffing levels and the role of prison healthcare services in preventing ill-treatment.

65. Healthcare services in the prisons visited were provided in co-ordination with the Ministry of Health through family doctors and nurses from public hospitals. Large penitentiary campuses (such as Diyarbakır, Kayseri and Maltepe) also had on their territory a separate health centre staffed by doctors and nurses present round-the-clock (see paragraph 74).

66. As had been the case during previous CPT visits, the staffing levels for both doctors and qualified nurses were clearly insufficient in all the prisons visited.

At *Diyarbakır High-Security Prison No. 1* (which was holding some 150 inmates at the time of the visit), the healthcare team consisted of a part-time general practitioner (GP)<sup>43</sup> present two half days per week and a part-time nurse. In addition, four "health officers" (prison officers who had received some medical training)<sup>44</sup> were assigned to the prison's medical unit, assuring 24/7 coverage.

*Diyarbakır T-type Prison No. 3* (some 650 inmates) employed a half-time GP and a part-time nurse, assisted by nine health officers.

At *Kayseri T-type Prison No. 1*, the healthcare team was composed of one part-time (60%) GP and one part-time nurse, for an inmate population of almost 1,400. They were assisted by seven health officers. In addition, the prison employed a dentist.

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41. Producing items such as bedclothes, aprons, masks and surgical sponges.

42. The delegation also saw a functioning textile workshop at Maltepe L-type Prison No. 1.

43. In addition to Diyarbakır High-Security Prison No. 1, the doctor also worked at Diyarbakır High-Security Prison No. 2 and Diyarbakır T-type Prison No. 3, thus covering a full-time post.

44. They carried out various tasks, such as managing the pharmacy and distributing medication to inmates, and did not perform custodial duties.

At *Maltepe L-type Prison No. 1* (which was accommodating some 2,500 inmates at the time of the visit), there was one full-time GP and two full-time nurses (supported by five health officers). The establishment also had a full-time dentist.

*Metris T-type Prison No. 1* had one part-time GP and one part-time nurse,<sup>45</sup> for a prisoner population of some 1,250. Further, six health officers were assigned to the healthcare unit. A dentist was also present every weekday.

67. In the course of the visit, the effects of such a severe shortage of prison healthcare staff were only too evident. The delegation received many complaints from inmates about access to and quality of healthcare in the prisons visited. Further, it would appear that medical doctor-inmate consultations generally only lasted a few minutes. Moreover, the personal medical files seen by the delegation often contained little or no information about examinations performed by the doctor.

68. In their dialogue with the CPT, the Turkish authorities have consistently maintained that the national norm of one full-time doctor per 1,000 prisoners is, in their view, adequate.<sup>46</sup> However, the Committee's findings suggest that a prison medical service resourced at such a low ratio is incapable of offering an appropriate level of health care to inmates. In this context, it should be borne in mind that morbidity among the prison population is usually very high.<sup>47</sup> The CPT also recalls that prison doctors' responsibilities are not limited to treating sick prisoners; they should also organise epidemiological surveillance of the most prevalent diseases, organise prevention activities and be in regular interaction with the prison management, in particular as regards the management of vulnerable prisoners.

**69. The CPT recommends that steps be taken by the Turkish authorities as a matter of priority to increase the staffing levels for doctors in all the prisons visited.**

The Committee considers that, in view of their current occupancy rates, the prisons visited should have the following staffing complement as regards doctors: *Diyarbakır High-Security Prison No. 1* – 0.5 full-time equivalent (FTE); *Diyarbakır T-type Prison No. 3* – at least one FTE; *Kayseri T-type Prison No. 1* – at least two FTE; *Maltepe L-type Prison No. 1* – at least four FTE; and *Metris T-type Prison No. 1* – at least two FTE.

**The Committee also recommends that the number of nursing staff in all the prisons visited be substantially increased.**

**Further, the Committee considers that, for a prison healthcare service to be truly independent, all staff assigned to it must be uniquely aligned – both administratively and professionally – to the healthcare system. In this context, the CPT recommends that health officers working in prisons be affiliated to the Ministry of Health. Further, immediate steps should be taken to ensure that they no longer wear a prison officer's uniform.**

70. The CPT noted with considerable concern that access to psychiatric care for prisoners was clearly inadequate in the establishments visited, despite the presence of many inmates with severe mental health disorders (e.g. schizophrenia, schizoaffective disorders, etc.). For instance, *Diyarbakır T-type Prison No. 3* was generally not visited by a psychiatrist,<sup>48</sup> and *Kayseri T-type Prison No. 1* received such visits at best once a month. Of particular concern was the practice observed in most of the prisons visited of placing mentally ill prisoners in isolation for prolonged periods without any meaningful human contact. In the CPT's view, such management of persons with mental health disorders could be considered as inhuman and degrading.

45. The doctor and the nurse were also in charge of the healthcare service at *Metris T-type Prison No. 2*.

46. It is noteworthy that even this very low threshold was not always met (for example, at *Kayseri T-type Prison No. 1* and *Metris T-type Prison No. 1*).

47. See, for example, WHO/Europe Prisons and health Data and statistics

48. A psychiatrist reportedly came to the campus polyclinic if needed.

71. As the CPT has made clear in the past, all prisons will accommodate a certain number of prisoners who, while not requiring admission to a psychiatric facility, would benefit from ambulatory psychiatric care. The regular presence of a psychiatrist will enable those prisoners to be identified in good time and be given appropriate treatment. In many cases this may well make it possible to avoid any subsequent need for their transfer to an outside facility. Further, such a presence will ensure that the state of health of inmates who are returned to prison after treatment in a psychiatric facility is satisfactorily monitored.

**The CPT reiterates its recommendation that steps be taken in all prisons in Turkey to arrange for systematic screening of prisoners for mental health disorders, proper follow-up of chronic mental disorders and regular visits (at least once a week, and more frequently in larger prisons) by a psychiatrist. Moreover, in the Committee's view, it is necessary that doctors and nurses working in prisons are trained to identify common mental health disorders.**

**The CPT also recommends that the Turkish authorities take steps to ensure that prisoners with mental health disorders who require in-patient psychiatric treatment are always transferred without delay to appropriate hospital facilities.**

72. As regards psychological assistance, each establishment visited employed one or two psychologists; that said, as far as the delegation could ascertain, none of the psychologists was clinically trained. Further, their role was essentially limited to carrying out a security risk assessment of prisoners.

**The Committee recommends that the Turkish authorities reinforce the provision of psychological care in prisons and develop the training and the role of prison psychologists, especially as regards therapeutic clinical work with inmates. In this context, efforts are needed to recruit clinically trained psychologists who should form part of the healthcare team and whose work should avoid combining two different roles, i.e. risk assessment and therapeutic clinical work.**

73. At Diyarbakır T-type Prison No. 3, a number of prisoners complained of a lack of dental care. In this regard, the delegation was informed that the prison would employ a part-time dentist from the end of January 2021.

**III The CPT would like to receive confirmation that this has indeed happened.**

74. The healthcare facilities in the prisons visited were generally of a good standard and the supply of medication did not seem to pose any particular problems.

Further, as already mentioned (see paragraph 65), each prison campus had a separate health centre ("polyclinic"), which was administratively affiliated to a state hospital and provided healthcare services to both prisoners and staff. The delegation visited one such centre, namely the Kayseri Prison Campus Polyclinic. It had good-quality facilities and equipment<sup>49</sup> and benefited from the round-the-clock presence of a doctor (affiliated to Bünyan State Hospital Emergency Department) and of a nurse. The delegation was told that, prior to the Covid-19 pandemic, the polyclinic had been visited on a weekly basis by a psychiatrist, a surgeon, an ophthalmologist, a dentist, an orthopaedist, a gynaecologist and a paediatrician, but since March 2020 specialist consultations were arranged as needed.<sup>50</sup>

The delegation gained a positive impression of the overall functioning of the Kayseri Prison Campus Polyclinic. Nevertheless, the CPT considers that such an arrangement cannot substitute for the provision in prison of adequate staffing levels of qualified healthcare personnel, such as general practitioners and nurses. It is evident that prison doctors would be better placed to ensure continuity of medical care and

49. The two-storey polyclinic had, on the ground floor, seven fully-equipped consultation rooms (including two resuscitation rooms and rooms for a dentist, an internist, an ophthalmologist, and a gynaecologist) and a small laboratory performing basic tests, as well as a digital X-ray machine. On the upper floor, there were three patient's wards – for men (seven double rooms), women (six double rooms) and juveniles (four double rooms) – with a total capacity of 34 beds. Further, the polyclinic had an ambulance vehicle at its disposal.

50. According to the statistics provided to the delegation, 14,824 patients were examined in the polyclinic in 2020.

the effective follow-up of prisoners' state of health, as opposed to medical staff working in prison campus polyclinics who do not follow their prisoner patients for longer-term care and focus solely on emergency care.

75. On numerous previous occasions, the CPT has stressed the crucial role of prompt medical screening of new arrivals, in particular at establishments which represent points of entry into the prison system. Such screening is indispensable, notably in the interests of preventing the spread of transmissible diseases and of the timely provision of medical and psychosocial care to inmates.

The Committee has also highlighted the important contribution which healthcare staff working in prisons can and should make to the prevention of ill-treatment, through a thorough and prompt examination of prisoners, methodical recording of injuries and, when appropriate, the provision of information to the relevant authorities. The accurate and timely documenting and reporting of such medical evidence would greatly facilitate the investigation of cases of possible ill-treatment and the holding of perpetrators to account, which in turn would act as a strong deterrent against the commission of ill-treatment in the future.<sup>51</sup>

76. Regrettably, the CPT has to note with dismay that, despite the specific recommendation repeatedly made by the Committee in previous visit reports, medical examination on admission remains a particularly problematic area in the Turkish prison system. Once again, the CPT found that prisoners were not systematically subjected to a comprehensive medical screening by healthcare staff in any of the establishments visited. Such screening was either largely non-existent (for instance, as in Kayseri T-type Prison No. 1 or Maltepe L-type Prison No. 1) or often limited to asking questions about the inmate's state of health, without carrying out a proper physical examination.

Further, as was the case in the past, in none of the prisons visited was screening/testing for transmissible diseases performed upon admission (except for Covid-19).

The situation as regards the recording of injuries (both upon admission and whilst in prison) in the establishments visited was such that in most cases injuries were not described in sufficient detail. Further, the examination of medical documentation also revealed that healthcare professionals generally made no attempts to assess the consistency between the injuries observed and any statements made by the prisoner concerned as to the origin of the injuries. The delegation also noted that there was no dedicated register in any of the prisons visited for traumatic injuries observed by healthcare staff on prisoners.

As regards reporting procedures, the delegation noted that records of injuries which were indicative of ill-treatment were as a rule communicated by healthcare staff to the prison management. However, in most of the establishments visited, the management believed that for such records to be reported to the prosecutor's office, there had to be a written statement by the prisoner concerned alleging ill-treatment.

**77. The CPT once again calls upon the relevant Turkish authorities to take the necessary steps (including through the issuance of instructions and the provision of training to relevant staff) to ensure that in all the establishments visited and, where appropriate, in other prisons in Turkey:**

- **all newly arrived prisoners are subject to a comprehensive medical examination (including systematic TB screening and voluntary testing for HIV and hepatitis B/C) by a doctor (or a qualified nurse reporting to a doctor) within 24 hours of admission;**
- **the record drawn up after the medical examination of a prisoner (whether upon admission or during imprisonment) contains: (i) a full account of objective medical findings based on a thorough examination, (ii) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and**

51. See also the substantive section of the CPT's 23rd General Report: "Documenting and reporting medical evidence of ill-treatment".

any allegations of ill-treatment), and (iii) the healthcare professional's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings. The record should also contain the results of additional examinations carried out, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed;

- any traumatic injuries observed in the course of the medical examination of a prisoner are recorded in a dedicated register. In addition to this, all injuries should be photographed in detail and the photographs kept, together with "body charts" for marking traumatic injuries, in the prisoner's individual medical file;
- the results of every examination, including the above-mentioned statements and the healthcare professional's conclusions, are made available to the prisoner and his/her lawyer;
- whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the record is systematically brought to the attention of the competent prosecutor, regardless of the wishes of the person concerned. The healthcare professional should advise the prisoner concerned of the existence of the reporting obligation and that the forwarding of the report to the prosecutor is not a substitute for the lodging of a formal complaint.

78. The information gathered during the 2021 visit revealed once again serious shortcomings as regards respect for medical confidentiality. First of all, despite the specific recommendation repeatedly made by the Committee, medical examinations of prisoners in the establishments visited were still usually carried out in the presence of prison officers. As stressed by the CPT in the past, apart from constituting a breach of medical confidentiality, such a state of affairs also represents a serious impediment to prisoners expressing themselves freely to healthcare staff about their health problems and, more particularly, about any ill-treatment they may have suffered.

Secondly, the CPT noted with concern that prisoners' medical data continued to be entered into the National Judiciary Informatics System (*UYAP*) of the Ministry of Justice, to which prison managers and some non-medical staff members had unrestricted access.

**The CPT must once again call upon the Ministry of Justice to take immediate steps – in co-operation with the Ministry of Health – to ensure that, in all the prisons visited (and, where appropriate, in other prisons in Turkey), medical examinations of prisoners are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of prison officers. Further, the Committee reiterates its recommendation that the connection of prison healthcare services to the Ministry of Health database be established without further delay (also with a view to ensuring continuity of care). Pending that, urgent steps should be taken to guarantee the confidentiality of any medical data that has to be uploaded to the UYAP.**

79. In some of the prisons visited, the delegation observed that prisoners with HIV infection were being held in single cells, a practice which appeared to be based on unfounded fears that HIV/AIDS could be transmitted through casual contact.

**In this connection, the CPT wishes to stress that there is no medical justification for the segregation of prisoners solely on the grounds that they have HIV infection. The Committee recommends that the Turkish authorities devise a policy aimed at putting an end to the practice of segregating prisoners with HIV infection. That policy should provide, inter alia, for a programme of education and information for both prison staff and inmates about methods of transmission and means of protection as well as the application of adequate preventive measures.**

More particularly, the risks of HIV infection through sexual contact and intravenous drug use should be highlighted and the role of body fluids as the carriers of HIV viruses explained. Prison staff in particular should be provided with ongoing training in the attitudes to be adopted regarding HIV-positivity and given appropriate instructions concerning non-discrimination and confidentiality.

80. In the course of the visit, the delegation interviewed several LGBTI prisoners in various prisons. It gained the impression that the general approach taken by the prison authorities towards such persons was to ensure their safety, including by segregating them.

**In this context, the CPT would like to be informed of any instructions or policy guidelines that the Turkish authorities might have developed to combat discrimination and exclusion faced by LGBTI persons in prison establishments.**

81. As had been the case in the past, numerous complaints were received from prisoners that they had been handcuffed during medical interventions when taken to an outside hospital. The CPT wishes to stress once again that handcuffing prisoners during medical consultations or examination is not acceptable, since it infringes upon the dignity of the inmates concerned and inhibits the development of a proper doctor-patient relationship (and may also impede the establishment of an objective medical finding).

**The Committee reiterates its recommendation that the Turkish authorities take steps to put a stop to any such practice. Other means of meeting security needs satisfactorily can and should be found (e.g. the installation of a call system, the presence of additional healthcare personnel, etc.).**

82. The lack of systematic medical screening upon admission in the prisons visited was of particular concern with respect to inmates in need of urgent medical attention, notably prisoners using drugs. It appeared that newly admitted prisoners with opioid withdrawal crisis were usually left unattended, without being prescribed any pain-relief medication or other symptomatic treatment. Further, opioid agonist therapy (OAT) was apparently granted in a very restrictive manner; in fact, it was hardly possible for a prison doctor to initiate OAT. In practice, OAT was only offered to those inmates who had already been receiving such treatment prior to their imprisonment. That said, at Diyarbakır T-type Prison No. 3, the delegation came across the case of a prisoner whose Suboxone treatment, which he had been receiving before imprisonment, had not been continued after his admission to prison.

The CPT considers that admission to prison is an opportunity to address a person's drug-related problem and it is therefore important that suitable assistance is offered to all persons concerned; consequently, appropriate health care must be available in all prisons. The assistance offered to such persons should be varied; detoxification programmes with substitution programmes for prisoners with drug dependence should be combined with genuine psycho-social and educational programmes for opioid-dependent patients who are unable to stop taking drugs. Under no circumstances should an OAT programme be stopped upon imprisonment regardless of the barriers to such continuity of care.<sup>52</sup> Finally, all healthcare staff (and prison staff generally) should be given specific training on issues related to drug use.

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52. See, in this respect, the European Court of Human Rights judgment *Wenner v. Germany* in which the Court found that Germany had failed to comply with its positive obligation under Article 3 of the ECHR by not ensuring the continuation of substitution treatment to a long-term beneficiary of such treatment in the community after his incarceration.

**III The CPT recommends that the Turkish authorities develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems, as part of a wider national drugs strategy, taking into account the above remarks.<sup>53</sup>**

**d. other issues**

*i. contact with the outside world*

83. As a general rule, adult remand and sentenced prisoners are entitled to one family visit per week, lasting up to 1½ hours.<sup>54</sup> According to the Regulation on Visits to Sentenced and Remand Prisoners,<sup>55</sup> within a given month prisoners can have one open visit, while the remaining visits during that month shall take place in closed conditions. Further, remand and sentenced prisoners are, in principle, entitled to make one ten-minute telephone call per week.<sup>56</sup>

In addition, prisoners who demonstrate good behaviour may receive various rewards, such as conjugal visits for married prisoners for a period of up to 24 hours every three months, replacement of a closed visit with an open one, accumulation of three consecutive unused visit entitlements, prolongation of the duration of weekly visits to up to two hours and doubling the number or duration of weekly telephone calls.<sup>57</sup>

84. At the time of the 2021 visit, prisoners were not allowed to have open visits and could only receive one closed visit every two weeks, as part of the measures taken to contain the propagation of the Covid-19 virus within prisons. Consequently, in all the establishments visited, family visits took place through a glass partition, with a maximum of two visitors allowed per prisoner. In order to somewhat compensate for these restrictions, prisoners' telephone entitlement had been doubled, which is positive.

**III Indeed, the CPT recommends that the Turkish authorities consider maintaining this policy in the future when the pandemic-related restrictions on family visits are lifted.**

In this connection, several inmates met by the delegation stated that they almost never used the telephone as they could not afford to pay for calls.

**III The Committee invites the Turkish authorities to take steps to ensure that indigent prisoners are offered the possibility to make free telephone calls on a regular basis (including upon admission to the prison).**

85. At Metris T-type Prison No. 1, the delegation noted that newly admitted prisoners could only make a phone call after the result of their second Covid-19 test was known, which could take some ten to twelve days.

**III Immediate steps should be taken at this establishment to ensure that all newly admitted prisoners (for whom it is often most important to contact their families upon arrival at the prison) are able to make a phone call shortly after admission.**

**III 86. More generally (and outside the context of the Covid-19 pandemic), the CPT must reiterate its recommendation<sup>58</sup> that the relevant regulations be amended to ensure that, as a rule, family visits take place in open conditions (i.e. without physical separation) for all categories of prisoner and that visits with a partition are restricted to those cases where it is justified for security-related reasons.**

53. See also the publication "Mental Health and Addiction in Prisons" (2013) from the Council of Europe Pompidou Group, as well as Chapters 13 and 14 of "Prison and Health" by the WHO Regional Office in Europe.

54. Section 83 of the LESSM (most recently amended by Law No. 7328 which came into force on 25 June 2021).

55. Section 5(d).

56. Section 66 of the LESSM and Section 88 (f) of the Prison Regulations.

57. Section 51 of the LESSM.

58. See, most recently, CPT/Inf (2020) 22, paragraph 135.

87. According to the relevant legal provisions, *persons sentenced to aggravated life imprisonment* are only entitled to two family visits per month (one open and one closed).<sup>59</sup> Further, such prisoners may be allowed to make one phone call every fifteen days.<sup>60</sup>

As the CPT has stressed in the past, prisoners sentenced to aggravated life imprisonment should not be discriminated against on the sole ground of their sentence; they should therefore benefit from the same entitlements regarding contact with the outside world as other sentenced prisoners.

**III The CPT reiterates its recommendation that the existing legislation concerning prisoners' visits and telephone calls be amended, in the light of these remarks.**

88. During the visit, the delegation was informed about a pilot project ("Integration of Smart Technologies in Penitentiary Institutions"), the main feature of which was that prisoners would be able to benefit from a range of e-services (such as making audio and video calls to their families and lawyers, sending e-mails to relatives, submitting petitions to the Ministry, ordering books from the prison library or items from the canteen, and so on) through a multimedia kiosk installed in dormitories.<sup>61</sup>

At the time of the visit, the pilot project had already been launched at Sincan Women's Prison and was about to be extended to Bakırköy Women's Prison and Sincan Juvenile Prison. The delegation was told that it was planned to complete the implementation of the project in the entire prison system by the end of 2022, by installing 20,000 multimedia kiosks in some 400 prison establishments.

The CPT welcomes this development. If fully implemented in practice, the project should not only facilitate prisoners' contact with the outside world but also help develop positive staff-prisoner relations, as well as representing good practice for other member States of the Council of Europe.

**III The CPT would like to receive updated information on the implementation of the aforementioned project as well as more detailed information on whether the installation of these kiosks will have a bearing on how often audio and video calls to families and lawyers will be permitted and whether it will also include the possibility of making complaints directly to the supervisory prosecutor.**

*ii. discipline and security*

89. It is recalled that disciplinary sanctions which may be imposed on adult sentenced and remand prisoners include cellular confinement for up to 20 days.<sup>62</sup>

Recourse to disciplinary confinement in the prisons visited did not appear to be excessive, and in practice the periods of cellular confinement were often well below the maximum provided for by law.<sup>63</sup> It is also noteworthy that material conditions of detention in disciplinary (single-occupancy) cells were generally satisfactory in the establishments visited (including in terms of state of repair, size, in-cell lighting and equipment).

Nevertheless, the CPT must reiterate its view that the maximum possible period of cellular confinement of 20 days for adult prisoners is excessive, given the potentially very damaging effects of solitary confinement on the mental and/or physical well-being of the prisoners concerned.

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59. Section 25(1)(f) of the LESSM and Section 5(f) of the Regulation on Visits to Sentenced and Remand Prisoners.

60. Section 25(1)(e) of the LESSM.

61. The project, with an overall cost of about € 80 million, was funded by a domestic telecommunications company.

62. Adult prisoners may also be sanctioned by less severe disciplinary measures, such as reprimand, suspension from participation in certain activities and deprivation of visits for a period of up to three months (Sections 38 and 44 of the LESSM).

63. It should also be noted that the decisions of the prison's disciplinary board to impose a disciplinary sanction of cellular confinement must be approved by the enforcement judge.

Further, it is a matter of concern that, despite the specific recommendation repeatedly made by the Committee after previous visits, the sanction of disciplinary confinement in respect of adult prisoners still entailed a total prohibition on contact with the outside world (except with a lawyer).<sup>64</sup> Moreover, it remains the case that the sanction of deprivation of family visits may be applied for disciplinary offences not related to such visits.

**The Committee reiterates its recommendation that the relevant legislation be revised to ensure that:**

- **the maximum period of disciplinary solitary confinement for a given offence is reduced to 14 days, and preferably lower;**<sup>65</sup>
- **disciplinary punishment of prisoners does not lead to a total prohibition of family contacts;**
- **any restrictions on family contacts as a form of disciplinary punishment are applied only when the offence relates to such contacts.**<sup>66</sup>

90. The delegation found that, despite the specific recommendation made by the Committee after its 2017 visit,<sup>67</sup> an act of self-harm was still considered in practice to be a disciplinary offence and could be punished accordingly (usually when such behaviour was recurrent). The CPT must stress once again that acts of self-harm often reflect the distress that the prisoners concerned might be experiencing or problems and conditions of a psychological or psychiatric nature. Consequently, such acts should be approached from a therapeutic rather than a punitive standpoint. In particular, all cases of self-harm ought to be assessed medically immediately after the incident to evaluate the extent of lesions and to assess the psychological state of the prisoner.

**The Committee reiterates its recommendation that the Turkish authorities take appropriate steps throughout the prison system to review the approach being followed vis-à-vis prisoners who have harmed themselves, in the light of the above remarks. In this connection, Section 26 ("Compliance with the execution regime, security regulations and rehabilitation programmes") and Section 27 ("Compliance with the rules of health protection") of the LESSM should be reviewed to place an emphasis on providing support to prisoners who have harmed themselves.**

91. As regards disciplinary procedures, the CPT noted that the shortcomings regarding the relevant legal framework identified by the Committee in previous visit reports<sup>68</sup> had still not been addressed.

**The CPT once again reiterates its recommendation that the Turkish authorities take steps (including, if necessary, of a legislative nature) to ensure that prisoners facing disciplinary charges are always heard by the body which takes the decision and are entitled to call witnesses on their own behalf and have evidence against them cross-examined.**<sup>69</sup>

92. It is highly regrettable that, despite the specific recommendation made by the Committee after previous visits, the legislation in force still requires that, before the enforcement of the disciplinary sanction of cellular confinement, the prisoner concerned must be examined by a doctor who determines whether or not he is fit to sustain the punishment.<sup>70</sup> As far as the delegation could ascertain, in most of the

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64. See Section 44, paragraph 1, of the LESSM.

65. See paragraph 56(b) of the 21st General Report on the CPT's activities.

66. See also Rule 60.4 of the European Prison Rules and the Commentary to that Rule.

67. See CPT/Inf 2020 (22), paragraph 140.

68. See CPT/Inf (2020) 22, paragraph 141.

69. See also paragraph 57(b) of the 21st General Report on the CPT's activities.

70. Section 48(3)(c) of the LESSM.

establishments visited this task was frequently carried out by the prison doctor.<sup>71</sup> By contrast, it appeared that prisoners placed in cellular confinement were not regularly visited by healthcare staff.

As already stressed in the past, the CPT does not contest as such the involvement of prison doctors in the context of the placement of prisoners in solitary confinement for disciplinary reasons, quite the contrary. However, the Committee wishes to stress once again that medical practitioners in prisons act as the treating doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Against this background, the practice of prison doctors certifying that a prisoner is fit to undergo punishment is scarcely likely to promote that relationship. As a matter of principle, medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement, except where the measure is applied for medical reasons. On the other hand, healthcare staff should be very attentive to the situation of prisoners placed in solitary confinement. The healthcare staff should immediately be informed of every such placement and should visit the prisoner without delay after placement and thereafter on a regular basis, at least once per day, and provide him/her with prompt medical assistance and treatment as required. They should report to the prison management whenever a prisoner's health is being put seriously at risk by being held in solitary confinement.

**The CPT reiterates its recommendation that the Turkish authorities review the role of healthcare staff in relation to disciplinary confinement, in the light of the above remarks. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its 21<sup>st</sup> General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28).**

93. In all the prisons visited, inmates who were involved in a violent incident or were prone to committing acts of self-harm could be placed in padded "blue" rooms.<sup>72</sup> Although it appeared from the information gathered during the visit that such rooms were not frequently used, the delegation found that prisoners were placed in these rooms in only their underwear.

**Such a practice could be seen as amounting to degrading treatment and the Committee recommends that it be stopped immediately. If prisoners are assessed as being at risk of attempting to commit suicide, they should be provided with rip-proof clothing and blanket.**

94. An examination of the register on the use of padded rooms at Kayseri T-type Prison No. 1 showed that prisoners were generally placed in these rooms for not more than a few hours. However, in one case, a prisoner was kept continuously for six days in such a room.

In the CPT's view, the placement of a prisoner in a padded room should last only until the person concerned has calmed down (i.e. no more than a few hours, save in very exceptional circumstances). Further, every such placement should receive prior authorisation from a doctor or be immediately brought to the attention of the doctor with a view to obtaining his/her approval. Moreover, prisoners placed in a padded room should be regularly monitored (the frequency determined by the nature of the case) and the observations of prison officers clearly recorded in a dedicated register. The register should also contain the name of the prisoner concerned, the reasons for his/her placement in a padded room, the date and time of the beginning and end of the placement, the deciding authority, the precise location where the prisoner is held and the time of the daily checks by healthcare staff.

**The CPT recommends that steps be taken to ensure that these precepts are fully implemented in all prison establishments.**

95. The padded rooms at Maltepe L-type Prison No. 1 were found to be in a poor state of hygiene with signs of recent use, and the register on the use of these rooms could not be located during the delegation's visit to this prison. This is particularly worrying as the delegation received allegations from prisoners of having recently been placed in the padded room following a violent incident.

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71. Prisoners were occasionally also taken to campus polyclinics to obtain the "fit-for-punishment" certificate.

72. See Section 49 of the LESSM.

By letters of 10 March and 7 May 2021, the Turkish authorities informed the CPT that the padded rooms at Maltepe L-type Prison No. 1 had been refurbished<sup>73</sup> and that a separate register had been introduced on their use. It was also indicated that steps had been taken to provide those to be placed in soft rooms and assessed as being at risk of attempting to commit suicide with rip-proof clothes and blankets. The CPT welcomes the rapid action taken by the authorities.

96. At Diyarbakır High-Security Prison No. 1 and Diyarbakır T-type Prison No. 3, the delegation noted that there was no glass in the windows of the padded rooms and that one such room at Kayseri T-type Prison No. 1 was dirty.

### **III Steps should be taken to remedy these shortcomings.**

#### *iii. complaints procedures*

97. As was the case during previous visits, there was a widespread lack of trust among prisoners in the existing complaints system and a general reluctance to avail themselves of their right to make complaints. Moreover, many prisoners interviewed by the delegation felt that making a complaint would only aggravate their situation. For instance, some of them stated that they were afraid to complain to outside bodies as they had apparently been threatened by prison officers that this would lead to negative consequences for them. Further, in most of the prisons visited, the delegation heard complaints from inmates that they were required to hand over to a prison officer any letters addressed to state institutions in an unsealed envelope. A number of inmates also claimed that there had been no follow-up to their complaints on the part of state institutions (notably public prosecutors).

As repeatedly stressed by the Committee in the past, it is essential that an effective complaints system is in place in all prison establishments, enabling prisoners to contact competent outside bodies in a truly confidential manner. Prisoners should also be able to correspond freely with state bodies and outside organisations, without any repercussions from prison staff.

**III The CPT recommends that the Turkish authorities take steps to ensure that an effective complaints system is in place in all prison establishments, in the light of the above remarks.**

98. It appeared that in most of the prisons visited newly arrived inmates still did not receive any written information setting out prisoners' basic rights and the internal rules of the establishment, despite a specific recommendation made by the Committee to this effect in previous visit reports.

**III The CPT reiterates its recommendation that such information leaflets (containing, inter alia, information about the right to lodge formal complaints both within and outside the prison as well as modalities for doing so) be provided to all newly admitted prisoners.<sup>74</sup>**

## **3. Prisons for women**

99. In many countries, prisons are largely designed by men for male prisoners and to be managed, primarily, by male staff. Women prisoners are often treated like male prisoners with no specific rules and regulations addressing their particular needs as women. In fact, many prison systems and the conditions of detention they afford prisoners lack a gender focus, and prison policies and daily practices within prisons usually range from being gender-neutral to being gender-biased. In European countries, women make up a small minority of the overall prison population and the focus of prison systems is often oriented toward the standard male prisoner. However, women have particular biological and gender-specific needs and vulnerabilities that require an alternative prison policy oriented toward their requirements. It is important that a number of factors are taken into account when dealing with women prisoners, notably any physical, sexual or psychological form of violence (including domestic violence) they might have suffered before

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73. The CPT was also provided with photographic evidence of such refurbishment.

74. See also the substantive section of the CPT's 27th General Report: "[Complaints mechanisms](#)".

imprisonment, specific healthcare needs, caretaking responsibilities for their children and/or their families, and the high likelihood of post-release victimisation and abandonment by their families.<sup>75</sup>

Further, women prisoners generally pose a lower security risk than male prisoners and therefore it is necessary for any gender-sensitive risk and needs assessment and classification of prisoners to take this fact into account. Such a requirement is reflected in the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the “Bangkok Rules”) of October 2010.<sup>76</sup>

100. In Turkey, women make up some 5.5% of the total prison population.<sup>77</sup> They are held in 16 women’s prisons (nine closed-type and seven open-type) as well as in distinct living units in several prisons for men around the country.

As already mentioned, the delegation visited two prisons for women during the 2021 visit, namely Istanbul-Bakırköy and Kayseri Women’s Prisons.

101. Bakırköy Women’s Prison was opened in 2008 and is currently the country’s largest prison for women. With an official capacity of 1,046 places, it was accommodating 1,173 inmates at the time of the visit.<sup>78</sup> Of them, 627 were on remand (including eight juveniles). Prisoner accommodation was mainly provided in 36-bed duplex living units, each consisting of 12 triple-occupancy rooms, two sanitary annexes (on both ground and upper levels), a common area, a kitchenette and a courtyard. The prison also had a few smaller dormitories as well as 43 single cells which were used for disciplinary punishment and for accommodating prisoners considered to be particularly vulnerable, persons accused or convicted of terrorism-related offences and prisoners sentenced to aggravated life imprisonment.<sup>79</sup> There was a high turnover of inmates, with 15 to 20 admissions per day on average.

Kayseri Prison for Women, opened in 2018, is located on the Bünyan Prison Campus. It had an official capacity of 288 places and was accommodating 346 prisoners<sup>80</sup> at the time of the visit, of whom about one hundred were on remand (including one juvenile). The women were mainly accommodated in duplex dormitories having up to twelve beds (see, however, paragraph 107). The prisoner population included five women sentenced to aggravated life imprisonment who were held in single-occupancy cells.

#### **a. ill-treatment**

102. The great majority of prisoners interviewed by the delegation at Bakırköy and Kayseri Women’s Prisons stated that they were treated correctly by staff and made no allegations of ill-treatment. That said, in both prisons, the delegation did receive several allegations of prison officers pushing and pulling women by the hair and inflicting slaps and kicks. Further, many accounts were heard of shouting and rude language by staff in both establishments. At Kayseri, some women also complained that they had been threatened by staff with placement in solitary confinement or transfer to another prison if they disobeyed orders.

At Bakırköy, the delegation heard several allegations according to which juveniles with challenging behaviour had been physically ill-treated, including being handcuffed to a bed in an isolation cell for a few hours while having their feet tied with plastic straps. Of particular concern were credible accounts that the management of the prison, i.e. its director and his two deputies, had been personally involved in both physical ill-treatment and verbal abuse of recalcitrant girls. According to one of those accounts, the director had slapped and grabbed one girl by the hair and had flung her across the cell.

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75. See also the CPT’s thematic factsheet on women in prison (CPT/Inf (2018) 5).

76. “Rule 41: The gender-sensitive risk assessment and classification of prisoners shall:

(a) Take into account the generally lower risk posed by women prisoners to others, as well as the particularly harmful effects that high-security measures and increased levels of isolation can have on women prisoners”.

77. 10,762 at the time of the visit (including 2,029 on remand).

78. The inmate population included 324 foreign nationals, representing 54 different nationalities.

79. The prison was holding 15 women sentenced to aggravated life imprisonment at the time of the visit.

80. A further 42 prisoners were on “Covid-19 leave”.

**The CPT recommends that a firm message be delivered at regular intervals to the management and staff at Bakırköy and Kayseri Women's Prisons that any form of ill-treatment of inmates, including verbal abuse and threats, is not acceptable and will be sanctioned accordingly. As regards more specifically the treatment of juveniles at Bakırköy Women's Prison, the establishment's management should also be reminded of their responsibility to ensure that the right of juveniles to physical and mental integrity is always respected. Reference is also made in this regard to the recommendations in paragraph 136.**

103. As regards the handcuffing of violent and/or agitated juveniles to fixed objects, this is unacceptable and – regardless of the behaviour of the juvenile concerned – cannot under any circumstances be considered to be a proportionate response on the part of prison staff. In the CPT's view, alternative methods of managing violent incidents and of restraint, such as verbal de-escalation techniques and manual control, should be employed in such situations; this will require staff to be properly trained and certified in their use. Further, individual alternative measures to prevent agitation and to calm down prisoners should be developed. It is axiomatic that any force used to bring juveniles under control should be kept to the minimum required by the circumstances and should in no way be an occasion for deliberately inflicting pain.

**The CPT recommends that these precepts be strictly applied by staff when dealing with violent or agitated inmates at Bakırköy Women's Prison.**

104. The delegation noted that in neither of the two prisons visited was a centralised register kept for instances of use of manual force or special means by staff against inmates.<sup>81</sup>

**In this regard, reference is made to the remarks and the recommendation in paragraph 52.**

105. The delegation received only a few isolated allegations of inter-prisoner violence between women in each of the two prisons. However, it appeared that instances of violence between juveniles occurred regularly at Bakırköy Prison. Various incident reports contained references to deep scratches on the juveniles' backs, arms, faces or ears. This is not surprising given that the girls were kept together in an unwelcoming and bleak environment and had virtually no meaningful activities to keep them occupied during the day (see paragraph 111). In addition, some of the juveniles interviewed by the delegation indicated that they had been subjected to intimidation and bullying by fellow inmates.

**The CPT recommends that the management and staff of Bakırköy Women's Prison be constantly vigilant to any signs of violence, intimidation and bullying among juveniles and that easily available avenues for juveniles to raise concerns be put in place. Reference is also made in this respect to the recommendation and comments in paragraph 140.**

## **b. conditions of detention**

106. Material conditions of detention at Bakırköy Women's Prison were on the whole satisfactory in terms of state of repair, hygiene, lighting and ventilation.

**However, even though prisoners were able to be out of their rooms all the time, the bedrooms in living units, which were equipped with three beds and measured some 5 m<sup>2</sup> (excluding the sanitary annexe), should preferably have no more than two beds.**

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81. At Kayseri Women's Prison, it transpired from interviews with inmates and staff that the establishment's rapid intervention team was occasionally used, the members of which were equipped with full protective gear and special means.

107. At Kayseri Women's Prison, the living units were generally in a satisfactory state of repair, bright, airy, clean and suitably equipped. However, the conditions in the dormitories used for quarantine purposes were extremely cramped. The situation was particularly problematic in Dormitory B-2 which, at the time of the visit, was holding 25 inmates, including a juvenile prisoner (aged 17) as well as three small children,<sup>82</sup> but was only equipped with twelve beds. The remaining 13 inmates (and the three children) were sharing mattresses on the floor. Further, some of the dormitories seen by the delegation were very cold due to broken windowpanes, while some were simply insufficiently heated.

**The CPT recommends that the Turkish authorities take urgent measures at Kayseri Women's Prison to reduce occupancy rates in the quarantine areas and to ensure that every inmate has her own bed. Steps should also be taken to ensure that the prisoner accommodation areas are adequately heated (including by replacing broken windowpanes).**

**108. At Bakırköy Women's Prison, the delegation noted that many women were experiencing difficulties in obtaining sanitary items. The CPT recommends that steps be taken at this prison (and, where appropriate, at other prisons) to ensure that all women prisoners are provided free of charge with adequate quantities of essential personal hygiene products, including sanitary towels.**

109. As regards the regime of activities, at Bakırköy, some 60 prisoners were employed in the prison's general services. However, due to the pandemic, the establishment's textile workshop had been closed and the various occupational training courses normally offered by the prison had all been suspended. Similarly, at Kayseri Women's Prison, the workshops and other activities had been stopped since the start of the pandemic. That said, it is positive that shortly before the visit inmates had been given access to an indoor sports facility (every two weeks for one hour).<sup>83</sup>

**In this regard, the recommendation and comments in paragraph 63 should be read as applying equally to inmates at Bakırköy and Kayseri Women's Prisons.**

110. At Bakırköy Women's Prison, the delegation noted that women (including those with small children) undergoing quarantine were locked up in a cell for 14 days (and occasionally even longer), with no access at all to an outdoor yard. As already mentioned above, at the end of the visit, the delegation invoked Article 8, paragraph 5, of the Convention and requested the Turkish authorities to take immediate measures to ensure that all women prisoners held in quarantine cells at Bakırköy Women's Prison are offered at least one hour of outdoor exercise every day.

By letter of 10 March 2021, the Turkish authorities informed the CPT that, as the cells in question had windows overlooking an outdoor exercise yard, "in case the prisoners in quarantine are allowed to access the yard, a potential risk of contact with, and transmission of the disease to the remaining prisoners arises through open windows. Therefore, granting them access to open air has been deemed inappropriate based on health considerations and the physical conditions of the prison."

The CPT appreciates that the existing situation is an illustration of the difficulties facing the prison authorities during the Covid-19 pandemic. That said, as highlighted in the "Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (Covid-19) pandemic" issued by the CPT on 20 March 2020,<sup>84</sup> even in times of a pandemic, the fundamental rights of detained persons must be respected. This certainly includes the right to have access to the open air for at least one hour every day. Therefore, the authorities must seek to find alternative arrangements where the prisoners concerned can safely benefit from outdoor exercise on a daily basis.

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82. Aged six months, two years, and three years.

83. Before the pandemic, the entitlement was reportedly each week for one hour.

84. <https://rm.coe.int/16809cfa4b>

**The CPT recommends that immediate measures be taken at Bakırköy Women's Prison (and, as appropriate, in other prisons) to ensure that all inmates held in quarantine are offered at least one hour of outdoor exercise every day. It would like to receive within one month an account of the action taken to implement this recommendation.**

111. As regards the eight juvenile remand prisoners held at Bakırköy Women's Prison, the conditions of detention under which they were being held were far from satisfactory. For instance, the delegation saw a room with three juveniles, which measured only some 8 m<sup>2</sup> and was equipped with only two beds, with two of the juveniles having to share a bed. Further, the entire living unit for juveniles appeared rather bleak; in particular, the ground floor was left in a state of abandonment.<sup>85</sup>

It is also a matter of concern that virtually no purposeful activities were offered to the juveniles. Only one of them was involved in distance learning courses, while most of the juveniles were reportedly illiterate; however, no efforts appeared to be made to engage them in education. In short, the treatment offered to the juvenile inmates at Bakırköy Prison bordered on institutional neglect.

112. At the end of the visit, the delegation invoked Article 8, paragraph 5, of the Convention and requested the Turkish authorities to ensure that the juveniles held at Bakırköy Women's Prison are provided with decent conditions, some purposeful activities and daily engagement from properly trained staff.

In their letter of 10 March 2021, the Turkish authorities informed the CPT that following the CPT's visit "staff were warned to be more careful and diligent in their interaction with the inmates, especially to develop meaningful activities for girls [...] Moreover, as Covid-19 restrictions are gradually lifted and life returns to normal, the activities will be diversified, with their duration and contents extended, which will allow inmates to spend their time in a more effective and productive manner."

**The CPT takes note of this information; it recommends that steps be taken to ensure that, even in times of a pandemic, a weekly programme of activities is organised for all juveniles. The Committee would like to be informed of the provision of vocational, educational, recreational and sports activities to juveniles at Bakırköy Women's Prison for each month between March and December 2021 (which activities were offered and how many juveniles took part in each activity).**

**Further, the CPT recommends that steps be taken at Bakırköy Women's Prison to improve the material conditions in the juvenile unit, taking into account the remarks in paragraph 111.**

113. Both Bakırköy and Kayseri Women's Prisons had good facilities for prisoners' children (up to the age of six). Both establishments possessed a well-equipped kindergarten located outside the detention area, which comprised several playrooms equipped with shock absorbent floors and carpets, a kitchen, a cinema room and a classroom. The prisons also had a suitably equipped playroom inside the detention area (for children under three years old). However, none of these facilities had been in use for the children of prisoners since April 2020, due to the pandemic.<sup>86</sup>

Further, neither of the prisons visited had a dedicated mother-and-baby unit; as a result, small children and babies were being kept in overcrowded dormitories all day long, together with their mothers. For example, at Kayseri, a double-storey dormitory with 19 women and five small children only measured some 50 m<sup>2</sup>

85. The duplex unit had three rooms with four beds each. Two of these rooms, which were on the ground floor, appeared completely unused. In the first room, there were two lockers and two bunk beds, but only one mattress. The second room had no light and there was no mattress inside. The room located on the upper floor, where several girls crowded together, measured some 15 m<sup>2</sup> and contained a separate sanitary annex with a floor-level toilet, a shower and a sink.

86. For example, at Kayseri, the kindergarten was locked up, while the playroom located inside the detention area had been converted into a bedroom for quarantined staff members.

and had twelve beds. Further, the dormitory did not provide a safe environment for the children (e.g. no shock absorbent material on the floor, bunk beds with sharp corners, uncovered electric wiring, exposure to cigarette smoke, etc.) and was cold (partly due to broken windows that could not be fully shut). Moreover, there was no heating inside the sanitary facilities, and no wash basins were available for babies.<sup>87</sup> Such a state of affairs is unacceptable.

**The CPT recommends that steps be taken, as a matter of urgency, to establish a dedicated mother-and-baby unit at Kayseri Women's Prisons, which will ensure a safe, healthy and child-friendly environment. Such a unit shall provide for the particular health, hygiene, sanitation and nutrition needs of pregnant women, children and breastfeeding mothers. It is also important that postnatal care provided in prison be supervised by specialists in social work and child development, and that access to paediatric and other types of medical care (including for mothers) be guaranteed.**

114. By letter of 7 May 2021, the Turkish authorities informed the CPT that, as of 8 February 2021, activities were launched at Kayseri Women's Prison for children aged two to six who stay with their mothers, in the groupwork room, under the supervision of psychosocial service and educational staff. This is a welcome development.

115. The delegation was informed that a new penitentiary facility for mothers and children was under construction in Istanbul's Silivri district.

**The CPT would like to receive detailed information on this project, including as regards its capacity, staffing and regime.**

#### **c. healthcare services**

116. At *Bakırköy Women's Prison*, the healthcare team consisted of a GP and a nurse, both working on a full-time basis. They were assisted by four health officers who assured a round-the-clock presence. Further, the prison was visited every week by a psychiatrist, an internist and a gynaecologist, as well as by a dermatologist on a monthly basis. In addition, a full-time dentist was present.

*Kayseri Women's Prison* employed a part-time GP (present two half-days per week) as well as one full-time and one part-time nurse. The prison also had a part-time dentist. Further, although there were no regular visits to the establishment by various medical specialists due to the Covid-19 pandemic, such consultations (including with a gynaecologist) could be arranged at the campus polyclinic as needed. That said, the existing arrangements for visits by a psychiatrist (i.e. once every two to three months) were clearly insufficient. It is also a matter of concern that no healthcare staff were present in the establishment at night and on weekends.

**The CPT recommends that steps be taken at Bakırköy Women's Prison to recruit another full-time GP. As regards Kayseri Women's Prison, the Committee recommends that the presence of a GP be increased to the equivalent of a full-time post. The Committee also recommends that the number of nursing staff at both prisons be increased substantially.**

**Further, steps should be taken at Kayseri Women's Prison to ensure that someone competent to provide first aid always is present on the prison's premises, including at night and on weekends.**

**As regards the provision of psychiatric care, reference is made to the relevant recommendation in paragraph 71.**

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87. The delegation also heard complaints that diapers for children were only provided until the age of 1½ years.

117. At Kayseri Women's Prison, the delegation observed that the only consultation room at the disposal of the healthcare staff was too small and lacked a proper examination bed.<sup>88</sup> Further, there was no defibrillator in the establishment.

**||| The CPT recommends that steps be taken to remedy these shortcomings.**

118. At both prisons, the initial medical screening of newly arrived inmates was generally carried out by a nurse within 72 hours of admission. Each prisoner was also seen by a psychologist. Further, cancer screening was reportedly offered to women once a year.

However, it appeared from interviews with prisoners that initial medical screening did not always include a physical examination of the person concerned. Further, in neither of the two establishments visited was screening/testing carried out for transmissible diseases upon admission (except for Covid-19).

As regards the recording and reporting of injuries and respect for medical confidentiality at the two prisons visited, the delegation observed the same shortcomings as those identified in the establishments for male prisoners (see paragraphs 76 and 78).

**||| The recommendations and comments in paragraphs 77 and 78 are to be read as applying equally to Bakırköy and Kayseri Women's Prisons.**

**More specifically, the CPT recommends that the Turkish authorities develop the admission procedures at all prison establishments accommodating women to take into account the gender-specific needs of female prisoners. This should include screening for sexual abuse and other forms of gender-based violence inflicted prior to entry to prison and ensuring that such information is considered when drawing up an individual sentence plan for the prisoner concerned.**

119. At Kayseri Women's Prison, some prisoners (who had been convicted for terrorism-related crimes) alleged that they had been handcuffed during dental interventions in the prison's medical unit.<sup>89</sup>

**||| Reference is made in this regard to the recommendation and comments in paragraph 81.**

120. At Bakırköy Women's Prison, the delegation met a juvenile suffering from a learning disability, who was being held on her own in a filthy room. As far as the delegation could ascertain, she was seen on a regular basis by a psychiatrist and a psychologist in the prison, whose repeated attempts to have her transferred to a psychiatric hospital had been unsuccessful.

**||| The CPT recommends that urgent steps be taken to ensure that the juvenile concerned is placed in an environment where she can be provided with appropriate care and support to meet her specific needs.**

**d. other issues**

121. The delegation was informed by official interlocutors met at the outset of the visit that, in view of the rapid growth in the number of new prison establishments, the prison authorities were facing challenges in providing all newly recruited staff with a fully-fledged training programme. Indeed, the delegation noted that the junior custodial staff working at the two establishments visited had only received one month of internal on-the-job training in subjects such as inter-personal skills and handling agitated prisoners.

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88. Healthcare staff used a stretcher instead.

89. They further claimed that, because of this, they refused to be taken to a dentist, despite being in need of dental care.

In this context, the Committee wishes to stress that it is essential for staff assigned to work with women in prison to receive appropriate initial and ongoing training relating to the gender-specific needs of female prisoners.<sup>90</sup>

**||| The CPT recommends that the Turkish authorities take steps to ensure that all custodial staff working with female prisoners receive such training. In this context, particular attention should be paid to the training of prison officers assigned to work with juveniles.**

122. As regards prisoners' contact with the outside world, the situation at Bakırköy and Kayseri Women's Prison was the same as in the male prisons visited (see paragraph 84), with open family visits suspended and the number of closed visits reduced due to the Covid-19 pandemic. Further, in the same way as male prisoners, the women's phone entitlement had been doubled at the time of the visit.

123. In the course of the visit, the delegation met a number of women who were imprisoned a great distance from their homes and, as a result, received very few visits from their families.

The CPT considers that every effort should be made to ensure that women prisoners' contacts with their families, including any children they might have, are encouraged and facilitated by all reasonable means.<sup>91</sup> In this regard, the Committee notes with interest that, in the framework of a recently adopted Action Plan on Human Rights for 2021-2022, the Turkish authorities aim to ensure that sentenced prisoners are allocated, as far as possible, to prisons that are "easily accessible by their families, thereby preserving their family ties".

**||| The CPT would like to be informed of any specific measures already taken or envisaged to this end.**

**||| The Committee also considers it important that prisoners be allowed to accumulate unused visiting periods,<sup>92</sup> in particular when families live far away from the prison. Consideration could also be given in this context to providing women prisoners with the possibility of maintaining contact with their families through Voice over Internet Protocol (VoIP) technologies.**

124. As regards discipline, the legal framework described in paragraph 89 applies equally to women prisoners. It is noteworthy that recourse to disciplinary sanctions did not appear excessive in either of the prisons visited.

In this context, the CPT wishes to draw the attention of the Turkish authorities to Rule 60.6.a of the recently revised European Prison Rules which provides that "[s]olitary confinement shall never be imposed on [...] pregnant women, breastfeeding mothers or parents with infants in prison".

**||| The Committee recommends that the relevant legislation be amended accordingly.**

125. As already mentioned (see paragraph 102), at Bakırköy Women's Prison, the delegation received consistent accounts of juvenile girls displaying aggressive and/or recalcitrant behaviour having been handcuffed to a bed in an isolation cell. From the information gathered by the delegation during the visit, it appeared that two single cells<sup>93</sup> (Nos. 27 and 29), labelled as "out of service", were used for this purpose. Staff affirmed to the delegation that these cells were occasionally used to segregate girls involved in a fight and for short periods only, until their statements were taken. However, an examination of the relevant documentation showed that such placements had, on occasion, lasted from several days to two months.<sup>94</sup>

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90. See Rules 29 to 33 of the Bangkok Rules.

91. See also Rule 17.1 of the European Prison Rules.

92. Which currently may only be granted as a reward for good behaviour (see Section 51(3)(e) of the LESSM).

93. Commonly known as "wired rooms" (*telli odalar*).

94. One juvenile inmate had spent a little less than two months in one of these cells in the summer of 2020.



**Reference is made in this regard to the recommendation and comments in paragraph 154. Further, steps should be taken to ensure that every placement in the above-mentioned cells is properly recorded in a dedicated register.**

126. At Kayseri Women's Prison, some inmates claimed that on every entry to the establishment they were stripped fully naked and made to perform a few squats while their clothes were searched. According to the prison management, strip-searches were only conducted based on a concrete suspicion.

The CPT considers that a strip-search is a very intrusive and potentially degrading measure; resort to this measure should be based on an individual risk assessment and subject to rigorous criteria and supervision and be carried out in a manner respectful of human dignity. Every reasonable effort should be made to minimise embarrassment; in particular, prisoners who are searched should normally not be required to remove all their clothes at the same time (e.g. a person should be allowed to remove clothing above the waist and put the clothes back on before removing further clothing).



**The CPT recommends that, every time a strip-search is deemed necessary, it be carried out in such a manner as to limit embarrassment and preserve the dignity of the person concerned, in accordance with the above-mentioned precepts.**

#### **4. Prisoners sentenced to aggravated life imprisonment**

127. During the 2021 visit, the delegation paid particular attention to the situation of prisoners sentenced to aggravated life imprisonment. To this end, the delegation interviewed a number of such prisoners at Diyarbakır High-Security Prison No. 1, Kayseri T-type Prison No. 1 and Kayseri Women's Prison.<sup>95</sup>

128. In all three establishments visited, the material conditions of detention offered to prisoners sentenced to aggravated life imprisonment were generally of a good standard.

However, at Kayseri T-type Prison No. 1, the windows of the single cells were fitted with a metal mesh (in addition to metal bars), which limited access to natural light and air.



**The CPT recommends that the metal mesh be removed from the windows.**

Further, as had been the case in the past, the delegation heard complaints from some prisoners that they were not able to afford to watch television, given that they were held in single cells and, unlike inmates in multiple-occupancy dormitories, could not share the cost of electricity consumed by a TV set with other prisoners.



**The CPT invites the Turkish authorities to take steps to address this situation.**

129. The regime applied to prisoners sentenced to aggravated life imprisonment is governed by Section 25 of the LESSM. This provision contains a number of severe restrictions.<sup>96</sup> In particular, the prisoners concerned are, in principle, accommodated in single cells and in effect subjected to a solitary confinement regime, with the only guaranteed out-of-cell activity being one hour of outdoor exercise per day. Further, prisoners may have their daily one-hour outdoor exercise period extended and may be allowed to engage in limited contact with prisoners accommodated in the same unit, depending on risk factors, security requirements and the efforts and good behaviour they demonstrate in "rehabilitation and educational activities".<sup>97</sup> The law also stipulates that prisoners may engage in a professional or occupational activity considered suitable by the prison's management board, if conditions in the place where they are held so permit.<sup>98</sup>

95. As already indicated, at the time of the visit, 28 prisoners sentenced to aggravated life imprisonment were being held at Diyarbakır High-Security Prison No. 1, 21 at Kayseri T-type Prison No. 1 and five at Kayseri Women's Prison.

96. Prisoners sentenced to "normal" life imprisonment are usually not segregated from the general prison population and in principle have access to the same regime of activities as prisoners who are serving a fixed prison term.

97. See also Chapter 3, paragraph 11, of Ministry of Justice Circular No. 45/1 which stipulates that "prisoners serving sentences of aggravated life imprisonment [...] may be allowed to take part in [activity and rehabilitation] programmes on a limited basis, exclusively with the sentenced prisoners accommodated in their unit."

98. See, however, Section 29 (1) of the Ministry of Justice Regulation (from 29 December 2020) on Observation and

130. At Diyarbakır High-Security Prison No. 1, all prisoners serving an aggravated life sentence were held in single cells. Apart from one hour of outdoor exercise which they had to take alone, these prisoners were locked up in their cell all day long, without being offered any purposeful activities or hardly any meaningful human contact.<sup>99</sup>

At Kayseri T-type Prison No. 1, the delegation noted that about a dozen aggravated life-sentenced prisoners had been sharing either a triple-occupancy dormitory with other prisoners of the same category or a larger dormitory with “ordinary” prisoners. According to the management, this was due to the fact that the prison did not have a sufficient number of single cells. As regards the other prisoners sentenced to aggravated life imprisonment, they were held in single cells, with their only out-of-cell activity being outdoor exercise for one hour per day, which was taken alone.<sup>100</sup> That said, it appeared that before the Covid-19 pandemic many of the prisoners concerned had been able to use the establishment’s sports facilities once every two weeks for one hour.

The situation was slightly more favourable at Kayseri Women’s Prison, where inmates sentenced to aggravated life imprisonment had access to an outdoor exercise yard every day for one to 1½ hours, during which time they could associate with another inmate. Notwithstanding that, for the rest of the day these prisoners were confined to their (single) cells and left to their own devices. It is also a matter of concern that, unlike other inmates (see paragraph 109), prisoners sentenced to aggravated life imprisonment were not allowed to participate in sports activities.

131. The CPT is very concerned by the extremely impoverished regime which was being applied to prisoners sentenced to aggravated life imprisonment at Diyarbakır High-Security Prison No. 1, Kayseri T-type Prison No. 1 and Kayseri Women’s Prison. As a matter of fact, the great majority of these prisoners were subjected to a solitary-confinement-type regime for months or even years on end. In this connection, the CPT subscribes strongly to the evidence that prolonged isolation can have an extremely damaging effect on the mental, somatic and social health of those concerned.<sup>101</sup> The European Prison Rules, as revised in 2020, make it clear that all persons subject to a measure of separation should be offered at least two hours of meaningful human contact every day.<sup>102</sup>

Moreover, the Committee must stress once again that the underlying concept of the detention regime of persons sentenced to aggravated life imprisonment, as defined in Section 25 of the LESSM, is fundamentally flawed.<sup>103</sup> As a matter of principle, the imposition of such a regime should lie with the *prison authorities* and always be based on an *individual* risk assessment, and not be the automatic result of the type of sentence imposed.

**The CPT once again calls upon the Turkish authorities to carry out a complete overhaul of the detention regime applied to inmates sentenced to aggravated life imprisonment, in the light of the precepts set out in previous visit reports (see, in particular, paragraphs 82 to 84 of the report on the CPT’s 2013 visit). To this end, the relevant legislation should be amended accordingly.**

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Classification Centres and Assessment of Prisoners, which prohibits aggravated life-sentenced prisoners from working in the general services or workshops of the prison.

99. The delegation observed that some of the prisoners, whose cells had a common courtyard, could talk to their fellow inmates through cell windows during their outdoor exercise time.

100. Similar to what was observed at Diyarbakır, these prisoners could communicate through a window with inmates taking outdoor exercise.

101. See CPT/Inf (2011) 28 – part 2, Solitary confinement of prisoners, and others such as Grassian S, ‘Psychiatric effects of solitary confinement’, *Journal of Law and Policy*, Vol. 22, 2006, pp. 325-383 (Psychiatric effects of solitary confinement); Craig Haney, ‘Mental health issues in long-term solitary and “supermax” confinement’, *Crime & Delinquency*, Vol. 49, No. 1, 2003, pp. 124-156; Sharon Shalev, ‘A sourcebook on solitary confinement’, Mannheim Centre for Criminology, London School of Economics, 2008; UN General Assembly, 66th Session, Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment, 5 August 2011, A/66/268 (Special Rapporteur on Torture report 2011).

102. See Rule 60.6.a of the recently revised European Prison Rules.

103. See also Rules 6 and 102.2 of the European Prison Rules as well as Recommendation Rec (2003) 23 on the management by prison administrations of life sentence and other long-term prisoners.

**In the shorter term, the CPT recommends that the Turkish authorities take steps at Diyarbakır High-Security Prison No. 1, Kayseri T-type Prison No. 1 and Kayseri Women’s Prison (and, where appropriate, in other prisons) to ensure that prisoners sentenced to aggravated life imprisonment are able spend more time outside their cells engaged in purposeful activities, in association with other inmates. The Committee also recommends that the Ministry of Justice repeal the prohibition to work for prisoners sentenced to aggravated life imprisonment (see footnote 98).**

## **5. Prisons for juveniles**

132. In June 2012, the CPT carried out a targeted ad hoc visit to examine the treatment and conditions of detention of juveniles held in closed prisons.<sup>104</sup> In the intervening period, the CPT has examined the conditions of detention for juveniles held on remand in separate units within large adult male prisons.<sup>105</sup> Nevertheless, the Committee considered that it would be important to examine the situation of juveniles held in prison during the Covid-19 pandemic and decided to carry out a visit to *Istanbul-Maltepe Juvenile Prison* (hereinafter: “Maltepe Juvenile Prison”)

This juvenile prison, opened in 2008, is located on a prison campus consisting of five prisons and was previously visited by the CPT in 2012. At the time of the visit, its official capacity was still 324 places, and it was accommodating 296 male juveniles (236 on remand, 17 who had appeals pending and 43 sentenced). An additional 31 juveniles were on leave as their sentences were postponed following the adoption of the April 2020 legislation to decongest prisons. The detention area consisted of three parallel accommodation corridors (or wings) which each comprised 12 wards of nine single occupancy cells.

When the juvenile prison became overcrowded, it transferred juveniles to Maltepe L-type Prison No. 2, which is on the same prison campus, where they were accommodated in a separate wing from the adult prisoners. The delegation visited this prison to interview the eight juveniles (six remand and two sentenced) it accommodated at the time of the visit.<sup>106</sup>

133. The legal framework remains largely the same as that in place in 2012. The CPT recalls that the Child Protection Law, which was adopted in 2005, embodies several fundamental principles related to juvenile justice, in particular, that the penalty of imprisonment and measures that restrict liberty shall only be applied as a last resort. The law also contains several provisions on alternatives to prosecution, remand detention and sentencing of juveniles, such as the possibility of deferring the commencement of prosecution or the pronouncement of the verdict and the possibility of avoiding prosecution through mediation and compensation of the victim.<sup>107</sup>

Specific provisions concerning juvenile offenders are contained in the 2004 Criminal and Criminal Procedure Codes. The age of criminal responsibility is 12 years.<sup>108</sup>

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104. See CPT/Inf (2013) 27.

105. See CPT/Inf (2020) 22, paragraphs 102 to 105.

106. The juveniles who were transferred tended to be those approaching 18 years of age and who were considered “well behaved”. In the period since March 2020, Maltepe L-type Prison No. 2 had received very few transfers from the juvenile prison but in previous years it had accommodated as many as 300 juveniles.

107. Sections 19, 20, 23 and 24.

108. See Section 31(1) of the Criminal Code. In respect of juveniles between the age of 12 and 15 years, criminal responsibility is assessed on an individual basis; they may not be prosecuted if, at the moment of the commission of an offence, they are considered not to have the ability to perceive the legal meaning and consequences of the offence, or to control their action. The punishment that may be imposed is reduced by two-thirds and may not exceed six years for a given offence (12 years if the offence is normally punishable with aggravated life imprisonment). Juveniles between 15 and 18 years are criminally responsible. However, the punishment that may be imposed upon them is reduced by one-half and may not exceed eight years for a given offence (20 years if the offence is normally punishable with aggravated life imprisonment).

The imprisonment of juvenile offenders is regulated by the 2004 Law on the Enforcement of Sentences and Security Measures (LESSM). In particular, Section 23 (1) of the LESSM stipulates that juveniles shall be held in special penitentiary establishments and, in regions where such establishments do not exist, they shall be accommodated in special sections of adult prisons.

134. As regards specific Covid-19 measures, the guidelines issued by the national scientific council were followed and similar arrangements to those described in paragraph 41 were in place. All juveniles were given a PCR test prior to their admission to the prison and thereafter were quarantined for 14 days in a cell on their own.

As highlighted in paragraph 7 above, at the end of the visit, the CPT's delegation made an immediate observation requesting the Turkish authorities to ensure that all juvenile prisoners held in quarantine in cells at Maltepe Juvenile Prison are offered at least one hour of outdoor exercise every day. By letter of 10 March 2021, the Turkish authorities informed the CPT that, as of 8 February 2021, all juveniles placed in 14-day quarantine upon admission were now offered one hour of outdoor exercise every day. The CPT also trusts that with the resumption of normal custodial officer shift patterns since 25 January 2021, that there is now more daily interaction between staff and juveniles who are undergoing quarantine.

**The CPT wishes to receive an update on the situation regarding the quarantining of newly admitted juveniles concerning their daily interactions with staff and the time permitted for them to be out of their cells, including access to outdoor daily exercise for the months of September and December 2021.**

#### **a. ill-treatment**

135. Most of the boys met stated that they were in general treated correctly by staff. However, the CPT's delegation received many consistent allegations from a large number of boys, held in different wards of the establishment that, if they misbehaved, damaged property or self-harmed, they would be taken out of their ward and subjected to slaps or even punches and kicks by officers. Most of the alleged ill-treatment apparently took place in the office of the Chief Custodial Officer although several allegations, dating back at least six months, concerned the juveniles being placed in the "blue" room in just their underwear and subjected to several slaps.

In most cases, it appeared that the infliction of hard slaps was viewed by staff members as a corrective measure to instil in the juvenile the lesson to "behave" better. However, such "pedagogical" slaps served only to humiliate the juveniles and did not in any way address the underlying causes of their behaviour.

Further, a number of juveniles stated that upon their arrival at the institution they had been given a "welcome" slap by prison officers as a means of telling them to obey the rules (for example, if they had their hands in their pockets). Such behaviour is not only unprofessional and degrading but undermines the ethos of a juvenile detention facility as a place of support for juveniles.<sup>109</sup>

**136. With a view to preventing ill-treatment and/or excessive use of force by prison officers in the future, the CPT recommends that the Turkish authorities reiterate to prison managers and custodial staff the clear message that physical ill-treatment, excessive use of force and verbal abuse of juvenile prisoners are illegal and will be punished accordingly. The management of Maltepe Juvenile Prison should demonstrate increased vigilance in this area, by ensuring the regular presence of prison managers in the detention areas, their direct contact with juvenile prisoners, the investigation of complaints made by prisoners, and improved prison staff training. In this respect, it must be reiterated to all custodial officers that all forms of physical chastisement are unacceptable and must never be used in practice, in particular as regards juveniles (upon whom they may have a particularly harmful effect).**

109. The CPT's delegation met a number of juveniles who had been transferred from Tekirdağ Prison, all of whom alleged that they had been subjected to slaps by the officers upon arrival at Tekirdağ Prison as a "welcome" lesson to behave.

**Allegations of ill-treatment as well as any other credible information indicative of ill-treatment should be immediately referred to the relevant prosecutor and be subject of an effective investigation. In this respect, investigations into alleged ill-treatment by custodial officers should not be ended due to the juvenile withdrawing his complaint but pursued to the end. The CPT would like to be informed of the number of disciplinary and criminal proceedings against staff opened in 2020 and 2021 in all juvenile prisons for acts of alleged ill-treatment, and the outcome of these proceedings.**

**In addition, the CPT recommends that appropriate measures be taken to upgrade the skills of prison staff in handling high-risk situations without using unnecessary force, in particular by providing training in ways of averting crises and defusing tension and in the use of safe methods of control and restraint.**

137. As mentioned in paragraph 48 above, the CPT considers that properly functioning CCTV systems offer a valuable additional safeguard against ill-treatment, as well as providing protection to prison officers against any unfounded allegations of ill-treatment.

**Given the numerous allegations received from juveniles that they had been subjected to ill-treatment in the office of the Chief Custodial Officer and that this office is used on a regular basis to interview juveniles, as observed by the delegation, the CPT recommends that the office of the Chief Custodial Officer be covered by CCTV.**

138. Further, all juveniles involved in any sort of incident appeared to be automatically brought to the hospital on the prison campus to be seen by a doctor. Such a routine practice might be considered a positive precautionary measure and the CPT certainly considers it a necessary step whenever there are any signs of violence or injury for the juveniles to be examined by the health care service. However, it appeared once again that the examinations were conducted in the presence of the accompanying prison officers and that the juveniles were not asked how the injuries were sustained. It was assumed that they were from inter-prisoner violence.

Moreover, in the context of the Covid-19 pandemic, the CPT's delegation got the distinct impression that the routine practice of taking every juvenile involved in an incident to the campus clinic was indirectly also a punitive measure as it meant that the juvenile concerned would be confined to their cell alone for 14 days with no access to outdoor exercise or activity and no association with other juveniles.

For example, on 18 January 2021, YZ complained that SK had stolen his clothes which led to SK being taken out of the ward and placed in solitary confinement for three days as a "precautionary measure". Further, both juveniles were brought to hospital for a battery report, although there had been no physical interaction between the two juveniles, which meant that upon their return to the establishment, they were both placed in 14-day quarantine. In another case from 16 January 2021, a juvenile had accidentally run into another boy causing him to bite his own tongue. The CCTV footage confirmed that this is what had happened. Nevertheless, despite having no injury requiring any treatment, he was taken to hospital and subsequently placed in 14-day quarantine upon his return.

139. In the course of the visit, the delegation learned about many incidents of violence between juveniles and bullying which were not being picked up by the staff. The Covid-19 pandemic had resulted in a reduction of staff on duty which meant that there was often not even a member of staff to supervise the individual wards from the control booth at the entrance to each ward. Indeed, many juveniles stated that the officers never entered the wards. Further, given the lack of activities and that most juveniles were confined to their small wards for the whole day, there was an increase in pent up energy which was not always directed in a positive manner.

For example, the delegation met a young boy who was being bullied by the other juveniles on his ward as they wanted his jacket. He had already been beaten by them. However, as he had also apparently been subjected to slaps by two officers for allegedly damaging his cell, which he denied vigorously, he felt that if he complained nothing would happen and that he would be exposed to being beaten up more severely by the other juveniles in his ward.

The prison management recognised that there was an increase in inter-juvenile incidents of violence, bullying and theft. In the three weeks preceding the CPT's visit, there had officially been eight incident reports regarding fights among two or more juveniles, as well as four reports on arguments because of theft among juveniles, and two complaints about bullying and extortion by other inmates. The true number of incidents was certainly much higher.

140. The CPT recognises that during the Covid-19 pandemic, the reorganisation of staff shift patterns resulted in fewer custodial officers being present in the accommodation areas and that nearly all organised activities were suspended. This resulted both in less oversight of the juveniles and in the boys spending much more time on their wards with nothing purposeful to occupy their time.<sup>110</sup> Nevertheless, despite the pandemic, the CPT's delegation made the case for greater staff engagement with the juveniles to counter the nefarious consequences of the lack of activities. The Committee is therefore pleased to note that normal staffing shifts had been reintroduced by a 25 January 2021 instruction by the Prison General Directorate.

Increased staffing numbers is important but needs to be complemented by other measures such as a violence reduction strategy which engages juveniles, by promoting and rewarding positive behaviour, early detection of risks and limiting interactions between young persons who are identified as potential rivals. Further measures which the Turkish authorities had introduced in 2012 and 2013 such as the "group leader" (a trained official who worked closely with a small group of juveniles) and the Individualised Treatment System ("BISIS") are also effective in reducing violence and giving structure to the time juveniles spend in prison. They were not at all in evidence at the time of the January 2021 visit.

**The CPT recommends that the management of Maltepe Juvenile Prison take a more proactive stance towards addressing the problem of inter-juvenile violence, in the light of the above remarks. To this end, the Committee would like to be informed about the various measures that have been put in place, including as regards the "group leader" and "BISIS" approaches. It would also like to be informed of the number of incidents of inter-juvenile violence, bullying and theft recorded in the establishment for each month of 2021.**

#### **b. conditions of detention**

141. As mentioned above, there were three parallel accommodation corridors, each comprising 12 wards, with the entrances to four wards grouped around the same intersection. Each ward consisted of two floors, with the living area (approx. 65 m<sup>2</sup>) accessed directly from the entrance to the ward, from where the custodial officer monitored the juveniles. In addition, a small courtyard could be accessed from the living area and there were four single occupancy cells (11 m<sup>2</sup>) and a kitchenette on the ground floor. On the upper floor, there were five cells and a small open space at the top of the stairs which was used either as a prayer area or for accommodating juveniles whenever the occupancy was greater than nine. At the time of the visit, one ward was accommodating more than nine juveniles and the tenth juvenile had to sleep on a mattress on the floor and he had nowhere to keep his belongings securely.

**The CPT recommends that the management of Maltepe Juvenile Prison take steps to ensure that every juvenile is provided with his own cell, in which he can sleep on a bed, store his belongings securely and have access to his own sanitary facilities.**

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110. The boys were unlocked from their cells between 7h00 and 23h00.

142. As regards material conditions, the state of repair and cleanliness in many of the cells visited was appalling. For example, in Ward C10, the cells were covered in patches of black mould on the internal wall surrounding the windows, above the bed, on the ceiling and around the in-cell sanitary annexe. In a few of the cells, the ceiling was flaking, and the radiator was not functioning. The delegation also observed blocked drains, missing showerheads and non-functioning showers.

The delegation found that many of the cells in the wards designated for newcomers, notably in Ward A1, were dilapidated and filthy; the juveniles had not been supplied with any cleaning products or means to clean the cell. Many of them stated that they had found the cells in such a state upon arrival, including rotting food and dirty blankets. For instance, cell no.1 on Ward A1 had black mould around the window, flaking walls covered in graffiti and scratchings, a dirty floor covered with pieces of plaster, and a smelly and dirty sanitary annex with a missing sink. The air was rank and humid, and the juvenile had the choice of keeping his window ajar and being cold (the little heater on the wall underneath the window was not efficient) or keeping a little warm and living with the smell. The juvenile had to sleep in his own clothes as he had not been given his belongings and could not take a shower or wash because he did not have a towel. New arrivals met were not even provided with a hygiene kit, despite UNICEF apparently providing such kits to the prison.

More generally, the cells and the common living areas of the wards were cold; between 13 and 15 degrees centigrade in the wards visited. Many of the cells visited had a large circular hole (c.20 cm diameter) in the external wall which the juveniles tried to block with clothes or blankets to keep the cold out. The purpose of these holes was not clear.

The cells may have once been suitably equipped (a bed, a table, chair, shelves and a wardrobe); however, at the time of the visit, the delegation noted that many cells, notably those used for quarantine purposes, did not contain a table or chair.

**The CPT recommends that the Turkish authorities ensure that steps are taken to maintain each cell in a decent state of repair and cleanliness. In particular, action should be taken to address the widespread existence of black mould and to ensure that each juvenile is provided with the requisite cleaning products and equipment to keep their cells clean. Further, there needs to be an ongoing programme of maintenance to ensure that cells are properly equipped, sanitary facilities fully functioning, and the cells and wards appropriately heated in winter. In addition, all newly arrived boys should be provided with a hygiene kit.**

143. The CPT is of the view that juvenile inmates should be unlocked for the majority of the day and should be provided with a full programme of education, vocational training, sports and other recreational and social activities, for at least eight hours per day and preferably more. This should include at least two hours of daily outdoor exercise.

Due to the Covid-19 pandemic, nearly all activities in the establishment had been stopped. Juveniles from two wards were continuing to work alternate days in the kitchen and attempts were being made to take the juveniles out, ward by ward, to play football every 10 days. However, as the management explained, the juveniles were effectively confined to their wards all day long with little of a purposeful nature to occupy their time.

The CPT recognises the challenges of providing meaningful activities for the juveniles when the school and all external interventions have been suspended. Nevertheless, it is incumbent on the management and custodial officers to engage with the juveniles and to lead them in some activities. As the officers and juveniles are living in a “bubble”, there should be no obstacle to the officers undertaking activities inside the wards and the CPT’s delegation suggested that a more proactive approach be taken by staff.

**The CPT recommends that the Turkish authorities ensure that, even in times of a pandemic, the prison management in juvenile prisons organise a weekly programme of activities for all juveniles.**

**The CPT would like to be informed of the provision of vocational, educational, recreational and sports activities to juveniles at Maltepe Juvenile Prison for each month between March and December 2021 (which activities were offered and how many juveniles took part in each activity).**

### **c. healthcare services**

144. The general analysis pertaining to the operation of health care services in prisons is set out above in Section 2.c in relation to adult male prisons.

At *Maltepe Juvenile Prison*, health care staffing consisted of a 0.3 FTE doctor (he spent two-thirds of his time working in Maltepe L-Type Prison No. 2) and one FTE nurse, both of whom were employed by the Ministry of Health. Such a presence is clearly insufficient. There were also five FTE health care officers, one of whom was away on maternity leave but had not been replaced. In addition, a dentist and a child psychiatrist visited one day a week. A custodial officer was also attached to the health care unit.

The healthcare facilities were on the whole satisfactory and the supply of medicines adequate.

145. As regards the medical screening upon arrival, it is essential that every newly admitted boy be seen by a doctor or a nurse reporting to a doctor within 24 hours. This did not appear to be happening in all cases and it appeared that some boys were only reviewed by the custodial officers', whose initial entry screening also covering medical questions. Moreover, it is important that the screening should include not only a medical history of the patient but also the offer of blood tests to screen for transmissible diseases, a physical examination to identify and fully record any injuries and an assessment to ascertain whether the minor is at risk of committing an act of self-harm or attempting suicide. An examination of the medical files and interviews with staff and prisoners confirmed that screening of newly admitted boys was perfunctory with no physical examination nor any screening for transmissible diseases being carried out. For example, the delegation met at least one boy with extensive injuries to his body which had not been recorded upon his entry to the establishment.

Further, as noted in the other prisons visited, medical confidentiality was not assured with medical consultations routinely taking place in the presence of prison officers and medical data available to non-health care staff.

**146. The CPT recommends that the Turkish authorities take steps to increase the presence of a doctor at Maltepe Children's Prison and to reinforce the number of nurses; a nurse should be on duty throughout the time that the boys are unlocked from their rooms, including at weekends.**

**Further, the recommendations outlined in paragraphs 77 and 78 on the screening for transmissible diseases, the recording of injuries and confidentiality apply equally to Maltepe Juvenile Prison.**

147. As regards psychiatric care, it is positive that a psychiatrist had started to visit the establishment on one day a week since October 2020. There is clearly a need for such a specialist as many of the boys have suffered significant trauma in their lives and it is essential that efforts be made to prevent their time in prison leading to a deterioration of their mental health. The delegation noted that in 2020, there had been 144 transfers to hospital for psychiatric consultations.

On the other hand, the nascent efforts to provide counselling and mental health screening for boys who self-harmed were clearly not sufficient. There appeared to be no clear policy in place and many of the boys met by the delegation stated that they had not been seen by psychologist even after they had self-harmed.

Indeed, there is a need to have a much more proactive approach toward preventing acts of self-harm. Boys need to know that they will not be punished (formally or informally) if they commit an act of self-harm (see also paragraph 152 below). At the same time, there needs to be an individual risk and needs assessment upon admission of each boy to ascertain whether they might require specific counselling or observation by staff during their initial induction period into the establishment.<sup>111</sup> The offer of a full regime of activities which engage the boys outside of their cells and wards is likely to have a positive bearing on their mental health. Of course, an effective policy to prevent acts of self-harm pre-supposes that there are not only sufficient staff working on the wards but also that they are sensitised through regular training to the needs of people in crisis and prisoners who self-harm and that together with the health care team a clear strategy is in place to prevent self-harming.

**The CPT recommends that the Turkish authorities ensure that a clear policy for the prevention of self-harm be drawn up and implemented at Maltepe Juvenile Prison. Such a policy must include a regular training for both custodial officers and health care staff on the needs of boys who self-harm and its prevention. In addition, specific assessment tools to identify boys at risk of self-harming both upon admission and during their stay in the establishment should be adopted.**

#### **d. other issues**

##### *i. prison staff*

148. At the time of the visit, the establishment employed a 194 staff, which included 159 custodial officers, two teachers, five psychologists and a social worker.

It was positive that all juveniles were seen by a psychologist upon arrival and that they could thereafter request to see a psychologist as required. This is extremely important given that many of the juveniles have suffered physical, sexual or psychological violence prior to entering prison. Many of the juveniles spoken to by the delegation stated that they appreciated the services of the psychologist. On the other hand, the teachers were limited to assessing the educational level of the juveniles with a view to placing them in a class once the schooling activities were re-initiated. The CPT considers that this was rather a passive approach and that it would have been possible to organise some basic educational activities for the juveniles in their wards, especially around literacy.

Other than the very limited contacts with the teacher and psychologist, the day-to-day interactions with the juveniles were handled by the custodial officers. At the time of the visit, the pandemic shift patterns were still in force, which meant that there was a reduced staffing level on a daily basis with usually only one custodial officer supervising four wards of nine juveniles. Such a staffing level is clearly insufficient. With the resumption of normal staffing patterns from 25 January 2021, there will be two custodial officers for four wards. This is hardly ideal, even for static security purposes, when the juveniles are all confined to their wards, notably in the evenings.

149. In the view of the CPT, the custody and care of juveniles deprived of their liberty is a particularly challenging task. The staff called upon to fulfil that task should be carefully selected for their personal maturity and ability to cope with the challenges of working with - and safeguarding the welfare of - this age group. More particularly they should be committed to working with young people and be capable of guiding and motivating the juveniles in their charge. All such staff, including those with purely custodial duties, should receive professional training, both during induction and on an ongoing basis, and benefit from appropriate external support and supervision in the exercise of their duties.

Further, the CPT considers that mixed-sex staffing can have a beneficial effect in terms of the custodial ethos and foster a more caring and relaxed atmosphere. At the time of the visit, there were only very few female custodial officers in place and, experience from other prison systems, demonstrates that increasing their ratio would be positive.

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111. During the Covid-19 pandemic, the quarantining of newly admitted boys (and those returning from outside the establishment) in conditions akin to isolation for 14 days combined with the lack of activities on offer likely contributed to a deterioration of the boys' well-being and heightened the risk of act of self-harm being committed.

**The CPT recommends that the Turkish authorities increase the number of custodial officers at Maltepe Juvenile Prison to ensure that there are sufficient officers to individually supervise and engage with juveniles in each of the 36 wards. Further, all such officers must be provided with the appropriate initial and ongoing training to fulfil this role professionally. To this end, the CPT would like to be informed of the specific juvenile-centred training provided to custodial officers and of any in-service training that they have to follow. It would also like to be informed about the specific qualifications and role of the “group leader”, including the number of juveniles assigned to each “group leader”.**

**The CPT also recommends that steps be taken to increase the number of female custodial officers working at Maltepe Juvenile Prison.**

*ii. discipline*

150. Juvenile prisoners (both sentenced and on remand) may still be subjected to disciplinary sanctions which range from warnings to “room confinement” for up to five days.<sup>112</sup>

According to the information provided to the delegation at Maltepe Juvenile Prison for 2020, juveniles were locked into their own rooms for one to five days on 57 occasions.<sup>113</sup>

151. The CPT must stress that any form of isolation may have a detrimental effect on the physical and/or mental well-being of juveniles. In this regard, the Committee observes an increasing trend within Council of Europe member States to abolish solitary confinement as a disciplinary sanction in respect of juveniles. In this context, reference is made to Rule 60.6.a of the recently revised European Prison Rules stipulating that solitary confinement should never be imposed on a juvenile.<sup>114</sup>

**The CPT recommends that the Turkish authorities take steps to end the use of solitary confinement as a disciplinary punishment for juveniles, which should include amending the relevant legislation accordingly.**

152. At Maltepe Juvenile Prison, the CPT’s delegation found that juveniles who committed an act of self-harm would be subject to a disciplinary punishment. Many of them stated that when staff discovered that they had self-harmed, they had been subjected to slaps by custodial officers, sent to the campus hospital or prison doctor for treatment and thereafter confined to their cell for 7 to 14 days. The juveniles met said that they had not been referred to a psychologist following an act of self-harm. Several of them showed recent cuts that they had inflicted to themselves but which they covered up carefully to avoid discovery by custodial staff.

**The recommendation set out in paragraph 90 applies equally to Maltepe Juvenile Prison and other prisons for minors. Juveniles who self-harm or who are at risk of self-harming should always be dealt with from a therapeutic standpoint and not a punitive one.**

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112. See Section 46 of the LESSM.

113. Other punishments included “reprimand” (32 cases) “warnings” (90 cases), “reparation/maintenance work” (267 cases), “shopping ban” (88 cases) or “ban of activities, 1-30 days”, such as theatre plays and concert (82 cases), or turning open visits into closed ones (193 cases).

114. Rule 60.6.a of the European Prison Rules reads: “Solitary confinement, that is the confinement of a prisoner for more than 22 hours a day without meaningful human contact, shall never be imposed on children, pregnant women, breastfeeding mothers or parents with infants in prison.” See also Rule 98 of Recommendation CM/Rec (2008) 11 of the Committee of Ministers to member States on the European Rules for juvenile offenders subject to sanctions or measures.

153. Section 49 of the LESSM provides for the possibility to segregate juveniles who are considered to endanger the security of persons and the good order in the prison. Such a measure includes placing juveniles in an observation room in solitary confinement as a “precautionary measure” for a few days pending a disciplinary hearing. Staff at Maltepe Juvenile Prison told the delegation that such a “precautionary” measure could last up to three days.

At the time of the visit, five juveniles were being held in observation rooms along two corridors. One foreign national juvenile who was accused of stealing some slippers from another juvenile had been held in a cell equipped only with a bed and mattress for three nights at the time of the delegation’s visit. He said that during his time in the cell no member of staff had spoken with him other than to tell him what he was accused of doing and that he had not been asked to provide any statement or explanation. Further, he had not been offered access to any outdoor exercise. Two other juveniles had spent one week in observation cells waiting for their disciplinary hearing during which time only one of them had given a statement.

154. The Committee recognises that it may be necessary to segregate juvenile prisoners for security or safety reasons (for instance, to protect highly vulnerable juveniles or deal with juveniles who pose a threat to others). However, measures of this kind should only be ordered in very exceptional circumstances and for as short a time as possible. At Maltepe Juvenile Prison, the delegation found that these precepts were not applied and that boys were effectively being held in solitary confinement.

Any segregation as a “precautionary” measure should not last longer than a few hours during which time a decision should be taken as to where the juvenile should be accommodated. Any decision to keep a juvenile in segregation should not result in him being placed in de facto solitary confinement. Custodial and other staff members should engage with such juveniles and they should be offered the possibility to associate with other juveniles, for example during outdoor exercise, and the possibility to continue their schooling activities. Juveniles in segregation should be offered a minimum of two hours of outdoor exercise every day.

**The CPT recommends that the Turkish authorities ensure that juveniles in prison are not placed in de facto solitary confinement and that those juveniles who are segregated under Section 49 of LESSM are offered the possibility to associate with other juveniles and continue their educational activities, and are offered two hours of outdoor exercise every day.**

155. In the course of the visit, several juveniles alleged that they had been placed in one of the padded “blue” rooms for several hours in only their underwear in the latter part of 2020. Another juvenile also claimed he had been placed in an observation room under CCTV in only his underwear.

The staff at Maltepe Juvenile Prison claimed that since 2019 the “blue” rooms were no longer used following the opening of the open-plan observation rooms which were under CCTV. The register for the “blue” rooms for 2020 could not be located. If the “blue” rooms are officially no longer being used, they should be permanently taken out of service. Further, no juvenile should be placed in an observation or other cell in just their underwear. If, based upon a risk assessment, it is considered that the juvenile remains at risk of committing an act of self-harm or attempting to commit suicide, he should be provided with rip proof clothes and a rip proof blanket. Further, in such cases, the juvenile should be placed under constant observation by staff.

**The CPT recommends that the Turkish authorities take action to ensure that no juvenile is placed in a cell in just his underwear. Where necessary, in the light of a proper risk assessment, the juvenile should be provided with rip proof clothing and blanket.**

**The CPT would like to receive confirmation, within one month, that the “blue” padded rooms are no longer used at Maltepe Juvenile Prison.**

156. As a rule, remand and sentenced juvenile prisoners are entitled to one ten-minute telephone call per week.<sup>115</sup> Further, they are allowed to have one short-term visit per week,<sup>116</sup> which may last up to three hours (the minimum period being one hour). In addition, juveniles who demonstrate good behaviour may receive various rewards, including extended parental visits, the accumulation of three consecutive unused visit entitlements and the doubling of the number or duration of weekly telephone calls.

However, at the time of the CPT's January 2021 visit, the restrictive visiting arrangements which had been put in place in March 2020 to combat the Covid-19 pandemic were still in force. Juveniles were able to benefit from closed visits only and from a 10-minute phone call every week. Given the importance of maintaining contact with the outside world, additional efforts should be made to provide juveniles with the possibility of contacting their families such as through increased phone calls and using Voice over Internet Protocol.

**The CPT would like to be informed when open visits with family members were resumed. It would also appreciate receiving information on how many juveniles were able to benefit from extended family visits during the last three months of 2021.**

157. The CPT has in the past made it known to the Turkish authorities that, in its opinion, all visits offered to juveniles should as a rule be open, with physical contact permitted.<sup>117</sup> The Turkish authorities, in their response to the report on the May 2013 visit, stated that while the aim was to offer more than one open visit per month, the challenges of overcrowding, insufficient staffing and insufficient space in prisons prevented such an approach from being realised. Eight years on, the time is more than ripe to review this matter and, in establishments such as Maltepe Juvenile Prison, to offer juveniles more open visits.

Further, the allocation of only 10 minutes per week of telephone calls per juvenile is highly restrictive when it is known how important the active promotion of good contact with the outside world can be for juveniles deprived of their liberty, many of whom may have behavioural problems related to emotional deprivation or a lack of social skills.

**The CPT reiterates its recommendation that juvenile prisoners at Maltepe Juvenile Prison be, as a rule, able to receive short-term visits from their family members without physical separation; visits with a partition should be the exception and applied in individual cases where there is a clear security concern.**

**Further, the CPT recommends that the weekly allocation of phone calls for juvenile prisoners be increased significantly.**

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115. Section 66 of the LESSM and Section 88(f) of the Prison Regulations.

116. Section 83 of the LESSM.

117. According to Section 5(d) of the Regulation on Visits to Sentenced and Remand Prisoners, within a given month prisoners can have one open visit, while the remaining visits during that month shall take place in closed conditions.

# APPENDIX I: List of the establishments visited by the CPT's delegation

## Law enforcement establishments

Ankara Police Headquarters

- Financial Crimes Department
- Homicide Department
- Narcotics Department
- Public Order Department
- Theft Department

Ankara Police Anti-Terror Department

Diyarbakır Police Headquarters Anti-Terror Department

Istanbul Police Headquarters Anti-Terror Department

Istanbul Police Headquarters Common Detention Facility

Istanbul Ataşehir District Police Directorate (Juvenile and Public Order Departments)

Istanbul Bağcılar District Police Station

Istanbul Bağcılar Yüzyıl Public Order Police Station

Istanbul Maltepe Küçükyalı District Police Station

Istanbul 75. Yıl Yenibosna District Police Station

Istanbul Ümraniye Dudullu District Police Station (Juvenile and Public Order Departments)

Istanbul Gayrettepe Police Directorate

- Homicide Department
- Public Order Department
- Robbery Department
- Theft Department

Kayseri Police Headquarters:

- Narcotics Department
- Smuggling and Organised Crime Department

Kayseri Kocasinan District Gendarmerie Commandership

## Prisons

Diyarbakır High-Security Prison No. 1

Diyarbakır T-type Prison No. 3

Istanbul Bakırköy Women's Prison

Istanbul Maltepe L-type Prison No. 1

Istanbul Maltepe Juvenile Prison

Istanbul Metris T-type Prison No. 1

Kayseri T-type Prison No. 1

Kayseri Women's Prison

In addition, the delegation went to Istanbul Maltepe L-type Prison No. 2 to interview juvenile remand prisoners.

## APPENDIX II: List of the national authorities and organisations with which the CPT's delegation held consultations

### A. National authorities

#### Ministry of the Interior

|                |                                                                      |
|----------------|----------------------------------------------------------------------|
| Süleyman SOYLU | Minister of the Interior                                             |
| Muhterem İNCE  | Deputy Minister of Interior                                          |
| İsmail ÇATAKLI | Deputy Minister of Interior                                          |
| Mehmet AKTAŞ   | Director General of Turkish National Police                          |
| Savaş ÜNLÜ     | Director General of Migration Management                             |
| Erhan GÜLVEREN | Deputy Director General of Turkish National Police                   |
| Hüseyin KÖK    | Chief Civil Inspector, Deputy Head of Civil Inspection Board         |
| Cengiz YILDIZ  | Head of Strategy and Foreign Affairs, General Command of Gendarmerie |
| Sezer IŞIKTAŞ  | Head of EU Affairs and Foreign Relations Department                  |

#### Ministry of Justice

|                  |                                                                                         |
|------------------|-----------------------------------------------------------------------------------------|
| Abdulhamit GÜL   | Minister of Justice                                                                     |
| Uğurhan KUŞ      | Deputy Minister of Justice                                                              |
| Yunus ALKAÇ      | Director General of Prisons and Detention Houses                                        |
| Hacı Ali AÇIKGÜL | Head of Human Rights Department                                                         |
| Kasım ÇİÇEK      | Director General of Foreign Relations and EU                                            |
| Mehmet YILMAZ    | Deputy Director General of Prisons and Detention Houses                                 |
| Fatih GÜNGÖR     | Head of Foreign Affairs Department, Directorate General of Prisons and Detention Houses |

#### Ministry of Foreign Affairs

|             |                                                                                              |
|-------------|----------------------------------------------------------------------------------------------|
| Neval ORBAY | Deputy Director General for the Council of Europe and Human Rights, Minister Plenipotentiary |
|-------------|----------------------------------------------------------------------------------------------|

**B. Other bodies**

**Human Rights and Equality Institution of Turkey (TİHEK)**

Süleyman ARSLAN

President, Head of the National Preventive Mechanism (NPM)

**C. Non-governmental organisations**

Human Rights Association

Human Rights Foundation of Turkey

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

*Article 3 of the European Convention on Human Rights*

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

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

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



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